

Medicaid-Approved Drug List

Drug list — Two Tier Drug Plan

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

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

Anthem Blue Cross of California Medicaid Health Plan

Anthem Blue Cross of California LA Care Partnership Health Plan (Los Angeles County)

Here are a few things to remember:

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 Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.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

Medi-Cal

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Select Drug List – Informational Section

Definitions

“**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.

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

“**Deductible**” means the amount an enrollee pays for covered health care benefits before the enrollee’s health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

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

“**Drug Tier**” is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan’s prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee’s portion of the cost for the drug.

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

“**Exception request**” is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee’s condition.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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;

PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS TYPE - DRUGS FOR SEVERE MENTAL DISORDERS
NUEDEXTA ORAL CAPSULE (<i>dextromethorphan</i>)

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

AMINOPENICILLIN ANTIBIOTIC - ANTIBIOTICS
<i>amoxicillin oral capsule</i>

- If a **generic** drug is marketed under a proprietary, trademark-protected BRAND name, the BRAND name will be listed after the **generic** name in parentheses and regular typeface with the first letter of each word capitalized.

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

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

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

What are my options for getting my prescriptions?

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

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

What if my drug isn't on the list?

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

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

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

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

1. Submit an electronic PA request by going to <https://www.covermy meds.com/main/partners/anthem>.
2. Log in at [anthem.com/ca](https://www.anthem.com/ca) and choose **Pharmacy**.
 - 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 and faxes the form](#) to us at 844-474-3347.
3. Calling Member Services number on the back of your member ID card.

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 are the drugs preferred by your health plan. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions. Tier 1 drugs generally do not require your doctor to ask us to review the coverage. This process is called preapproval or prior authorization.
- Tier 2 drugs are the drugs not preferred by your health plan. They may be generic or 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 2 drugs may require your doctor to ask us to review the coverage. This process is called preapproval or prior authorization.

How will I know how much my drug will cost?

Current Anthem members can go online and with the Price a Medication Tool, get pharmacy-specific pricing from a number of local retail pharmacies in your zip code.

You do not have a copay or deductible for prescription drugs. We will cover your drugs if they are:

- Ordered by a doctor.
- For the care and treatment of an injury or an illness.
- Approved by us when the drug is not on the Preferred Drug List (PDL).

When you get your prescription filled, you will not get more than a 30 day supply, unless it is for contraceptives. Anthem covers up to a 12 month supply of contraceptives. Your doctor may write that you can get refills. The pharmacy staff can call your doctor to check if you can get refills.

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 (\$200) 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.

AL = age limitation restriction. These drugs may be covered based on member age.

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.

MB = medical benefit. These drugs are covered under the members medical benefit.

OTC = over the counter. These drugs are over the counter medications and may be available with a prescription.

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.

SCO = state carve-out. The Department of Health Services, through the Medi-Cal FFS program, has assumed responsibility for this medication. Pharmacies must bill directly to Medi-Cal Fee-For-Service (FFS). For questions about benefit or services, please call Medi-Cal Support at 1-800-541-5555.

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

Tier 1 = drugs preferred by your health plan. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.

Tier 2 = drugs non-preferred by your health plan. They may be generic or 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.

CURRENT AS OF 1/1/2022

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>	Tier 1	AL; QL (4 tablets per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg, 4 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG (<i>guanfacine hcl</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 4 MG (<i>guanfacine hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>clonidine hcl</i>)	Tier 2	PA; QL (4 tablets per 1 day)
*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	Tier 1	DO; AL; QL (2 capsules per 1 day)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	Tier 1	DO; AL; QL (1 capsule per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>viloxazine hcl</i>)	Tier 2	PA; DO; QL (2 tablets per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 200 MG (<i>viloxazine hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>)	Tier 2	PA; DO; QL (2 capsules per 1 day)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)

BRAND=Brand drug **generic**=generic drug **Tier 1**=Preferred Drugs **Tier 2**=No-Preferred Drugs
AL=Age Limit Restriction **DO**=Dose Optimization **MB**=Medical Benefit **OTC**=Over The Counter
PA=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **SCO**=State Carve-out **ST**=Step Therapy

Effective 01/01/2022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*AMPHETAMINE MIXTURES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	Tier 2	PA; DO; QL (3 tablets per 1 day)
ADDERALL ORAL TABLET 20 MG, 30 MG (<i>amphetamine-dextroamphetamine</i>)	Tier 2	PA
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG (<i>amphetamine-dextroamphetamine</i>)	Tier 2	PA; QL (1 capsule per 1 day)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG (<i>amphetamine-dextroamphetamine</i>)	Tier 2	PA; QL (30 capsules per 30 days)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	Tier 1	DO; AL; QL (1 capsule per 1 day)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 20 mg</i>	Tier 1	AL; QL (1 capsule per 1 day)
<i>amphetamine-dextroamphetamine oral capsule extended release 24 hour 25 mg, 30 mg</i>	Tier 1	AL; QL (30 capsules per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	Tier 1	DO; AL; QL (3 tablets per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 20 mg, 30 mg</i>	Tier 1	AL
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>amphetamine-dextroamphetamine</i>)	Tier 2	PA; QL (1 capsule per 1 day)
*AMPHETAMINES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE (<i>amphetamine</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>amphetamine sulfate oral tablet 10 mg</i>	Tier 2	PA; QL (6 tablets per 1 day)
<i>amphetamine sulfate oral tablet 5 mg</i>	Tier 2	PA; DO; QL (3 tablets per 1 day)
DESOXYN ORAL TABLET (<i>methamphetamine hcl</i>)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG (<i>dextroamphetamine sulfate</i>)	Tier 2	PA; QL (4 capsules per 1 day)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG (<i>dextroamphetamine sulfate</i>)	Tier 2	PA; QL (1 capsule per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	Tier 1	AL; QL (4 capsules per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	Tier 1	AL; QL (1 capsule per 1 day)
<i>dextroamphetamine sulfate oral solution</i>	Tier 2	PA
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	Tier 2	PA; QL (3 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	Tier 1	PA; DO; QL (3 tablets per 1 day)
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE (<i>amphetamine</i>)	Tier 2	PA; QL (8 mL per 1 day)
EVEKEO ODT ORAL TABLET DISPERSIBLE (<i>amphetamine sulfate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
EVEKEO ORAL TABLET 10 MG (<i>amphetamine sulfate</i>)	Tier 2	PA; QL (6 tablets per 1 day)
EVEKEO ORAL TABLET 5 MG (<i>amphetamine sulfate</i>)	Tier 2	PA; DO; QL (3 tablets per 1 day)
<i>methamphetamine hcl oral tablet</i>	Tier 2	PA
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution)	Tier 2	PA
VYVANSE ORAL CAPSULE 10 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
VYVANSE ORAL CAPSULE 20 MG, 30 MG, 40 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)
VYVANSE ORAL CAPSULE 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 2	PA; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYVANSE ORAL TABLET CHEWABLE 10 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 2	PA
VYVANSE ORAL TABLET CHEWABLE 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 10 Mg)	Tier 2	PA; QL (6 tablets per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 15 Mg)	Tier 2	PA; QL (3 tablets per 1 day)
ZENZEDI ORAL TABLET 2.5 MG (<i>dextroamphetamine sulfate</i>)	Tier 2	PA; DO; QL (3 tablets per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 20 Mg, 30 Mg)	Tier 2	PA; QL (2 tablets per 1 day)
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet 5 Mg)	Tier 2	PA; DO; QL (3 tablets per 1 day)
ZENZEDI ORAL TABLET 7.5 MG (<i>dextroamphetamine sulfate</i>)	Tier 2	PA; QL (6 tablets per 1 day)
*ANALEPTICS*** - DRUGS FOR THE NERVOUS SYSTEM		
CAFCIT INTRAVENOUS SOLUTION (<i>caffeine citrate</i>)	Tier 2	MB
<i>caffeine citrate intravenous solution</i>	Tier 1	MB
<i>caffeine citrate oral solution</i>	Tier 1	
DOPRAM INTRAVENOUS SOLUTION (<i>doxapram hcl</i>)	Tier 2	MB
*ANOREXIANT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM		
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>phentermine-topiramate</i>)	Tier 2	PA
*ANOREXIANTS NON-AMPHETAMINE*** - DRUGS FOR THE NERVOUS SYSTEM		
ADIPEX-P ORAL CAPSULE (<i>phentermine hcl</i>)	Tier 2	PA
ADIPEX-P ORAL TABLET (<i>phentermine hcl</i>)	Tier 2	PA
<i>benzphetamine hcl oral tablet</i>	Tier 2	PA
<i>diethylpropion hcl er oral tablet extended release 24 hour</i>	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diethylpropion hcl oral tablet</i>	Tier 2	PA
LOMAIRA ORAL TABLET (<i>phentermine hcl</i>)	Tier 2	PA
<i>phendimetrazine tartrate er oral capsule extended release 24 hour</i>	Tier 2	PA
<i>phendimetrazine tartrate oral tablet</i>	Tier 2	PA
<i>phentermine hcl oral capsule</i>	Tier 2	PA
<i>phentermine hcl oral tablet</i>	Tier 2	PA
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>liraglutide -weight management</i>)	Tier 2	PA
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>semaglutide-weight management</i>)	Tier 2	PA
*ANTI-OBESITY AGENT COMBINATIONS** - DRUGS FOR THE NERVOUS SYSTEM		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>naltrexone-bupropion hcl</i>)	Tier 2	PA
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** - DRUGS FOR SLEEP DISORDER		
SUNOSI ORAL TABLET 150 MG (<i>solriamfetol hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
SUNOSI ORAL TABLET 75 MG (<i>solriamfetol hcl</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** - DRUGS FOR SLEEP DISORDER		
WAKIX ORAL TABLET 17.8 MG (<i>pitolisant hcl</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
WAKIX ORAL TABLET 4.45 MG (<i>pitolisant hcl</i>)	Tier 2	PA; SP; DO; QL (2 tablets per 1 day)

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*LIPASE INHIBITORS*** - DRUGS FOR THE NERVOUS SYSTEM		
XENICAL ORAL CAPSULE (<i>orlistat</i>)	Tier 2	PA; QL (3 capsules per 1 day)
*MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
IMCIVREE SUBCUTANEOUS SOLUTION (<i>setmelanotide acetate</i>)	Tier 2	PA; SP; QL (9 vials per 30 days)
*STIMULANT COMBINATIONS*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
AZSTARYS ORAL CAPSULE (<i>serdexmethylphen-dexmethylphen</i>)	Tier 2	PA; QL (1 capsules per 1 day)
*STIMULANTS - MISC.*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (1 tablets per 1 day)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (30 tablets per 30 days)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE (<i>methylphenidate</i>)	Tier 2	PA; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR (<i>methylphenidate</i>)	Tier 2	PA; DO; QL (1 patch per 1 day)
DAYTRANA TRANSDERMAL PATCH 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	Tier 2	PA
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>	Tier 1	DO; AL; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg, 30 mg, 35 mg, 40 mg</i>	Tier 1	AL; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	Tier 1	AL; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl oral tablet 2.5 mg</i>	Tier 1	DO; AL; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl oral tablet 5 mg</i>	Tier 1	PA; DO; AL; QL (2 tablets per 1 day)
FOCALIN ORAL TABLET 10 MG (<i>dexmethylphenidate hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
FOCALIN ORAL TABLET 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	Tier 2	PA; DO; QL (2 tablets per 1 day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG (<i>dexmethylphenidate hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)
METHYLIN ORAL SOLUTION (<i>methylphenidate hcl</i>)	Tier 2	PA
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg</i>	Tier 1	DO; AL; QL (1 capsules per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 20 mg, 30 mg</i>	Tier 1	DO; AL; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	Tier 1	AL; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg</i>	Tier 1	DO; AL; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	Tier 1	AL; QL (2 capsules per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	Tier 1	AL; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	Tier 2	PA; DO; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	Tier 1	DO; AL; QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 18 mg, 27 mg</i>	Tier 1	DO; AL; QL (1 tablet per 1 day)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	Tier 1	AL; QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg</i>	Tier 1	DO; AL; QL (1 tablet per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	Tier 1	AL; QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 54 mg</i>	Tier 1	AL; QL (30 tablets per 30 days)
<i>methylphenidate hcl er oral tablet extended release 36 mg</i>	Tier 1	AL; QL (2 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 54 mg</i>	Tier 1	AL; QL (30 tablets per 30 days)
<i>methylphenidate hcl er oral tablet extended release 72 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>methylphenidate hcl oral solution</i>	Tier 1	AL
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	Tier 1	DO; AL; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet 20 mg</i>	Tier 1	AL
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	Tier 2	PA; QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	Tier 2	PA; DO; QL (3 tablets per 1 day)
<i>modafinil oral tablet 100 mg</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>modafinil oral tablet 200 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (<i>armodafinil</i>)	Tier 2	PA; QL (1 tablet per 1 day)
NUVIGIL ORAL TABLET 50 MG (<i>armodafinil</i>)	Tier 2	PA; QL (2 tablets per 1 day)
PROVIGIL ORAL TABLET 100 MG (<i>modafinil</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
PROVIGIL ORAL TABLET 200 MG (<i>modafinil</i>)	Tier 2	PA; QL (1 tablet per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (12 mL per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (2 capsules per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
RITALIN ORAL TABLET 10 MG, 5 MG (<i>methylphenidate hcl</i>)	Tier 2	PA; DO; QL (3 tablets per 1 day)
RITALIN ORAL TABLET 20 MG (<i>methylphenidate hcl</i>)	Tier 2	PA

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ALLERGENIC EXTRACTS/BIOLOGICALS MISC - BIOLOGICAL AGENTS		
*ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS		
<i>acacia subcutaneous solution</i>	Tier 2	MB
<i>acremonium subcutaneous solution</i>	Tier 2	MB
<i>alder subcutaneous solution</i>	Tier 2	MB
<i>alternaria subcutaneous solution</i>	Tier 2	MB
<i>american beech subcutaneous solution</i>	Tier 2	MB
<i>american cockroach subcutaneous solution</i>	Tier 2	MB
<i>american elm subcutaneous solution</i>	Tier 2	MB
<i>arizona cypress subcutaneous solution</i>	Tier 2	MB
<i>aspergillus fumigatus injection solution</i>	Tier 2	MB
<i>aureobasidium pullulans injection solution</i>	Tier 2	MB
<i>aureobasidium subcutaneous solution</i>	Tier 2	MB
<i>australian pine subcutaneous solution</i>	Tier 2	MB
<i>bahia subcutaneous solution</i>	Tier 2	MB
<i>bald cypress subcutaneous solution</i>	Tier 2	MB
<i>bayberry (wax myrtle) subcutaneous solution</i>	Tier 2	MB
<i>bermuda grass injection solution</i>	Tier 2	MB
<i>bermuda grass subcutaneous solution</i>	Tier 2	MB
<i>botrytis injection solution</i>	Tier 2	MB
<i>botrytis subcutaneous solution</i>	Tier 2	MB
<i>brome subcutaneous solution</i>	Tier 2	MB
<i>california pepper tree subcutaneous solution</i>	Tier 2	MB
<i>candida albicans extract injection solution</i>	Tier 2	MB
<i>candida albicans extract subcutaneous solution</i>	Tier 2	MB
<i>cat hair extract injection solution</i>	Tier 2	MB
<i>cat hair extract subcutaneous solution</i>	Tier 2	MB
<i>cattle epithelium subcutaneous solution</i>	Tier 2	MB
<i>cedar elm subcutaneous solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cladosporium cladosporioides injection solution</i>	Tier 2	MB
<i>cladosporium cladosporioides intradermal solution</i>	Tier 2	MB
<i>cladosporium cladosporioides subcutaneous solution</i>	Tier 2	MB
<i>cladosporium sphaerospermum subcutaneous solution</i>	Tier 2	MB
<i>cocklebur subcutaneous solution</i>	Tier 2	MB
<i>corn pollen subcutaneous solution</i>	Tier 2	MB
<i>curvularia subcutaneous solution</i>	Tier 2	MB
<i>dandelion subcutaneous solution</i>	Tier 2	
<i>dog epithelium subcutaneous solution</i>	Tier 2	MB
<i>dog fennel subcutaneous solution</i>	Tier 2	MB
<i>drechslera subcutaneous solution</i>	Tier 2	MB
<i>eastern cottonwood subcutaneous solution</i>	Tier 2	MB
<i>epicoccum nigrum injection solution</i>	Tier 2	MB
<i>epicoccum subcutaneous solution</i>	Tier 2	MB
<i>fire ant subcutaneous solution</i>	Tier 2	MB
<i>fusarium subcutaneous solution</i>	Tier 2	MB
<i>german cockroach subcutaneous solution</i>	Tier 2	MB
<i>goldenrod subcutaneous solution</i>	Tier 2	MB
<i>grass pollen(k-o-r-t-swt vern) injection solution</i>	Tier 2	MB
GRASTEK SUBLINGUAL TABLET SUBLINGUAL (<i>timothy grass pollen allergen</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>hackberry subcutaneous solution</i>	Tier 2	MB
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 1300 MCG (<i>honey bee venom</i>)	Tier 2	
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED 550 MCG (<i>honey bee venom</i>)	Tier 2	MB
<i>honey bee venom subcutaneous solution reconstituted</i>	Tier 2	MB
<i>horse epithelium subcutaneous solution</i>	Tier 2	MB
<i>johnson grass subcutaneous solution</i>	Tier 2	MB
<i>june grass pollen standardized subcutaneous solution</i>	Tier 2	MB
<i>kapok subcutaneous solution</i>	Tier 2	MB

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<i>kochia subcutaneous solution</i>	Tier 2	MB
<i>lenscale subcutaneous solution</i>	Tier 2	
<i>meadow fescue grass pollen subcutaneous solution</i>	Tier 2	MB
<i>melaleuca subcutaneous solution</i>	Tier 2	MB
<i>mesquite subcutaneous solution</i>	Tier 2	MB
<i>mite (d. farinae) injection solution</i>	Tier 2	MB
<i>mite (d. farinae) subcutaneous solution</i>	Tier 2	MB
<i>mite (d. pteronyssinus) injection solution</i>	Tier 2	MB
<i>mite (d. pteronyssinus) subcutaneous solution</i>	Tier 2	MB
<i>mixed ragweed subcutaneous solution</i>	Tier 2	MB
<i>mixed vespid venom protein injection solution reconstituted 1300-1300-1300 mcg</i>	Tier 2	
<i>mixed vespid venom protein injection solution reconstituted 550-550-550 mcg</i>	Tier 2	MB
<i>mixed vespid venom protein subcutaneous solution reconstituted</i>	Tier 2	MB
<i>mountain cedar subcutaneous solution</i>	Tier 2	MB
<i>mouse epithelium subcutaneous solution</i>	Tier 2	MB
<i>mucor injection solution</i>	Tier 2	MB
<i>mucor intradermal solution</i>	Tier 2	MB
<i>mucor subcutaneous solution</i>	Tier 2	MB
<i>mugwort subcutaneous solution</i>	Tier 2	MB
<i>olive tree subcutaneous solution</i>	Tier 2	MB
<i>orchard grass pollen subcutaneous solution</i>	Tier 2	MB
PALFORZIA (12 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (120 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (160 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (20 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PALFORZIA (200 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (240 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (3 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (300 MG TITRATION) ORAL PACKET (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (40 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (6 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA (80 MG DAILY DOSE) ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
PALFORZIA INITIAL ESCALATION ORAL (<i>peanut powder-dnfp</i>)	Tier 2	PA; SP; QL (1 kit per 1 fill)
<i>penicillium notatum injection solution</i>	Tier 2	MB
<i>penicillium notatum subcutaneous solution</i>	Tier 2	MB
<i>perennial rye grass pollen injection solution</i>	Tier 2	MB
<i>phoma exigua subcutaneous solution</i>	Tier 2	MB
<i>privet subcutaneous solution</i>	Tier 2	MB
<i>queen palm subcutaneous solution</i>	Tier 2	MB
<i>rabbit epithelium subcutaneous solution</i>	Tier 2	MB
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL (<i>short ragweed pollen ext</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>red maple subcutaneous solution</i>	Tier 2	MB
<i>red mulberry subcutaneous solution</i>	Tier 2	MB
<i>red top grass pollen subcutaneous solution</i>	Tier 2	MB
<i>rhizopus subcutaneous solution</i>	Tier 2	MB
<i>rough marsh elder subcutaneous solution</i>	Tier 2	MB
<i>russian thistle subcutaneous solution</i>	Tier 2	MB

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<i>saccharomyces cerevisiae injection solution</i>	Tier 2	MB
<i>saccharomyces cerevisiae subcutaneous solution</i>	Tier 2	MB
<i>shagbark hickory subcutaneous solution</i>	Tier 2	MB
<i>sheep sorrel subcutaneous solution</i>	Tier 2	MB
<i>short ragweed pollen ext subcutaneous solution</i>	Tier 2	MB
<i>spiny pigweed subcutaneous solution</i>	Tier 2	MB
<i>stemphylium subcutaneous solution</i>	Tier 2	
<i>sweet gum subcutaneous solution</i>	Tier 2	MB
<i>sweet vernal grass pollen subcutaneous solution</i>	Tier 2	MB
<i>tall ragweed subcutaneous solution</i>	Tier 2	MB
<i>timothy grass pollen allergen injection solution</i>	Tier 2	MB
<i>timothy grass pollen allergen subcutaneous solution</i>	Tier 2	MB
<i>trichophyton mentagrophytes subcutaneous solution</i>	Tier 2	
<i>trichophyton subcutaneous solution</i>	Tier 2	MB
VENOMIL HONEY BEE VENOM INJECTION KIT (<i>honey bee venom</i>)	Tier 2	
VENOMIL MIXED VESPID VENOM INJECTION SOLUTION RECONSTITUTED (<i>mixed vespid venom</i>)	Tier 2	MB
VENOMIL WASP VENOM INJECTION KIT (<i>wasp venom</i>)	Tier 2	
VENOMIL WHITE FACED HORNET INJECTION KIT (<i>white faced hornet venom</i>)	Tier 2	
VENOMIL YELLOW HORNET VENOM INJECTION KIT (<i>yellow hornet venom</i>)	Tier 2	
VENOMIL YELLOW JACKET VENOM INJECTION KIT (<i>yellow jacket venom</i>)	Tier 2	
<i>wasp venom protein injection solution reconstituted 1300 mcg</i>	Tier 2	
<i>wasp venom protein injection solution reconstituted 550 mcg</i>	Tier 2	MB
<i>wasp venom protein subcutaneous solution reconstituted</i>	Tier 2	MB
<i>western juniper subcutaneous solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>white birch subcutaneous solution</i>	Tier 2	MB
<i>white faced hornet venom subcutaneous solution reconstituted</i>	Tier 2	MB
<i>white mulberry subcutaneous solution</i>	Tier 2	MB
<i>white oak subcutaneous solution</i>	Tier 2	MB
<i>white pine subcutaneous solution</i>	Tier 2	MB
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED 1300 MCG (<i>white faced hornet venom</i>)	Tier 2	
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED 550 MCG (<i>white faced hornet venom</i>)	Tier 2	MB
<i>yellow dock subcutaneous solution</i>	Tier 2	MB
<i>yellow hornet venom protein injection solution reconstituted</i>	Tier 2	MB
<i>yellow hornet venom protein subcutaneous solution reconstituted</i>	Tier 2	MB
<i>yellow jacket venom protein injection solution reconstituted 1300 mcg</i>	Tier 2	
<i>yellow jacket venom protein injection solution reconstituted 550 mcg</i>	Tier 2	MB
<i>yellow jacket venom protein subcutaneous solution reconstituted</i>	Tier 2	MB
*MIXED ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS		
<i>dust mite mixed allergen ext injection solution</i>	Tier 2	MB
<i>dust mite mixed allergen ext subcutaneous solution</i>	Tier 2	MB
<i>mixed aspergillus subcutaneous solution</i>	Tier 2	MB
<i>mixed feathers subcutaneous solution</i>	Tier 2	MB
ODACTRA SUBLINGUAL TABLET SUBLINGUAL (<i>dust mite mixed allergen ext</i>)	Tier 2	PA
ORALAIR SUBLINGUAL TABLET SUBLINGUAL (<i>grass mix pollens allergen ext</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>sorrelldock mix subcutaneous solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALTERNATIVE MEDICINES - VITAMINS AND MINERALS		
*ALTERNATIVE MEDICINE - ME'S*** - VITAMINS AND MINERALS		
<i>cvx melatonin extra strength oral liquid</i>	Tier 1	OTC; QL (30 mL per 1 day)
<i>cvx melatonin gummies oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>cvx melatonin oral capsule 10 mg</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>cvx melatonin oral capsule 5 mg</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>cvx melatonin oral liquid</i>	Tier 1	OTC; QL (30 mL per 1 day)
<i>cvx melatonin oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>cvx melatonin oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvx melatonin sublingual tablet sublingual 10 mg</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvx melatonin sublingual tablet sublingual 5 mg</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>cvx quality sleep oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>gnp melatonin maximum strength oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>gnp melatonin oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>gnp melatonin oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>gnp melatonin oral tablet extended release</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp melatonin sublingual tablet sublingual</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>hm melatonin quick dissolve oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hm melatonin sublingual tablet sublingual</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>kp melatonin oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>max melatonin oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>melatonin childrens oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>melatonin er oral tablet extended release</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>melatonin extra strength oral liquid</i>	Tier 1	OTC; QL (30 mL per 1 day)
<i>melatonin extra strength oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>melatonin gummies oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>melatonin maximum strength oral tablet 10 mg</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>melatonin maximum strength oral tablet 5 mg</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>melatonin oral capsule 10 mg</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>melatonin oral capsule 5 mg</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>melatonin oral liquid</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>melatonin oral tablet 1 mg, 3 mg, 300 mcg, 5 mg</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>melatonin oral tablet 10 mg</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>melatonin oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>melatonin oral tablet dispersible 10 mg</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>melatonin oral tablet dispersible 12 mg</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>melatonin oral tablet dispersible 3 mg, 5 mg</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>melatonin quick dissolve sublingual tablet sublingual</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>melatonin sublingual tablet sublingual 10 mg</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>melatonin sublingual tablet sublingual 5 mg</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>melatonin tr oral tablet extended release</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>mm melatonin oral tablet extended release</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc melatonin max st oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>ra melatonin oral tablet 10 mg</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra melatonin oral tablet 3 mg, 5 mg</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>sm melatonin oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>sm melatonin oral tablet dispersible</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>sv melatonin oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>sv melatonin oral tablet dispersible</i>	Tier 1	OTC; QL (2 tablets per 1 day)
VITAJEY GUMMIES ORAL TABLET CHEWABLE (<i>melatonin</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
ZARBEES SLEEP CHILD/MELATONIN ORAL LIQUID (<i>melatonin</i>)	Tier 1	OTC; QL (10 mL per 1 day)
AMEBICIDES - DRUGS FOR INFECTIONS		
*AMEBICIDES*** - DRUGS FOR PARASITES		
SOLOSEC ORAL PACKET (<i>secnidazole</i>)	Tier 2	PA; QL (2 grams per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
*AMINOGLYCOSIDES*** - ANTIBIOTICS		
<i>amikacin sulfate injection solution</i>	Tier 2	MB
ARIKAYCE INHALATION SUSPENSION (<i>amikacin sulfate liposome</i>)	Tier 2	PA; SP; QL (1 kit per 28 days)
BETHKIS INHALATION NEBULIZATION SOLUTION (<i>tobramycin</i>)	Tier 2	SP; QL (224 mL per 28 days)
<i>gentamicin in saline intravenous solution</i>	Tier 2	MB
<i>gentamicin sulfate injection solution</i>	Tier 2	MB
HUMATIN ORAL CAPSULE (<i>paromomycin sulfate</i>)	Tier 2	
KITABIS PAK INHALATION NEBULIZATION SOLUTION (<i>tobramycin</i>)	Tier 2	SP; QL (280 mL per 28 days)
<i>neomycin sulfate oral tablet</i>	Tier 1	
<i>paromomycin sulfate oral capsule</i>	Tier 1	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	Tier 2	MB
TOBI INHALATION NEBULIZATION SOLUTION (<i>tobramycin</i>)	Tier 2	SP; QL (280 mL per 28 days)
TOBI PODHALER INHALATION CAPSULE (<i>tobramycin</i>)	Tier 2	SP; QL (224 capsules per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	Tier 2	SP; QL (224 mL per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	Tier 1	SP; QL (280 mL per 28 days)
<i>tobramycin sulfate injection solution</i>	Tier 2	MB
<i>tobramycin sulfate injection solution reconstituted</i>	Tier 2	MB; QL (30 vials per 30 days)
ZEMDRI INTRAVENOUS SOLUTION (<i>plazomicin sulfate</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
OLUMIANT ORAL TABLET (<i>baricitinib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>upadacitinib</i>)	Tier 2	PA; SP
XELJANZ ORAL SOLUTION (<i>tofacitinib citrate</i>)	Tier 2	PA; SP; QL (10 mL per 1 day)
XELJANZ ORAL TABLET (<i>tofacitinib citrate</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (<i>tofacitinib citrate</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (<i>tofacitinib citrate</i>)	Tier 2	PA; SP; QL (2 tablet per 1 day)
*ANTIRHEUMATIC ANTIMETABOLITES*** - ARTHRITIS AND PAIN DRUGS		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>methotrexate (anti-rheumatic)</i>)	Tier 2	PA; SP; QL (4 auto-injectors per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>methotrexate (anti-rheumatic)</i>)	Tier 2	PA; SP; QL (4 auto-injectors per 30 days)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>methotrexate (anti-rheumatic)</i>)	Tier 2	PA; SP; QL (4 auto-injectors per 28 days)
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab</i>)	Tier 1	PA; SP; QL (1 pack per 1 one-time fill)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	Tier 1	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	Tier 1	PA; SP; QL (2 kits per 28 days (QL exception needed for maintenance therapies))

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HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	Tier 1	PA; SP; QL (1 kit per 1 year)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	Tier 1	PA; SP; QL (1 pack per 1 one-time fill)
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT (<i>adalimumab</i>)	Tier 1	PA; SP; QL (1 kit per 1 year)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT (<i>adalimumab</i>)	Tier 1	PA; SP; QL (1 pack per 1 one-time fill)
HUMIRA PEN-PSOR/VEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT (<i>adalimumab</i>)	Tier 1	PA; SP; QL (1 kit per 1 year)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>adalimumab</i>)	Tier 1	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (<i>golimumab</i>)	Tier 2	MB
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>golimumab</i>)	Tier 2	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>golimumab</i>)	Tier 2	PA; SP; QL (1 injection per 28 days)
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG (<i>celecoxib</i>)	Tier 2	PA; QL (2 capsules per 1 day)
CELEBREX ORAL CAPSULE 400 MG (<i>celecoxib</i>)	Tier 2	PA; QL (1 capsule per 1 day)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>celecoxib oral capsule 400 mg</i>	Tier 2	PA; QL (1 capsule per 1 day)
*GOLD COMPOUNDS*** - ARTHRITIS AND PAIN DRUGS		
RIDAURA ORAL CAPSULE (<i>auranofin</i>)	Tier 1	
*INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)*** - ARTHRITIS AND PAIN DRUGS		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>anakinra</i>)	Tier 2	PA; SP; QL (1 injection per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*INTERLEUKIN-1BETA BLOCKERS*** - ARTHRITIS AND PAIN DRUGS		
ILARIS SUBCUTANEOUS SOLUTION (<i>canakinumab</i>)	Tier 2	PA; SP; QL (2 vials per 28 days)
*INTERLEUKIN-6 RECEPTOR INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>tocilizumab</i>)	Tier 2	PA; SP; QL (4 syringes per 30 days)
ACTEMRA INTRAVENOUS SOLUTION (<i>tocilizumab</i>)	Tier 2	MB
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tocilizumab</i>)	Tier 2	PA; SP; QL (4 syringes per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>sarilumab</i>)	Tier 2	PA; SP; QL (2 units per 30 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>sarilumab</i>)	Tier 2	PA; SP; QL (2 syringes per 30 days)
*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG (<i>diclofenac-misoprostol</i>)	Tier 2	PA; QL (4 tablets per 1 day)
ARTHROTEC ORAL TABLET DELAYED RELEASE 75-0.2 MG (<i>diclofenac-misoprostol</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg</i>	Tier 2	PA; QL (4 tablets per 1 day)
<i>diclofenac-misoprostol oral tablet delayed release 75-0.2 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
DUEXIS ORAL TABLET (<i>ibuprofen-famotidine</i>)	Tier 2	PA; QL (3 tablets per 1 day)
<i>ibuprofen-famotidine oral tablet</i>	Tier 2	PA; QL (3 tablets per 1 day)
<i>naproxen-esomeprazole oral tablet delayed release</i>	Tier 2	PA
VIMOVO ORAL TABLET DELAYED RELEASE (<i>naproxen-esomeprazole</i>)	Tier 2	PA

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Effective 01/01/2022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** - ARTHRITIS AND PAIN DRUGS		
ADVIL LIQUI-GELS MINIS ORAL CAPSULE (<i>ibuprofen</i>)	Tier 1	OTC; QL (100 capsules per 30 days)
ANJESO INTRAVENOUS INJECTABLE (<i>meloxicam</i>)	Tier 2	MB
CALDOLOR INTRAVENOUS SOLUTION (<i>ibuprofen</i>)	Tier 2	MB
<i>childrens ibuprofen 100 oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>childrens ibuprofen oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
CHILDRENS MEDI-PROFEN ORAL SUSPENSION (<i>ibuprofen</i>)	Tier 1	PA; OTC; QL (120 mL per 30 days)
<i>cvs childrens ibuprofen oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>cvs ibuprofen childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
DAYPRO ORAL TABLET (<i>oxaprozin</i>)	Tier 2	QL (2 tablets per 1 day)
<i>diclofenac potassium oral tablet 25 mg</i>	Tier 2	
<i>diclofenac potassium oral tablet 50 mg</i>	Tier 1	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	Tier 1	QL (2 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	Tier 1	QL (5 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	Tier 1	QL (2 tablets per 1 day)
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG (<i>naproxen</i>)	Tier 2	PA
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG (<i>naproxen</i>)	Tier 2	
<i>ec-naproxen oral tablet delayed release</i>	Tier 2	
<i>eq all day pain relief oral tablet</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>eq ibuprofen childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eq naproxen sodium oral capsule</i>	Tier 1	OTC; QL (100 capsules per 90 days)
<i>eql childrens ibuprofen oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>etodolac er oral tablet extended release 24 hour 600 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>etodolac oral capsule 200 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>etodolac oral capsule 300 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>etodolac oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
FELDENE ORAL CAPSULE (<i>piroxicam</i>)	Tier 2	QL (1 capsule per 1 day)
<i>fenoprofen calcium oral capsule 200 mg</i>	Tier 2	PA
<i>fenoprofen calcium oral capsule 400 mg</i>	Tier 1	PA
<i>fenoprofen calcium oral tablet</i>	Tier 1	
<i>flurbiprofen oral tablet 100 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>flurbiprofen oral tablet 50 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>gnp childrens ibuprofen oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>gnp ibuprofen childrens oral tablet chewable</i>	Tier 1	OTC
<i>gnp ibuprofen oral capsule</i>	Tier 1	OTC; QL (100 capsules per 30 days)
<i>gnp naproxen sodium oral capsule</i>	Tier 1	OTC; QL (100 capsules per 90 days)
<i>gnp naproxen sodium oral tablet</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>goodsense ibuprofen childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>hm ibuprofen childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>hm naproxen sodium oral capsule</i>	Tier 1	OTC; QL (100 capsules per 90 days)
<i>hy-vee all day relief oral tablet</i>	Tier 1	OTC; QL (100 tablets per 90 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYVEE IBUPROFEN CHILDRENS ORAL SUSPENSION (<i>ibuprofen</i>)	Tier 1	PA; OTC; QL (120 mL per 30 days)
<i>ibuprofen</i> (Ibu Oral Tablet)	Tier 1	QL (4 tablets per 1 day)
<i>ibuprofen 100 junior strength oral tablet chewable</i>	Tier 1	OTC
<i>ibuprofen childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>ibuprofen lysine intravenous solution</i>	Tier 2	MB
<i>ibuprofen oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>ibuprofen oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
INDOCIN ORAL SUSPENSION (<i>indomethacin</i>)	Tier 2	PA; QL (40 mL per 1 day)
INDOCIN RECTAL SUPPOSITORY (<i>indomethacin</i>)	Tier 2	PA
<i>indomethacin er oral capsule extended release</i>	Tier 1	QL (2 capsules per 1 day)
<i>indomethacin oral capsule 25 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>indomethacin oral capsule 50 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>indomethacin sodium intravenous solution reconstituted</i>	Tier 2	MB
<i>ketoprofen er oral capsule extended release 24 hour</i>	Tier 1	QL (1 capsule per 1 day)
<i>ketoprofen oral capsule 50 mg</i>	Tier 1	
<i>ketoprofen oral capsule 75 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	Tier 2	MB; QL (4 injections per 30 days)
<i>ketorolac tromethamine injection solution 30 mg/ml</i>	Tier 2	MB; QL (2 injections per 30 days)
<i>ketorolac tromethamine intramuscular solution</i>	Tier 2	MB; QL (1 injection per 30 days)
<i>ketorolac tromethamine nasal solution</i>	Tier 2	PA; QL (5 bottles per 30 days)
<i>ketorolac tromethamine oral tablet</i>	Tier 1	QL (20 tablets per 30 days)
<i>kls ibuprofen ib oral tablet</i>	Tier 1	OTC; QL (100 tablets per 30 days)
<i>diclofenac potassium</i> (Lofena Oral Tablet)	Tier 2	
<i>meclofenamate sodium oral capsule</i>	Tier 1	QL (4 capsules per 1 day)

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MEDI-PROFEN ORAL CAPSULE (<i>ibuprofen</i>)	Tier 1	OTC; QL (100 capsules per 30 days)
MEDI-PROFEN ORAL SUSPENSION (<i>ibuprofen</i>)	Tier 1	OTC; QL (30 mL per 30 days)
MEDI-PROFEN ORAL TABLET (<i>ibuprofen</i>)	Tier 1	PA; OTC; QL (100 tablets per 30 days)
<i>mefenamic acid oral capsule</i>	Tier 1	PA; QL (29 capsules per 1 fill)
<i>meloxicam oral capsule</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>meloxicam oral tablet</i>	Tier 1	
MOBIC ORAL TABLET (<i>meloxicam</i>)	Tier 2	
MOTRIN IB ORAL CAPSULE (<i>ibuprofen</i>)	Tier 1	OTC; QL (100 capsules per 30 days)
<i>nabumetone oral tablet 500 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>nabumetone oral tablet 750 mg</i>	Tier 1	
NALFON ORAL CAPSULE (<i>fenoprofen calcium</i>)	Tier 2	PA
NALFON ORAL TABLET (<i>fenoprofen calcium</i>)	Tier 2	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>naproxen sodium</i>)	Tier 2	PA; QL (2 tablets per 1 day)
NAPROSYN ORAL SUSPENSION (<i>naproxen</i>)	Tier 2	
NAPROSYN ORAL TABLET (<i>naproxen</i>)	Tier 2	
<i>naproxen oral suspension</i>	Tier 1	
<i>naproxen oral tablet</i>	Tier 1	
<i>naproxen oral tablet delayed release</i>	Tier 2	
<i>naproxen sodium er oral tablet extended release 24 hour</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>naproxen sodium oral tablet 275 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>naproxen sodium oral tablet 550 mg</i>	Tier 1	QL (2 tablets per 1 day)
NEOPROFEN INTRAVENOUS SOLUTION (<i>ibuprofen lysine</i>)	Tier 2	MB
<i>oxaprozin oral tablet</i>	Tier 1	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAMPRIN ALL DAY RELIEF MAX ST ORAL TABLET (<i>naproxen sodium</i>)	Tier 1	OTC; QL (100 tablets per 90 days)
<i>piroxicam oral capsule</i>	Tier 1	QL (1 capsule per 1 day)
<i>px childrens profen ib oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>qc childrens ibuprofen oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>qc ibuprofen oral capsule</i>	Tier 1	OTC; QL (100 capsules per 30 days)
<i>ra ibuprofen childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
RELAFEN DS ORAL TABLET (<i>nabumetone</i>)	Tier 2	
<i>sm childrens ibuprofen oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>sm ibuprofen ib childrens oral tablet chewable</i>	Tier 1	OTC
SPRIX NASAL SOLUTION (<i>ketorolac tromethamine</i>)	Tier 2	PA; QL (5 bottles per 30 days)
<i>sulindac oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
VIVLODEX ORAL CAPSULE (<i>meloxicam</i>)	Tier 2	PA; QL (1 capsule per 1 day)
ZIPSOR ORAL CAPSULE (<i>diclofenac potassium</i>)	Tier 2	PA; QL (4 capsules per 1 day)
ZORVOLEX ORAL CAPSULE (<i>diclofenac</i>)	Tier 2	PA; QL (3 capsules per 1 day)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
OTEZLA ORAL TABLET (<i>apremilast</i>)	Tier 1	PA; SP; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK (<i>apremilast</i>)	Tier 1	PA; SP; QL (1 pack per 1 year)
*PYRIMIDINE SYNTHESIS INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
ARAVA ORAL TABLET (<i>leflunomide</i>)	Tier 2	QL (1 tablet per 1 day)
<i>leflunomide oral tablet</i>	Tier 1	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SELECTIVE COSTIMULATION MODULATORS*** - ARTHRITIS AND PAIN DRUGS		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>abatacept</i>)	Tier 2	PA; SP; QL (4 auto-injectors per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED (<i>abatacept</i>)	Tier 2	PA; MB; QL (4 injections per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	Tier 2	PA; SP; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	Tier 2	PA; SP; QL (4 units per 30 days)
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** - ARTHRITIS AND PAIN DRUGS		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE (<i>etanercept</i>)	Tier 1	PA; SP; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION (<i>etanercept</i>)	Tier 1	PA; SP; QL (8 injections per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	Tier 1	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	Tier 1	PA; SP; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>etanercept</i>)	Tier 1	PA; SP; QL (4 vials per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>etanercept</i>)	Tier 1	PA; SP; QL (4 pens per 28 days)
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
*ANALGESIC COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>added strength headache relief oral tablet</i>	Tier 1	OTC
<i>cvs menstrual relief oral tablet</i>	Tier 1	OTC
<i>eq headache relief oral tablet</i>	Tier 1	OTC
<i>goodsense headache relief oral tablet</i>	Tier 1	OTC
<i>headache formula oral tablet</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meijer migraine formula oral tablet</i>	Tier 1	OTC
<i>menstrual relief max strength oral tablet</i>	Tier 1	OTC
<i>px headache relief added st oral tablet</i>	Tier 1	OTC
<i>qc menstrual complete max st oral tablet</i>	Tier 1	OTC
<i>ra headache formula oral tablet</i>	Tier 1	OTC
*ANALGESICS OTHER*** - ARTHRITIS AND PAIN DRUGS		
<i>8 hour pain reliever oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>8 hr arthritis pain relief oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>acetaminophen 8 hour oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>acetaminophen childrens oral solution</i>	Tier 1	OTC; QL (100 mL per 25 days)
<i>acetaminophen childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>acetaminophen infants oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>acetaminophen intravenous solution</i>	Tier 2	MB
<i>acetaminophen junior strength oral tablet dispersible</i>	Tier 1	OTC
<i>acetaminophen oral liquid</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>acetaminophen oral solution</i>	Tier 1	OTC; QL (100 mL per 25 days)
<i>acetaminophen oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>acetaminophen rapid tabs child oral tablet dispersible</i>	Tier 1	OTC
<i>acetaminophen rectal suppository</i>	Tier 1	OTC
APHEN ORAL TABLET (<i>acetaminophen</i>)	Tier 1	OTC
<i>apra oral elixir</i>	Tier 1	OTC
<i>aurophen childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betatemp childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>childrens acetaminophen oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>childrens aspirin free oral elixir</i>	Tier 1	OTC
CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE (<i>acetaminophen</i>)	Tier 1	OTC
<i>childrens non-aspirin oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>childrens pain reliever oral tablet chewable</i>	Tier 1	OTC
<i>childrens silapap oral liquid</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>clonidine hcl (analgesia) epidural solution</i>	Tier 2	MB
<i>cvs acetaminophen ex st oral liquid</i>	Tier 1	OTC
<i>cvs acetaminophen oral liquid</i>	Tier 1	OTC
<i>cvs acetaminophen oral tablet</i>	Tier 1	OTC
<i>cvs fever reducing childrens rectal suppository</i>	Tier 1	OTC
<i>cvs infants pain relief drops oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>cvs pain & fever childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>cvs pain & fever infants oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
DURACLON EPIDURAL SOLUTION (<i>clonidine hcl (analgesia)</i>)	Tier 2	MB
<i>ed-apap oral liquid</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>eq pain & fever childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>eq pain & fever infants oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>eq pain relieflrapid burst oral liquid</i>	Tier 1	OTC
<i>eq pain reliever ex st oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)

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<i>eql acetaminophen childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>eql acetaminophen infants oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>eql acetaminophen oral tablet</i>	Tier 1	OTC
FEVERALL ADULTS RECTAL SUPPOSITORY (<i>acetaminophen</i>)	Tier 1	OTC
FEVERALL CHILDRENS RECTAL SUPPOSITORY (<i>acetaminophen</i>)	Tier 1	OTC
FEVERALL INFANTS RECTAL SUPPOSITORY (<i>acetaminophen</i>)	Tier 1	OTC
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY (<i>acetaminophen</i>)	Tier 1	OTC
<i>gnp 8 hour arthritis relief oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>gnp 8 hour pain relief oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>gnp acetaminophen ex st oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>gnp acetaminophen oral tablet chewable</i>	Tier 1	OTC
<i>gnp infants pain/fever oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>gnp pain & fever childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>gnp pain & fever infants oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>goodsense pain & fever child oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>goodsense pain & fever infants oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>goodsense pain relief oral tablet</i>	Tier 1	OTC
<i>hm pain & fever childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)

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<i>hm pain & fever infants oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>hm pain relief oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>hm pain relieve child dye-free oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>hm pain reliever childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>hm pain reliever infants oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>infants pain & fever oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>liquid acetaminophen oral liquid</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>liquid pain relief oral liquid</i>	Tier 1	OTC; QL (120 mL per 30 days)
LITTLE REMEDIES FOR FEVER ORAL LIQUID (<i>acetaminophen</i>)	Tier 1	OTC; QL (120 mL per 30 days)
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID (<i>acetaminophen</i>)	Tier 1	OTC
MEDI-TABS CHILDRENS ORAL ELIXIR (<i>acetaminophen</i>)	Tier 1	OTC
MEDI-TABS EXTRA STRENGTH ORAL TABLET (<i>acetaminophen</i>)	Tier 1	OTC; QL (4 tablets per 1 day)
MEDI-TABS JUNIOR STRENGTH ORAL TABLET CHEWABLE (<i>acetaminophen</i>)	Tier 1	OTC
<i>meijer aspirin free oral tablet 325 mg</i>	Tier 1	OTC
<i>meijer aspirin free oral tablet 500 mg</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>meijer jr st aspirin free oral tablet chewable</i>	Tier 1	OTC
MIDOL ORAL TABLET EXTENDED RELEASE (<i>acetaminophen</i>)	Tier 1	OTC; QL (100 tablets per 90 days)
<i>mm arthritis pain oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)

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<i>m-pap oral liquid</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>non-aspirin childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>non-aspirin jr strength oral tablet chewable</i>	Tier 1	OTC
<i>non-aspirin pain relief oral tablet</i>	Tier 1	OTC
OFIRMEV INTRAVENOUS SOLUTION (<i>acetaminophen</i>)	Tier 2	MB
<i>pain & fever childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>pain & fever childrens oral tablet chewable</i>	Tier 1	OTC
<i>pain & fever infants oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>pain relief childrens oral elixir</i>	Tier 1	OTC
<i>pain relief childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>pain relief extra strength oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>pain relief oral liquid</i>	Tier 1	OTC
<i>pain relief regular strength oral tablet</i>	Tier 1	OTC
<i>pain reliever oral liquid</i>	Tier 1	OTC
<i>pain reliever/fever reducer rectal suppository</i>	Tier 1	OTC
PANADOL CHILDRENS ORAL SUSPENSION (<i>acetaminophen</i>)	Tier 1	OTC; QL (120 mL per 30 days)
PANADOL EXTRA STRENGTH ORAL TABLET (<i>acetaminophen</i>)	Tier 1	OTC; QL (4 tablets per 1 day)
PANADOL INFANTS ORAL SUSPENSION (<i>acetaminophen</i>)	Tier 1	OTC; QL (120 mL per 30 days)
PEDIACARE CHILDREN ORAL SUSPENSION (<i>acetaminophen</i>)	Tier 1	OTC; QL (120 mL per 30 days)
PEDIACARE INFANT FEVER/PAIN ORAL SUSPENSION (<i>acetaminophen</i>)	Tier 1	OTC; QL (120 mL per 30 days)
PEDIACARE INFANTS ORAL SUSPENSION (<i>acetaminophen</i>)	Tier 1	OTC; QL (120 mL per 30 days)

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<i>px childrens pain relief oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>qc acetaminophen 8hr arth pain oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>qc acetaminophen 8hr musc ache oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>qc non-aspirin 8 hour oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>qc non-aspirin childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>qc non-aspirin childrens oral tablet chewable</i>	Tier 1	OTC
<i>qc pain relief childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>qc pain relief infants oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>ra childrens fever/pain oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>ra fever reducer/pain reliever oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>ra pain reliever ex st oral liquid</i>	Tier 1	OTC
<i>sb arthritis pain relief oral tablet extended release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>sb childrens non-aspirin oral tablet dispersible</i>	Tier 1	OTC
<i>sb non-aspirin jr strength oral tablet dispersible</i>	Tier 1	OTC
<i>sb non-aspirin oral tablet chewable</i>	Tier 1	OTC
<i>sb pain reliever childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>sb pain reliever ex st oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>sm pain & fever childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>sm pain & fever infants oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)

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<i>sm pain relief extra strength oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>sm pain reliever childrens oral suspension</i>	Tier 1	OTC; QL (120 mL per 30 days)
<i>sm rapid melts junior oral tablet dispersible</i>	Tier 1	OTC
*ANALGESICS-SEDATIVES*** - ARTHRITIS AND PAIN DRUGS		
ALLZITAL ORAL TABLET (<i>butalbital-acetaminophen</i>)	Tier 2	QL (12 tablets per 1 day)
<i>butalbital-apap-caffeine</i> (Bac Oral Tablet)	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen</i> (Bupap Oral Tablet)	Tier 2	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen oral capsule</i>	Tier 2	QL (6 capsules per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	Tier 2	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine oral capsule</i>	Tier 1	QL (6 capsules per 1 day)
<i>butalbital-apap-caffeine oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	QL (6 capsules per 1 day)
<i>butalbital-apap-caffeine</i> (Esgic Oral Capsule)	Tier 2	QL (6 capsules per 1 day)
ESGIC ORAL TABLET (<i>butalbital-apap-caffeine</i>)	Tier 2	QL (6 tablets per 1 day)
FIORICET ORAL CAPSULE (<i>butalbital-apap-caffeine</i>)	Tier 2	QL (6 capsules per 1 day)
TENCON ORAL TABLET (<i>butalbital-acetaminophen</i>)	Tier 1	QL (6 tablets per 1 day)
<i>butalbital-apap-caffeine</i> (Zebutal Oral Capsule)	Tier 2	QL (6 capsules per 1 day)
*SALICYLATE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>cvs antacid & pain reliever oral tablet effervescent</i>	Tier 1	OTC
<i>effervescent antacid/pain oral tablet effervescent</i>	Tier 1	OTC
<i>effervescent pain relief oral tablet effervescent</i>	Tier 1	OTC
<i>goodsense antacid/pain relief oral tablet effervescent</i>	Tier 1	OTC
<i>medi-seltzer oral tablet effervescent</i>	Tier 1	OTC
<i>px effervescent oral tablet effervescent</i>	Tier 1	OTC
<i>sb effervescent pain relief oral tablet effervescent</i>	Tier 1	OTC
<i>sm aspirin tri-buffered oral tablet</i>	Tier 1	OTC

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<i>sm effervescent pain relief oral tablet effervescent</i>	Tier 1	OTC
<i>tri-buffered aspirin oral tablet</i>	Tier 1	OTC
*SALICYLATES*** - ARTHRITIS AND PAIN DRUGS		
<i>adult aspirin regimen oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin 81 oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin adult low dose oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin adult low strength oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin childrens oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin ec adult low strength oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin ec low dose oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin ec low strength oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin ec oral tablet delayed release 325 mg</i>	Tier 1	OTC; QL (100 tablets per 25 days)
<i>aspirin ec oral tablet delayed release 81 mg</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin low dose oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin low dose oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin low strength oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin oral tablet</i>	Tier 1	OTC
<i>aspirin oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>aspirin oral tablet delayed release 325 mg</i>	Tier 1	OTC; QL (100 tablets per 25 days)

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<i>aspirin oral tablet delayed release 81 mg</i>	Tier 1	OTC; QL (100 tablets per 90 days)
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET (<i>aspirin</i>)	Tier 1	OTC
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE (<i>aspirin</i>)	Tier 1	OTC; QL (100 tablets per 90 days)
BAYER ASPIRIN ORAL TABLET (<i>aspirin</i>)	Tier 1	OTC
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (<i>aspirin</i>)	Tier 1	OTC; QL (100 tablets per 25 days)
BAYER LOW DOSE ORAL TABLET CHEWABLE (<i>aspirin</i>)	Tier 1	OTC; QL (100 tablets per 90 days)
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE (<i>aspirin</i>)	Tier 1	OTC; QL (100 tablets per 90 days)
<i>childrens aspirin oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>cvms aspirin adult low dose oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>cvms aspirin adult low strength oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>cvms aspirin ec oral tablet delayed release 325 mg</i>	Tier 1	OTC; QL (100 tablets per 25 days)
<i>cvms aspirin ec oral tablet delayed release 81 mg</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>cvms aspirin low dose oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>cvms aspirin low strength oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>cvms aspirin oral tablet</i>	Tier 1	OTC
<i>cvms genuine aspirin oral tablet</i>	Tier 1	OTC
<i>diflunisal oral tablet</i>	Tier 1	
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE (<i>aspirin</i>)	Tier 1	OTC; QL (100 tablets per 90 days)
<i>eq aspirin adult low dose oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eq aspirin low dose oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>eq aspirin oral tablet</i>	Tier 1	OTC
<i>eql aspirin ec oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 25 days)
<i>eql aspirin low dose oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>eql aspirin low dose oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>gnp adult aspirin low strength oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>gnp aspirin low dose oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>gnp aspirin oral tablet</i>	Tier 1	OTC
<i>gnp aspirin oral tablet delayed release 325 mg</i>	Tier 1	OTC; QL (100 tablets per 25 days)
<i>gnp aspirin oral tablet delayed release 81 mg</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>goodsense aspirin adult low st oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>goodsense aspirin adults oral tablet</i>	Tier 1	OTC
<i>goodsense aspirin low dose oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>goodsense aspirin oral tablet</i>	Tier 1	OTC
<i>goodsense aspirin oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>goodsense aspirin oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 25 days)
<i>h-e-b aspirin oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>hm adult aspirin oral tablet</i>	Tier 1	OTC
<i>hm aspirin ec low dose oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)

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<i>hm aspirin ec oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 25 days)
<i>hm aspirin oral tablet</i>	Tier 1	OTC
<i>hm aspirin oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>hm aspirin oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 25 days)
<i>kls aspirin low dose oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>kp aspirin oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>meijer aspirin ec oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 25 days)
<i>px aspirin oral tablet</i>	Tier 1	OTC
<i>px aspirin oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>px enteric aspirin oral tablet delayed release 325 mg</i>	Tier 1	OTC; QL (100 tablets per 25 days)
<i>px enteric aspirin oral tablet delayed release 81 mg</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>qc aspirin low dose oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>qc aspirin low dose oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>qc aspirin oral tablet</i>	Tier 1	OTC
<i>qc aspirin oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 25 days)
<i>qc childrens aspirin oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>qc enteric aspirin oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 25 days)
<i>ra aspirin adult low dose oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)

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<i>ra aspirin adult low strength oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>ra aspirin childrens oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>ra aspirin ec adult low st oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>ra aspirin ec oral tablet delayed release 325 mg</i>	Tier 1	OTC; QL (100 tablets per 25 days)
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>ra aspirin oral tablet</i>	Tier 1	OTC
<i>ra pain relief aspirin oral tablet</i>	Tier 1	OTC
<i>sb aspirin ec oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 25 days)
<i>sb aspirin oral tablet</i>	Tier 1	OTC
<i>sb childrens aspirin oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>sb low dose asa ec oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>sm aspirin adult low strength oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>sm aspirin adult low strength oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>sm aspirin ec low strength oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>sm aspirin ec oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 25 days)
<i>sm aspirin low dose oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>sm aspirin oral tablet</i>	Tier 1	OTC
<i>sm childrens aspirin oral tablet chewable</i>	Tier 1	OTC; QL (100 tablets per 90 days)
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (<i>aspirin</i>)	Tier 1	OTC; QL (100 tablets per 90 days)

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ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (<i>aspirin</i>)	Tier 1	OTC; QL (100 tablets per 90 days)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE (<i>aspirin</i>)	Tier 1	OTC; QL (100 tablets per 90 days)
*SELECTIVE N-TYPE NEURONAL CALCIUM CHANNEL BLOCKERS*** - ARTHRITIS AND PAIN DRUGS		
PRIALT INTRATHECAL SOLUTION (<i>ziconotide acetate</i>)	Tier 2	MB
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
*CODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>acetaminophen-codeine #2 oral tablet</i>	Tier 1	AL; QL (6 tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet</i>	Tier 1	PA; AL; QL (6 tablets per 1 day)
<i>acetaminophen-codeine #4 oral tablet</i>	Tier 1	PA; AL; QL (6 tablets per 1 day)
<i>acetaminophen-codeine oral solution</i>	Tier 1	PA; AL; QL (90 mL per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	Tier 1	AL; QL (6 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	Tier 1	PA; AL; QL (6 tablets per 1 day)
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule)	Tier 1	PA; AL; QL (6 capsules per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	Tier 1	PA; AL; QL (6 capsules per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	Tier 1	PA; AL; QL (6 capsule per 1 day)
<i>butalbital-asa-caff-codeine oral capsule</i>	Tier 1	PA; AL; QL (6 capsules per 1 day)
FIORICET/CODEINE ORAL CAPSULE (<i>butalbital-apap-caff-cod</i>)	Tier 2	PA; AL; QL (6 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*DIHYDROCODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>apap-caff-dihydrocodeine oral capsule</i>	Tier 2	PA; QL (6 capsules per 1 day)
TREZIX ORAL CAPSULE (<i>apap-caff-dihydrocodeine</i>)	Tier 2	PA; QL (6 capsules per 1 day)
*FENTANYL COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>fentanyl cit-ropivacaine-nacl epidural solution</i>	Tier 2	MB
<i>fentanyl-bupivacaine-nacl epidural solution</i>	Tier 2	MB
*HYDROCODONE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>hydrocodone-acetaminophen oral solution</i>	Tier 1	PA; QL (90 mL per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	Tier 2	PA; QL (5 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	Tier 1	PA; QL (5 tablets per 1 day)
LORTAB ORAL ELIXIR (<i>hydrocodone-acetaminophen</i>)	Tier 2	PA; QL (67.5 mL per 1 day)
*OPIOID AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
ACTIQ BUCCAL LOZENGE ON A HANDLE (<i>fentanyl citrate</i>)	Tier 2	PA; QL (4 lozenges per 1 day)
<i>alfentanil hcl intravenous solution</i>	Tier 2	MB
<i>codeine sulfate oral tablet</i>	Tier 1	PA; AL; QL (6 tablets per 1 day)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>tramadol hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
DEMEROL INJECTION SOLUTION (<i>meperidine hcl</i>)	Tier 2	PA; MB; QL (4 mL per 1 day)
DILAUDID INJECTION SOLUTION 0.2 MG/ML (<i>hydromorphone hcl</i>)	Tier 2	QL (6 mL per 1 day)

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DILAUDID INJECTION SOLUTION 1 MG/ML, 2 MG/ML (<i>hydromorphone hcl</i>)	Tier 2	PA; MB; QL (6 mL per 1 day)
DILAUDID ORAL LIQUID (<i>hydromorphone hcl</i>)	Tier 2	PA; QL (24 mL per 1 day)
DILAUDID ORAL TABLET (<i>hydromorphone hcl</i>)	Tier 2	PA; QL (6 tablets per 1 day)
DSUVIA SUBLINGUAL TABLET SUBLINGUAL (<i>sufentanil citrate</i>)	Tier 2	
<i>duramorph injection solution</i>	Tier 2	PA; MB; QL (6 mL per 1 day)
<i>fentanyl citrate (pf) injection solution</i>	Tier 2	MB
<i>fentanyl citrate (pf) injection solution cartridge</i>	Tier 2	MB
<i>fentanyl citrate buccal lozenge on a handle</i>	Tier 1	PA; QL (4 lozenges per 1 day)
<i>fentanyl citrate buccal tablet</i>	Tier 2	PA; QL (4 tablets per 1 day)
<i>fentanyl citrate injection solution prefilled syringe</i>	Tier 2	MB
<i>fentanyl citrate intravenous solution</i>	Tier 2	MB
<i>fentanyl citrate intravenous solution prefilled syringe</i>	Tier 2	MB
<i>fentanyl citrate pf injection solution prefilled syringe</i>	Tier 2	MB
<i>fentanyl citrate-nacl intravenous solution</i>	Tier 2	MB
<i>fentanyl citrate-nacl intravenous solution prefilled syringe</i>	Tier 2	MB
<i>fentanyl transdermal patch 72 hour 100 mcglhr, 12 mcglhr, 25 mcglhr, 50 mcglhr, 75 mcglhr</i>	Tier 1	PA; QL (15 patches per 30 days)
<i>fentanyl transdermal patch 72 hour 37.5 mcglhr, 62.5 mcglhr, 87.5 mcglhr</i>	Tier 2	PA; QL (15 patches per 30 days)
FENTORA BUCCAL TABLET (<i>fentanyl citrate</i>)	Tier 2	PA; QL (4 tablets per 1 day)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	Tier 2	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml</i>	Tier 2	PA; MB; QL (6 mL per 1 day)
<i>hydromorphone hcl injection solution 4 mg/ml</i>	Tier 2	PA; MB; QL (2 mL per 1 day)
<i>hydromorphone hcl intravenous solution</i>	Tier 2	MB
<i>hydromorphone hcl oral liquid</i>	Tier 1	PA; QL (24 mL per 1 day)
<i>hydromorphone hcl oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>hydromorphone hcl pf injection solution 1 mg/ml</i>	Tier 2	MB; QL (6 mL per 1 day)
<i>hydromorphone hcl pf injection solution 10 mg/ml, 50 mg/5ml, 500 mg/50ml</i>	Tier 2	PA; MB; QL (1 vial per 30 days)
<i>hydromorphone hcl pf injection solution 2 mg/ml</i>	Tier 2	PA; MB; QL (6 mL per 1 day)
<i>hydromorphone hcl pf injection solution 4 mg/ml</i>	Tier 2	MB; QL (2 mL per 1 day)
<i>hydromorphone hcl-nacl intravenous solution 10-0.9 mg/50ml-%, 100-0.9 mg/50ml-%, 20-0.9 mg/100ml-%, 6-0.9 mg/30ml-%</i>	Tier 2	MB
<i>hydromorphone hcl-nacl intravenous solution 30-0.9 mg/30ml-%</i>	Tier 2	MB; QL (6 mL per 1 day)
<i>hydromorphone hcl-nacl intravenous solution prefilled syringe 10-0.9 mg/50ml-%, 15-0.9 mg/30ml-%, 25-0.9 mg/50ml-%, 5-0.9 mg/25ml-%, 50-0.9 mg/50ml-%, 6-0.9 mg/30ml-%</i>	Tier 2	MB
<i>hydromorphone hcl-nacl intravenous solution prefilled syringe 30-0.9 mg/30ml-%</i>	Tier 2	MB; QL (6 mL per 1 day)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT (<i>hydrocodone bitartrate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
INFUMORPH 200 INJECTION SOLUTION (<i>morphine sulfate microinfusion</i>)	Tier 2	MB; QL (2 vials per 1 month)
INFUMORPH 500 INJECTION SOLUTION (<i>morphine sulfate microinfusion</i>)	Tier 2	MB; QL (2 vials per 1 month)
LAZANDA NASAL SOLUTION (<i>fentanyl citrate</i>)	Tier 2	PA; QL (30 bottles per 30 days)
<i>levorphanol tartrate oral tablet</i>	Tier 2	PA; QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meperidine hcl injection solution</i>	Tier 2	PA; MB; QL (4 mL per 1 day)
<i>meperidine hcl oral solution</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>meperidine hcl oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>methadone hcl injection solution</i>	Tier 2	PA; MB; QL (1 mL per 1 day)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate)	Tier 1	PA; QL (6 mL per 1 day)
<i>methadone hcl oral concentrate</i>	Tier 1	PA; QL (6 mL per 1 day)
<i>methadone hcl oral solution</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>methadone hcl oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>methadone hcl oral tablet soluble</i>	Tier 1	QL (1 tablet per 1 day)
METHADOSE ORAL CONCENTRATE (<i>methadone hcl</i>)	Tier 2	PA; QL (6 ML per 1 day)
<i>methadone hcl</i> (Methadose Oral Tablet Soluble)	Tier 1	PA; QL (1 tablet per 1 day)
METHADOSE SUGAR-FREE ORAL CONCENTRATE (<i>methadone hcl</i>)	Tier 2	PA; QL (6 ML per 1 day)
<i>morphine sulfate microinfusion</i> (Mitigo Injection Solution)	Tier 2	MB; QL (2 vials per 1 month)
<i>morphine sulfate (concentrate) oral solution</i>	Tier 1	PA; QL (6 mL per 1 day)
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 5 mg/ml</i>	Tier 2	PA; MB; QL (6 mL per 1 day)
<i>morphine sulfate (pf) injection solution 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	Tier 2	MB; QL (6 mL per 1 day)
<i>morphine sulfate (pf) intravenous solution 1 mg/ml</i>	Tier 2	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml</i>	Tier 2	MB
<i>morphine sulfate (pf) intravenous solution 4 mg/ml, 8 mg/ml</i>	Tier 2	MB; QL (6 mL per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	Tier 2	PA; QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>morphine sulfate injection solution</i>	Tier 2	PA; MB; QL (6 mL per 1 day)
<i>morphine sulfate intravenous solution</i>	Tier 2	MB; QL (6 mL per 1 day)
<i>morphine sulfate oral solution</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>morphine sulfate oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>morphine sulfate-nacl intravenous solution</i>	Tier 2	MB
<i>morphine sulfate-nacl intravenous solution prefilled syringe</i>	Tier 2	MB
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG (<i>morphine sulfate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	Tier 2	PA; QL (3 tablets per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>tapentadol hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	Tier 2	PA; QL (180 tablets per 30 days)
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	Tier 2	PA; QL (181 tablets per 30 days)
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	Tier 2	PA; QL (242 tablets per 30 days)
OLINVYK INTRAVENOUS SOLUTION (<i>oliceridine fumarate</i>)	Tier 2	MB
OXAYDO ORAL TABLET (<i>oxycodone hcl</i>)	Tier 2	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>oxycodone hcl oral capsule</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>oxycodone hcl oral concentrate</i>	Tier 1	PA; QL (6 mL per 1 day)
<i>oxycodone hcl oral solution</i>	Tier 1	PA; QL (30 mL per 1 day)

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<i>oxycodone hcl oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (<i>oxycodone hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 40 mg, 5 mg, 7.5 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 30 mg</i>	Tier 2	PA; QL (4 tablets per 1 day)
<i>oxymorphone hcl oral tablet</i>	Tier 2	PA; QL (6 tablets per 1 day)
QDOLO ORAL SOLUTION (<i>tramadol hcl</i>)	Tier 2	PA; AL; QL (80 mL per 1 day)
<i>remifentanil hcl intravenous solution reconstituted</i>	Tier 2	MB
ROXICODONE ORAL TABLET (<i>oxycodone hcl</i>)	Tier 2	PA; QL (6 tablets per 1 day)
SUBSYS SUBLINGUAL LIQUID (<i>fentanyl</i>)	Tier 2	PA; QL (4 units per 1 day)
<i>sufentanil citrate intravenous solution</i>	Tier 2	MB
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>tramadol hcl er oral capsule extended release 24 hour</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	Tier 1	PA; AL; QL (8 tablets per 1 day)
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED (<i>remifentanil hcl</i>)	Tier 2	MB
ULTRAM ORAL TABLET (<i>tramadol hcl</i>)	Tier 2	PA; AL; QL (8 tablets per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT (<i>oxycodone</i>)	Tier 2	PA; QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*OPIOID COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
APADAZ ORAL TABLET (<i>benzhydrocodone-acetaminophen</i>)	Tier 2	PA; QL (6 tablets per 1 day)
<i>benzhydrocodone-acetaminophen oral tablet</i>	Tier 2	PA; QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet)	Tier 1	PA; QL (6 tablets per 1 day)
<i>nalocet oral tablet</i>	Tier 2	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral solution</i>	Tier 2	PA; QL (30 mL per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg</i>	Tier 2	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Tier 1	PA; QL (6 tablets per 1 day)
PERCOCET ORAL TABLET (<i>oxycodone-acetaminophen</i>)	Tier 2	PA; QL (6 tablets per 1 day)
PROLATE ORAL SOLUTION (<i>oxycodone-acetaminophen</i>)	Tier 2	PA; QL (30 mL per 1 day)
PROLATE ORAL TABLET (<i>oxycodone-acetaminophen</i>)	Tier 2	PA; QL (6 tablets per 1 day)
*OPIOID PARTIAL AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
BELBUCA BUCCAL FILM (<i>buprenorphine hcl</i>)	State Carve-out	SCO
BUPRENEX INJECTION SOLUTION (<i>buprenorphine hcl</i>)	State Carve-out	SCO
<i>buprenorphine hcl injection solution</i>	State Carve-out	SCO
<i>buprenorphine hcl sublingual tablet sublingual</i>	State Carve-out	SCO
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	State Carve-out	SCO
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>buprenorphine transdermal patch weekly</i>	State Carve-out	SCO
<i>butorphanol tartrate injection solution 1 mg/ml</i>	Tier 2	PA; MB; QL (8 mL per 1 day)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	Tier 2	PA; MB; QL (4 mL per 1 day)
<i>butorphanol tartrate nasal solution</i>	Tier 1	QL (2 bottles per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY (<i>buprenorphine</i>)	State Carve-out	SCO
<i>nalbuphine hcl injection solution</i>	Tier 2	MB; QL (2 mL per 1 day)
<i>pentazocine-naloxone hcl oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>buprenorphine</i>)	State Carve-out	SCO
SUBOXONE SUBLINGUAL FILM (<i>buprenorphine hcl-naloxone hcl</i>)	State Carve-out	SCO
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL (<i>buprenorphine hcl-naloxone hcl</i>)	State Carve-out	SCO
*TRAMADOL COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>tramadol-acetaminophen oral tablet</i>	Tier 1	PA; AL; QL (8 tablets per 1 day)
ULTRACET ORAL TABLET (<i>tramadol-acetaminophen</i>)	Tier 2	PA; AL; QL (8 tablets per 1 day)
ANDROGENS-ANABOLIC - HORMONES		
*ANABOLIC STEROIDS*** - DRUGS FOR MEN		
<i>oxandrolone oral tablet 10 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>oxandrolone oral tablet 2.5 mg</i>	Tier 2	PA; QL (4 tablets per 1 day)
*ANDROGENS*** - DRUGS FOR MEN		
ANDRODERM TRANSDERMAL PATCH 24 HOUR (<i>testosterone</i>)	Tier 2	PA; QL (1 patch per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANDROGEL PUMP TRANSDERMAL GEL (<i>testosterone</i>)	Tier 2	PA; QL (1 bottle per 30 days)
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%) (<i>testosterone</i>)	Tier 2	PA; QL (1 packet per 1 day)
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%) (<i>testosterone</i>)	Tier 2	PA; QL (2 packets per 1 day)
AVEED INTRAMUSCULAR SOLUTION (<i>testosterone undecanoate</i>)	Tier 2	PA; MB
<i>danazol oral capsule 100 mg, 50 mg</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>danazol oral capsule 200 mg</i>	Tier 2	PA; QL (4 capsules per 1 day)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION (<i>testosterone cypionate</i>)	Tier 2	PA
FORTESTA TRANSDERMAL GEL (<i>testosterone</i>)	Tier 2	PA; QL (1 bottle per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG (<i>testosterone undecanoate</i>)	Tier 2	PA; QL (4 capsules per 1 day)
JATENZO ORAL CAPSULE 237 MG (<i>testosterone undecanoate</i>)	Tier 2	PA; QL (2 capsules per 1 day)
<i>methitest oral tablet</i>	Tier 2	PA
<i>methyltestosterone oral capsule</i>	Tier 2	PA
NATESTO NASAL GEL (<i>testosterone</i>)	Tier 2	PA; QL (3 bottles per 30 days)
TESTIM TRANSDERMAL GEL (<i>testosterone</i>)	Tier 2	PA; QL (1 packet per 1 day)
TESTOPEL IMPLANT PELLETT (<i>testosterone</i>)	Tier 2	MB
<i>testosterone cypionate intramuscular solution</i>	Tier 1	PA
<i>testosterone enanthate intramuscular solution</i>	Tier 1	PA
<i>testosterone transdermal gel 1.62 %, 10 mglact (2%), 20.25 mglact (1.62%)</i>	Tier 2	PA; QL (1 bottle per 30 days)
<i>testosterone transdermal gel 12.5 mglact (1%)</i>	Tier 1	PA; QL (2 bottles per 30 days)

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<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%)</i>	Tier 2	PA; QL (1 packet per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	Tier 1	PA; QL (2 packets per 1 day)
<i>testosterone transdermal gel 50 mg/5gm (1%)</i>	Tier 1	PA; QL (1 packet per 1 day)
<i>testosterone transdermal solution</i>	Tier 2	PA; QL (1 bottle per 30 days)
VOGELXO PUMP TRANSDERMAL GEL (<i>testosterone</i>)	Tier 2	PA; QL (2 bottles per 30 days)
VOGELXO TRANSDERMAL GEL (<i>testosterone</i>)	Tier 2	PA; QL (1 packet per 1 day)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>testosterone enanthate</i>)	Tier 2	PA
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
*INTRARECTAL STEROIDS*** - RECTAL PREPARATIONS		
CORTENEMA RECTAL ENEMA (<i>hydrocortisone</i>)	Tier 2	
CORTIFOAM EXTERNAL FOAM (<i>hydrocortisone acetate</i>)	Tier 2	PA; QL (4 containers per 28 days)
<i>hydrocortisone rectal enema</i>	Tier 1	
UCERIS RECTAL FOAM (<i>budesonide</i>)	Tier 2	PA; QL (2 kits per 28 days)
*NITRATE VASODILATING AGENTS*** - RECTAL PREPARATIONS		
RECTIV RECTAL OINTMENT (<i>nitroglycerin</i>)	Tier 2	QL (1 tube per 30 days)
*RECTAL ANESTHETIC/STEROIDS*** - RECTAL PREPARATIONS		
<i>hydrocortisone ace-pramoxine external cream</i>	Tier 2	
PROCTOFOAM HC EXTERNAL FOAM (<i>hydrocortisone ace-pramoxine</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*RECTAL COMBINATIONS - MISC.*** - RECTAL PREPARATIONS		
AVEDANA HEMORRHOID PAIN RELIEF RECTAL OINTMENT (<i>phenylephrine-mineral oil-pet</i>)	Tier 1	OTC
AVEDANA HEMORRHOIDAL RECTAL SUPPOSITORY (<i>phenylephrine-cocoa butter</i>)	Tier 1	OTC
<i>cvs hemorrhoidal rectal ointment</i>	Tier 1	OTC
<i>eql hemorrhoidal rectal ointment</i>	Tier 1	OTC
<i>gnp hemorrhoidal rectal ointment</i>	Tier 1	OTC
<i>goodsense hemorrhoidal rectal ointment</i>	Tier 1	OTC
<i>hemorrhoidal rectal ointment</i>	Tier 1	OTC
<i>hemorrhoidal rectal suppository</i>	Tier 1	OTC
<i>hm hemorrhoidal rectal ointment</i>	Tier 1	OTC
<i>px hemorrhoidal rectal suppository</i>	Tier 1	OTC
<i>qc hemorrhoidal rectal ointment</i>	Tier 1	OTC
<i>ra hemorrhoidal rectal suppository</i>	Tier 1	OTC
<i>sb hemorrhoid rectal ointment</i>	Tier 1	OTC
<i>sm hemorrhoidal rectal ointment</i>	Tier 1	OTC
*RECTAL STEROIDS*** - RECTAL PREPARATIONS		
ANUSOL-HC EXTERNAL CREAM (<i>hydrocortisone</i>)	Tier 2	QL (180 grams per 30 days)
<i>hydrocortisone (perianal) external cream 1 %</i>	Tier 2	QL (30 grams per 30 days)
<i>hydrocortisone (perianal) external cream 2.5 %</i>	Tier 1	QL (180 grams per 30 days)
PROCTOCORT EXTERNAL CREAM (<i>hydrocortisone</i>)	Tier 2	QL (30 grams per 30 days)
<i>hydrocortisone</i> (Procto-Med Hc External Cream)	Tier 1	QL (180 grams per 30 days)
<i>hydrocortisone</i> (Procto-Pak External Cream)	Tier 2	QL (30 grams per 30 days)
<i>hydrocortisone</i> (Proctosol Hc External Cream)	Tier 1	QL (180 grams per 30 days)
<i>hydrocortisone</i> (Proctozone-Hc External Cream)	Tier 1	QL (180 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTACIDS - DRUGS FOR THE STOMACH		
*ANTACID & SIMETHICONE*** - DRUGS FOR ULCERS AND STOMACH ACID		
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION (<i>alum & mag hydroxide-simeth</i>)	Tier 1	OTC
<i>alum & mag hydroxide-simeth oral suspension</i>	Tier 1	OTC
<i>alumina-magnesia-simethicone oral suspension</i>	Tier 1	OTC
<i>antacid & antigas oral suspension</i>	Tier 1	OTC
<i>antacid advanced oral suspension</i>	Tier 1	OTC
<i>antacid anti-gas max strength oral suspension</i>	Tier 1	OTC
<i>antacid anti-gas oral suspension</i>	Tier 1	OTC
<i>antacid anti-gas reg strength oral suspension</i>	Tier 1	OTC
<i>antacid extra strength oral suspension</i>	Tier 1	OTC
<i>antacid fast relief oral suspension</i>	Tier 1	OTC
<i>antacid i oral suspension</i>	Tier 1	OTC
<i>antacid iii oral suspension</i>	Tier 1	OTC
<i>antacid liquid oral suspension</i>	Tier 1	OTC
<i>antacid m oral suspension</i>	Tier 1	OTC
<i>antacid maximum strength oral suspension</i>	Tier 1	OTC
<i>antacid oral suspension</i>	Tier 1	OTC
<i>antacid plus anti-gas relief oral suspension</i>	Tier 1	OTC
<i>antacid regular strength oral suspension</i>	Tier 1	OTC
<i>antacidlantigas oral suspension</i>	Tier 1	OTC
<i>antacidlanti-gas oral suspension</i>	Tier 1	OTC
<i>antacidlsimethicone ds oral suspension</i>	Tier 1	OTC
<i>comfort gel antacid & anti-gas oral suspension</i>	Tier 1	OTC
<i>comfort gel antacid anti-gas oral suspension</i>	Tier 1	OTC
<i>comfort gel oral suspension</i>	Tier 1	OTC
<i>cvs antacid plus antigas oral suspension</i>	Tier 1	OTC
<i>cvs antacidlanti-gas oral suspension</i>	Tier 1	OTC
<i>eq antacid maximum strength oral suspension</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eq antacid/anti-gas oral suspension</i>	Tier 1	OTC
<i>eql antacid advanced max st oral suspension</i>	Tier 1	OTC
<i>eql antacid/anti-gas oral suspension</i>	Tier 1	OTC
<i>geri-lanta oral suspension</i>	Tier 1	OTC
<i>geri-mox oral suspension</i>	Tier 1	OTC
<i>gnp antacid & anti-gas oral suspension</i>	Tier 1	OTC
<i>gnp antacid regular strength oral suspension</i>	Tier 1	OTC
<i>goodsense antacid & gas relief oral suspension</i>	Tier 1	OTC
<i>hm advanced antacid max st oral suspension</i>	Tier 1	OTC
<i>hm antacid anti-gas ex st oral suspension</i>	Tier 1	OTC
<i>hm antacid oral suspension</i>	Tier 1	OTC
MAALOX MAX ORAL SUSPENSION (<i>alum & mag hydroxide-simeth</i>)	Tier 1	OTC
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION (<i>alum & mag hydroxide-simeth</i>)	Tier 1	OTC
<i>mag-al plus oral liquid</i>	Tier 1	OTC
<i>mag-al plus xs oral liquid</i>	Tier 1	OTC
<i>meijer antacid anti-gas oral suspension</i>	Tier 1	OTC
<i>meijer antacid oral suspension</i>	Tier 1	OTC
<i>mintox maximum strength oral suspension</i>	Tier 1	OTC
MINTOX PLUS ORAL TABLET CHEWABLE (<i>alum & mag hydroxide-simeth</i>)	Tier 1	OTC
MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION (<i>alum & mag hydroxide-simeth</i>)	Tier 1	OTC
<i>px antacid maximum strength oral suspension</i>	Tier 1	OTC
<i>px antacid regular strength oral suspension</i>	Tier 1	OTC
<i>qc antacid oral suspension</i>	Tier 1	OTC
<i>qc antacid/anti-gas oral suspension</i>	Tier 1	OTC
<i>ra antacid/anti-gas max st oral suspension</i>	Tier 1	OTC
<i>ra antacid/anti-gas oral suspension</i>	Tier 1	OTC
<i>ra antacid/gas relief max st oral suspension</i>	Tier 1	OTC
<i>sb antacid anti-gas oral suspension</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sm antacid advanced max st oral suspension</i>	Tier 1	OTC
<i>sm antacid advanced oral suspension</i>	Tier 1	OTC
<i>sm antacid anti-gas oral suspension</i>	Tier 1	OTC
<i>sm antacid maximum strength oral suspension</i>	Tier 1	OTC
<i>sm antacid oral suspension</i>	Tier 1	OTC
<i>sm antacid/antigas oral suspension</i>	Tier 1	OTC
*ANTACID COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>antacid extra strength oral tablet chewable</i>	Tier 1	OTC
<i>antacid oral tablet chewable</i>	Tier 1	OTC
<i>cvs antacid supreme oral suspension</i>	Tier 1	OTC
<i>geri-lanta supreme oral suspension</i>	Tier 1	OTC
ROLAIDS ORAL TABLET CHEWABLE (<i>ca carbonate-mag hydroxide</i>)	Tier 1	OTC
*ANTACIDS - ALUMINUM SALTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>aluminum hydroxide gel oral suspension</i>	Tier 1	OTC
*ANTACIDS - CALCIUM SALTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>antacid calcium rich oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>antacid oral tablet chewable</i>	Tier 1	OTC
<i>antacid regular strength oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>antacid ultra strength oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>calcium antacid extra strength oral tablet chewable</i>	Tier 1	OTC
<i>calcium carbonate antacid oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>calcium carbonate oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>cvs antacid extra strength oral tablet chewable</i>	Tier 1	OTC

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<i>cvs antacid ultra strength oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>eq antacid oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>goodsense antacid oral tablet chewable 1000 mg, 500 mg</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>goodsense antacid oral tablet chewable 750 mg</i>	Tier 1	OTC
HEALTHY MAMA TAME THE FLAME ORAL TABLET CHEWABLE (<i>calcium carbonate antacid</i>)	Tier 1	OTC; QL (150 tablets per 30 days)
<i>hm antacid extra strength oral tablet chewable</i>	Tier 1	OTC
<i>hm antacid regular strength oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>long lasting antacid oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
MAALOX CHILDRENS ORAL TABLET CHEWABLE (<i>calcium carbonate antacid</i>)	Tier 1	OTC
<i>qc antacid ultra strength oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>ra antacid oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>ra antacid ultra strength oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
<i>sm antacid oral tablet chewable</i>	Tier 1	OTC; QL (150 tablets per 30 days)
TITRALAC ORAL TABLET CHEWABLE (<i>calcium carbonate antacid</i>)	Tier 1	OTC
*ANTACIDS - MAGNESIUM SALTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
MAOX ORAL TABLET (<i>magnesium oxide</i>)	Tier 1	OTC
<i>qc magnesium oral tablet</i>	Tier 1	OTC
ANTHELMINTICS - DRUGS FOR INFECTIONS		
*ANTHELMINTICS*** - DRUGS FOR PARASITES		
<i>albendazole oral tablet</i>	Tier 2	PA; QL (4 tablets per 1 day)

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ALBENZA ORAL TABLET (<i>albendazole</i>)	Tier 2	PA; QL (4 tablets per 1 day)
<i>benznidazole oral tablet</i>	Tier 2	
BILTRICIDE ORAL TABLET (<i>praziquantel</i>)	Tier 2	
<i>cvs pinworm treatment oral suspension</i>	Tier 1	OTC
EMVERM ORAL TABLET CHEWABLE (<i>mebendazole</i>)	Tier 2	
<i>ivermectin oral tablet</i>	Tier 1	PA; QL (9 tablets per 1 fill)
<i>pin-away oral suspension</i>	Tier 1	OTC
<i>pinworm medicine oral suspension</i>	Tier 1	OTC
<i>praziquantel oral tablet</i>	Tier 1	
<i>reeses pinworm medicine oral suspension</i>	Tier 1	OTC
STROMEKTOL ORAL TABLET (<i>ivermectin</i>)	Tier 2	PA; QL (9 tablets per 1 fill)
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
*ANTIANGINALS-OTHER*** - DRUGS FOR ANGINA		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>ranolazine</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>ranolazine er oral tablet extended release 12 hour</i>	Tier 2	PA; QL (2 tablets per 1 day)
*NITRATES*** - DRUGS FOR ANGINA		
GONITRO SUBLINGUAL PACKET (<i>nitroglycerin</i>)	Tier 2	
ISORDIL TITRADOSE ORAL TABLET (<i>isosorbide dinitrate</i>)	Tier 2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	Tier 1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	Tier 2	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier 1	
<i>isosorbide mononitrate oral tablet</i>	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT (<i>nitroglycerin</i>)	Tier 1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR (<i>nitroglycerin</i>)	Tier 2	

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<i>nitroglycerin in d5w intravenous solution</i>	Tier 2	MB
<i>nitroglycerin intravenous solution</i>	Tier 2	MB
<i>nitroglycerin sublingual tablet sublingual</i>	Tier 1	
<i>nitroglycerin transdermal patch 24 hour</i>	Tier 1	
<i>nitroglycerin translingual solution</i>	Tier 2	
NITROLINGUAL TRANSLINGUAL SOLUTION (<i>nitroglycerin</i>)	Tier 2	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION (<i>nitroglycerin</i>)	Tier 2	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL (<i>nitroglycerin</i>)	Tier 2	
ANTI-ANXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTI-ANXIETY AGENTS - MISC.*** - DRUGS FOR ANXIETY		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	Tier 1	DO; QL (3 tablets per 1 day)
<i>buspirone hcl oral tablet 30 mg</i>	Tier 1	DO; QL (2 tablets per 1 day)
<i>droperidol injection solution</i>	Tier 2	MB
<i>hydroxyzine hcl intramuscular solution</i>	Tier 2	MB
<i>hydroxyzine hcl oral syrup</i>	Tier 1	DO; QL (100 mL per 1 day)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg</i>	Tier 1	DO; QL (4 tablets per 1 day)
<i>hydroxyzine hcl oral tablet 50 mg</i>	Tier 1	DO; QL (8 tablets per 1 day)
<i>hydroxyzine pamoate oral capsule</i>	Tier 1	DO; QL (4 capsules per 1 day)
<i>meprobamate oral tablet</i>	Tier 2	DO; QL (4 tablets per 1 day)
VISTARIL ORAL CAPSULE (<i>hydroxyzine pamoate</i>)	Tier 2	DO; QL (4 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	Tier 2	DO; QL (1 tablet per 1 day)
<i>alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg</i>	Tier 2	DO; QL (2 tablets per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE (<i>alprazolam</i>)	Tier 1	DO; QL (4 mL per 1 day)
<i>alprazolam oral tablet</i>	Tier 1	DO; QL (3 tablets per 1 day)
<i>alprazolam oral tablet dispersible</i>	Tier 1	DO; QL (3 tablets per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	Tier 2	DO; QL (1 tablet per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg</i>	Tier 2	DO; QL (2 tablets per 1 day)
ATIVAN INJECTION SOLUTION (<i>lorazepam</i>)	Tier 2	MB
ATIVAN ORAL TABLET (<i>lorazepam</i>)	Tier 2	QL (3 tablets per 1 day)
<i>chlordiazepoxide hcl oral capsule</i>	Tier 1	DO; QL (4 capsules per 1 day)
<i>clorazepate dipotassium oral tablet</i>	Tier 1	DO; QL (4 tablets per 1 day)
<i>diazepam injection solution</i>	Tier 2	MB
<i>diazepam</i> (Diazepam Intensol Oral Concentrate)	Tier 1	DO; QL (8 mL per 1 day)
<i>diazepam intramuscular solution auto-injector</i>	Tier 2	MB
<i>diazepam oral concentrate</i>	Tier 1	DO; QL (8 mL per 1 day)
<i>diazepam oral solution</i>	Tier 1	
<i>diazepam oral tablet</i>	Tier 1	DO; QL (4 tablets per 1 day)
<i>lorazepam injection solution</i>	Tier 2	MB
<i>lorazepam</i> (Lorazepam Intensol Oral Concentrate)	Tier 2	QL (3 mL per 1 day)
<i>lorazepam oral concentrate</i>	Tier 2	QL (3 mL per 1 day)
<i>lorazepam oral tablet</i>	Tier 1	QL (3 tablets per 1 day)

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LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG (<i>lorazepam</i>)	Tier 2	QL (1 capsule per 1 day)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 2 MG, 3 MG (<i>lorazepam</i>)	Tier 2	QL (2 capsules per 1 day)
<i>oxazepam oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
TRANXENE-T ORAL TABLET (<i>clorazepate dipotassium</i>)	Tier 2	DO; QL (4 tablets per 1 day)
VALIUM ORAL TABLET (<i>diazepam</i>)	Tier 2	DO; QL (4 tablets per 1 day)
XANAX ORAL TABLET (<i>alprazolam</i>)	Tier 2	DO; QL (3 tablets per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG (<i>alprazolam</i>)	Tier 2	DO; QL (1 tablet per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG (<i>alprazolam</i>)	Tier 2	DO; QL (2 tablets per 1 day)
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
*ANTIARRHYTHMICS - MISC.*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>adenosine intravenous solution</i>	Tier 2	MB
*ANTIARRHYTHMICS TYPE I-A*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>disopyramide phosphate oral capsule</i>	Tier 1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR (<i>disopyramide phosphate</i>)	Tier 2	
NORPACE ORAL CAPSULE (<i>disopyramide phosphate</i>)	Tier 2	
<i>procainamide hcl injection solution</i>	Tier 2	MB
<i>quinidine gluconate er oral tablet extended release</i>	Tier 1	
<i>quinidine sulfate oral tablet</i>	Tier 1	
*ANTIARRHYTHMICS TYPE I-B*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe</i>	Tier 2	MB
<i>lidocaine hcl (cardiac) pf intravenous solution</i>	Tier 2	MB

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<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe</i>	Tier 2	MB
<i>lidocaine in d5w intravenous solution</i>	Tier 2	MB
<i>mexiletine hcl oral capsule</i>	Tier 1	
*ANTIARRHYTHMICS TYPE I-C*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>flecainide acetate oral tablet 100 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier 1	
<i>propafenone hcl oral tablet</i>	Tier 1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR (<i>propafenone hcl</i>)	Tier 2	
*ANTIARRHYTHMICS TYPE III*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>amiodarone hcl in dextrose intravenous solution</i>	Tier 2	MB
<i>amiodarone hcl intravenous solution</i>	Tier 2	MB
<i>amiodarone hcl oral tablet 100 mg</i>	Tier 2	
<i>amiodarone hcl oral tablet 200 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>amiodarone hcl oral tablet 400 mg</i>	Tier 1	
CORVERT INTRAVENOUS SOLUTION (<i>ibutilide fumarate</i>)	Tier 2	MB
<i>dofetilide oral capsule</i>	Tier 2	SP
<i>ibutilide fumarate intravenous solution</i>	Tier 2	MB
MULTAQ ORAL TABLET (<i>dronedarone hcl</i>)	Tier 2	QL (2 tablets per 1 day)
NEXTERONE INTRAVENOUS SOLUTION (<i>amiodarone hcl in dextrose</i>)	Tier 2	MB
<i>amiodarone hcl</i> (Pacerone Oral Tablet 100 Mg)	Tier 2	
<i>amiodarone hcl</i> (Pacerone Oral Tablet 200 Mg)	Tier 1	QL (3 tablets per 1 day)
<i>amiodarone hcl</i> (Pacerone Oral Tablet 400 Mg)	Tier 1	
TIKOSYN ORAL CAPSULE (<i>dofetilide</i>)	Tier 2	SP

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ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
*5-LIPOXYGENASE INHIBITORS*** - DRUGS FOR ASTHMA/COPD		
<i>zileuton er oral tablet extended release 12 hour</i>	Tier 2	PA; QL (4 tablets per 1 day)
ZYFLO ORAL TABLET (<i>zileuton</i>)	Tier 2	PA; QL (4 tablets per 1 day)
*ADRENERGIC COMBINATIONS*** - DRUGS FOR ASTHMA/COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	Tier 2	PA; AL; QL (1 inhaler per 30 days)
ADVAIR HFA INHALATION AEROSOL (<i>fluticasone-salmeterol</i>)	Tier 2	PA; AL; QL (1 inhaler per 30 days)
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>umeclidinium-vilanterol</i>)	Tier 1	
BEVESPI AEROSPHERE INHALATION AEROSOL (<i>glycopyrrolate-formoterol</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone furoate-vilanterol</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL (<i>budeson-glycopyrrol-formoterol</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	Tier 1	QL (3 inhalers per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION (<i>ipratropium-albuterol</i>)	Tier 1	QL (2 inhalers per 30 days)

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DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>aclidinium br-formoterol fum</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
DULERA INHALATION AEROSOL (<i>mometasone furo-formoterol fum</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	Tier 1	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	Tier 1	QL (540 mL per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide-olodaterol</i>)	Tier 1	QL (1 inhaler per 30 days)
SYMBICORT INHALATION AEROSOL (<i>budesonide-formoterol fumarate</i>)	Tier 2	PA; QL (3 inhalers per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-umeclidin-vilant</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated)	Tier 1	QL (1 inhaler per 30 days)
*ANTI-IGE MONOCLONAL ANTIBODIES*** - DRUGS FOR ASTHMA/COPD		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>omalizumab</i>)	Tier 1	MB
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>omalizumab</i>)	Tier 1	MB
*ANTI-INFLAMMATORY AGENTS*** - DRUGS FOR ASTHMA/COPD		
<i>cromolyn sodium inhalation nebulization solution</i>	Tier 1	
*BETA ADRENERGICS*** - DRUGS FOR ASTHMA/COPD		
<i>albuterol sulfate hfa inhalation aerosol solution</i>	Tier 1	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>	Tier 1	QL (360 mL per 30 days)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>	Tier 1	QL (60 mL per 30 days)
<i>albuterol sulfate oral syrup</i>	Tier 1	
<i>albuterol sulfate oral tablet</i>	Tier 1	
<i>arformoterol tartrate inhalation nebulization solution</i>	Tier 2	QL (2 vials per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BROVANA INHALATION NEBULIZATION SOLUTION (<i>arformoterol tartrate</i>)	Tier 2	QL (2 vials per 1 day)
<i>formoterol fumarate inhalation nebulization solution</i>	Tier 2	QL (120 mL per 30 days)
<i>isoproterenol hcl injection solution</i>	Tier 2	MB
<i>isoproterenol-sodium chloride intravenous solution</i>	Tier 2	MB
ISUPREL INJECTION SOLUTION (<i>isoproterenol hcl</i>)	Tier 2	MB
<i>levalbuterol hcl inhalation nebulization solution</i>	Tier 2	QL (90 vials per 30 days)
<i>levalbuterol tartrate inhalation aerosol</i>	Tier 2	PA; QL (2 inhalers per 30 days)
PERFORMIST INHALATION NEBULIZATION SOLUTION (<i>formoterol fumarate</i>)	Tier 2	QL (120 mL per 30 days)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>albuterol sulfate</i>)	Tier 2	PA; QL (2 inhalers per 30 days)
PROAIR HFA INHALATION AEROSOL SOLUTION (<i>albuterol sulfate</i>)	Tier 2	PA; QL (2 inhalers per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>albuterol sulfate</i>)	Tier 2	PA; QL (2 inhalers per 30 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION (<i>albuterol sulfate</i>)	Tier 2	PA; QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>salmeterol xinafoate</i>)	Tier 1	QL (1 inhaler per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION (<i>olodaterol hcl</i>)	Tier 2	QL (1 inhaler per 30 days)
<i>terbutaline sulfate injection solution</i>	Tier 2	MB
<i>terbutaline sulfate oral tablet</i>	Tier 1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION (<i>albuterol sulfate</i>)	Tier 2	PA; QL (2 inhalers per 30 days)
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION (<i>levalbuterol hcl</i>)	Tier 2	QL (90 vials per 30 days)
XOPENEX HFA INHALATION AEROSOL (<i>levalbuterol tartrate</i>)	Tier 2	PA; QL (2 inhalers per 30 days)
XOPENEX INHALATION NEBULIZATION SOLUTION (<i>levalbuterol hcl</i>)	Tier 2	QL (90 vials per 30 days)

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*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION (<i>ipratropium bromide hfa</i>)	Tier 1	QL (2 inhalers per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>umeclidinium bromide</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
<i>ipratropium bromide inhalation solution</i>	Tier 1	QL (300 mL per 30 days)
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION (<i>glycopyrrolate</i>)	Tier 2	PA; QL (1 kit per 30 days)
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION (<i>glycopyrrolate</i>)	Tier 2	PA; QL (1 kit per 30 time fills)
SPIRIVA HANDIHALER INHALATION CAPSULE (<i>tiotropium bromide monohydrate</i>)	Tier 2	PA; QL (1 inhaler per 90 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide monohydrate</i>)	Tier 1	QL (1 inhaler per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>aclidinium bromide</i>)	Tier 2	PA
YUPELRI INHALATION SOLUTION (<i>revefenacin</i>)	Tier 2	PA; QL (1 vial per 1 day)
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR ASTHMA/COPD		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>benralizumab</i>)	Tier 2	PA; SP; QL (1 autoinjectors per 8 weekss)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>benralizumab</i>)	Tier 2	PA; SP; QL (1 syringes per 8 weekss)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>mepolizumab</i>)	Tier 2	PA; MB; QL (1 autoinjector per 4 weekss)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>mepolizumab</i>)	Tier 2	PA; MB; QL (1 syringes per 4 weekss)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>mepolizumab</i>)	Tier 2	PA; MB
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)*** - DRUGS FOR ASTHMA/COPD		
CINQAIR INTRAVENOUS SOLUTION (<i>reslizumab</i>)	Tier 2	PA; MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD		
ACCOLATE ORAL TABLET (<i>zafirlukast</i>)	Tier 2	QL (2 tablets per 1 day)
<i>montelukast sodium oral packet</i>	Tier 1	QL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable</i>	Tier 1	QL (1 tablet per 1 day)
SINGULAIR ORAL PACKET (<i>montelukast sodium</i>)	Tier 2	QL (1 packet per 1 day)
SINGULAIR ORAL TABLET (<i>montelukast sodium</i>)	Tier 2	QL (1 tablet per 1 day)
SINGULAIR ORAL TABLET CHEWABLE (<i>montelukast sodium</i>)	Tier 2	QL (1 tablet per 1 day)
<i>zafirlukast oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR ASTHMA/COPD		
DALIRESP ORAL TABLET (<i>roflumilast</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*STEROID INHALANTS*** - DRUGS FOR ASTHMA/COPD		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT (<i>ciclesonide</i>)	Tier 2	PA; QL (2 inhalers per 30 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT (<i>ciclesonide</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone propionate (inhal)</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone furoate</i>)	Tier 1	QL (1 inhaler per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Tier 2	PA; QL (1 inhaler per 30 days)

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ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
ASMANEX HFA INHALATION AEROSOL (<i>mometasone furoate</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Tier 1	QL (120 mL per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	Tier 1	QL (2 ML per 1 day)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	Tier 1	QL (1 inhaler per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	Tier 1	QL (4 inhalers per 30 days)
FLOVENT HFA INHALATION AEROSOL (<i>fluticasone propionate hfa</i>)	Tier 1	QL (1 inhaler per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>budesonide</i>)	Tier 2	PA; QL (2 inhalers per 30 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML (<i>budesonide</i>)	Tier 2	QL (120 mL per 30 days)
PULMICORT INHALATION SUSPENSION 1 MG/2ML (<i>budesonide</i>)	Tier 2	QL (2 ML per 1 day)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	Tier 2	PA; QL (2 inhalers per 30 days)
*XANTHINES*** - DRUGS FOR ASTHMA/COPD		
<i>aminophylline intravenous solution</i>	Tier 2	MB
ELIXOPHYLLIN ORAL ELIXIR (<i>theophylline</i>)	Tier 2	QL (113 mL per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>theophylline</i>)	Tier 2	QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>theophylline er oral tablet extended release 24 hour</i>	Tier 1	QL (1 tablet per 1 day)
<i>theophylline oral solution</i>	Tier 1	QL (112.5 mL per 1 day)
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
*ANTICOAGULANTS - MISC.*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>sodium citrate lock flush intravenous solution</i>	Tier 2	MB
<i>sodium citrate lock flush intravenous solution prefilled syringe</i>	Tier 2	
*COUMARIN ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>warfarin sodium</i> (Jantoven Oral Tablet)	Tier 1	
<i>warfarin sodium oral tablet</i>	Tier 1	
*DIRECT FACTOR XA INHIBITORS*** - DRUGS TO PREVENT BLOOD CLOTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK (<i>apixaban</i>)	Tier 1	QL (1 pack per 1 year)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	Tier 1	QL (2 tablets per 1 day)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	Tier 1	QL (74 tablets per 30 days)
*HEPARINS AND HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	Tier 2	MB
<i>heparin (porcine) in nacl intravenous solution 2000-0.9 unit/l-%</i>	Tier 2	
<i>heparin (porcine) in nacl intravenous solution 2500-0.9 ut/500ml-%, 30000-0.9 unit/l-%, 4000-0.9 unit/l-%, 500-0.9 ut/500ml-%, 5000-0.9 unit/l-%, 5000-0.9 ut/500ml-%</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>heparin (porcine) in nacl intravenous solution prefilled syringe</i>	Tier 2	
<i>heparin lock flush intravenous solution</i>	Tier 2	MB
<i>heparin sod (porcine) in d5w intravenous solution</i>	Tier 2	MB
<i>heparin sodium (porcine) injection solution</i>	Tier 1	
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	Tier 2	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	Tier 1	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	Tier 2	
<i>heparin sodium lock flush intravenous solution</i>	Tier 2	MB
*IN VITRO/LOCK ANTICOAGULANT COMBINATIONS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>sodium citrate-gentamicin sulf intravenous solution</i>	Tier 2	MB
*IN VITRO/LOCK ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>acd formula a in vitro solution</i>	Tier 2	MB
ACD-A NOCLOT-50 IN VITRO SOLUTION (<i>anticoagulant cit dext soln a</i>)	Tier 2	MB
<i>anticoagulant sodium citrate in vitro solution</i>	Tier 2	
TRICITRASOL IN VITRO CONCENTRATE (<i>anticoagulant sodium citrate</i>)	Tier 2	MB
*LOW MOLECULAR WEIGHT HEPARINS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>enoxaparin sodium injection solution</i>	Tier 1	SP; QL (30 syringes per 30 days)
<i>enoxaparin sodium subcutaneous solution</i>	Tier 1	SP; QL (30 syringes per 30 days)
LOVENOX INJECTION SOLUTION (<i>enoxaparin sodium</i>)	Tier 2	SP; QL (30 syringes per 30 days)

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LOVENOX SUBCUTANEOUS SOLUTION (<i>enoxaparin sodium</i>)	Tier 2	SP; QL (30 syringes per 30 days)
*SYNTHETIC HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
ARIXTRA SUBCUTANEOUS SOLUTION (<i>fondaparinux sodium</i>)	Tier 2	SP; QL (30 syringes per 30 days)
*THROMBIN INHIBITORS - HIRUDIN TYPE*** - DRUGS TO PREVENT BLOOD CLOTS		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED (<i>bivalirudin trifluoroacetate</i>)	Tier 2	MB
<i>bivalirudin rtu intravenous solution</i>	Tier 2	MB
<i>bivalirudin trifluoroacetate intravenous solution reconstituted</i>	Tier 2	MB
<i>bivalirudin-sodium chloride intravenous solution</i>	Tier 2	MB
*THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>argatroban in sodium chloride intravenous solution</i>	Tier 2	MB
<i>argatroban intravenous solution</i>	Tier 2	MB
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*AMPA GLUTAMATE RECEPTOR ANTAGONISTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
FYCOMPA ORAL SUSPENSION (<i>perampanel</i>)	Tier 2	PA; QL (24 mL per 1 day)
FYCOMPA ORAL TABLET (<i>perampanel</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*ANTICONVULSANTS - BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>clobazam oral suspension</i>	Tier 2	PA; QL (16 mL per 1 day)
<i>clobazam oral tablet</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>clonazepam oral tablet</i>	Tier 1	QL (3 tablets per 1 day)

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<i>clonazepam oral tablet dispersible</i>	Tier 1	QL (3 tablets per 1 day)
DIASTAT ACUDIAL RECTAL GEL (<i>diazepam</i>)	Tier 2	QL (2 syringes per 1 fill)
DIASTAT PEDIATRIC RECTAL GEL (<i>diazepam</i>)	Tier 2	QL (2 syringes per 1 fill)
<i>diazepam rectal gel</i>	Tier 1	QL (2 syringes per 1 fill)
KLONOPIN ORAL TABLET (<i>clonazepam</i>)	Tier 2	QL (3 tablets per 1 day)
NAYZILAM NASAL SOLUTION (<i>midazolam (anticonvulsant)</i>)	Tier 2	PA; QL (50 mg per 30 days)
ONFI ORAL SUSPENSION (<i>clobazam</i>)	Tier 2	PA; QL (16 mL per 1 day)
ONFI ORAL TABLET (<i>clobazam</i>)	Tier 2	PA; QL (2 tablets per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG (<i>clobazam</i>)	Tier 2	PA; QL (2 strips per 1 day)
SYMPAZAN ORAL FILM 5 MG (<i>clobazam</i>)	Tier 2	PA; QL (1 strip per 1 day)
VALTOCO 10 MG DOSE NASAL LIQUID (<i>diazepam</i>)	Tier 2	PA; QL (10 cartons per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK (<i>diazepam</i>)	Tier 2	PA; QL (10 cartons per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK (<i>diazepam</i>)	Tier 2	PA; QL (10 cartons per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID (<i>diazepam</i>)	Tier 2	PA; QL (10 cartons per 30 days)
*ANTICONVULSANTS - MISC.*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
APTIOM ORAL TABLET 200 MG, 400 MG (<i>eslicarbazepine acetate</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
BANZEL ORAL SUSPENSION (<i>rufinamide</i>)	Tier 2	PA
BANZEL ORAL TABLET 200 MG (<i>rufinamide</i>)	Tier 2	PA; QL (16 tablets per 1 day)
BANZEL ORAL TABLET 400 MG (<i>rufinamide</i>)	Tier 2	PA; QL (8 tablets per 1 day)
BRIVIACT INTRAVENOUS SOLUTION (<i>brivaracetam</i>)	Tier 2	PA; MB

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BRIVIACT ORAL SOLUTION (<i>brivaracetam</i>)	Tier 2	PA; QL (20 mL per 1 day)
BRIVIACT ORAL TABLET 10 MG, 25 MG, 50 MG (<i>brivaracetam</i>)	Tier 2	PA; DO
BRIVIACT ORAL TABLET 100 MG, 75 MG (<i>brivaracetam</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	Tier 1	QL (5 capsules per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	Tier 1	DO; QL (2 tablets per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	Tier 1	DO; QL (4 tablets per 1 day)
<i>carbamazepine oral suspension</i>	Tier 1	DO; QL (50 mL per 1 day)
<i>carbamazepine oral tablet</i>	Tier 1	DO; QL (8 tablets per 1 day)
<i>carbamazepine oral tablet chewable</i>	Tier 1	DO; QL (8 tablets per 1 day)
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (<i>carbamazepine</i>)	Tier 2	QL (2 capsules per 1 day)
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG (<i>carbamazepine</i>)	Tier 2	QL (5 capsules per 1 day)
DIACOMIT ORAL CAPSULE 250 MG (<i>stiripentol</i>)	Tier 2	PA; SP; QL (12 capsules per 1 day)
DIACOMIT ORAL CAPSULE 500 MG (<i>stiripentol</i>)	Tier 2	PA; SP; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG (<i>stiripentol</i>)	Tier 2	PA; SP; QL (12 packets per 1 day)
DIACOMIT ORAL PACKET 500 MG (<i>stiripentol</i>)	Tier 2	PA; SP; QL (6 packets per 1 day)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>levetiracetam</i>)	Tier 2	PA; QL (2 tablets per 1 day)
EPIDIOLEX ORAL SOLUTION (<i>cannabidiol</i>)	Tier 2	PA; SP

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<i>carbamazepine</i> (Epilex Oral Tablet)	Tier 1	DO; QL (8 tablets per 1 day)
FINTEPLA ORAL SOLUTION (<i>fenfluramine hcl</i>)	Tier 2	PA; SP; QL (26 mg per 1 day)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	Tier 1	QL (6 capsules per 1 day)
<i>gabapentin oral capsule 300 mg</i>	Tier 1	QL (9 capsules per 1 day)
<i>gabapentin oral solution</i>	Tier 1	QL (72 mL per 1 day)
<i>gabapentin oral tablet 600 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>gabapentin oral tablet 800 mg</i>	Tier 1	QL (4 tablets per 1 day)
KEPPRA INTRAVENOUS SOLUTION (<i>levetiracetam</i>)	Tier 2	PA; MB
KEPPRA ORAL SOLUTION (<i>levetiracetam</i>)	Tier 2	PA
KEPPRA ORAL TABLET 1000 MG (<i>levetiracetam</i>)	Tier 2	PA; QL (3 tablets per 1 day)
KEPPRA ORAL TABLET 250 MG (<i>levetiracetam</i>)	Tier 2	PA; QL (2 tablets per 1 day)
KEPPRA ORAL TABLET 500 MG (<i>levetiracetam</i>)	Tier 2	PA; QL (6 tablets per 1 day)
KEPPRA ORAL TABLET 750 MG (<i>levetiracetam</i>)	Tier 2	PA; QL (4 tablets per 1 day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (<i>levetiracetam</i>)	Tier 2	PA; QL (6 tablets per 1 day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG (<i>levetiracetam</i>)	Tier 2	PA; QL (120 tablets per 30 days)
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG (<i>lamotrigine</i>)	Tier 2	PA; QL (28 tablets per 28 days)
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG (<i>lamotrigine</i>)	Tier 2	PA; QL (35 tablets per 35 days)
LAMICTAL ODT ORAL KIT 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	Tier 2	PA; QL (56 units per 28 days)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG (<i>lamotrigine</i>)	Tier 2	PA; QL (2 tablets per 1 day)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 200 MG, 25 MG (<i>lamotrigine</i>)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL ODT ORAL TABLET DISPERSIBLE 50 MG (<i>lamotrigine</i>)	Tier 2	PA; QL (120 tablets per 30 days)
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG (<i>lamotrigine</i>)	Tier 2	PA
LAMICTAL ORAL TABLET 25 MG (<i>lamotrigine</i>)	Tier 2	PA; QL (2 tablets per 1 day)
LAMICTAL ORAL TABLET CHEWABLE (<i>lamotrigine</i>)	Tier 2	PA
LAMICTAL STARTER ORAL KIT 35 X 25 MG (<i>lamotrigine</i>)	Tier 2	PA; QL (1 kit per 28 days)
LAMICTAL STARTER ORAL KIT 42 X 25 MG & 7 X 100 MG (<i>lamotrigine</i>)	Tier 2	PA; QL (49 tablets per 28 days)
LAMICTAL STARTER ORAL KIT 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	Tier 2	PA; QL (98 tablets per 35 days)
LAMICTAL XR ORAL KIT (<i>lamotrigine</i>)	Tier 2	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>lamotrigine</i>)	Tier 2	PA
<i>lamotrigine er oral tablet extended release 24 hour</i>	Tier 1	
<i>lamotrigine oral kit</i>	Tier 1	QL (35 tablets per 35 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	Tier 1	
<i>lamotrigine oral tablet 25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet chewable</i>	Tier 1	
<i>lamotrigine oral tablet dispersible 100 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>lamotrigine oral tablet dispersible 200 mg, 25 mg</i>	Tier 1	
<i>lamotrigine oral tablet dispersible 50 mg</i>	Tier 1	QL (120 tablets per 30 days)
<i>lamotrigine starter kit-blue oral kit</i>	Tier 1	QL (1 kit per 28 days)
<i>lamotrigine starter kit-green oral kit</i>	Tier 1	QL (98 tablets per 35 days)
<i>lamotrigine starter kit-orange oral kit</i>	Tier 1	QL (49 tablets per 28 days)
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>	Tier 1	QL (120 tablets per 30 days)
<i>levetiracetam in nacl intravenous solution</i>	Tier 2	MB
<i>levetiracetam intravenous solution</i>	Tier 2	MB

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<i>levetiracetam oral solution</i>	Tier 1	
<i>levetiracetam oral tablet 1000 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>levetiracetam oral tablet 250 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>levetiracetam oral tablet 500 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>levetiracetam oral tablet 750 mg</i>	Tier 1	QL (4 tablets per 1 day)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>pregabalin</i>)	Tier 2	QL (3 capsules per 1 day)
LYRICA ORAL CAPSULE 225 MG, 300 MG, 75 MG (<i>pregabalin</i>)	Tier 2	QL (2 capsules per 1 day)
LYRICA ORAL SOLUTION (<i>pregabalin</i>)	Tier 2	QL (30 mL per 1 day)
MYSOLINE ORAL TABLET (<i>primidone</i>)	Tier 2	
NEURONTIN ORAL CAPSULE 100 MG, 400 MG (<i>gabapentin</i>)	Tier 2	QL (6 capsules per 1 day)
NEURONTIN ORAL CAPSULE 300 MG (<i>gabapentin</i>)	Tier 2	QL (9 capsules per 1 day)
NEURONTIN ORAL SOLUTION (<i>gabapentin</i>)	Tier 2	QL (72 mL per 1 day)
NEURONTIN ORAL TABLET 600 MG (<i>gabapentin</i>)	Tier 2	QL (6 tablets per 1 day)
NEURONTIN ORAL TABLET 800 MG (<i>gabapentin</i>)	Tier 2	QL (4 tablets per 1 day)
<i>oxcarbazepine oral suspension</i>	Tier 1	DO; QL (40 mL per 1 day)
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	Tier 1	
<i>oxcarbazepine oral tablet 600 mg</i>	Tier 1	DO; QL (4 tablets per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG (<i>oxcarbazepine</i>)	Tier 2	PA; QL (3 tablets per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 600 MG (<i>oxcarbazepine</i>)	Tier 2	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg, 75 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>pregabalin oral solution</i>	Tier 1	QL (30 mL per 1 day)
<i>primidone oral tablet</i>	Tier 1	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG (<i>topiramate</i>)	Tier 2	PA; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 150 MG, 200 MG (<i>topiramate</i>)	Tier 2	PA; QL (2 capsules per 1 day)
<i>levetiracetam</i> (Roweepra Oral Tablet)	Tier 1	QL (6 tablets per 1 day)
<i>rufinamide oral suspension</i>	Tier 2	PA
<i>rufinamide oral tablet 200 mg</i>	Tier 2	PA; QL (16 tablets per 1 day)
<i>rufinamide oral tablet 400 mg</i>	Tier 2	PA; QL (8 tablets per 1 day)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG (<i>levetiracetam</i>)	Tier 2	PA; QL (2 tablets per 1 day)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG (<i>levetiracetam</i>)	Tier 2	PA; QL (4 tablets per 1 day)
<i>lamotrigine</i> (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg)	Tier 1	
<i>lamotrigine</i> (Subvenite Oral Tablet 25 Mg)	Tier 1	QL (2 tablets per 1 day)
<i>lamotrigine</i> (Subvenite Starter Kit-Blue Oral Kit)	Tier 1	QL (1 kit per 28 days)
<i>lamotrigine</i> (Subvenite Starter Kit-Green Oral Kit)	Tier 1	QL (98 tablets per 35 days)
<i>lamotrigine</i> (Subvenite Starter Kit-Orange Oral Kit)	Tier 1	QL (49 tablets per 28 days)
TEGRETOL ORAL SUSPENSION (<i>carbamazepine</i>)	Tier 2	DO; QL (50 mL per 1 day)
TEGRETOL ORAL TABLET (<i>carbamazepine</i>)	Tier 2	DO; QL (8 tablets per 1 day)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (<i>carbamazepine</i>)	Tier 2	DO; QL (2 tablets per 1 day)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG (<i>carbamazepine</i>)	Tier 2	DO; QL (4 tablets per 1 day)
TOPAMAX ORAL TABLET (<i>topiramate</i>)	Tier 2	PA
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE (<i>topiramate</i>)	Tier 2	PA
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg, 50 mg</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>topiramate oral capsule sprinkle</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>topiramate oral tablet</i>	Tier 1	
TRILEPTAL ORAL SUSPENSION (<i>oxcarbazepine</i>)	Tier 2	PA; DO; QL (40 mL per 1 day)
TRILEPTAL ORAL TABLET 150 MG, 300 MG (<i>oxcarbazepine</i>)	Tier 2	PA
TRILEPTAL ORAL TABLET 600 MG (<i>oxcarbazepine</i>)	Tier 2	PA; DO; QL (4 tablets per 1 day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>topiramate</i>)	Tier 2	PA; QL (1 capsule per 1 day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (<i>topiramate</i>)	Tier 2	PA; QL (2 capsules per 1 day)
VIMPAT INTRAVENOUS SOLUTION (<i>lacosamide</i>)	Tier 2	MB
VIMPAT ORAL SOLUTION (<i>lacosamide</i>)	Tier 2	PA
VIMPAT ORAL TABLET (<i>lacosamide</i>)	Tier 2	PA
ZONEGRAN ORAL CAPSULE (<i>zonisamide</i>)	Tier 2	PA; QL (6 capsules per 1 day)
<i>zonisamide oral capsule</i>	Tier 1	QL (1 capsule per 1 day)
*CARBAMATES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>felbamate oral suspension</i>	Tier 1	
<i>felbamate oral tablet</i>	Tier 1	
FELBATOL ORAL SUSPENSION (<i>felbamate</i>)	Tier 2	PA
FELBATOL ORAL TABLET (<i>felbamate</i>)	Tier 2	PA
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>cenobamate</i>)	Tier 2	PA; QL (1 pack per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>cenobamate</i>)	Tier 2	PA; QL (1 pack per 28 years)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG (<i>cenobamate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
XCOPRI ORAL TABLET 200 MG (<i>cenobamate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
XCOPRI ORAL TABLET THERAPY PACK (<i>cenobamate</i>)	Tier 2	PA; QL (1 pack per 28 years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*GABA MODULATORS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
GABITRIL ORAL TABLET (<i>tiagabine hcl</i>)	Tier 2	PA
SABRIL ORAL PACKET (<i>vigabatrin</i>)	Tier 2	PA; SP
SABRIL ORAL TABLET (<i>vigabatrin</i>)	Tier 2	PA; SP
<i>tiagabine hcl oral tablet</i>	Tier 1	
<i>vigabatrin oral packet</i>	Tier 2	PA; SP
<i>vigabatrin oral tablet</i>	Tier 2	PA; SP
<i>vigabatrin</i> (Vigadrone Oral Packet)	Tier 2	PA; SP
*HYDANTOINS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
CEREBYX INJECTION SOLUTION (<i>fosphenytoin sodium</i>)	Tier 2	MB
DILANTIN INFATABS ORAL TABLET CHEWABLE (<i>phenytoin</i>)	Tier 2	
DILANTIN ORAL CAPSULE 100 MG (<i>phenytoin sodium extended</i>)	Tier 2	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	Tier 2	PA
DILANTIN ORAL SUSPENSION (<i>phenytoin</i>)	Tier 2	
<i>fosphenytoin sodium injection solution</i>	Tier 2	MB
PHENYTEK ORAL CAPSULE (<i>phenytoin sodium extended</i>)	Tier 2	
<i>phenytoin</i> (Phenytoin Infatabs Oral Tablet Chewable)	Tier 1	
<i>phenytoin oral suspension</i>	Tier 1	
<i>phenytoin oral tablet chewable</i>	Tier 1	
<i>phenytoin sodium extended oral capsule</i>	Tier 1	
<i>phenytoin sodium injection solution</i>	Tier 2	MB
*SUCCINIMIDES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
CELONTIN ORAL CAPSULE (<i>methsuximide</i>)	Tier 2	PA
<i>ethosuximide oral capsule</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ethosuximide oral solution</i>	Tier 1	
ZARONTIN ORAL CAPSULE (<i>ethosuximide</i>)	Tier 2	PA
ZARONTIN ORAL SOLUTION (<i>ethosuximide</i>)	Tier 2	PA
*VALPROIC ACID*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG (<i>divalproex sodium</i>)	Tier 2	DO; QL (2 tablets per 1 day)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (<i>divalproex sodium</i>)	Tier 2	DO; QL (7 tablets per 1 day)
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG (<i>divalproex sodium</i>)	Tier 2	DO; QL (2 tablets per 1 day)
DEPAKOTE ORAL TABLET DELAYED RELEASE 250 MG (<i>divalproex sodium</i>)	Tier 2	DO; QL (3 tablets per 1 day)
DEPAKOTE ORAL TABLET DELAYED RELEASE 500 MG (<i>divalproex sodium</i>)	Tier 2	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE (<i>divalproex sodium</i>)	Tier 2	DO; QL (8 capsules per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	Tier 1	DO; QL (2 tablets per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	Tier 1	DO; QL (7 tablets per 1 day)
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Tier 1	DO; QL (8 capsules per 1 day)
<i>divalproex sodium oral tablet delayed release 125 mg</i>	Tier 1	DO; QL (2 tablets per 1 day)
<i>divalproex sodium oral tablet delayed release 250 mg</i>	Tier 1	DO; QL (3 tablets per 1 day)
<i>divalproex sodium oral tablet delayed release 500 mg</i>	Tier 1	
<i>valproate sodium intravenous solution</i>	Tier 2	MB
<i>valproic acid oral capsule</i>	Tier 1	DO; QL (4 capsules per 1 day)
<i>valproic acid oral solution</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)** - DRUGS FOR DEPRESSION		
<i>mirtazapine oral tablet</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>mirtazapine oral tablet dispersible</i>	Tier 1	DO; QL (1 tablet per 1 day)
REMERON ORAL TABLET (<i>mirtazapine</i>)	Tier 2	DO; QL (1 tablet per 1 day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE (<i>mirtazapine</i>)	Tier 2	DO; QL (1 tablet per 1 day)
*ANTIDEPRESSANTS - MISC.** - DRUGS FOR DEPRESSION		
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG (<i>bupropion hbr</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
ALENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG, 522 MG (<i>bupropion hbr</i>)	Tier 2	PA
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	Tier 1	DO; QL (2 tablets per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	Tier 1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 450 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	Tier 1	
<i>bupropion hcl oral tablet 75 mg</i>	Tier 1	DO; QL (4 tablets per 1 day)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>bupropion hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG (<i>bupropion hcl</i>)	Tier 2	DO; QL (2 tablets per 1 day)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG (<i>bupropion hcl</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG (<i>bupropion hcl</i>)	Tier 2	DO; QL (1 tablet per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG (<i>bupropion hcl</i>)	Tier 2	QL (1 tablet per 1 day)
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID*** - DRUGS FOR DEPRESSION		
ZULRESSO INTRAVENOUS SOLUTION (<i>brexanolone</i>)	Tier 2	MB
*MONOAMINE OXIDASE INHIBITORS (MAOIS)*** - DRUGS FOR DEPRESSION		
EMSAM TRANSDERMAL PATCH 24 HOUR (<i>selegiline</i>)	State Carve-out	SCO
MARPLAN ORAL TABLET (<i>isocarboxazid</i>)	State Carve-out	SCO
NARDIL ORAL TABLET (<i>phenelzine sulfate</i>)	State Carve-out	SCO
PARNATE ORAL TABLET (<i>tranylcypromine sulfate</i>)	State Carve-out	SCO
<i>phenelzine sulfate oral tablet</i>	State Carve-out	SCO
<i>tranylcypromine sulfate oral tablet</i>	State Carve-out	SCO
*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR DEPRESSION		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK (<i>esketamine hcl</i>)	Tier 2	PA; SP; QL (4 kits per 28 days)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK (<i>esketamine hcl</i>)	Tier 2	PA; SP; QL (4 kits per 28 days)
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** - DRUGS FOR DEPRESSION		
CELEXA ORAL TABLET 10 MG, 20 MG (<i>citalopram hydrobromide</i>)	Tier 2	DO; QL (1.5 tablets per 1 day)
CELEXA ORAL TABLET 40 MG (<i>citalopram hydrobromide</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>citalopram hydrobromide oral solution</i>	Tier 1	QL (20 mL per 1 day)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	Tier 1	DO; QL (1.5 tablets per 1 day)
<i>citalopram hydrobromide oral tablet 40 mg</i>	Tier 1	
<i>escitalopram oxalate oral solution</i>	Tier 1	
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Tier 1	DO; QL (1.5 tablets per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	Tier 1	DO; QL (1 capsule per 1 day)
<i>fluoxetine hcl oral capsule 20 mg</i>	Tier 1	DO; QL (4 capsules per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>fluoxetine hcl oral capsule delayed release</i>	Tier 1	
<i>fluoxetine hcl oral solution</i>	Tier 1	
<i>fluoxetine hcl oral tablet 10 mg</i>	Tier 2	DO; QL (1.5 tablets per 1 day)
<i>fluoxetine hcl oral tablet 20 mg</i>	Tier 2	DO; QL (4 tablets per 1 day)
<i>fluoxetine hcl oral tablet 60 mg</i>	Tier 2	PA
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	Tier 2	PA
<i>fluvoxamine maleate oral tablet 100 mg</i>	Tier 1	
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
LEXAPRO ORAL TABLET 10 MG, 5 MG (<i>escitalopram oxalate</i>)	Tier 2	DO; QL (1.5 tablets per 1 day)
LEXAPRO ORAL TABLET 20 MG (<i>escitalopram oxalate</i>)	Tier 2	QL (1 tablet per 1 day)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>paroxetine hcl er oral tablet extended release 24 hour 37.5 mg</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>paroxetine hcl oral suspension</i>	Tier 2	PA; QL (30 mL per 1 day)
<i>paroxetine hcl oral tablet 10 mg</i>	Tier 1	DO; QL (1.5 tablets per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>paroxetine hcl oral tablet 40 mg</i>	Tier 1	QL (1.5 tablets per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG (<i>paroxetine hcl</i>)	Tier 2	DO; QL (1 tablet per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (<i>paroxetine hcl</i>)	Tier 2	QL (2 tablets per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 37.5 MG (<i>paroxetine hcl</i>)	Tier 2	
PAXIL ORAL SUSPENSION (<i>paroxetine hcl</i>)	Tier 2	PA; QL (30 mL per 1 day)
PAXIL ORAL TABLET 10 MG (<i>paroxetine hcl</i>)	Tier 2	DO; QL (1.5 tablets per 1 day)
PAXIL ORAL TABLET 20 MG (<i>paroxetine hcl</i>)	Tier 2	DO; QL (1 tablet per 1 day)
PAXIL ORAL TABLET 30 MG (<i>paroxetine hcl</i>)	Tier 2	QL (2 tablets per 1 day)
PAXIL ORAL TABLET 40 MG (<i>paroxetine hcl</i>)	Tier 2	QL (1.5 tablets per 1 day)
PEXEVA ORAL TABLET 10 MG (<i>paroxetine mesylate</i>)	Tier 2	PA; DO; QL (1.5 tablets per 1 day)
PEXEVA ORAL TABLET 20 MG (<i>paroxetine mesylate</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
PEXEVA ORAL TABLET 30 MG, 40 MG (<i>paroxetine mesylate</i>)	Tier 2	PA
PROZAC ORAL CAPSULE 10 MG (<i>fluoxetine hcl</i>)	Tier 2	DO; QL (1 capsule per 1 day)
PROZAC ORAL CAPSULE 20 MG (<i>fluoxetine hcl</i>)	Tier 2	DO; QL (4 capsules per 1 day)
PROZAC ORAL CAPSULE 40 MG (<i>fluoxetine hcl</i>)	Tier 2	QL (2 capsules per 1 day)
<i>sertraline hcl oral capsule</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>sertraline hcl oral concentrate</i>	Tier 1	QL (1 mL per 1 day)
<i>sertraline hcl oral tablet 100 mg</i>	Tier 1	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	Tier 1	DO; QL (1.5 tablets per 1 day)
ZOLOFT ORAL CONCENTRATE (<i>sertraline hcl</i>)	Tier 2	QL (1 mL per 1 day)
ZOLOFT ORAL TABLET 100 MG (<i>sertraline hcl</i>)	Tier 2	QL (2 tablets per 1 day)
ZOLOFT ORAL TABLET 25 MG, 50 MG (<i>sertraline hcl</i>)	Tier 2	DO; QL (1.5 tablets per 1 day)
*SEROTONIN MODULATORS*** - DRUGS FOR DEPRESSION		
<i>nefazodone hcl oral tablet</i>	Tier 1	DO; QL (2 tablets per 1 day)
<i>trazodone hcl oral tablet 100 mg, 150 mg</i>	Tier 1	DO; QL (3 tablets per 1 day)
<i>trazodone hcl oral tablet 300 mg, 50 mg</i>	Tier 1	DO; QL (2 tablets per 1 day)
TRINTELLIX ORAL TABLET 10 MG, 5 MG (<i>vortioxetine hbr</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
TRINTELLIX ORAL TABLET 20 MG (<i>vortioxetine hbr</i>)	Tier 2	PA; QL (1 tablet per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG (<i>vilazodone hcl</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
VIIBRYD ORAL TABLET 40 MG (<i>vilazodone hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
VIIBRYD STARTER PACK ORAL KIT (<i>vilazodone hcl</i>)	Tier 2	PA; QL (1 pack per 1 year)
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** - DRUGS FOR DEPRESSION		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG (<i>duloxetine hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG (<i>duloxetine hcl</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG (<i>duloxetine hcl</i>)	Tier 2	PA; QL (2 capsules per 1 day)
<i>desvenlafaxine er oral tablet extended release 24 hour</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG (<i>duloxetine hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG (<i>duloxetine hcl</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	Tier 2	PA; DO; QL (1 capsule per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Tier 2	PA; DO; QL (3 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	Tier 2	PA; QL (2 capsules per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG (<i>venlafaxine hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>levomilnacipran hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK (<i>levomilnacipran hcl</i>)	Tier 2	PA; QL (1 pack per 1 year)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG (<i>desvenlafaxine succinate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	Tier 1	DO; QL (1 capsule per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg, 75 mg</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>venlafaxine hcl oral tablet 37.5 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
*TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
<i>amitriptyline hcl oral tablet</i>	Tier 1	DO; QL (3 tablets per 1 day)
<i>amoxapine oral tablet 100 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>amoxapine oral tablet 150 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>amoxapine oral tablet 25 mg, 50 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
ANAFRANIL ORAL CAPSULE 25 MG (<i>clomipramine hcl</i>)	Tier 2	DO; QL (2 capsules per 1 day)
ANAFRANIL ORAL CAPSULE 50 MG (<i>clomipramine hcl</i>)	Tier 2	DO; QL (5 capsules per 1 day)
ANAFRANIL ORAL CAPSULE 75 MG (<i>clomipramine hcl</i>)	Tier 2	DO; QL (3 capsules per 1 day)
<i>clomipramine hcl oral capsule 25 mg</i>	Tier 1	DO; QL (2 capsules per 1 day)
<i>clomipramine hcl oral capsule 50 mg</i>	Tier 1	DO; QL (5 capsules per 1 day)
<i>clomipramine hcl oral capsule 75 mg</i>	Tier 1	DO; QL (3 capsules per 1 day)
<i>desipramine hcl oral tablet 10 mg</i>	Tier 1	DO; QL (4 tablets per 1 day)
<i>desipramine hcl oral tablet 100 mg</i>	Tier 1	DO; QL (3 tablets per 1 day)
<i>desipramine hcl oral tablet 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	DO; QL (2 tablets per 1 day)
<i>doxepin hcl oral capsule 10 mg</i>	Tier 1	DO; QL (4 capsules per 1 day)
<i>doxepin hcl oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Tier 1	DO; QL (2 capsules per 1 day)
<i>doxepin hcl oral concentrate</i>	Tier 1	DO; QL (30 mL per 1 day)
<i>imipramine hcl oral tablet 10 mg</i>	Tier 1	DO; QL (2 tablets per 1 day)
<i>imipramine hcl oral tablet 25 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>imipramine hcl oral tablet 50 mg</i>	Tier 1	DO; QL (6 tablets per 1 day)
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg</i>	Tier 1	DO; QL (2 capsules per 1 day)
<i>imipramine pamoate oral capsule 75 mg</i>	Tier 1	DO; QL (1 capsule per 1 day)
NORPRAMIN ORAL TABLET 10 MG (<i>desipramine hcl</i>)	Tier 2	DO; QL (4 tablets per 1 day)
NORPRAMIN ORAL TABLET 25 MG (<i>desipramine hcl</i>)	Tier 2	DO; QL (2 tablets per 1 day)
<i>nortriptyline hcl oral capsule 10 mg, 25 mg</i>	Tier 1	DO; QL (4 capsules per 1 day)
<i>nortriptyline hcl oral capsule 50 mg</i>	Tier 1	DO; QL (3 capsules per 1 day)
<i>nortriptyline hcl oral capsule 75 mg</i>	Tier 1	DO; QL (2 capsules per 1 day)
<i>nortriptyline hcl oral solution</i>	Tier 1	DO; QL (20 mL per 1 day)
PAMELOR ORAL CAPSULE 10 MG, 25 MG (<i>nortriptyline hcl</i>)	Tier 2	DO; QL (4 capsules per 1 day)
PAMELOR ORAL CAPSULE 50 MG (<i>nortriptyline hcl</i>)	Tier 2	DO; QL (3 capsules per 1 day)
PAMELOR ORAL CAPSULE 75 MG (<i>nortriptyline hcl</i>)	Tier 2	DO; QL (2 capsules per 1 day)
<i>protriptyline hcl oral tablet</i>	Tier 1	DO; QL (4 tablets per 1 day)
<i>trimipramine maleate oral capsule</i>	Tier 1	
ANTIDIABETICS - HORMONES		
*ALPHA-GLUCOSIDASE INHIBITORS*** - DRUGS FOR DIABETES		
<i>acarbose oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>miglitol oral tablet</i>	Tier 2	QL (3 tablets per 1 day)
PRECOSE ORAL TABLET (<i>acarbose</i>)	Tier 2	QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIDIABETIC - AMYLIN ANALOGS*** - DRUGS FOR DIABETES		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>pramlintide acetate</i>)	Tier 1	PA; QL (0.36 mL per 1 day)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>pramlintide acetate</i>)	Tier 1	PA; QL (2 boxes per 30 days)
*BIGUANIDES*** - DRUGS FOR DIABETES		
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>metformin hcl oral solution</i>	Tier 2	PA; QL (2 bottles per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>metformin hcl oral tablet 500 mg</i>	Tier 1	QL (5 tablets per 1 day)
<i>metformin hcl oral tablet 850 mg</i>	Tier 1	QL (3 tablets per 1 day)
RIOMET ORAL SOLUTION (<i>metformin hcl</i>)	Tier 2	PA; QL (2 bottles per 30 days)
*DIABETIC OTHER - COMBINATIONS*** - DRUGS FOR DIABETES		
<i>cvs glucose oral tablet chewable</i>	Tier 1	OTC
DEX4 GLUCOSE ORAL TABLET CHEWABLE (<i>glucose-vitamin c</i>)	Tier 1	OTC
DEX4 NATURALS ORAL TABLET CHEWABLE (<i>glucose-vitamin c</i>)	Tier 1	OTC
DEX4 ORAL TABLET CHEWABLE (<i>glucose-vitamin c</i>)	Tier 1	OTC
DEX4 POUCH PACK ORAL TABLET CHEWABLE (<i>glucose-vitamin c</i>)	Tier 1	OTC
<i>glucose instant energy oral tablet chewable</i>	Tier 1	OTC
<i>glucose oral tablet chewable</i>	Tier 1	OTC
<i>glucose-vitamin c oral tablet chewable</i>	Tier 1	OTC
<i>gnp glucose oral tablet chewable</i>	Tier 1	OTC
<i>goodsense glucose oral tablet chewable</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hy-vee glucose oral tablet chewable</i>	Tier 1	OTC
<i> Kroger glucose oral tablet chewable</i>	Tier 1	OTC
<i>leader glucose oral tablet chewable</i>	Tier 1	OTC
<i>longs glucose oral tablet chewable</i>	Tier 1	OTC
<i>meijer glucose oral tablet chewable</i>	Tier 1	OTC
<i>preferred plus glucose oral tablet chewable</i>	Tier 1	OTC
<i>px glucose oral tablet chewable</i>	Tier 1	OTC
<i>ra glucose oral tablet chewable</i>	Tier 1	OTC
RELION GLUCOSE ORAL TABLET CHEWABLE (<i>glucose-vitamin c</i>)	Tier 1	OTC
<i>sm glucose oral tablet chewable</i>	Tier 1	OTC
SMART SENSE GLUCOSE ORAL TABLET CHEWABLE (<i>glucose-vitamin c</i>)	Tier 1	OTC
<i>tgt glucose oral tablet chewable</i>	Tier 1	OTC
<i>up & up glucose oral tablet chewable</i>	Tier 1	OTC
<i>value plus glucose oral tablet chewable</i>	Tier 1	OTC
<i>walgreens glucose oral tablet chewable</i>	Tier 1	OTC
*DIABETIC OTHER*** - DRUGS FOR DIABETES		
BAQSIMI ONE PACK NASAL POWDER (<i>glucagon</i>)	Tier 2	QL (1 pack per 30 days)
BAQSIMI TWO PACK NASAL POWDER (<i>glucagon</i>)	Tier 2	QL (1 pack per 30 days)
<i>cvs glucose bits oral tablet chewable</i>	Tier 1	OTC
<i>cvs glucose oral gel</i>	Tier 1	OTC
<i>cvs glucose oral tablet chewable</i>	Tier 1	OTC
<i>cvs soft glucose oral tablet chewable</i>	Tier 1	OTC
DEX4 QUICK DISSOLVE GLUCOSE ORAL TABLET CHEWABLE (<i>dextrose (diabetic use)</i>)	Tier 1	OTC
<i>diazoxide oral suspension</i>	Tier 2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED (<i>glucagon hcl (rdna)</i>)	Tier 1	QL (2 kits per 30 days)
<i>glucagon emergency injection kit</i>	Tier 2	QL (2 kits per 30 days)
<i>glucagon emergency injection solution reconstituted</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glucose oral gel</i>	Tier 1	OTC
<i>glucose oral tablet chewable</i>	Tier 1	OTC
GLUTOSE 15 ORAL GEL (<i>dextrose (diabetic use)</i>)	Tier 1	OTC
GLUTOSE 45 ORAL GEL (<i>dextrose (diabetic use)</i>)	Tier 1	OTC
GLUTOSE 5 ORAL GEL (<i>dextrose (diabetic use)</i>)	Tier 1	OTC
<i>gnp glucose oral tablet chewable</i>	Tier 1	OTC
<i>gnp quick dissolve glucose oral tablet chewable</i>	Tier 1	OTC
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML (<i>glucagon</i>)	Tier 2	QL (0.2 mL per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML (<i>glucagon</i>)	Tier 2	QL (0.4 mL per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>glucagon</i>)	Tier 2	QL (2 packs per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>glucagon</i>)	Tier 2	QL (2 packs per 30 days)
<i>leader quick dissolve glucose oral tablet chewable</i>	Tier 1	OTC
PROGLYCEM ORAL SUSPENSION (<i>diazoxide</i>)	Tier 2	
RELION GLUCOSE ORAL GEL (<i>dextrose (diabetic use)</i>)	Tier 1	OTC
<i>sm glucose oral tablet chewable</i>	Tier 1	OTC
SWEET CHEEKS ORAL GEL (<i>dextrose (diabetic use)</i>)	Tier 1	OTC
<i>value plus glucose oral gel</i>	Tier 1	OTC
<i>walgreens glucose oral tablet chewable</i>	Tier 1	OTC
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>dasiglucagon hcl</i>)	Tier 2	QL (1.2 mL per 30 days)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>dasiglucagon hcl</i>)	Tier 2	QL (1.2 mL per 30 days)
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** - DRUGS FOR DIABETES		
<i>alogliptin benzoate oral tablet</i>	Tier 2	PA; QL (1 tablet per 1 day)
JANUVIA ORAL TABLET (<i>sitagliptin phosphate</i>)	Tier 1	PA; QL (1 tablet per 1 day)
NESINA ORAL TABLET (<i>alogliptin benzoate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
ONGLYZA ORAL TABLET (<i>saxagliptin hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRADJENTA ORAL TABLET (<i>linagliptin</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>alogliptin-metformin hcl oral tablet</i>	Tier 2	PA; QL (2 tablets per 1 day)
JANUMET ORAL TABLET (<i>sitagliptin-metformin hcl</i>)	Tier 1	PA; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (<i>sitagliptin-metformin hcl</i>)	Tier 1	PA; 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>)	Tier 1	PA; QL (2 tablets per 1 day)
JENTADUETO ORAL TABLET (<i>linagliptin-metformin hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>linagliptin-metformin hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
KAZANO ORAL TABLET (<i>alogliptin-metformin hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>saxagliptin-metformin</i>)	Tier 2	PA; QL (2 tablets per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG (<i>saxagliptin-metformin</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES*** - DRUGS FOR DIABETES		
CYCLOSET ORAL TABLET (<i>bromocriptine mesylate</i>)	Tier 2	PA; QL (6 tablets per 1 day)
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>alogliptin-pioglitazone oral tablet</i>	Tier 2	PA; QL (1 tablet per 1 day)
OSENI ORAL TABLET (<i>alogliptin-pioglitazone</i>)	Tier 2	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*HUMAN INSULIN*** - DRUGS FOR DIABETES		
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	Tier 1	QL (30 mL per 30 days)
ADMELOG SUBCUTANEOUS SOLUTION (<i>insulin lispro</i>)	Tier 1	QL (30 mL per 30 days)
AFREZZA INHALATION POWDER 12 UNIT, 90 X 4 UNIT & 90X8 UNIT (<i>insulin regular human</i>)	Tier 2	PA; QL (3 boxes per 30 days)
AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	Tier 2	PA; QL (2 boxes per 30 days)
AFREZZA INHALATION POWDER 4 UNIT (<i>insulin regular human</i>)	Tier 2	PA; QL (6 boxes per 30 days)
AFREZZA INHALATION POWDER 8 UNIT (<i>insulin regular human</i>)	Tier 2	PA; QL (4 boxes per 30 days)
APIDRA INJECTION SOLUTION (<i>insulin glulisine</i>)	Tier 2	PA; QL (30 mL per 30 days)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glulisine</i>)	Tier 2	PA; QL (30 mL per 30 days)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	Tier 1	QL (30 mL per 30 days)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin aspart (w/niacinamide)</i>)	Tier 2	PA; QL (30 mL per 30 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin aspart (w/niacinamide)</i>)	Tier 2	PA; QL (30 mL per 30 days)
FIASP SUBCUTANEOUS SOLUTION (<i>insulin aspart (w/niacinamide)</i>)	Tier 2	PA; QL (30 mL per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	Tier 2	PA; QL (30 mL per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	Tier 2	PA; QL (30 mL per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	Tier 1	QL (30 mL per 30 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	Tier 1	QL (30 mL per 30 days)

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HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	Tier 2	PA; QL (30 mL per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	Tier 1	PA; QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION (<i>insulin lispro</i>)	Tier 2	PA; QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin lispro</i>)	Tier 2	PA; QL (30 mL per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	Tier 1	OTC; QL (30 mL per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	Tier 1	OTC; QL (30 mL per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	Tier 1	OTC; QL (30 mL per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	Tier 1	OTC; QL (30 mL per 30 days)
HUMULIN R INJECTION SOLUTION (<i>insulin regular human</i>)	Tier 1	OTC; QL (30 mL per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION (<i>insulin regular human</i>)	Tier 1	PA; QL (21 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	Tier 1	PA; QL (21 mL per 30 days)
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector</i>	Tier 1	QL (30 mL per 30 days)
<i>insulin aspart flexpen subcutaneous solution pen-injector</i>	Tier 1	QL (30 mL per 30 days)
<i>insulin aspart penfill subcutaneous solution cartridge</i>	Tier 1	QL (30 mL per 30 days)
<i>insulin aspart prot & aspart subcutaneous suspension</i>	Tier 1	QL (30 mL per 30 days)
<i>insulin aspart subcutaneous solution</i>	Tier 1	QL (30 mL per 30 days)
<i>insulin glargine-yfgn subcutaneous solution</i>	Tier 1	QL (30 mL per 30 days)
<i>insulin glargine-yfgn subcutaneous solution pen-injector</i>	Tier 1	QL (30 mL per 30 days)

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<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	Tier 1	QL (30 mL per 30 days)
<i>insulin lispro junior kwikpen subcutaneous solution pen-injector</i>	Tier 1	QL (30 mL per 30 days)
<i>insulin lispro prot & lispro subcutaneous suspension pen-injector</i>	Tier 1	QL (30 mL per 30 days)
<i>insulin lispro subcutaneous solution</i>	Tier 1	QL (30 mL per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	Tier 2	PA; QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION (<i>insulin glargine</i>)	Tier 2	PA; QL (30 mL per 30 days)
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin detemir</i>)	Tier 2	PA; QL (30 mL per 30 days)
LEVEMIR SUBCUTANEOUS SOLUTION (<i>insulin detemir</i>)	Tier 2	PA; QL (30 mL per 30 days)
LYUMJEV INJECTION SOLUTION (<i>insulin lispro-aabc</i>)	Tier 2	PA; QL (30 mL per 30 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro-aabc</i>)	Tier 2	PA; QL (30 mL per 30 days)
MYXREDLIN INTRAVENOUS SOLUTION (<i>insulin regular(human) in nacl</i>)	Tier 2	MB
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	Tier 1	OTC; QL (30 mL per 30 days)

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NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN R INJECTION SOLUTION (<i>insulin regular human</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLIN R RELION INJECTION SOLUTION (<i>insulin regular human</i>)	Tier 1	OTC; QL (30 mL per 30 days)
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin aspart prot & aspart</i>)	Tier 2	PA; QL (30 mL per 30 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin aspart</i>)	Tier 2	PA; QL (30 mL per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin aspart</i>)	Tier 2	PA; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin aspart prot & aspart</i>)	Tier 2	PA; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (<i>insulin aspart prot & aspart</i>)	Tier 2	PA; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin aspart prot & aspart</i>)	Tier 2	PA; QL (30 mL per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin aspart</i>)	Tier 2	PA; QL (30 mL per 30 days)
NOVOLOG RELION SUBCUTANEOUS SOLUTION (<i>insulin aspart</i>)	Tier 2	PA; QL (30 mL per 30 days)
NOVOLOG SUBCUTANEOUS SOLUTION (<i>insulin aspart</i>)	Tier 2	PA; QL (30 mL per 30 days)

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SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION (<i>insulin glargine-yfgn</i>)	Tier 2	QL (30 mL per 30 days)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine-yfgn</i>)	Tier 2	QL (30 mL per 30 days)
SEMGLEE SUBCUTANEOUS SOLUTION (<i>insulin glargine</i>)	Tier 1	QL (30 mL per 30 days)
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	Tier 1	QL (30 mL per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	Tier 2	PA; QL (12 mL per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	Tier 2	PA; QL (13.5 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin degludec</i>)	Tier 2	PA; QL (30 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (<i>insulin degludec</i>)	Tier 2	PA; QL (18 mL per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION (<i>insulin degludec</i>)	Tier 2	PA; QL (18 mL per 30 days)
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)** - DRUGS FOR DIABETES		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT (<i>lixisenatide</i>)	Tier 2	PA; QL (2 pens per 1 time fill)
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>lixisenatide</i>)	Tier 2	PA; QL (2 pens per 28 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR (<i>exenatide</i>)	Tier 2	PA; QL (4 injections per 30 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>exenatide</i>)	Tier 2	PA; QL (1 pen per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>exenatide</i>)	Tier 2	PA; QL (1 pen per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	Tier 1	PA; QL (1 pen per 30 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML (<i>semaglutide</i>)	Tier 1	PA; QL (2 pens per 30 days)

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OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (<i>semaglutide</i>)	Tier 1	PA; QL (1 pen per 28 days)
RYBELSUS ORAL TABLET 14 MG, 7 MG (<i>semaglutide</i>)	Tier 2	PA; QL (30 tablets per 30 days)
RYBELSUS ORAL TABLET 3 MG (<i>semaglutide</i>)	Tier 2	PA; QL (30 tablets per 1 fill)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>dulaglutide</i>)	Tier 1	PA; QL (4 pens per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>liraglutide</i>)	Tier 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>)	Tier 2	PA; QL (5 pens per 30 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin degludec-liraglutide</i>)	Tier 2	PA; QL (5 pens per 25 days)
*MEGLITINIDE ANALOGUES*** - DRUGS FOR DIABETES		
<i>nateglinide oral tablet</i>	Tier 1	PA; QL (3 tablets per 1 day)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
<i>repaglinide oral tablet 2 mg</i>	Tier 1	PA; QL (8 tablets per 1 day)
*PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR DIABETES		
KORLYM ORAL TABLET (<i>mifepristone</i>)	Tier 2	PA; SP; 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>)	Tier 2	PA; QL (1 tablet per 1 day)

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TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metform</i>)	Tier 2	PA; QL (2 tablets per 1 day)
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - DRUGS FOR DIABETES		
GLYXAMBI ORAL TABLET (<i>empagliflozin-linagliptin</i>)	Tier 2	PA; QL (1 tablet per 1 day)
QTERN ORAL TABLET (<i>dapagliflozin-saxagliptin</i>)	Tier 2	PA; QL (1 tablet per 1 day)
STEGLUJAN ORAL TABLET (<i>ertugliflozin-sitagliptin</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** - DRUGS FOR DIABETES		
FARXIGA ORAL TABLET (<i>dapagliflozin propanediol</i>)	Tier 2	PA; QL (1 tablet per 1 day)
INVOKANA ORAL TABLET (<i>canagliflozin</i>)	Tier 2	PA; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET (<i>empagliflozin</i>)	Tier 1	PA; QL (1 tablet per 1 day)
STEGLATRO ORAL TABLET (<i>ertugliflozin l-pyrogutamicac</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - DRUGS FOR DIABETES		
INVOKAMET ORAL TABLET (<i>canagliflozin-metformin hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>canagliflozin-metformin hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
SEGLUROMET ORAL TABLET (<i>ertugliflozin-metformin hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
SYNJARDY ORAL TABLET (<i>empagliflozin-metformin hcl</i>)	Tier 1	PA; 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>)	Tier 1	PA; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	Tier 1	PA; 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-metformin hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)

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XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>dapagliflozin-metformin hcl</i>)	Tier 2	PA; QL (2 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>dapagliflozin-metformin hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
*SULFONYLUREA-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	Tier 1	PA; QL (8 tablets per 1 day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	Tier 1	PA; QL (8 tablets per 1 day)
<i>glyburide-metformin oral tablet 2.5-500 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
<i>glyburide-metformin oral tablet 5-500 mg</i>	Tier 1	PA; QL (4 tablet per 1 day)
*SULFONYLUREAS*** - DRUGS FOR DIABETES		
AMARYL ORAL TABLET 1 MG (<i>glimepiride</i>)	Tier 2	PA; QL (8 tablets per 1 day)
AMARYL ORAL TABLET 2 MG (<i>glimepiride</i>)	Tier 2	PA; QL (4 tablets per 1 day)
AMARYL ORAL TABLET 4 MG (<i>glimepiride</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>glimepiride oral tablet 1 mg</i>	Tier 1	PA; QL (8 tablets per 1 day)
<i>glimepiride oral tablet 2 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
<i>glimepiride oral tablet 4 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg</i>	Tier 1	PA; QL (8 tablets per 1 day)
<i>glipizide er oral tablet extended release 24 hour 5 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)

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<i>glipizide oral tablet 10 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
<i>glipizide oral tablet 5 mg</i>	Tier 1	PA; QL (8 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 10 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 2.5 mg</i>	Tier 1	PA; QL (8 tablets per 1 day)
<i>glipizide xl oral tablet extended release 24 hour 5 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>glipizide</i>)	Tier 2	PA; QL (2 tablets per 1 day)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5 MG (<i>glipizide</i>)	Tier 2	PA; QL (8 tablets per 1 day)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG (<i>glipizide</i>)	Tier 2	PA; QL (4 tablets per 1 day)
<i>glyburide micronized oral tablet 1.5 mg</i>	Tier 1	PA; QL (8 tablets per 1 day)
<i>glyburide micronized oral tablet 3 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
<i>glyburide micronized oral tablet 6 mg</i>	Tier 1	PA; QL (2 tablets per 1 day)
<i>glyburide oral tablet 1.25 mg</i>	Tier 1	PA; QL (16 tablets per 1 day)
<i>glyburide oral tablet 2.5 mg</i>	Tier 1	PA; QL (8 tablets per 1 day)
<i>glyburide oral tablet 5 mg</i>	Tier 1	PA; QL (4 tablets per 1 day)
GLYNASE ORAL TABLET 1.5 MG (<i>glyburide micronized</i>)	Tier 2	PA; QL (8 tablets per 1 day)
GLYNASE ORAL TABLET 3 MG (<i>glyburide micronized</i>)	Tier 2	PA; QL (4 tablets per 1 day)
GLYNASE ORAL TABLET 6 MG (<i>glyburide micronized</i>)	Tier 2	PA; QL (2 tablets per 1 day)

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*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES		
DUETACT ORAL TABLET (<i>pioglitazone hcl-glimepiride</i>)	Tier 2	PA
<i>pioglitazone hcl-glimepiride oral tablet</i>	Tier 1	PA
*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
ACTOPLUS MET ORAL TABLET (<i>pioglitazone hcl-metformin hcl</i>)	Tier 2	PA
<i>pioglitazone hcl-metformin hcl oral tablet</i>	Tier 1	PA
*THIAZOLIDINEDIONES*** - DRUGS FOR DIABETES		
ACTOS ORAL TABLET (<i>pioglitazone hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>pioglitazone hcl oral tablet</i>	Tier 1	PA; 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>)	Tier 2	PA; QL (2 tablets per 1 day)
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.*** - DRUGS FOR DIARRHEA		
<i>bismatrol oral tablet chewable</i>	Tier 1	OTC
<i>bismuth oral tablet chewable</i>	Tier 1	OTC
<i>bismuth subsalicylate oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>bismuth subsalicylate oral tablet chewable</i>	Tier 1	OTC
<i>cvs anti-diarrheal oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>cvs stomach relief max st oral suspension</i>	Tier 1	OTC
<i>cvs stomach relief oral suspension 525 mg/15ml</i>	Tier 1	OTC
<i>cvs stomach relief oral suspension 525 mg/30ml</i>	Tier 1	OTC; QL (80 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cvs stomach relief oral tablet</i>	Tier 1	OTC
<i>cvs stomach relief oral tablet chewable</i>	Tier 1	OTC
<i>diarrhea oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>diotame instydose oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>eq pink-bismuth oral tablet chewable</i>	Tier 1	OTC
<i>eq stomach relief oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>eql stomach relief oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>eql stomach relief oral tablet chewable</i>	Tier 1	OTC
<i>geri-pectate oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>gnp pink bismuth oral tablet</i>	Tier 1	OTC
<i>gnp pink bismuth oral tablet chewable</i>	Tier 1	OTC
<i>gnp stomach relief oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>gnp stomach relief ultra oral suspension</i>	Tier 1	OTC
<i>goodsense stomach relief oral suspension 1050 mg/30ml</i>	Tier 1	OTC
<i>goodsense stomach relief oral suspension 525 mg/30ml</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>goodsense stomach relief oral tablet chewable</i>	Tier 1	OTC
<i>hm stomach relief oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>hm stomach relief oral tablet chewable</i>	Tier 1	OTC
<i>hm stomach relief ultra oral suspension</i>	Tier 1	OTC
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION (<i>bismuth subsalicylate</i>)	Tier 1	OTC
KAOPECTATE ORAL SUSPENSION (<i>bismuth subsalicylate</i>)	Tier 1	OTC; QL (80 mL per 30 days)
KAOPECTATE ORAL TABLET (<i>bismuth subsalicylate</i>)	Tier 1	OTC

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<i>medi-bismuth oral tablet chewable</i>	Tier 1	OTC
<i>pink bismuth maximum strength oral suspension</i>	Tier 1	OTC
<i>pink bismuth oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>px stomach relief max st oral suspension</i>	Tier 1	OTC
<i>px stomach relief oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>px stomach relief oral tablet chewable</i>	Tier 1	OTC
<i>qc diarrhea relief oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>qc pink bismuth oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>qc pink bismuth oral tablet</i>	Tier 1	OTC
<i>qc pink bismuth oral tablet chewable</i>	Tier 1	OTC
<i>ra stomach relief oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>sb bismuth oral tablet</i>	Tier 1	OTC
<i>sm stomach relief oral suspension</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>sm stomach relief oral tablet</i>	Tier 1	OTC
<i>sm stomach relief oral tablet chewable</i>	Tier 1	OTC
SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION (<i>bismuth subsalicylate</i>)	Tier 1	OTC
SOOTHE ORAL SUSPENSION (<i>bismuth subsalicylate</i>)	Tier 1	OTC; QL (80 mL per 30 days)
SOOTHE ORAL TABLET (<i>bismuth subsalicylate</i>)	Tier 1	OTC
SOOTHE ORAL TABLET CHEWABLE (<i>bismuth subsalicylate</i>)	Tier 1	OTC
<i>stomach relief extra strength oral suspension</i>	Tier 1	OTC
<i>stomach relief oral suspension 525 mg/15ml</i>	Tier 1	OTC
<i>stomach relief oral suspension 525 mg/30ml, 527 mg/30ml</i>	Tier 1	OTC; QL (80 mL per 30 days)
<i>stomach relief oral tablet chewable</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>stomach relief plus oral suspension</i>	Tier 1	OTC
<i>stomach relief ultra oral suspension</i>	Tier 1	OTC
*ANTIDIARRHEAL/PROBIOTIC COMBINATIONS*** - DRUGS FOR DIARRHEA		
RESTORA RX ORAL CAPSULE (<i>lactobacillus casei-folic acid</i>)	Tier 2	
*ANTIPERISTALTIC AGENTS*** - DRUGS FOR DIARRHEA		
<i>diphenoxylate-atropine oral liquid</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	
<i>gnp anti-diarrheal oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>hm anti-diarrheal oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
LOMOTIL ORAL TABLET (<i>diphenoxylate-atropine</i>)	Tier 2	
<i>loperamide hcl oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
<i>loperamide hcl oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
MOTOFEN ORAL TABLET (<i>difenoxin-atropine</i>)	Tier 2	
<i>px anti-diarrheal oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
*DIARRHEA COMBINATIONS - OPIATES*** - DRUGS FOR DIARRHEA		
<i>gnp anti-diarrheallanti-gas oral tablet</i>	Tier 1	OTC
<i>goodsense anti-diarrlant-gas oral tablet</i>	Tier 1	OTC
<i>hm anti-diarrheal anti-gas oral tablet</i>	Tier 1	OTC
<i>loperamide-simethicone oral tablet</i>	Tier 1	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
*ANTIDOTE COMBINATIONS*** - DRUGS FOR OVERDOSE OR POISONING		
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR (<i>atropine-pralidoxime chloride</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NITHIODOTE INTRAVENOUS KIT (<i>sodium nitrite-sodium thiosulfate</i>)	Tier 2	MB
*ANTIDOTES - CHELATING AGENTS*** - DRUGS FOR OVERDOSE OR POISONING		
CHEMET ORAL CAPSULE (<i>succimer</i>)	Tier 2	
<i>deferasirox granules oral packet</i>	Tier 2	PA; SP
<i>deferasirox oral packet</i>	Tier 2	PA; SP
<i>deferasirox oral tablet</i>	Tier 2	PA; SP
<i>deferasirox oral tablet soluble</i>	Tier 2	PA; SP
<i>deferiprone oral tablet</i>	Tier 2	PA; SP
EXJADE ORAL TABLET SOLUBLE (<i>deferasirox</i>)	Tier 2	PA; SP
FERRIPROX ORAL SOLUTION (<i>deferiprone</i>)	Tier 2	SP
FERRIPROX ORAL TABLET (<i>deferiprone</i>)	Tier 2	PA; SP
FERRIPROX TWICE-A-DAY ORAL TABLET (<i>deferiprone</i>)	Tier 2	PA; SP
JADENU ORAL TABLET (<i>deferasirox</i>)	Tier 2	PA; SP
JADENU SPRINKLE ORAL PACKET (<i>deferasirox</i>)	Tier 2	PA; SP
<i>pentetate calcium trisodium combination solution</i>	Tier 2	MB
<i>pentetate zinc trisodium combination solution</i>	Tier 2	MB
*ANTIDOTES AND SPECIFIC ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
ACETADOTE INTRAVENOUS SOLUTION (<i>acetylcysteine</i>)	Tier 2	MB
<i>acetylcysteine intravenous solution</i>	Tier 2	MB
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED (<i>coag fact xa inactivated-zhzo</i>)	Tier 2	MB
<i>bal in oil intramuscular solution</i>	Tier 2	MB
BRIDION INTRAVENOUS SOLUTION (<i>sugammadex sodium</i>)	Tier 2	MB
<i>calcium disodium versenate injection solution</i>	Tier 2	MB
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED (<i>hydroxocobalamin</i>)	Tier 2	MB
<i>deferoxamine mesylate injection solution reconstituted</i>	Tier 1	MB

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DEFERAL INJECTION SOLUTION RECONSTITUTED (<i>deferoxamine mesylate</i>)	Tier 2	MB
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>digoxin immune fab</i>)	Tier 2	MB
<i>fomepizole intravenous solution</i>	Tier 2	MB
PRAXBIND INTRAVENOUS SOLUTION (<i>idarucizumab</i>)	Tier 2	MB
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED (<i>pralidoxime chloride</i>)	Tier 2	MB
PROVAYBLUE INTRAVENOUS SOLUTION (<i>methylene blue (antidote)</i>)	Tier 2	MB
RADIOGARDASE ORAL CAPSULE (<i>prussian blue insoluble</i>)	Tier 2	
<i>sodium nitrite intravenous solution</i>	Tier 2	MB
VISTOGARD ORAL PACKET (<i>uridine triacetate</i>)	Tier 2	PA; SP; QL (4 packets per 1 day)
*BENZODIAZEPINE ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
<i>flumazenil intravenous solution</i>	Tier 2	MB
*OPIOID ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
KLOXXADO NASAL LIQUID (<i>naloxone hcl</i>)	Tier 2	PA; QL (6 units per 90 days)
<i>naloxone hcl injection solution</i>	State Carve-out	SCO
<i>naloxone hcl injection solution cartridge</i>	State Carve-out	SCO
<i>naloxone hcl injection solution prefilled syringe</i>	State Carve-out	SCO
<i>naltrexone hcl oral tablet</i>	State Carve-out	SCO
NARCAN NASAL LIQUID (<i>naloxone hcl</i>)	State Carve-out	SCO
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>naltrexone</i>)	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIEMETICS - DRUGS FOR THE STOMACH		
*5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
ALOXI INTRAVENOUS SOLUTION (<i>palonosetron hcl</i>)	Tier 2	MB
<i>granisetron hcl intravenous solution</i>	Tier 2	PA; MB
<i>granisetron hcl oral tablet</i>	Tier 2	PA; QL (10 tablets per 30 days)
<i>ondansetron hcl injection solution 4 mg/2ml</i>	Tier 2	MB
<i>ondansetron hcl injection solution 40 mg/20ml</i>	Tier 2	PA; MB
<i>ondansetron hcl oral solution</i>	Tier 1	PA; QL (8 mL per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier 1	QL (8 tablets per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	Tier 1	QL (48 tablets per 30 days)
<i>ondansetron hcl oral tablet 8 mg</i>	Tier 1	QL (24 tablets per 30 days)
<i>ondansetron oral tablet dispersible 4 mg</i>	Tier 1	QL (48 tablets per 30 days)
<i>ondansetron oral tablet dispersible 8 mg</i>	Tier 1	QL (24 tablets per 30 days)
<i>palonosetron hcl intravenous solution</i>	Tier 2	MB
<i>palonosetron hcl intravenous solution prefilled syringe</i>	Tier 2	MB
SANCUSO TRANSDERMAL PATCH (<i>granisetron</i>)	Tier 2	PA; QL (4 patches per 28 days)
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE (<i>granisetron</i>)	Tier 2	MB
ZUPLENZ ORAL FILM (<i>ondansetron</i>)	Tier 2	PA; QL (48 films per 30 days)
*ANTIEMETIC COMBINATIONS*** - DRUGS FOR VOMITING AND NAUSEA		
AKYNZEO INTRAVENOUS SOLUTION (<i>fosnetupitant-palonosetron</i>)	Tier 2	PA; MB; QL (5 vials per 30 days)
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED (<i>fosnetupitant-palonosetron</i>)	Tier 2	PA; MB; QL (5 vials per 30 days)
AKYNZEO ORAL CAPSULE (<i>netupitant-palonosetron</i>)	Tier 2	PA; QL (5 capsules per 30 days)
BONJESTA ORAL TABLET EXTENDED RELEASE (<i>doxylamine-pyridoxine</i>)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cv</i> s nausea relief oral solution	Tier 1	OTC
DICLEGIS ORAL TABLET DELAYED RELEASE (<i>doxylamine-pyridoxine</i>)	Tier 2	PA; QL (4 tablets per 1 day)
<i>doxylamine-pyridoxine oral tablet delayed release</i>	Tier 2	PA; QL (4 tablets per 1 day)
<i>goodsense nausea relief oral solution</i>	Tier 1	OTC
<i>nausea relief oral solution</i>	Tier 1	OTC
<i>sb anti-nausea oral solution</i>	Tier 1	OTC
*ANTIEMETICS - ANTICHOLINERGIC*** - DRUGS FOR VOMITING AND NAUSEA		
ANTIVERT ORAL TABLET (<i>meclizine hcl</i>)	Tier 2	
ANTIVERT ORAL TABLET CHEWABLE (<i>meclizine hcl</i>)	Tier 2	
BONINE ORAL TABLET CHEWABLE (<i>meclizine hcl</i>)	Tier 1	OTC
<i>cv</i> s motion sickness ii oral tablet	Tier 1	OTC
<i>cv</i> s motion sickness less drows oral tablet	Tier 1	OTC
<i>cv</i> s motion sickness oral tablet	Tier 1	OTC
<i>cv</i> s motion sickness relief oral tablet chewable	Tier 1	OTC
<i>dimenhydrinate injection solution</i>	Tier 2	MB
<i>eq</i> motion sickness relief oral tablet	Tier 1	OTC
<i>eq</i> l motion sickness relief oral tablet	Tier 1	OTC
<i>gnp</i> motion sickness relief oral tablet	Tier 1	OTC
<i>goodsense motion sickness oral tablet</i>	Tier 1	OTC
<i>hm</i> motion sickness oral tablet	Tier 1	OTC
<i>hm</i> motion sickness relief oral tablet	Tier 1	OTC
<i>meclizine hcl oral tablet 12.5 mg</i>	Tier 1	OTC
<i>meclizine hcl oral tablet 25 mg</i>	Tier 1	
<i>meclizine hcl oral tablet chewable</i>	Tier 1	OTC
<i>motion sickness relief oral tablet</i>	Tier 1	OTC
<i>motion sickness relief oral tablet chewable</i>	Tier 1	OTC
<i>motion-time oral tablet chewable</i>	Tier 1	OTC
<i>qc</i> motion sickness relief oral tablet	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>qc travel ease oral tablet chewable</i>	Tier 1	OTC
<i>ra motion sickness relief oral tablet chewable</i>	Tier 1	OTC
<i>scopolamine transdermal patch 72 hour</i>	Tier 2	
<i>sm motion sickness oral tablet</i>	Tier 1	OTC
TIGAN INTRAMUSCULAR SOLUTION (<i>trimethobenzamide hcl</i>)	Tier 2	MB
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR (<i>scopolamine base</i>)	Tier 2	
TRAVEL-EASE ORAL TABLET (<i>meclizine hcl</i>)	Tier 1	OTC
<i>trav-tabs oral tablet</i>	Tier 1	OTC
<i>trimethobenzamide hcl oral capsule</i>	Tier 1	
WAL-DRAM II ORAL TABLET (<i>meclizine hcl</i>)	Tier 1	OTC
*ANTIEMETICS - ANTIDOPAMINERGIC*** - DRUGS FOR VOMITING AND NAUSEA		
BARHEMSYS INTRAVENOUS SOLUTION (<i>amisulpride (antiemetic)</i>)	Tier 2	MB
*ANTIEMETICS - MISCELLANEOUS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>dronabinol oral capsule</i>	Tier 2	PA
MARINOL ORAL CAPSULE (<i>dronabinol</i>)	Tier 2	PA
SYNDROS ORAL SOLUTION (<i>dronabinol</i>)	Tier 2	PA
*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>aprepitant oral</i>	Tier 2	PA; QL (15 capsules per 30 days)
<i>aprepitant oral capsule 125 mg</i>	Tier 2	PA; QL (5 capsules per 30 days)
<i>aprepitant oral capsule 40 mg</i>	Tier 2	PA; QL (1 capsule per 1 fill)
<i>aprepitant oral capsule 80 & 125 mg</i>	Tier 2	PA; QL (15 capsules per 30 days)
<i>aprepitant oral capsule 80 mg</i>	Tier 2	PA; QL (10 capsules per 30 days)

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CINVANTI INTRAVENOUS EMULSION (<i>aprepitant</i>)	Tier 2	MB; QL (5 vials per 30 days)
EMEND INTRAVENOUS SOLUTION RECONSTITUTED (<i>fosaprepitant dimeglumine</i>)	Tier 2	MB; QL (5 vials per 30 days)
EMEND ORAL CAPSULE (<i>aprepitant</i>)	Tier 2	PA; QL (10 capsules per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED (<i>aprepitant</i>)	Tier 2	PA; QL (15 kits per 30 days)
EMEND TRI-PACK ORAL CAPSULE (<i>aprepitant</i>)	Tier 2	PA; QL (15 capsules per 30 days)
<i>fosaprepitant dimeglumine intravenous solution reconstituted</i>	Tier 2	MB; QL (5 vials per 30 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK (<i>rolapitant hcl</i>)	Tier 2	PA; QL (4 tablets per 28 days)
ANTIFUNGALS - DRUGS FOR INFECTIONS		
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)*** - ANTIBIOTICS		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED (<i>caspofungin acetate</i>)	Tier 2	MB
<i>caspofungin acetate intravenous solution reconstituted</i>	Tier 2	MB
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>anidulafungin</i>)	Tier 2	MB
<i>micafungin sodium intravenous solution reconstituted</i>	Tier 2	MB
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOID)*** - ANTIBIOTICS		
BREXAFEMME ORAL TABLET (<i>ibrexafungerp citrate</i>)	Tier 2	PA; QL (4 tablets per 1 fill)
*ANTIFUNGALS*** - DRUGS FOR FUNGUS		
ABELCET INTRAVENOUS SUSPENSION (<i>amphotericin b lipid</i>)	Tier 2	MB
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED (<i>amphotericin b liposome</i>)	Tier 2	MB
ANCOBON ORAL CAPSULE (<i>flucytosine</i>)	Tier 2	PA
<i>flucytosine oral capsule</i>	Tier 1	PA

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<i>griseofulvin microsize oral suspension</i>	Tier 1	
<i>griseofulvin microsize oral tablet</i>	Tier 2	
<i>griseofulvin ultramicrosize oral tablet</i>	Tier 1	
<i>nystatin oral tablet</i>	Tier 1	
<i>terbinafine hcl oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
*IMIDAZOLES*** - DRUGS FOR FUNGUS		
<i>ketoconazole oral tablet</i>	Tier 1	
*TRIAZOLES*** - DRUGS FOR FUNGUS		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED (<i>isavuconazonium sulfate</i>)	Tier 2	PA; MB; QL (1 injection per 1 day)
CRESEMBA ORAL CAPSULE (<i>isavuconazonium sulfate</i>)	Tier 2	PA; QL (2 capsules per 1 day)
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>fluconazole</i>)	Tier 2	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fluconazole</i>)	Tier 2	QL (10 mL per 1 day)
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 50 MG (<i>fluconazole</i>)	Tier 2	
DIFLUCAN ORAL TABLET 200 MG (<i>fluconazole</i>)	Tier 2	QL (2 tablets per 1 day)
<i>fluconazole in sodium chloride intravenous solution</i>	Tier 2	MB
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	Tier 1	
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	Tier 1	QL (10 mL per 1 day)
<i>fluconazole oral tablet 100 mg, 150 mg, 50 mg</i>	Tier 1	
<i>fluconazole oral tablet 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>itraconazole oral capsule</i>	Tier 1	PA; QL (126 capsules per 30 days)
<i>itraconazole oral solution</i>	Tier 2	PA; QL (20 mL per 1 day)
NOXAFIL INTRAVENOUS SOLUTION (<i>posaconazole</i>)	Tier 2	MB
NOXAFIL ORAL SUSPENSION (<i>posaconazole</i>)	Tier 2	PA; QL (20 mL per 1 day)
NOXAFIL ORAL TABLET DELAYED RELEASE (<i>posaconazole</i>)	Tier 2	PA
<i>posaconazole oral tablet delayed release</i>	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPORANOX ORAL CAPSULE (<i>itraconazole</i>)	Tier 2	PA; QL (126 capsules per 30 days)
SPORANOX ORAL SOLUTION (<i>itraconazole</i>)	Tier 2	PA; QL (20 mL per 1 day)
SPORANOX PULSEPAK ORAL CAPSULE (<i>itraconazole</i>)	Tier 2	PA; QL (126 capsules per 30 days)
<i>tolsura oral capsule</i>	Tier 2	PA; QL (126 capsules per 30 days)
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED (<i>voriconazole</i>)	Tier 2	MB
VFEND ORAL SUSPENSION RECONSTITUTED (<i>voriconazole</i>)	Tier 2	PA
VFEND ORAL TABLET (<i>voriconazole</i>)	Tier 2	PA
<i>voriconazole intravenous solution reconstituted</i>	Tier 1	MB
<i>voriconazole oral suspension reconstituted</i>	Tier 1	PA
<i>voriconazole oral tablet</i>	Tier 1	PA
ANTIHISTAMINES - DRUGS FOR THE LUNGS		
*ANTIHISTAMINES - ALKYLAMINES*** - DRUGS FOR ALLERGIES		
<i>aller-chlor oral tablet</i>	Tier 1	OTC
<i>allergy oral tablet</i>	Tier 1	OTC
<i>allergy oral tablet extended release</i>	Tier 1	OTC
<i>allergy relief oral tablet</i>	Tier 1	OTC
<i>chlorhist oral tablet</i>	Tier 1	OTC
<i>chlorpheniramine maleate er oral tablet extended release</i>	Tier 1	OTC
<i>chlorpheniramine maleate oral tablet</i>	Tier 1	OTC
<i>cvs allergy relief oral tablet</i>	Tier 1	OTC
<i>cvs allergy relief oral tablet extended release</i>	Tier 1	OTC
DIABETIC TUSSIN ALLERGY ORAL SYRUP (<i>chlorpheniramine maleate</i>)	Tier 1	OTC
<i>ed chlorped jr oral syrup</i>	Tier 1	OTC
<i>eq chlortabs oral tablet</i>	Tier 1	OTC

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<i>eql allergy oral tablet</i>	Tier 1	OTC
<i>gnp allergy relief oral tablet</i>	Tier 1	OTC
<i>hm allergy relief oral tablet</i>	Tier 1	OTC
<i>pharbechlor oral tablet</i>	Tier 1	OTC
<i>qc allergy relief 4-hour oral tablet</i>	Tier 1	OTC
<i>qc chlor-pheniramine oral tablet</i>	Tier 1	OTC
<i>ra allergy relief oral tablet</i>	Tier 1	OTC
<i>ra chlorpheniramine maleate oral tablet</i>	Tier 1	OTC
RYCLORA ORAL SOLUTION (<i>dexchlorpheniramine maleate</i>)	Tier 2	
<i>sb chlorpheniramine oral tablet</i>	Tier 1	OTC
<i>sm allergy 4 hour oral tablet</i>	Tier 1	OTC
WAL-FINATE ORAL TABLET (<i>chlorpheniramine maleate</i>)	Tier 1	OTC
*ANTIHISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES		
<i>aler-cap oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>alertab oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>allergy childrens oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>allergy relief childrens oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>allergy relief childrens oral tablet dispersible</i>	Tier 1	OTC
<i>allergy relief oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>allergy relief oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>anti-hist allergy oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>aurodryl allergy childrens oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
BANOPHEN ORAL CAPSULE 25 MG (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 capsules per 1 day)
BANOPHEN ORAL CAPSULE 50 MG (<i>diphenhydramine hcl</i>)	Tier 1	OTC

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BANOPHEN ORAL TABLET (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 tablets per 1 day)
<i>carbinoxamine maleate oral solution</i>	Tier 1	AL
<i>carbinoxamine maleate oral tablet</i>	Tier 1	AL
<i>clemastine fumarate oral tablet</i>	Tier 2	
<i>complete allergy medicine oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>complete allergy medicine oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>complete allergy relief oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>cvs allergy oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>cvs allergy relief adult oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>cvs allergy relief childrens oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>cvs allergy relief childrens oral tablet chewable</i>	Tier 1	OTC
<i>cvs allergy relief childrens oral tablet dispersible</i>	Tier 1	OTC
<i>cvs allergy relief oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>cvs allergy relief oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>cvs allergy relief oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>cvs childrens allergy oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET (<i>clemastine fumarate</i>)	Tier 1	OTC
<i>diphen oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>diphenhist oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>diphenhydramine hcl injection solution</i>	Tier 2	MB
<i>diphenhydramine hcl oral capsule 25 mg</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>diphenhydramine hcl oral capsule 50 mg</i>	Tier 1	OTC

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<i>diphenhydramine hcl oral elixir</i>	Tier 2	QL (120 mL per 30 days)
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>diphenhydramine hcl oral liquid 6.25 mg/ml</i>	Tier 1	OTC
<i>diphenhydramine hcl oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>diphenhydramine hcl oral tablet chewable</i>	Tier 1	OTC
<i>dye-free allergy relief oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>eq allergy relief childrens oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>eq allergy relief oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>eq allergy relief oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>eql allergy oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>eql allergy relief childrens oral tablet dispersible</i>	Tier 1	OTC
<i>eql allergy relief oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>eql childrens allergy oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>geri-dryl oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>geri-dryl oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>gnp allergy childrens oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>gnp allergy oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>gnp allergy oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>gnp allergy relief max st oral liquid</i>	Tier 1	OTC
<i>gnp allergy relief oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>gnp allergy relief oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>gnp allergy relief oral tablet chewable</i>	Tier 1	OTC
<i>gnp childrens allergy oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)

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<i>h-e-b childrens allergy oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>hm allergy relief childrens oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>hm allergy relief oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>hm allergy relief oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE (<i>carbinoxamine maleate</i>)	Tier 2	AL; QL (40 mL per 1 day)
<i>kp diphenhydramine hcl oral capsule</i>	Tier 1	OTC
<i>liquid allergy relief oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>m-dryl oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
MEDI-PHEDRYL ORAL CAPSULE (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 capsules per 1 day)
<i>meijer antihistamine allergy oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
NARAMIN ORAL LIQUID (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 mL per 1 day)
PEDIACARE CHILDRENS ALLERGY ORAL LIQUID (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 mL per 1 day)
<i>pharbedryl oral capsule 25 mg</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>pharbedryl oral capsule 50 mg</i>	Tier 1	OTC
<i>px allergy oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>px allergy oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>px allergy oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>qc allergy childrens oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>qc allergy relief oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>qc complete allergy medicine oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>ra allergy medication oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)

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<i>ra allergy medication oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>ra allergy medication oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>ra allergy oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>ra allergy oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>ra allergy relief childrens oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>ra allergy relief childrens oral tablet dispersible</i>	Tier 1	OTC
<i>ra allergy relief oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>ra complete allergy oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
RA DIPHEDRYL ALLERGY ORAL LIQUID (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 mL per 1 day)
RYVENT ORAL TABLET (<i>carbinoxamine maleate</i>)	Tier 2	QL (4 tablets per 1 day)
<i>sb allergy medicine oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>sb allergy medicine oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>sb allergy oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>siladryl allergy oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>sm allergy relief childrens oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>sm allergy relief oral capsule</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>sm allergy relief oral liquid</i>	Tier 1	OTC; QL (4 mL per 1 day)
<i>sm allergy relief oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
TOTAL ALLERGY MEDICINE ORAL LIQUID (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 mL per 1 day)
<i>total allergy oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAL-DRYL ALLERGY ORAL CAPSULE (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 capsules per 1 day)
WAL-DRYL ALLERGY ORAL LIQUID (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 mL per 1 day)
WAL-DRYL ALLERGY ORAL TABLET (<i>diphenhydramine hcl</i>)	Tier 1	OTC; QL (4 tablets per 1 day)
WAL-DRYL ALLERGY REL CHILDRENS ORAL TABLET DISPERSIBLE (<i>diphenhydramine hcl</i>)	Tier 1	OTC
*ANTI-HISTAMINES - NON-SEDATING*** - DRUGS FOR ALLERGIES		
ALAVERT ORAL TABLET DISPERSIBLE (<i>loratadine</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>allergy childrens oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>allergy rel child (loratadine) oral solution</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>allergy relief (loratadine) oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>allergy relief child oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>allergy relief childrens oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>allergy relief oral tablet 10 mg</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>allergy relief oral tablet 60 mg</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>allergy relief oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>allergy relief indoor/outdoor oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cetirizine hcl oral solution</i>	Tier 2	PA; QL (10 mL per 1 day)
<i>childrens loratadine oral solution</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>childrens loratadine oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
CLARINEX ORAL TABLET (<i>desloratadine</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>cvs allergy relief childrens oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>cvs allergy relief childrens oral tablet chewable</i>	Tier 1	PA; OTC; QL (1 tablet per 1 day)

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<i>cvs allergy relief oral tablet 10 mg</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvs allergy relief oral tablet 60 mg</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>cvs allergy relief oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>desloratadine oral tablet</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>eq allergy childrens oral syrup</i>	Tier 1	OTC; QL (10 ML per 1 day)
<i>eq allergy relief childrens oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>eq allergy relief oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eq loratadine childrens oral tablet chewable</i>	Tier 1	PA; OTC; QL (1 tablet per 1 day)
<i>eq loratadine oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eq loratadine oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eq1 allergy relief oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp allergy relief oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp loratadine childrens oral solution</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>gnp loratadine oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>gnp loratadine oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp loratadine oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>goodsense allergy relief oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>goodsense allergy relief oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>hm allergy relief oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>hm fexofenadine hcl oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>hm loratadine childrens oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>hm loratadine oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
KLS ALLERCLEAR ORAL TABLET (<i>loratadine</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>kp fexofenadine hcl oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>levocetirizine dihydrochloride oral solution</i>	Tier 2	PA
<i>loradamed oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>loratadine childrens oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>loratadine childrens oral tablet chewable</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>loratadine oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>loratadine oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>loratadine oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>meijer allergy relief oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>meijer allergy relief oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>meijer loratadine oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>mm fexofenadine hcl oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>px allergy relief loratadine oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>px allergy relief oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc allergy relief childrens oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>qc allergy relief oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>qc allergy relief oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc loratadine allergy relief oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
QUZYTIR INTRAVENOUS SOLUTION (<i>cetirizine hcl</i>)	Tier 2	MB
<i>ra allergy relief (loratadine) oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra allergy relief childrens oral tablet chewable</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra loratadine oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>ra loratadine oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sb allergy relief oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sb loratadine allergy relief oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sb loratadine oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>sb loratadine oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm allergy childrens oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>sm allergy relief oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm childrens loratadine oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>sm fexofenadine hcl oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>sm loratadine allergy relief oral tablet dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm loratadine oral syrup</i>	Tier 1	OTC; QL (10 mL per 1 day)
<i>sm loratadine oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
TRIAMINIC ALLERCHEWS ORAL TABLET DISPERSIBLE (<i>loratadine</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
WAL-FEX ORAL TABLET (<i>fexofenadine hcl</i>)	Tier 1	OTC; QL (1 tablet per 1 day)

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WAL-ITIN ALLERGY CHILDRENS ORAL TABLET CHEWABLE (<i>loratadine</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
WAL-ITIN ALLERGY REDITABS ORAL TABLET DISPERSIBLE (<i>loratadine</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
WAL-ITIN ALLER-MELTS ORAL TABLET DISPERSIBLE (<i>loratadine</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
WAL-ITIN CHILDRENS ORAL SOLUTION (<i>loratadine</i>)	Tier 1	OTC; QL (10 mL per 1 day)
WAL-ITIN ORAL SYRUP (<i>loratadine</i>)	Tier 1	OTC; QL (10 mL per 1 day)
WAL-ITIN ORAL TABLET (<i>loratadine</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
WAL-ITIN ORAL TABLET DISPERSIBLE (<i>loratadine</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
WAL-VERT ORAL TABLET DISPERSIBLE (<i>loratadine</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
*ANTIHISTAMINES - PHENOTHIAZINES*** - DRUGS FOR ALLERGIES		
PHENERGAN INJECTION SOLUTION (<i>promethazine hcl</i>)	Tier 2	MB
<i>promethazine hcl injection solution</i>	Tier 2	MB
<i>promethazine hcl oral solution</i>	Tier 1	AL
<i>promethazine hcl oral syrup</i>	Tier 1	AL
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	Tier 1	
<i>promethazine hcl oral tablet 25 mg</i>	Tier 1	QL (120 tablets per 30 days)
<i>promethazine hcl rectal suppository</i>	Tier 1	AL
PROMETHEGAN RECTAL SUPPOSITORY (<i>promethazine hcl</i>)	Tier 1	AL
*ANTIHISTAMINES - PIPERIDINES*** - DRUGS FOR ALLERGIES		
<i>cyproheptadine hcl oral syrup</i>	Tier 1	
<i>cyproheptadine hcl oral tablet</i>	Tier 1	

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Effective 01/01/2022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTHYPERLIPIDEMICS - DRUGS FOR THE HEART		
*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB*** - DRUGS FOR CHOLESTEROL		
NEXLIZET ORAL TABLET (<i>bempedoic acid-ezetimibe</i>)	Tier 2	PA; QL (1 tablets per 1 day)
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS*** - DRUGS FOR CHOLESTEROL		
NEXLETOL ORAL TABLET (<i>bempedoic acid</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*ANGIOPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS*** - DRUGS FOR CHOLESTEROL		
EVKEEZA INTRAVENOUS SOLUTION (<i>evinacumab-dgnb</i>)	Tier 2	PA; MB
*ANTHYPERLIPIDEMICS - MISC.*** - DRUGS FOR CHOLESTEROL		
<i>icosapent ethyl oral capsule</i>	Tier 2	PA; QL (4 capsules per 1 day)
<i>omega-3-acid ethyl esters oral capsule</i>	Tier 2	PA; QL (4 capsules per 1 day)
VASCEPA ORAL CAPSULE 0.5 GM (<i>icosapent ethyl</i>)	Tier 2	PA; QL (8 capsules per 1 day)
VASCEPA ORAL CAPSULE 1 GM (<i>icosapent ethyl</i>)	Tier 2	PA; QL (4 capsules per 1 day)
*BILE ACID SEQUESTRANTS*** - DRUGS FOR CHOLESTEROL		
<i>cholestyramine light oral packet</i>	Tier 1	QL (6 packets per 1 day)
<i>cholestyramine light oral powder</i>	Tier 1	QL (24 grams per 1 day)
<i>cholestyramine oral packet</i>	Tier 1	QL (6 packets per 1 day)
<i>cholestyramine oral powder</i>	Tier 1	QL (24 grams per 1 day)
<i>colesevelam hcl oral packet</i>	Tier 2	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	Tier 2	QL (6 tablets per 1 day)

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Effective 01/01/2022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COLESTID FLAVORED ORAL GRANULES (<i>colestipol hcl</i>)	Tier 2	QL (30 grams per 1 day)
COLESTID FLAVORED ORAL PACKET (<i>colestipol hcl</i>)	Tier 2	QL (6 packets per 1 day)
COLESTID ORAL GRANULES (<i>colestipol hcl</i>)	Tier 2	QL (30 grams per 1 day)
COLESTID ORAL PACKET (<i>colestipol hcl</i>)	Tier 2	QL (6 packets per 1 day)
COLESTID ORAL TABLET (<i>colestipol hcl</i>)	Tier 2	QL (16 tablets per 1 day)
<i>colestipol hcl oral granules</i>	Tier 1	QL (30 grams per 1 day)
<i>colestipol hcl oral packet</i>	Tier 1	QL (6 packets per 1 day)
<i>colestipol hcl oral tablet</i>	Tier 1	QL (16 tablets per 1 day)
<i>cholestyramine light</i> (Prevalite Oral Packet)	Tier 1	QL (6 packets per 1 day)
<i>cholestyramine light</i> (Prevalite Oral Powder)	Tier 1	QL (24 grams per 1 day)
QUESTRAN LIGHT ORAL POWDER (<i>cholestyramine light</i>)	Tier 2	QL (24 grams per 1 day)
QUESTRAN ORAL PACKET (<i>cholestyramine</i>)	Tier 2	QL (6 packets per 1 day)
QUESTRAN ORAL POWDER (<i>cholestyramine</i>)	Tier 2	QL (24 grams per 1 day)
WELCHOL ORAL PACKET (<i>colesevelam hcl</i>)	Tier 2	QL (1 packet per 1 day)
WELCHOL ORAL TABLET (<i>colesevelam hcl</i>)	Tier 2	QL (6 tablets per 1 day)
*FIBRIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
ANTARA ORAL CAPSULE (<i>fenofibrate micronized</i>)	Tier 2	PA; QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 130 mg</i>	Tier 2	QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 30 mg, 90 mg</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>fenofibrate oral tablet 145 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>fenofibrate oral tablet 160 mg, 48 mg, 54 mg</i>	Tier 1	QL (1 tablet per 1 day)

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Effective 01/01/2022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fenofibric acid oral capsule delayed release 135 mg</i>	Tier 2	QL (1 capsule per 1 day)
<i>fenofibric acid oral capsule delayed release 45 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibric acid oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
FENOGLIDE ORAL TABLET (<i>fenofibrate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
FIBRICOR ORAL TABLET (<i>fenofibric acid</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>gemfibrozil oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
LIPOFEN ORAL CAPSULE (<i>fenofibrate</i>)	Tier 2	PA; QL (1 capsule per 1 day)
LOPID ORAL TABLET (<i>gemfibrozil</i>)	Tier 2	PA; QL (2 tablets per 1 day)
TRICOR ORAL TABLET (<i>fenofibrate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
TRILIPIX ORAL CAPSULE DELAYED RELEASE (<i>choline fenofibrate</i>)	Tier 2	PA; QL (1 capsule per 1 day)
*HMG COA REDUCTASE INHIBITORS*** - DRUGS FOR CHOLESTEROL		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG (<i>lovastatin</i>)	Tier 2	PA; DO
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG (<i>lovastatin</i>)	Tier 2	PA
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>atorvastatin calcium oral tablet 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG (<i>rosuvastatin calcium</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
CRESTOR ORAL TABLET 40 MG (<i>rosuvastatin calcium</i>)	Tier 2	PA; QL (1 tablet per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 5 MG (<i>rosuvastatin calcium</i>)	Tier 2	PA; DO; QL (1 capsule per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 40 MG (<i>rosuvastatin calcium</i>)	Tier 2	PA; QL (1 capsule per 1 day)
<i>flolipid oral suspension</i>	Tier 2	PA; QL (5 mL per 1 day)
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier 2	PA
<i>fluvastatin sodium oral capsule</i>	Tier 2	PA; DO; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>fluvastatin sodium</i>)	Tier 2	PA
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG (<i>atorvastatin calcium</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
LIPITOR ORAL TABLET 80 MG (<i>atorvastatin calcium</i>)	Tier 2	PA; QL (1 tablet per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG (<i>pitavastatin calcium</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
LIVALO ORAL TABLET 4 MG (<i>pitavastatin calcium</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>lovastatin oral tablet 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>pravastatin sodium oral tablet 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 5 mg</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>rosuvastatin calcium oral tablet 40 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
ZOCOR ORAL TABLET 80 MG (<i>simvastatin</i>)	Tier 2	PA; QL (1 tablet per 1 day)
ZYPITAMAG ORAL TABLET 2 MG (<i>pitavastatin magnesium</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
ZYPITAMAG ORAL TABLET 4 MG (<i>pitavastatin magnesium</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe-rosuvastatin oral tablet</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>ezetimibe-simvastatin oral tablet</i>	Tier 2	PA
ROSZET ORAL TABLET (<i>ezetimibe-rosuvastatin</i>)	Tier 2	PA; QL (1 tablet per 1 day)
VYTORIN ORAL TABLET (<i>ezetimibe-simvastatin</i>)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe oral tablet</i>	Tier 2	PA; QL (1 tablet per 1 day)
ZETIA ORAL TABLET (<i>ezetimibe</i>)	Tier 2	PA; 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>)	Tier 2	PA; SP; DO; QL (1 capsule per 1 day)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG (<i>lomitapide mesylate</i>)	Tier 2	PA; SP; QL (2 capsules per 1 day)
*NICOTINIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	Tier 2	QL (1 tablet per 1 day)
NIACOR ORAL TABLET (<i>niacin (antihyperlipidemic)</i>)	Tier 2	PA; QL (12 tablets per 1 day)
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 750 MG (<i>niacin (antihyperlipidemic)</i>)	Tier 2	PA; QL (2 tablets per 1 day)
NIASPAN ORAL TABLET EXTENDED RELEASE 500 MG (<i>niacin (antihyperlipidemic)</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*PCSK9 INHIBITORS*** - DRUGS FOR CHOLESTEROL		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>alirocumab</i>)	Tier 2	PA; QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE (<i>evolocumab</i>)	Tier 1	PA; QL (1 injector per 30 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>evolocumab</i>)	Tier 1	PA; QL (2 syringes per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>evolocumab</i>)	Tier 1	PA; QL (2 syringes per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
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, 2.5-10 mg, 5-40 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>amlodipine besy-benazepril hcl oral capsule 5-10 mg, 5-20 mg</i>	Tier 1	DO; QL (1 capsule per 1 day)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG (<i>amlodipine besy-benazepril hcl</i>)	Tier 2	QL (1 capsule per 1 day)
LOTREL ORAL CAPSULE 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>)	Tier 2	DO; QL (1 capsule per 1 day)
PRESTALIA ORAL TABLET 14-10 MG (<i>perindopril arg-amlodipine</i>)	Tier 2	QL (1 tablet per 1 day)
PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	Tier 2	DO; QL (1 tablet per 1 day)
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg</i>	Tier 2	DO; QL (1 tablet per 1 day)
<i>trandolapril-verapamil hcl er oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 2	QL (1 tablet per 1 day)
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
ACCURETIC ORAL TABLET (<i>quinapril-hydrochlorothiazide</i>)	Tier 2	QL (2 tablets per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>fosinopril sodium-hctz oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	Tier 1	DO; QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	Tier 1	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOTENSIN HCT ORAL TABLET 10-12.5 MG (<i>benazepril-hydrochlorothiazide</i>)	Tier 2	DO; QL (1 tablet per 1 day)
LOTENSIN HCT ORAL TABLET 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	Tier 2	QL (1 tablet per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
VASERETIC ORAL TABLET (<i>enalapril-hydrochlorothiazide</i>)	Tier 2	QL (2 tablets per 1 day)
ZESTORETIC ORAL TABLET 10-12.5 MG (<i>lisinopril-hydrochlorothiazide</i>)	Tier 2	DO; QL (4 tablet per 1 day)
ZESTORETIC ORAL TABLET 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	Tier 2	QL (4 tablets per 1 day)
*ACE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ACCUPRIL ORAL TABLET (<i>quinapril hcl</i>)	Tier 2	QL (2 tablets per 1 day)
ALTACE ORAL CAPSULE (<i>ramipril</i>)	Tier 2	QL (2 capsules per 1 day)
<i>benazepril hcl oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>captopril oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>enalapril maleate oral solution</i>	Tier 2	PA; QL (40 mL per 1 day)
<i>enalapril maleate oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>enalaprilat intravenous injectable</i>	Tier 2	MB
EPANED ORAL SOLUTION (<i>enalapril maleate</i>)	Tier 2	PA; QL (40 mL per 1 day)
<i>fosinopril sodium oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	Tier 1	DO; QL (2 tablets per 1 day)
<i>lisinopril oral tablet 30 mg, 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
LOTENSIN ORAL TABLET (<i>benazepril hcl</i>)	Tier 2	QL (2 tablets per 1 day)
<i>moexipril hcl oral tablet 15 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>moexipril hcl oral tablet 7.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>perindopril erbumine oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
QBRELIS ORAL SOLUTION (<i>lisinopril</i>)	Tier 2	PA; QL (40 mL per 1 day)
<i>quinapril hcl oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>ramipril oral capsule</i>	Tier 1	QL (2 capsules per 1 day)

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<i>trandolapril oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
VASOTEC ORAL TABLET (<i>enalapril maleate</i>)	Tier 2	QL (2 tablets per 1 day)
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>lisinopril</i>)	Tier 2	DO; QL (2 tablets per 1 day)
ZESTRIL ORAL TABLET 30 MG, 40 MG (<i>lisinopril</i>)	Tier 2	QL (2 tablets per 1 day)
*AGENTS FOR PHEOCHROMOCYTOMA*** - DRUGS FOR HIGH BLOOD PRESSURE		
DEMSEER ORAL CAPSULE (<i>metyrosine</i>)	Tier 2	PA; QL (16 capsules per 1 day)
DIBENZYLINE ORAL CAPSULE (<i>phenoxybenzamine hcl</i>)	Tier 2	PA; QL (12 capsules per 1 day)
<i>metyrosine oral capsule</i>	Tier 2	PA; QL (16 capsules per 1 day)
<i>phenoxybenzamine hcl oral capsule</i>	Tier 2	PA; QL (12 capsules per 1 day)
<i>phentolamine mesylate injection solution reconstituted</i>	Tier 2	MB
*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>	Tier 2	
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	Tier 2	DO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg</i>	Tier 2	
<i>amlodipine-olmesartan oral tablet 5-20 mg</i>	Tier 2	DO
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	Tier 2	
AZOR ORAL TABLET 5-20 MG (<i>amlodipine-olmesartan</i>)	Tier 2	DO
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	Tier 2	
EXFORGE ORAL TABLET 5-160 MG (<i>amlodipine besylate-valsartan</i>)	Tier 2	DO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>telmisartan-amlodipine oral tablet 40-5 mg</i>	Tier 2	DO
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
ATACAND HCT ORAL TABLET 16-12.5 MG (<i>candesartan cilexetil-hctz</i>)	Tier 2	PA
ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	Tier 2	PA; QL (1 tablet per 1 day)
AVALIDE ORAL TABLET 150-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	Tier 2	PA; QL (2 tablets per 1 day)
AVALIDE ORAL TABLET 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	Tier 2	PA; QL (1 tablet per 1 day)
BENICAR HCT ORAL TABLET 20-12.5 MG (<i>olmesartan medoxomil-hctz</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	Tier 1	
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG (<i>valsartan-hydrochlorothiazide</i>)	Tier 2	PA; QL (1 tablet per 1 day)
EDARBYCLOR ORAL TABLET (<i>azilsartan-chlorthalidone</i>)	Tier 2	PA
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG (<i>losartan potassium-hctz</i>)	Tier 2	PA; QL (1 tablet per 1 day)
HYZAAR ORAL TABLET 50-12.5 MG (<i>losartan potassium-hctz</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICARDIS HCT ORAL TABLET 40-12.5 MG (<i>telmisartan-hctz</i>)	Tier 2	PA; DO
MICARDIS HCT ORAL TABLET 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	Tier 2	PA
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>telmisartan-hctz oral tablet 40-12.5 mg</i>	Tier 2	PA; DO
<i>telmisartan-hctz oral tablet 80-12.5 mg, 80-25 mg</i>	Tier 2	PA
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ATACAND ORAL TABLET (<i>candesartan cilexetil</i>)	Tier 2	PA
AVAPRO ORAL TABLET 150 MG, 75 MG (<i>irbesartan</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
AVAPRO ORAL TABLET 300 MG (<i>irbesartan</i>)	Tier 2	PA; QL (1 tablet per 1 day)
BENICAR ORAL TABLET 20 MG (<i>olmesartan medoxomil</i>)	Tier 2	PA; DO
BENICAR ORAL TABLET 40 MG (<i>olmesartan medoxomil</i>)	Tier 2	PA
BENICAR ORAL TABLET 5 MG (<i>olmesartan medoxomil</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>candesartan cilexetil oral tablet</i>	Tier 1	
COZAAR ORAL TABLET (<i>losartan potassium</i>)	Tier 2	PA; QL (1 tablet per 1 day)
DIOVAN ORAL TABLET 160 MG (<i>valsartan</i>)	Tier 2	PA; QL (2 tablets per 1 day)
DIOVAN ORAL TABLET 320 MG (<i>valsartan</i>)	Tier 2	PA; QL (1 tablets per 1 day)
DIOVAN ORAL TABLET 40 MG, 80 MG (<i>valsartan</i>)	Tier 2	PA; QL (3 tablets per 1 day)
EDARBI ORAL TABLET 40 MG (<i>azilsartan medoxomil</i>)	Tier 2	PA; DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDARBI ORAL TABLET 80 MG (<i>azilsartan medoxomil</i>)	Tier 2	PA
<i>irbesartan oral tablet 150 mg, 75 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>irbesartan oral tablet 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
MICARDIS ORAL TABLET 20 MG (<i>telmisartan</i>)	Tier 2	PA; DO
MICARDIS ORAL TABLET 40 MG (<i>telmisartan</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
MICARDIS ORAL TABLET 80 MG (<i>telmisartan</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg</i>	Tier 2	PA; DO
<i>olmesartan medoxomil oral tablet 40 mg</i>	Tier 2	PA
<i>olmesartan medoxomil oral tablet 5 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>telmisartan oral tablet 20 mg</i>	Tier 2	PA; DO
<i>telmisartan oral tablet 40 mg</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>telmisartan oral tablet 80 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>valsartan oral tablet 160 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>valsartan oral tablet 320 mg</i>	Tier 1	QL (1 tablets per 1 day)
<i>valsartan oral tablet 40 mg, 80 mg</i>	Tier 1	QL (3 tablets per 1 day)
*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES*** - DRUGS FOR HIGH BLOOD PRESSURE		
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	Tier 2	
EXFORGE HCT ORAL TABLET 5-160-12.5 MG (<i>amlodipine-valsartan-hctz</i>)	Tier 2	DO; QL (1 tablet per 1 day)
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>	Tier 2	DO; QL (1 tablet per 1 day)
<i>olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	Tier 2	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIBENZOR ORAL TABLET 20-5-12.5 MG (<i>olmesartan-amlodipine-hctz</i>)	Tier 2	DO; QL (1 tablet per 1 day)
TRIBENZOR ORAL TABLET 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (<i>olmesartan-amlodipine-hctz</i>)	Tier 2	QL (1 tablet per 1 day)
*ANTIADRENERGICS - CENTRALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	Tier 2	DO; QL (8 patch per 28 days)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	Tier 2	DO; QL (8 patch per 28 days)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	Tier 2	QL (8 patch per 28 days)
<i>clonidine hcl oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr</i>	Tier 2	DO; QL (8 patch per 28 days)
<i>clonidine transdermal patch weekly 0.3 mg/24hr</i>	Tier 2	QL (8 patch per 28 days)
<i>guanfacine hcl oral tablet 1 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>guanfacine hcl oral tablet 2 mg</i>	Tier 1	QL (1 tablets per 1 day)
<i>methyldopa oral tablet 250 mg</i>	Tier 1	DO; QL (4 tablets per 1 day)
<i>methyldopa oral tablet 500 mg</i>	Tier 1	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>)	Tier 2	QL (1 tablet per 1 day)
CARDURA ORAL TABLET 8 MG (<i>doxazosin mesylate</i>)	Tier 2	QL (2 tablets per 1 day)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	Tier 1	QL (2 tablets per 1 day)
MINIPRESS ORAL CAPSULE (<i>prazosin hcl</i>)	Tier 2	
<i>prazosin hcl oral capsule</i>	Tier 1	
<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>terazosin hcl oral capsule 10 mg</i>	Tier 1	QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIHYPERTENSIVES - MISC.*** - DRUGS FOR HIGH BLOOD PRESSURE		
VECAMYL ORAL TABLET (<i>mecamylamine hcl</i>)	Tier 2	
*BETA BLOCKER & DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>atenolol-chlorthalidone oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>metoprolol-hydrochlorothiazide</i>)	Tier 2	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</i>	Tier 1	QL (1 tablet per 1 day)
TENORETIC 100 ORAL TABLET (<i>atenolol-chlorthalidone</i>)	Tier 2	QL (1 tablet per 1 day)
TENORETIC 50 ORAL TABLET (<i>atenolol-chlorthalidone</i>)	Tier 2	QL (1 tablet per 1 day)
ZIAC ORAL TABLET (<i>bisoprolol-hydrochlorothiazide</i>)	Tier 2	QL (2 tablets per 1 day)
*DIRECT RENIN INHIBITORS & THIAZIDE/THIAZIDE-LIKE COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
TEKTURNA HCT ORAL TABLET 150-12.5 MG (<i>aliskiren-hydrochlorothiazide</i>)	Tier 2	DO; QL (1 tablet per 1 day)
TEKTURNA HCT ORAL TABLET 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren-hydrochlorothiazide</i>)	Tier 2	QL (1 tablet per 1 day)
*DIRECT RENIN INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>aliskiren fumarate oral tablet 150 mg</i>	Tier 2	DO; QL (1 tablet per 1 day)
<i>aliskiren fumarate oral tablet 300 mg</i>	Tier 2	QL (1 tablet per 1 day)
TEKTURNA ORAL TABLET 150 MG (<i>aliskiren fumarate</i>)	Tier 2	DO; QL (1 tablet per 1 day)
TEKTURNA ORAL TABLET 300 MG (<i>aliskiren fumarate</i>)	Tier 2	QL (1 tablet per 1 day)
*DOPAMINE D1 RECEPTOR AGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
CORLOPAM INTRAVENOUS SOLUTION (<i>fenoldopam mesylate</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet</i>	Tier 2	
INSPRA ORAL TABLET (<i>eplerenone</i>)	Tier 2	
*VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>hydralazine hcl injection solution</i>	Tier 2	MB
<i>hydralazine hcl oral tablet</i>	Tier 1	
<i>minoxidil oral tablet</i>	Tier 1	
NIPRIDE RTU INTRAVENOUS SOLUTION (<i>nitroprusside sodium-nacl</i>)	Tier 2	MB
<i>nitroprusside sodium intravenous solution</i>	Tier 2	MB
<i>sodium nitroprusside intravenous solution</i>	Tier 2	MB
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
*ANTI-INFECTIVE AGENTS - MISC.*** - DRUGS FOR INFECTIONS		
AEMCOLO ORAL TABLET DELAYED RELEASE (<i>rifamycin sodium</i>)	Tier 2	PA; QL (12 tablets per 30 days)
<i>bacitracin intramuscular solution reconstituted</i>	Tier 2	MB
FLAGYL ORAL CAPSULE (<i>metronidazole</i>)	Tier 2	
IMPAVIDO ORAL CAPSULE (<i>miltefosine</i>)	Tier 2	QL (84 capsules per 1 fill)
<i>metronidazole in nacl intravenous solution</i>	Tier 2	MB
<i>metronidazole oral capsule</i>	Tier 1	
<i>metronidazole oral tablet</i>	Tier 1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED (<i>pentamidine isethionate</i>)	Tier 2	SP
PENTAM INJECTION SOLUTION RECONSTITUTED (<i>pentamidine isethionate</i>)	Tier 2	MB
<i>pentamidine isethionate inhalation solution reconstituted</i>	Tier 2	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pentamidine isethionate injection solution reconstituted</i>	Tier 2	MB
<i>tinidazole oral tablet 250 mg</i>	Tier 1	QL (20 tablets per 30 days)
<i>tinidazole oral tablet 500 mg</i>	Tier 1	QL (20 tablets per 1 fill)
<i>trimethoprim oral tablet</i>	Tier 2	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	Tier 2	PA; QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	Tier 2	PA; QL (126 tablets per 36 weekss)
*ANTI-INFECTIVE MISC. - COMBINATIONS*** - ANTIBIOTICS		
BACTRIM DS ORAL TABLET (<i>sulfamethoxazole-trimethoprim</i>)	Tier 2	
BACTRIM ORAL TABLET (<i>sulfamethoxazole-trimethoprim</i>)	Tier 2	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	Tier 2	MB
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim</i> (Sulfatrim Pediatric Oral Suspension)	Tier 1	
*ANTIPROTOZOAL AGENTS*** - DRUGS FOR PARASITES		
ALINIA ORAL SUSPENSION RECONSTITUTED (<i>nitazoxanide</i>)	Tier 2	
ALINIA ORAL TABLET (<i>nitazoxanide</i>)	Tier 2	
<i>atovaquone oral suspension</i>	Tier 2	
LAMPIT ORAL TABLET (<i>nifurtimox</i>)	Tier 2	
MEPRON ORAL SUSPENSION (<i>atovaquone</i>)	Tier 2	
<i>nitazoxanide oral tablet</i>	Tier 2	
*CARBAPENEM COMBINATIONS*** - ANTIBIOTICS		
<i>imipenem-cilastatin intravenous solution reconstituted</i>	Tier 2	MB
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED (<i>imipenem-cilastatin</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED (<i>imipenem-cilastatin-relebactam</i>)	Tier 2	MB
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED (<i>meropenem-vaborbactam</i>)	Tier 2	MB
*CARBAPENEMS*** - ANTIBIOTICS		
<i>ertapenem sodium injection solution reconstituted</i>	Tier 2	MB
INVANZ INJECTION SOLUTION RECONSTITUTED (<i>ertapenem sodium</i>)	Tier 2	MB
<i>meropenem intravenous solution reconstituted</i>	Tier 2	MB
<i>meropenem-sodium chloride intravenous solution reconstituted</i>	Tier 2	MB
*CHLORAMPHENICALS*** - ANTIBIOTICS		
<i>chloramphenicol sod succinate intravenous solution reconstituted</i>	Tier 2	MB
*CYCLIC LIPOPEPTIDES*** - ANTIBIOTICS		
CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>daptomycin</i>)	Tier 2	MB
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED (<i>daptomycin</i>)	Tier 2	MB
*GLYCOPEPTIDES*** - ANTIBIOTICS		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED (<i>dalbavancin hcl</i>)	Tier 2	MB
FIRVANQ ORAL SOLUTION RECONSTITUTED (<i>vancomycin hcl</i>)	Tier 2	PA; QL (1200 mL per 30 days)
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED (<i>oritavancin diphosphate</i>)	Tier 2	MB
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED (<i>oritavancin diphosphate</i>)	Tier 2	MB
VANCOGIN HCL ORAL CAPSULE (<i>vancomycin hcl</i>)	Tier 2	PA; QL (240 capsules per 30 days)
VANCOGIN ORAL CAPSULE (<i>vancomycin hcl</i>)	Tier 2	PA; QL (240 capsules per 30 days)
<i>vancomycin hcl in dextrose intravenous solution</i>	Tier 2	MB

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<i>vancomycin hcl in nacl intravenous solution</i>	Tier 2	MB
<i>vancomycin hcl intravenous solution</i>	Tier 2	MB
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 1000 mg, 500 mg</i>	Tier 2	MB; QL (2 vials per 1 day)
<i>vancomycin hcl intravenous solution reconstituted 10 gm, 100 gm, 250 mg, 5 gm, 750 mg</i>	Tier 2	MB
<i>vancomycin hcl oral capsule</i>	Tier 1	PA; QL (240 capsules per 30 days)
<i>vancomycin hcl oral solution reconstituted</i>	Tier 2	PA; QL (1200 mL per 30 days)
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED (<i>telavancin hcl</i>)	Tier 2	MB
*LEPROSTATICS*** - ANTIBIOTICS		
<i>dapsone oral tablet</i>	Tier 1	
*LINCOSAMIDES*** - ANTIBIOTICS		
CLEOCIN ORAL CAPSULE 150 MG (<i>clindamycin hcl</i>)	Tier 2	QL (12 capsules per 1 day)
CLEOCIN ORAL CAPSULE 300 MG (<i>clindamycin hcl</i>)	Tier 2	QL (8 capsules per 1 day)
CLEOCIN ORAL CAPSULE 75 MG (<i>clindamycin hcl</i>)	Tier 2	QL (4 capsules per 1 day)
CLEOCIN ORAL SOLUTION RECONSTITUTED (<i>clindamycin palmitate hcl</i>)	Tier 2	
CLEOCIN PHOSPHATE INJECTION SOLUTION (<i>clindamycin phosphate</i>)	Tier 2	MB
<i>clindamycin hcl oral capsule 150 mg</i>	Tier 1	QL (12 capsules per 1 day)
<i>clindamycin hcl oral capsule 300 mg</i>	Tier 1	QL (8 capsules per 1 day)
<i>clindamycin hcl oral capsule 75 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier 1	
<i>clindamycin phosphate in d5w intravenous solution</i>	Tier 2	MB
<i>clindamycin phosphate in nacl intravenous solution</i>	Tier 2	MB
<i>clindamycin phosphate injection solution</i>	Tier 2	MB
LINCOCIN INJECTION SOLUTION (<i>lincomycin hcl</i>)	Tier 2	MB
<i>lincomycin hcl injection solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MONOBACTAMS*** - ANTIBIOTICS		
AZACTAM INJECTION SOLUTION RECONSTITUTED (<i>aztreonam</i>)	Tier 2	MB
<i>aztreonam injection solution reconstituted</i>	Tier 2	MB
CAYSTON INHALATION SOLUTION RECONSTITUTED (<i>aztreonam lysine</i>)	Tier 2	SP; QL (84 mL per 28 days)
*OXAZOLIDINONES*** - ANTIBIOTICS		
<i>linezolid in sodium chloride intravenous solution</i>	Tier 2	MB
<i>linezolid intravenous solution</i>	Tier 2	MB
<i>linezolid oral suspension reconstituted</i>	Tier 1	PA; QL (900 mL per 30 days)
<i>linezolid oral tablet</i>	Tier 1	PA; QL (28 tablets per 30 days)
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED (<i>tedizolid phosphate</i>)	Tier 2	MB
SIVEXTRO ORAL TABLET (<i>tedizolid phosphate</i>)	Tier 2	PA; QL (6 tablets per 30 days)
ZYVOX INTRAVENOUS SOLUTION (<i>linezolid</i>)	Tier 2	MB
ZYVOX ORAL SUSPENSION RECONSTITUTED (<i>linezolid</i>)	Tier 2	PA; QL (900 mL per 30 days)
ZYVOX ORAL TABLET (<i>linezolid</i>)	Tier 2	PA; QL (28 tablets per 30 days)
*PLEUROMUTILINS*** - ANTIBIOTICS		
XENLETA INTRAVENOUS SOLUTION (<i>lefamulin acetate</i>)	Tier 2	MB
XENLETA ORAL TABLET (<i>lefamulin acetate</i>)	Tier 2	PA; QL (10 tablets per 30 days)
*POLYMYXINS*** - ANTIBIOTICS		
<i>colistimethate sodium (cba) injection solution reconstituted</i>	Tier 2	MB
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED (<i>colistimethate sodium</i>)	Tier 2	MB
<i>polymyxin b sulfate injection solution reconstituted</i>	Tier 2	MB

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*STREPTOGRAMIN COMBINATIONS*** - ANTIBIOTICS		
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED (<i>quinupristin-dalfopristin</i>)	Tier 2	MB
*URINARY ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>fosfomycin tromethamine oral packet</i>	Tier 2	QL (1 packet per 30 days)
HIPREX ORAL TABLET (<i>methenamine hippurate</i>)	Tier 2	
MACROBID ORAL CAPSULE (<i>nitrofurantoin monohyd macro</i>)	Tier 2	QL (14 capsules per 1 fill)
MACRODANTIN ORAL CAPSULE (<i>nitrofurantoin macrocrystal</i>)	Tier 2	QL (4 capsules per 1 day)
<i>methenamine hippurate oral tablet</i>	Tier 1	
MONUROL ORAL PACKET (<i>fosfomycin tromethamine</i>)	Tier 2	QL (1 packet per 30 days)
<i>nitrofurantoin macrocrystal oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier 1	QL (14 capsules per 1 fill)
<i>nitrofurantoin oral suspension</i>	Tier 2	QL (80 mL per 1 day)
ANTIMALARIALS - DRUGS FOR INFECTIONS		
*ANTIMALARIAL COMBINATIONS*** - DRUGS FOR PARASITES		
<i>atovaquone-proguanil hcl oral tablet</i>	Tier 1	
COARTEM ORAL TABLET (<i>artemether-lumefantrine</i>)	Tier 2	
MALARONE ORAL TABLET (<i>atovaquone-proguanil hcl</i>)	Tier 2	
*ANTIMALARIALS*** - DRUGS FOR PARASITES		
ARAKODA ORAL TABLET (<i>tafenoquine succinate</i>)	Tier 2	QL (64 tablets per 1 year)
<i>artesunate intravenous solution reconstituted</i>	Tier 2	MB
<i>chloroquine phosphate oral tablet</i>	Tier 1	
DARAPRIM ORAL TABLET (<i>pyrimethamine</i>)	Tier 2	PA; QL (3 tablets per 1 day)
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	Tier 1	QL (90 tablets per 30 fills)
<i>hydroxychloroquine sulfate oral tablet 400 mg</i>	Tier 2	QL (1 tablet per 1 day)
KRINTAFEL ORAL TABLET (<i>tafenoquine succinate</i>)	Tier 2	QL (2 tablets per 1 fill)

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<i>mefloquine hcl oral tablet</i>	Tier 1	QL (5 tablets per 30 days)
PLAQUENIL ORAL TABLET (<i>hydroxychloroquine sulfate</i>)	Tier 2	QL (90 tablets per 30 fills)
<i>primaquine phosphate oral tablet</i>	Tier 1	
<i>pyrimethamine oral tablet</i>	Tier 2	PA; QL (3 tablets per 1 day)
QUALAQUIN ORAL CAPSULE (<i>quinine sulfate</i>)	Tier 2	PA; QL (60 capsules per 1 year)
<i>quinine sulfate oral capsule</i>	Tier 2	PA; QL (60 capsules per 1 year)
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
BLOXIVERZ INTRAVENOUS SOLUTION (<i>neostigmine methylsulfate</i>)	Tier 2	MB
FIRDAPSE ORAL TABLET (<i>amifampridine phosphate</i>)	Tier 2	PA; SP; QL (8 tablets per 1 day)
MESTINON ORAL SOLUTION (<i>pyridostigmine bromide</i>)	Tier 2	
MESTINON ORAL TABLET (<i>pyridostigmine bromide</i>)	Tier 2	
MESTINON ORAL TABLET EXTENDED RELEASE (<i>pyridostigmine bromide</i>)	Tier 2	
<i>neostigmine methylsulfate intravenous solution</i>	Tier 2	MB
<i>neostigmine methylsulfate intravenous solution prefilled syringe</i>	Tier 2	MB
<i>pyridostigmine bromide er oral tablet extended release</i>	Tier 1	
<i>pyridostigmine bromide oral solution</i>	Tier 1	
<i>pyridostigmine bromide oral tablet 30 mg</i>	Tier 2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Tier 1	
REGONOL INTRAVENOUS SOLUTION (<i>pyridostigmine bromide</i>)	Tier 2	MB
RUZURGI ORAL TABLET (<i>amifampridine</i>)	Tier 2	PA; SP; QL (10 tablets per 1 day)

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ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
*ANTIMYCOBACTERIAL AGENTS*** - ANTIBIOTICS		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED (<i>capreomycin sulfate</i>)	Tier 2	MB
<i>cycloserine oral capsule</i>	Tier 2	PA
<i>ethambutol hcl oral tablet</i>	Tier 1	
<i>isoniazid injection solution</i>	Tier 2	MB
<i>isoniazid oral syrup</i>	Tier 1	
<i>isoniazid oral tablet</i>	Tier 1	
MYAMBUTOL ORAL TABLET (<i>ethambutol hcl</i>)	Tier 2	
MYCOBUTIN ORAL CAPSULE (<i>rifabutin</i>)	Tier 2	
PASER ORAL PACKET (<i>aminosalicylic acid</i>)	Tier 2	
<i>pretomanid oral tablet</i>	Tier 2	PA
PRIFTIN ORAL TABLET (<i>rifapentine</i>)	Tier 1	
<i>pyrazinamide oral tablet</i>	Tier 1	
<i>rifabutin oral capsule</i>	Tier 1	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>rifampin</i>)	Tier 2	MB
<i>rifampin intravenous solution reconstituted</i>	Tier 2	MB
<i>rifampin oral capsule</i>	Tier 1	
SIRTURO ORAL TABLET (<i>bedaquiline fumarate</i>)	Tier 2	PA
TRECTOR ORAL TABLET (<i>ethionamide</i>)	Tier 2	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
*ALKYLATING AGENTS*** - DRUGS FOR CANCER		
BELRAPZO INTRAVENOUS SOLUTION (<i>bendamustine hcl</i>)	Tier 2	MB
BENDEKA INTRAVENOUS SOLUTION (<i>bendamustine hcl</i>)	Tier 2	MB
<i>busulfan intravenous solution</i>	Tier 2	MB
BUSULFEX INTRAVENOUS SOLUTION (<i>busulfan</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cisplatin intravenous solution reconstituted</i>	Tier 2	SP
MYLERAN ORAL TABLET (<i>busulfan</i>)	Tier 1	SP
TEPADINA INJECTION SOLUTION RECONSTITUTED (<i>thiotepa</i>)	Tier 2	MB
<i>thiotepa injection solution reconstituted</i>	Tier 2	MB
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED (<i>lurbinectedin</i>)	Tier 2	MB
*ANDROGEN BIOSYNTHESIS INHIBITORS*** - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet</i>	Tier 2	PA; SP; QL (4 tablets per 1 day)
YONSA ORAL TABLET (<i>abiraterone acetate</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
ZYTIGA ORAL TABLET (<i>abiraterone acetate</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
*ANTIADRENALS*** - DRUGS FOR CANCER		
LYSODREN ORAL TABLET (<i>mitotane</i>)	Tier 2	SP; QL (38 tablets per 1 day)
*ANTIANDROGENS*** - DRUGS FOR CANCER		
<i>bicalutamide oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
CASODEX ORAL TABLET (<i>bicalutamide</i>)	Tier 2	QL (1 tablet per 1 day)
ERLEADA ORAL TABLET (<i>apalutamide</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
<i>flutamide oral capsule</i>	Tier 1	
NILANDRON ORAL TABLET (<i>nilutamide</i>)	Tier 2	SP; QL (1 tablet per 1 day)
<i>nilutamide oral tablet</i>	Tier 2	SP; QL (1 tablet per 1 day)
NUBEQA ORAL TABLET (<i>darolutamide</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
XTANDI ORAL CAPSULE (<i>enzalutamide</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)

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XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
*ANTIESTROGENS*** - DRUGS FOR CANCER		
FARESTON ORAL TABLET (<i>toremifene citrate</i>)	Tier 2	SP; QL (1 tablet per 1 day)
SOLTAMOX ORAL SOLUTION (<i>tamoxifen citrate</i>)	Tier 2	
<i>tamoxifen citrate oral tablet</i>	Tier 1	
<i>toremifene citrate oral tablet</i>	Tier 2	SP; QL (1 tablet per 1 day)
*ANTIMETABOLITES*** - DRUGS FOR CANCER		
ARRANON INTRAVENOUS SOLUTION (<i>nelarabine</i>)	Tier 2	MB
<i>azacitidine injection suspension reconstituted</i>	Tier 2	MB
<i>cladribine intravenous solution</i>	Tier 2	MB
<i>clofarabine intravenous solution</i>	Tier 2	MB
CLOLAR INTRAVENOUS SOLUTION (<i>clofarabine</i>)	Tier 2	MB
DACOGEN INTRAVENOUS SOLUTION RECONSTITUTED (<i>decitabine</i>)	Tier 2	MB
<i>floxuridine injection solution reconstituted</i>	Tier 2	MB
FOLOTYN INTRAVENOUS SOLUTION (<i>pralatrexate</i>)	Tier 2	MB
INFUGEM INTRAVENOUS SOLUTION (<i>gemcitabine hcl-nacl</i>)	Tier 2	MB
<i>mercaptopurine oral tablet</i>	Tier 1	
<i>methotrexate oral tablet</i>	Tier 1	
<i>methotrexate sodium (pf) injection solution</i>	Tier 1	MB
<i>methotrexate sodium injection solution</i>	Tier 1	MB
<i>methotrexate sodium injection solution reconstituted</i>	Tier 1	MB
<i>methotrexate sodium oral tablet</i>	Tier 1	
<i>nelarabine intravenous solution</i>	Tier 2	MB
ONUREG ORAL TABLET (<i>azacitidine</i>)	Tier 2	PA; SP; QL (14 tablets per 28 days)
PURIXAN ORAL SUSPENSION (<i>mercaptopurine</i>)	Tier 2	PA
TABLOID ORAL TABLET (<i>thioguanine</i>)	Tier 1	
TREXALL ORAL TABLET (<i>methotrexate sodium</i>)	Tier 1	

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VIDAZA INJECTION SUSPENSION RECONSTITUTED (<i>azacitidine</i>)	Tier 2	MB
XATMEP ORAL SOLUTION (<i>methotrexate</i>)	Tier 2	PA; SP
XELODA ORAL TABLET (<i>capecitabine</i>)	Tier 2	PA; SP
*ANTINEOPLASTIC - ALK INHIBITORS*** - DRUGS FOR CANCER		
ALECENSA ORAL CAPSULE (<i>alectinib hcl</i>)	Tier 2	PA; SP; QL (8 capsules per 1 day)
ALUNBRIG ORAL TABLET 180 MG (<i>brigatinib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	Tier 2	PA; SP; QL (6 tablets per 1 day)
ALUNBRIG ORAL TABLET 90 MG (<i>brigatinib</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK (<i>brigatinib</i>)	Tier 2	PA; SP; QL (1 pack per 30 days)
LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
XALKORI ORAL CAPSULE (<i>crizotinib</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
ZYKADIA ORAL TABLET (<i>ceritinib</i>)	Tier 2	PA; SP; QL (3 capsules per 1 day)
*ANTINEOPLASTIC - ANTI-BCMA ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
BLENREP INTRAVENOUS SOLUTION RECONSTITUTED (<i>belantamab mafodotin-blmf</i>)	Tier 2	MB
*ANTINEOPLASTIC - ANTI-CCR4 ANTIBODIES*** - DRUGS FOR CANCER		
POTELIGEO INTRAVENOUS SOLUTION (<i>mogamulizumab-kpkc</i>)	Tier 2	MB

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*ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES*** - DRUGS FOR CANCER		
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>tafasitamab-cxix</i>)	Tier 2	MB
*ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED (<i>loncastuximab tesirine-lpyl</i>)	Tier 2	MB
*ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES*** - DRUGS FOR CANCER		
ARZERRA INTRAVENOUS CONCENTRATE (<i>ofatumumab</i>)	Tier 2	MB
GAZYVA INTRAVENOUS SOLUTION (<i>obinutuzumab</i>)	Tier 2	MB
RIABNI INTRAVENOUS SOLUTION (<i>rituximab-arrx</i>)	Tier 2	MB
RUXIENCE INTRAVENOUS SOLUTION (<i>rituximab-pvvr</i>)	Tier 2	MB
TRUXIMA INTRAVENOUS SOLUTION (<i>rituximab-abbs</i>)	Tier 2	MB
*ANTINEOPLASTIC - ANTI-CD22 ANTIBODIES*** - DRUGS FOR CANCER		
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED (<i>moxetumomab pasudotox-tdfk</i>)	Tier 2	MB
*ANTINEOPLASTIC - ANTI-CD22 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED (<i>inotuzumab ozogamicin</i>)	Tier 2	MB
*ANTINEOPLASTIC - ANTI-CD30 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>brentuximab vedotin</i>)	Tier 2	MB
*ANTINEOPLASTIC - ANTI-CD33 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED (<i>gemtuzumab ozogamicin</i>)	Tier 2	MB

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*ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES*** - DRUGS FOR CANCER		
DARZALEX INTRAVENOUS SOLUTION (<i>daratumumab</i>)	Tier 2	MB
SARCLISA INTRAVENOUS SOLUTION (<i>isatuximab-irfc</i>)	Tier 2	MB
*ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED (<i>polatuzumab vedotin-piiq</i>)	Tier 2	MB
*ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES*** - DRUGS FOR CANCER		
DANYELZA INTRAVENOUS SOLUTION (<i>naxitamab-gqgk</i>)	Tier 2	MB
UNITUXIN INTRAVENOUS SOLUTION (<i>dinutuximab</i>)	Tier 2	MB
*ANTINEOPLASTIC - ANTI-HER2 AGENTS*** - DRUGS FOR CANCER		
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-pkrb</i>)	Tier 2	MB
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-anns</i>)	Tier 2	MB
MARGENZA INTRAVENOUS SOLUTION (<i>margetuximab-cmkb</i>)	Tier 2	MB
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-dkst</i>)	Tier 2	MB
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-dttb</i>)	Tier 2	MB
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-qyyp</i>)	Tier 2	MB
TUKYSA ORAL TABLET (<i>tucatinib</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
*ANTINEOPLASTIC - ANTI-NECTIN-4 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED (<i>enfortumab vedotin-ejfv</i>)	Tier 2	MB

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*ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES*** - DRUGS FOR CANCER		
JEMPERLI INTRAVENOUS SOLUTION (<i>dostarlimab-gxly</i>)	Tier 2	MB
KEYTRUDA INTRAVENOUS SOLUTION (<i>pembrolizumab</i>)	Tier 2	MB
LIBTAYO INTRAVENOUS SOLUTION (<i>cemiplimab-rwlc</i>)	Tier 2	PA; MB
OPDIVO INTRAVENOUS SOLUTION (<i>nivolumab</i>)	Tier 2	MB
*ANTINEOPLASTIC - ANTI-PD-L1 ANTIBODIES*** - DRUGS FOR CANCER		
BAVENCIO INTRAVENOUS SOLUTION (<i>avelumab</i>)	Tier 2	MB
IMFINZI INTRAVENOUS SOLUTION (<i>durvalumab</i>)	Tier 2	MB
TECENTRIQ INTRAVENOUS SOLUTION (<i>atezolizumab</i>)	Tier 2	MB
*ANTINEOPLASTIC - ANTI-SLAMF7 ANTIBODIES*** - DRUGS FOR CANCER		
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED (<i>elotuzumab</i>)	Tier 2	MB
*ANTINEOPLASTIC - ANTI-TF ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED (<i>tisotumab vedotin-tftv</i>)	Tier 2	MB
*ANTINEOPLASTIC - AUTOLOGOUS CELLULAR IMMUNOTHERAPY*** - DRUGS FOR CANCER		
ABECMA INTRAVENOUS SUSPENSION (<i>idecabtagene vicleucel</i>)	Tier 2	MB
BREYANZI INTRAVENOUS SUSPENSION (<i>lisocabtagene maraleucel</i>)	Tier 2	MB
KYMRIAH INTRAVENOUS SUSPENSION (<i>tisagenlecleucel</i>)	Tier 2	MB
PROVENGE INTRAVENOUS SUSPENSION (<i>sipuleucel-t</i>)	Tier 2	MB
TECARTUS INTRAVENOUS SUSPENSION (<i>brexucabtagene autoleucel</i>)	Tier 2	MB

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YESCARTA INTRAVENOUS SUSPENSION (<i>axicabtagene ciloleucel</i>)	Tier 2	MB
*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER		
VENCLEXTA ORAL TABLET 10 MG (<i>venetoclax</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	Tier 2	PA; SP; QL (6 tablets per 1 day)
VENCLEXTA ORAL TABLET 50 MG (<i>venetoclax</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK (<i>venetoclax</i>)	Tier 2	PA; SP; QL (1 pack per 1 year)
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** - DRUGS FOR CANCER		
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
GLEEVEC ORAL TABLET (<i>imatinib mesylate</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
ICLUSIG ORAL TABLET (<i>ponatinib hcl</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
<i>imatinib mesylate oral tablet</i>	Tier 1	PA; SP; QL (2 tablets per 1 day)
SCEMBLIX ORAL TABLET (<i>asciminib hcl</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
SPRYCEL ORAL TABLET (<i>dasatinib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
TASIGNA ORAL CAPSULE (<i>nilotinib hcl</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
*ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS*** - DRUGS FOR CANCER		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED (<i>blinatumomab</i>)	Tier 2	MB

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*ANTINEOPLASTIC - BRAF KINASE INHIBITORS*** - DRUGS FOR CANCER		
BRAFTOVI ORAL CAPSULE (<i>encorafenib</i>)	Tier 2	PA; SP; QL (6 capsules per 1 day)
TAFINLAR ORAL CAPSULE (<i>dabrafenib mesylate</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
ZELBORAF ORAL TABLET (<i>vemurafenib</i>)	Tier 2	PA; SP; QL (8 tablets per 1 day)
*ANTINEOPLASTIC - BTK INHIBITORS*** - DRUGS FOR CANCER		
BRUKINSA ORAL CAPSULE (<i>zanubrutinib</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
CALQUENCE ORAL CAPSULE (<i>acalabrutinib</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	Tier 2	PA; SP; QL (3 capsules per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
IMBRUVICA ORAL TABLET (<i>ibrutinib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
*ANTINEOPLASTIC - EGFR INHIBITORS*** - DRUGS FOR CANCER		
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	Tier 2	PA; SP; QL (1 tablet per 1 day)
<i>erlotinib hcl oral tablet 25 mg</i>	Tier 2	PA; SP; QL (3 tablets per 1 day)
EXKIVITY ORAL CAPSULE (<i>mobocertinib succinate</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
GILOTRIF ORAL TABLET (<i>afatinib dimaleate</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
IRESSA ORAL TABLET (<i>gefitinib</i>)	Tier 1	PA; SP; QL (1 tablet per 1 day)
PORTRAZZA INTRAVENOUS SOLUTION (<i>necitumumab</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAGRISSO ORAL TABLET (<i>osimertinib mesylate</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
TARCEVA ORAL TABLET 25 MG (<i>erlotinib hcl</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
VIZIMPRO ORAL TABLET (<i>dacomitinib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** - DRUGS FOR CANCER		
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
PEMAZYRE ORAL TABLET (<i>pemigatinib</i>)	Tier 2	PA; SP; QL (14 tablets per 21 days)
TRUSELTIQ (100MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>infigratinib phosphate</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
TRUSELTIQ (125MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>infigratinib phosphate</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
TRUSELTIQ (50MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>infigratinib phosphate</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
TRUSELTIQ (75MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>infigratinib phosphate</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** - DRUGS FOR CANCER		
DAURISMO ORAL TABLET 100 MG (<i>glasdegib maleate</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
DAURISMO ORAL TABLET 25 MG (<i>glasdegib maleate</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
ERIVEDGE ORAL CAPSULE (<i>vismodegib</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ODOMZO ORAL CAPSULE (<i>sonidegib phosphate</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
*ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS*** - DRUGS FOR CANCER		
WELIREG ORAL TABLET (<i>belzutifan</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** - DRUGS FOR CANCER		
FARYDAK ORAL CAPSULE (<i>panobinostat lactate</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED (<i>romidepsin</i>)	Tier 2	MB
<i>romidepsin intravenous solution</i>	Tier 2	MB
ZOLINZA ORAL CAPSULE (<i>vorinostat</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
*ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS*** - DRUGS FOR CANCER		
<i>leuprolide acetate-bupivacaine intramuscular solution</i>	Tier 2	
*ANTINEOPLASTIC - IMMUNOMODULATORS*** - DRUGS FOR CANCER		
POMALYST ORAL CAPSULE (<i>pomalidomide</i>)	Tier 2	PA; SP; QL (21 capsules per 28 days)
*ANTINEOPLASTIC - KRAS INHIBITORS*** - DRUGS FOR CANCER		
LUMAKRAS ORAL TABLET (<i>sotorasib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
*ANTINEOPLASTIC - MEK INHIBITORS*** - DRUGS FOR CANCER		
COTELLIC ORAL TABLET (<i>cobimetinib fumarate</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	Tier 2	PA; SP; QL (8 tablets per 1 day)
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
MEKTOVI ORAL TABLET (<i>binimetinib</i>)	Tier 2	PA; SP; QL (6 tablets per 1 day)
*ANTINEOPLASTIC - MET INHIBITORS*** - DRUGS FOR CANCER		
TABRECTA ORAL TABLET (<i>capmatinib hcl</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
TEPMETKO ORAL TABLET (<i>tepotinib hcl</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS*** - DRUGS FOR CANCER		
TAZVERIK ORAL TABLET (<i>tazemetostat hbr</i>)	Tier 2	PA; SP; QL (8 tablets per 1 day)
*ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
AFINITOR DISPERZ ORAL TABLET SOLUBLE (<i>everolimus</i>)	Tier 2	PA; SP
AFINITOR ORAL TABLET (<i>everolimus</i>)	Tier 2	PA; SP
<i>everolimus oral tablet</i>	Tier 2	PA; SP
<i>everolimus oral tablet soluble</i>	Tier 2	PA; SP
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED (<i>sirolimus protein-bound part</i>)	Tier 2	MB
TORISEL INTRAVENOUS SOLUTION (<i>temsirolimus</i>)	Tier 2	MB
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** - DRUGS FOR CANCER		
CABOMETYX ORAL TABLET (<i>cabozantinib s-malate</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)

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COMETRIQ (100 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	Tier 2	PA; SP; QL (1 dose pack per 28 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	Tier 2	PA; SP; QL (1 dose pack per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	Tier 2	PA; SP; QL (1 dose pack per 28 days)
FOTIVDA ORAL CAPSULE (<i>tivozanib hcl</i>)	Tier 2	PA; SP; QL (21 tablets per 28 days)
<i>lapatinib ditosylate oral tablet</i>	Tier 2	PA; SP; QL (6 tablets per 1 day)
NERLYNX ORAL TABLET (<i>neratinib maleate</i>)	Tier 2	PA; SP; QL (6 tablets per 1 day)
NEXAVAR ORAL TABLET (<i>sorafenib tosylate</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
QINLOCK ORAL TABLET (<i>ripretinib</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
RYDAPT ORAL CAPSULE (<i>midostaurin</i>)	Tier 2	PA; SP; QL (8 capsules per 1 day)
STIVARGA ORAL TABLET (<i>regorafenib</i>)	Tier 2	PA; SP; QL (84 tablets per 28 days)
<i>sunitinib malate oral capsule</i>	Tier 2	PA; SP; QL (1 capsule per 1 day)
SUTENT ORAL CAPSULE (<i>sunitinib malate</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
TURALIO ORAL CAPSULE (<i>pexidartinib hcl</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
TYKERB ORAL TABLET (<i>lapatinib ditosylate</i>)	Tier 2	PA; SP; QL (6 tablets per 1 day)
UKONIQ ORAL TABLET (<i>umbralisib tosylate</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
VOTRIENT ORAL TABLET (<i>pazopanib hcl</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
XOSPATA ORAL TABLET (<i>gilteritinib fumarate</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES*** - DRUGS FOR CANCER		
RYBREVANT INTRAVENOUS SOLUTION (<i>amivantamab-vmjw</i>)	Tier 2	MB
*ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS*** - DRUGS FOR CANCER		
AYVAKIT ORAL TABLET (<i>avapritinib</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
*ANTINEOPLASTIC - PROTEASOME INHIBITORS*** - DRUGS FOR CANCER		
<i>bortezomib intravenous solution reconstituted</i>	Tier 2	MB
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>carfilzomib</i>)	Tier 2	MB
NINLARO ORAL CAPSULE (<i>ixazomib citrate</i>)	Tier 2	PA; SP; QL (3 capsules per 28 days)
VELCADE INJECTION SOLUTION RECONSTITUTED (<i>bortezomib</i>)	Tier 2	MB
*ANTINEOPLASTIC - RET INHIBITORS*** - DRUGS FOR CANCER		
GAVRETO ORAL CAPSULE (<i>pralsetinib</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
RETEVMO ORAL CAPSULE 40 MG (<i>selpercatinib</i>)	Tier 2	PA; SP; QL (6 capsules per 1 day)
RETEVMO ORAL CAPSULE 80 MG (<i>selpercatinib</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
ROZLYTREK ORAL CAPSULE 100 MG (<i>entrectinib</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG (<i>entrectinib</i>)	Tier 2	PA; SP; QL (3 capsules per 1 day)
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)

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VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	Tier 2	PA; SP; QL (6 tablets per 1 day)
VITRAKVI ORAL SOLUTION (<i>larotrectinib sulfate</i>)	Tier 2	PA; SP; QL (10 mL per 1 day)
*ANTINEOPLASTIC - XPO1 INHIBITORS*** - DRUGS FOR CANCER		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
*ANTINEOPLASTIC ANTIBIOTICS*** - DRUGS FOR CANCER		
COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED (<i>dactinomycin</i>)	Tier 2	MB
<i>dactinomycin intravenous solution reconstituted</i>	Tier 2	MB
<i>daunorubicin hcl intravenous solution</i>	Tier 2	MB
DOXIL INTRAVENOUS INJECTABLE (<i>doxorubicin hcl liposomal</i>)	Tier 2	MB
ELLENCEN INTRAVENOUS SOLUTION (<i>epirubicin hcl</i>)	Tier 2	MB
IDAMYCIN PFS INTRAVENOUS SOLUTION (<i>idarubicin hcl</i>)	Tier 2	MB
<i>idarubicin hcl intravenous solution</i>	Tier 2	MB
JELMYTO SOLUTION RECONSTITUTED (<i>mitomycin</i>)	Tier 2	PA; MB
<i>mitomycin intravesical solution prefilled syringe</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VALSTAR INTRAVESICAL SOLUTION (<i>valrubicin</i>)	Tier 2	MB
*ANTINEOPLASTIC -ANTIBODY FOR RADIOPHARMACEUTICAL THERAPY*** - DRUGS FOR CANCER		
ZEVALIN Y-90 INTRAVENOUS KIT (<i>ibritumomab tiuxetan for y-90</i>)	Tier 2	MB
*ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES*** - DRUGS FOR CANCER		
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED (<i>fam-trastuzumab deruxtec-nxki</i>)	Tier 2	MB
*ANTINEOPLASTIC COMBINATIONS*** - DRUGS FOR CANCER		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION (<i>daratumumab-hyaluronidase-fihj</i>)	Tier 2	SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION (<i>trastuzumab-hyaluronidase-oysk</i>)	Tier 2	PA; MB
INQOVI ORAL TABLET (<i>decitabine-cedazuridine</i>)	Tier 2	PA; SP; QL (5 tablets per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib-letrozole</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib-letrozole</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib-letrozole</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
LONSURF ORAL TABLET (<i>trifluridine-tipiracil</i>)	Tier 2	PA; SP
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML (<i>pertuz-trastuz-hyaluron-zzxf</i>)	Tier 2	SP; QL (1 vial per 42 days)
PHESGO SUBCUTANEOUS SOLUTION 80-40-2000 MG-MG-U/ML (<i>pertuz-trastuz-hyaluron-zzxf</i>)	Tier 2	SP; QL (1 vial per 21 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION (<i>rituximab-hyaluronidase human</i>)	Tier 2	MB
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED (<i>daunorubicin-cytarabine lipo</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC ENZYMES*** - DRUGS FOR CANCER		
ASPARLAS INTRAVENOUS SOLUTION (<i>calaspargase pegol-mknl</i>)	Tier 2	MB
ERWINASE INJECTION SOLUTION RECONSTITUTED (<i>asparaginase erwinia chrysanth</i>)	Tier 2	MB
ONCASPAR INJECTION SOLUTION (<i>pegaspargase</i>)	Tier 2	MB
RYLAZE INTRAMUSCULAR SOLUTION (<i>asparaginase erwinia chry-rywn</i>)	Tier 2	MB
*ANTINEOPLASTIC RADIOPHARMACEUTICALS*** - DRUGS FOR CANCER		
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION (<i>iobenguane i 131</i>)	Tier 2	MB
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION (<i>iobenguane i 131</i>)	Tier 2	MB
LUTATHERA INTRAVENOUS SOLUTION (<i>lutetium lu 177 dotatate</i>)	Tier 2	MB
QUADRAMET INTRAVENOUS SOLUTION (<i>samarium sm 153 lexidronam</i>)	Tier 2	MB
<i>strontium chloride sr-89 intravenous solution</i>	Tier 2	MB
XOFIGO INTRAVENOUS SOLUTION (<i>radium ra 223 dichloride</i>)	Tier 2	MB
*ANTINEOPLASTICS - INTERLEUKINS*** - DRUGS FOR CANCER		
ELZONRIS INTRAVENOUS SOLUTION (<i>tagraxofusp-erzs</i>)	Tier 2	MB
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>aldesleukin</i>)	Tier 2	PA; MB
*ANTINEOPLASTICS - PHOTOACTIVATED AGENTS*** - DRUGS FOR CANCER		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>porfimer sodium</i>)	Tier 2	MB
UVADEX INJECTION SOLUTION (<i>methoxsalen photopheresis</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTICS MISC.*** - DRUGS FOR CANCER		
<i>arsenic trioxide intravenous solution</i>	Tier 2	MB
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>ropeginterferon alfa-2b-njft</i>)	Tier 2	PA; QL (2 syringes per 28 days)
HYDREA ORAL CAPSULE (<i>hydroxyurea</i>)	Tier 2	
<i>hydroxyurea oral capsule</i>	Tier 1	
MATULANE ORAL CAPSULE (<i>procarbazine hcl</i>)	Tier 2	SP
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED (<i>pentostatin</i>)	Tier 2	MB
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED (<i>bcg live</i>)	Tier 2	MB
TRISENOX INTRAVENOUS SOLUTION (<i>arsenic trioxide</i>)	Tier 2	MB
*AROMATASE INHIBITORS*** - DRUGS FOR CANCER		
<i>anastrozole oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
ARIMIDEX ORAL TABLET (<i>anastrozole</i>)	Tier 2	QL (1 tablet per 1 day)
AROMASIN ORAL TABLET (<i>exemestane</i>)	Tier 2	QL (2 tablets per 1 day)
<i>exemestane oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
FEMARA ORAL TABLET (<i>letrozole</i>)	Tier 2	QL (1 tablet per 1 day)
<i>letrozole oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
*CARBOXYPEPTIDASE ENZYME AGENTS*** - DRUGS FOR CANCER		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED (<i>glucarpidase</i>)	Tier 2	MB
*CARDIAC PROTECTIVE AGENTS*** - DRUGS FOR CANCER		
<i>dexrazoxane hcl intravenous solution reconstituted</i>	Tier 2	MB
TOTECT INTRAVENOUS SOLUTION RECONSTITUTED (<i>dexrazoxane hcl</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS*** - DRUGS FOR CANCER		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED (<i>rasburicase</i>)	Tier 2	MB
*CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS*** - DRUGS FOR CANCER		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED (<i>palifermin</i>)	Tier 2	MB
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
IBRANCE ORAL CAPSULE (<i>palbociclib</i>)	Tier 2	PA; SP; QL (21 capsules per 28 days)
IBRANCE ORAL TABLET (<i>palbociclib</i>)	Tier 2	PA; SP; QL (21 tablets per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
VERZENIO ORAL TABLET (<i>abemaciclib</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
*ESTROGEN RECEPTOR ANTAGONIST*** - DRUGS FOR CANCER		
FASLODEX INTRAMUSCULAR SOLUTION (<i>fulvestrant</i>)	Tier 2	MB
*ESTROGENS-ANTINEOPLASTIC*** - DRUGS FOR CANCER		
EMCYT ORAL CAPSULE (<i>estramustine phosphate sodium</i>)	Tier 1	PA; SP
*FOLIC ACID ANTAGONISTS RESCUE AGENTS*** - DRUGS FOR CANCER		
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED (<i>levoleucovorin</i>)	Tier 2	MB
<i>leucovorin calcium injection solution</i>	Tier 2	MB

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<i>leucovorin calcium injection solution reconstituted</i>	Tier 2	MB
<i>leucovorin calcium oral tablet</i>	Tier 1	
<i>levoleucovorin calcium intravenous solution reconstituted</i>	Tier 2	MB
<i>levoleucovorin calcium pf intravenous solution</i>	Tier 2	MB
*GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS*** - DRUGS FOR CANCER		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>degarelix acetate</i>)	Tier 2	PA; MB; QL (2 injections per 1 year)
ORGOVYX ORAL TABLET (<i>relugolix</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
*IMIDAZOTETRAZINES*** - DRUGS FOR CANCER		
TEMODAR ORAL CAPSULE (<i>temozolomide</i>)	Tier 2	PA; SP; QL (2 capsules per 1 day)
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER		
TIBSOVO ORAL TABLET (<i>ivosidenib</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER		
IDHIFA ORAL TABLET 100 MG (<i>enasidenib mesylate</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
IDHIFA ORAL TABLET 50 MG (<i>enasidenib mesylate</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
*JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** - DRUGS FOR CANCER		
INREBIC ORAL CAPSULE (<i>fedratinib hcl</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
JAKAFI ORAL TABLET (<i>ruxolitinib phosphate</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
*MITOTIC INHIBITORS*** - DRUGS FOR CANCER		
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED (<i>etoposide phosphate</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>etoposide oral capsule</i>	Tier 1	SP
MARQIBO INTRAVENOUS SUSPENSION (<i>vincristine sulfate liposome</i>)	Tier 2	MB
<i>vinorelbine tartrate intravenous solution</i>	Tier 2	MB
*MYELOPROTECTIVE AGENTS*** - DRUGS FOR CANCER		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED (<i>trilaciclib dihydrochloride</i>)	Tier 2	MB
*NITROGEN MUSTARDS AND RELATED ANALOGUES*** - DRUGS FOR CANCER		
ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED (<i>melphalan hcl</i>)	Tier 2	MB
ALKERAN ORAL TABLET (<i>melphalan</i>)	Tier 2	SP
<i>cyclophosphamide intravenous solution</i>	Tier 2	MB
<i>cyclophosphamide oral capsule</i>	Tier 1	SP
<i>cyclophosphamide oral tablet</i>	Tier 2	SP
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED (<i>melphalan hcl</i>)	Tier 2	MB
IFEX INTRAVENOUS SOLUTION RECONSTITUTED (<i>ifosfamide</i>)	Tier 2	MB
<i>ifosfamide intravenous solution</i>	Tier 2	MB
<i>ifosfamide intravenous solution reconstituted</i>	Tier 2	MB
LEUKERAN ORAL TABLET (<i>chlorambucil</i>)	Tier 1	
<i>melphalan hcl intravenous solution reconstituted</i>	Tier 2	MB
*NITROSOUREAS*** - DRUGS FOR CANCER		
BICNU INTRAVENOUS SOLUTION RECONSTITUTED (<i>carmustine</i>)	Tier 2	MB
<i>carmustine intravenous solution reconstituted</i>	Tier 2	MB
GLEOSTINE ORAL CAPSULE (<i>lomustine</i>)	Tier 2	PA
GLIADEL WAFER IMPLANT WAFER (<i>carmustine in polifeprosan</i>)	Tier 2	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED (<i>streptozocin</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ONCOLYTIC VIRAL AGENTS - HSV1*** - DRUGS FOR CANCER		
IMLYGIC INTRALESIONAL SUSPENSION (<i>talimogene laherparepvec</i>)	Tier 2	MB
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED (<i>copanlisib hcl</i>)	Tier 2	MB
COPIKTRA ORAL CAPSULE (<i>duvelisib</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>alpelisib</i>)	Tier 2	PA; SP; QL (1 pack per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>alpelisib</i>)	Tier 2	PA; SP; QL (1 pack per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>alpelisib</i>)	Tier 2	PA; SP; QL (1 pack per 28 days)
ZYDELIG ORAL TABLET (<i>idelalisib</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER		
LYNPARZA ORAL TABLET (<i>olaparib</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
RUBRACA ORAL TABLET (<i>rucaparib camsylate</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
TALZENNA ORAL CAPSULE (<i>talazoparib tosylate</i>)	Tier 2	PA; SP; QL (3 capsules per 1 day)
ZEJULA ORAL CAPSULE (<i>niraparib tosylate</i>)	Tier 2	PA; SP; QL (3 capsules per 1 day)
*PROGESTINS-ANTINEOPLASTIC*** - DRUGS FOR CANCER		
<i>hydroxyprogesterone caproate intramuscular solution</i>	Tier 1	SP; QL (25 ML per 132 days)
<i>megestrol acetate oral suspension</i>	Tier 1	PA
<i>megestrol acetate oral tablet</i>	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*RETINOIDS*** - DRUGS FOR CANCER		
<i>tretinoin oral capsule</i>	Tier 1	
*SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR CANCER		
<i>bexarotene oral capsule</i>	Tier 2	PA; SP; QL (10 capsules per 1 day)
TARGRETIN ORAL CAPSULE (<i>bexarotene</i>)	Tier 2	PA; SP; QL (10 capsules per 1 day)
*TETRAHYDROISOQUINOLINES*** - DRUGS FOR CANCER		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>trabectedin</i>)	Tier 2	MB
*TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED (<i>sacituzumab govitecan-hziy</i>)	Tier 2	MB
*TOPOISOMERASE I INHIBITORS*** - DRUGS FOR CANCER		
CAMPTOSAR INTRAVENOUS SOLUTION (<i>irinotecan hcl</i>)	Tier 2	MB
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>topotecan hcl</i>)	Tier 2	MB
ONIVYDE INTRAVENOUS INJECTABLE (<i>irinotecan hcl liposome</i>)	Tier 2	MB
*URINARY TRACT PROTECTIVE AGENTS*** - DRUGS FOR CANCER		
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED (<i>amifostine</i>)	Tier 2	MB
<i>mesna intravenous solution</i>	Tier 2	MB
MESNEX INTRAVENOUS SOLUTION (<i>mesna</i>)	Tier 2	MB
MESNEX ORAL TABLET (<i>mesna</i>)	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS*** - DRUGS FOR CANCER		
CYRAMZA INTRAVENOUS SOLUTION (<i>ramucirumab</i>)	Tier 2	MB
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	Tier 2	PA; SP; QL (6 tablets per 1 day)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Tier 2	PA; SP; QL (30 capsules per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Tier 2	PA; SP; QL (1 pack per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Tier 2	PA; SP; QL (60 capsules per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Tier 2	PA; SP; QL (90 capsules per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Tier 2	PA; SP; QL (60 capsules per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Tier 2	PA; SP; QL (90 capsules per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Tier 2	PA; SP; QL (1 pack per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	Tier 2	PA; SP; QL (60 capsules per 30 days)
MVASI INTRAVENOUS SOLUTION (<i>bevacizumab-awwb</i>)	Tier 2	MB
ZIRABEV INTRAVENOUS SOLUTION (<i>bevacizumab-bvzr</i>)	Tier 2	MB
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ADENOSINE RECEPTOR ANTAGONIST*** - DRUGS FOR PARKINSON		
NOURIANZ ORAL TABLET (<i>istradefylline</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIPARKINSON ANTICHOLINERGICS*** - DRUGS FOR PARKINSON		
<i>benztropine mesylate injection solution</i>	State Carve-out	SCO
<i>benztropine mesylate oral tablet</i>	State Carve-out	SCO
COGENTIN INJECTION SOLUTION (<i>benztropine mesylate</i>)	State Carve-out	SCO
<i>trihexyphenidyl hcl oral solution</i>	State Carve-out	SCO
<i>trihexyphenidyl hcl oral tablet</i>	State Carve-out	SCO
*ANTIPARKINSON DOPAMINERGICS*** - DRUGS FOR PARKINSON		
<i>amantadine hcl oral capsule</i>	State Carve-out	SCO
<i>amantadine hcl oral solution</i>	State Carve-out	SCO
<i>amantadine hcl oral tablet</i>	State Carve-out	SCO
<i>bromocriptine mesylate oral capsule</i>	Tier 1	
<i>bromocriptine mesylate oral tablet</i>	Tier 1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>amantadine hcl</i>)	State Carve-out	SCO
INBRIJA INHALATION CAPSULE (<i>levodopa</i>)	Tier 2	PA; SP; QL (5 kits per 30 days)
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK (<i>amantadine hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>amantadine hcl</i>)	State Carve-out	SCO
PARLODEL ORAL CAPSULE (<i>bromocriptine mesylate</i>)	Tier 2	
PARLODEL ORAL TABLET (<i>bromocriptine mesylate</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** - DRUGS FOR PARKINSON		
AZILECT ORAL TABLET 0.5 MG (<i>rasagiline mesylate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
AZILECT ORAL TABLET 1 MG (<i>rasagiline mesylate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>rasagiline mesylate oral tablet 0.5 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>rasagiline mesylate oral tablet 1 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule</i>	Tier 1	
<i>selegiline hcl oral tablet</i>	Tier 1	
XADAGO ORAL TABLET 100 MG (<i>safinamide mesylate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
XADAGO ORAL TABLET 50 MG (<i>safinamide mesylate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
ZELAPAR ORAL TABLET DISPERSIBLE (<i>selegiline hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
*CENTRAL/PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
TASMAR ORAL TABLET (<i>tolcapone</i>)	Tier 2	PA; QL (6 tablets per 1 day)
<i>tolcapone oral tablet</i>	Tier 2	PA; QL (6 tablets per 1 day)
*DECARBOXYLASE INHIBITORS*** - DRUGS FOR PARKINSON		
<i>carbidopa oral tablet</i>	Tier 2	
LODOSYN ORAL TABLET (<i>carbidopa</i>)	Tier 2	
*LEVODOPA COMBINATIONS*** - DRUGS FOR PARKINSON		
<i>carbidopa-levodopa er oral tablet extended release</i>	Tier 1	
<i>carbidopa-levodopa oral tablet</i>	Tier 1	
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier 1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	Tier 1	
DHIVY ORAL TABLET (<i>carbidopa-levodopa</i>)	Tier 2	
DUOPA ENTERAL SUSPENSION (<i>carbidopa-levodopa</i>)	Tier 2	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG (<i>carbidopa-levodopa</i>)	Tier 2	PA; QL (12 capsules per 1 day)
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG (<i>carbidopa-levodopa</i>)	Tier 2	PA; QL (9 capsules per 1 day)
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG (<i>carbidopa-levodopa</i>)	Tier 2	PA; QL (10 capsules per 1 day)
SINEMET ORAL TABLET (<i>carbidopa-levodopa</i>)	Tier 2	
STALEVO 100 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	Tier 2	
STALEVO 125 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	Tier 2	
STALEVO 150 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	Tier 2	
STALEVO 200 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	Tier 2	
STALEVO 50 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	Tier 2	
STALEVO 75 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	Tier 2	
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR PARKINSON		
KYNMOBI SUBLINGUAL FILM (<i>apomorphine hcl</i>)	Tier 2	PA; SP; QL (5 films per 1 day)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>pramipexole dihydrochloride</i>)	Tier 2	PA; QL (1 tablet per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR (<i>rotigotine</i>)	Tier 2	PA; QL (1 patch per 1 day)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>pramipexole dihydrochloride oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Tier 2	
<i>ropinirole hcl oral tablet</i>	Tier 1	
*PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
COMTAN ORAL TABLET (<i>entacapone</i>)	Tier 2	QL (8 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>entacapone oral tablet</i>	Tier 1	QL (8 tablets per 1 day)
ONGENTYS ORAL CAPSULE (<i>opicapone</i>)	Tier 2	PA; QL (1 capsule 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</i>	State Carve-out	SCO
<i>lithium carbonate oral capsule</i>	State Carve-out	SCO
<i>lithium carbonate oral tablet</i>	State Carve-out	SCO
LITHOBID ORAL TABLET EXTENDED RELEASE (<i>lithium carbonate</i>)	State Carve-out	SCO
*ANTIPSYCHOTICS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
CAPLYTA ORAL CAPSULE (<i>lumateperone tosylate</i>)	State Carve-out	SCO
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG (<i>carbamazepine (antipsychotic)</i>)	Tier 2	PA; QL (2 capsules per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG (<i>carbamazepine (antipsychotic)</i>)	Tier 2	PA; QL (8 capsules per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG (<i>carbamazepine (antipsychotic)</i>)	Tier 2	PA; DO; QL (6 capsules per 1 day)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>ziprasidone mesylate</i>)	State Carve-out	SCO
GEODON ORAL CAPSULE (<i>ziprasidone hcl</i>)	State Carve-out	SCO
LATUDA ORAL TABLET (<i>lurasidone hcl</i>)	State Carve-out	SCO
NUPLAZID ORAL CAPSULE (<i>pimavanserin tartrate</i>)	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUPLAZID ORAL TABLET (<i>pimavanserin tartrate</i>)	State Carve-out	SCO
VRAYLAR ORAL CAPSULE (<i>cariprazine hcl</i>)	State Carve-out	SCO
VRAYLAR ORAL CAPSULE THERAPY PACK (<i>cariprazine hcl</i>)	State Carve-out	SCO
<i>ziprasidone hcl oral capsule</i>	State Carve-out	SCO
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	State Carve-out	SCO
*BENZISOXAZOLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
FANAPT ORAL TABLET (<i>iloperidone</i>)	State Carve-out	SCO
FANAPT TITRATION PACK ORAL TABLET (<i>iloperidone</i>)	State Carve-out	SCO
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>paliperidone palmitate</i>)	Tier 2	MB
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>paliperidone</i>)	State Carve-out	SCO
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>paliperidone palmitate</i>)	State Carve-out	SCO
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>paliperidone palmitate</i>)	State Carve-out	SCO
<i>paliperidone er oral tablet extended release 24 hour</i>	State Carve-out	SCO
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE (<i>risperidone</i>)	State Carve-out	SCO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>risperidone microspheres</i>)	State Carve-out	SCO
RISPERDAL ORAL SOLUTION (<i>risperidone</i>)	State Carve-out	SCO
RISPERDAL ORAL TABLET (<i>risperidone</i>)	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>risperidone oral solution</i>	State Carve-out	SCO
<i>risperidone oral tablet</i>	State Carve-out	SCO
<i>risperidone oral tablet dispersible</i>	State Carve-out	SCO
*BUTYROPHENONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION (<i>haloperidol decanoate</i>)	State Carve-out	SCO
<i>haloperidol decanoate intramuscular solution</i>	State Carve-out	SCO
<i>haloperidol lactate injection solution</i>	State Carve-out	SCO
<i>haloperidol lactate oral concentrate</i>	State Carve-out	SCO
<i>haloperidol oral tablet</i>	State Carve-out	SCO
*DIBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>clozapine oral tablet</i>	State Carve-out	SCO
<i>clozapine oral tablet dispersible</i>	State Carve-out	SCO
CLOZARIL ORAL TABLET (<i>clozapine</i>)	State Carve-out	SCO
VERSACLOZ ORAL SUSPENSION (<i>clozapine</i>)	State Carve-out	SCO
*DIBENZO-OXEPINO PYRROLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>asenapine maleate sublingual tablet sublingual</i>	State Carve-out	SCO
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL (<i>asenapine maleate</i>)	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SECUADO TRANSDERMAL PATCH 24 HOUR (<i>asenapine</i>)	State Carve-out	SCO
*DIBENZOTHIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	State Carve-out	SCO
<i>quetiapine fumarate oral tablet</i>	State Carve-out	SCO
SEROQUEL ORAL TABLET (<i>quetiapine fumarate</i>)	State Carve-out	SCO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>quetiapine fumarate</i>)	State Carve-out	SCO
*DIBENZOXAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>loxapine</i>)	State Carve-out	SCO
<i>loxapine succinate oral capsule</i>	State Carve-out	SCO
*DIHYDROINDOLONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>molindone hcl oral tablet</i>	State Carve-out	SCO
*PHENOTHIAZINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>chlorpromazine hcl injection solution</i>	State Carve-out	SCO
<i>chlorpromazine hcl oral concentrate</i>	Tier 2	
<i>chlorpromazine hcl oral tablet</i>	State Carve-out	SCO
<i>prochlorperazine</i> (Compro Rectal Suppository)	Tier 1	
<i>fluphenazine decanoate injection solution</i>	State Carve-out	SCO
<i>fluphenazine hcl injection solution</i>	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluphenazine hcl oral concentrate</i>	State Carve-out	SCO
<i>fluphenazine hcl oral elixir</i>	State Carve-out	SCO
<i>fluphenazine hcl oral tablet</i>	State Carve-out	SCO
<i>perphenazine oral tablet</i>	State Carve-out	SCO
<i>prochlorperazine edisylate injection solution</i>	Tier 1	MB
<i>prochlorperazine maleate oral tablet</i>	Tier 1	
<i>prochlorperazine rectal suppository</i>	Tier 1	
<i>thioridazine hcl oral tablet</i>	State Carve-out	SCO
<i>trifluoperazine hcl oral tablet</i>	State Carve-out	SCO
*QUINOLINONE DERIVATIVES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE (<i>aripiprazole</i>)	State Carve-out	SCO
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>aripiprazole</i>)	State Carve-out	SCO
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG (<i>aripiprazole</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET 20 MG, 30 MG (<i>aripiprazole</i>)	Tier 2	PA; QL (1 tablet per 1 day)
ABILIFY MYCITE ORAL TABLET (<i>aripiprazole</i>)	State Carve-out	SCO
ABILIFY MYCITE STARTER KIT ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG (<i>aripiprazole</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
ABILIFY MYCITE STARTER KIT ORAL TABLET 20 MG, 30 MG (<i>aripiprazole</i>)	Tier 2	PA; QL (1 tablet per 1 day)
ABILIFY ORAL TABLET (<i>aripiprazole</i>)	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aripiprazole oral solution</i>	State Carve-out	SCO
<i>aripiprazole oral tablet</i>	State Carve-out	SCO
<i>aripiprazole oral tablet dispersible</i>	State Carve-out	SCO
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE (<i>aripiprazole lauroxil</i>)	State Carve-out	SCO
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE (<i>aripiprazole lauroxil</i>)	State Carve-out	SCO
REXULTI ORAL TABLET (<i>brexipiprazole</i>)	State Carve-out	SCO
*THIENBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine intramuscular solution reconstituted</i>	State Carve-out	SCO
<i>olanzapine oral tablet</i>	State Carve-out	SCO
<i>olanzapine oral tablet dispersible</i>	State Carve-out	SCO
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>olanzapine</i>)	State Carve-out	SCO
ZYPREXA ORAL TABLET (<i>olanzapine</i>)	State Carve-out	SCO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>olanzapine pamoate</i>)	State Carve-out	SCO
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE (<i>olanzapine</i>)	State Carve-out	SCO
*THIOXANTHENES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>thiothixene oral capsule</i>	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS		
*ANTISEPTICS & DISINFECTANTS*** - ANTISEPTICS AND DISINFECTANTS		
<i>eq hydrogen peroxide external solution</i>	Tier 1	OTC
<i>glutaraldehyde external solution</i>	Tier 2	
<i>gnp hydrogen peroxide external solution</i>	Tier 1	OTC
<i>goodsense hydrogen peroxide external solution</i>	Tier 1	OTC
<i>hydrogen peroxide solution</i>	Tier 2	
<i>meijer hydrogen peroxide external solution</i>	Tier 1	OTC
*CHLORINE ANTISEPTICS*** - ANTISEPTICS AND DISINFECTANTS		
<i>benzalkonium chloride external solution</i>	Tier 2	
<i>chlorhexidine gluconate solution</i>	Tier 2	
<i>ra antiseptic skin cleanser external solution</i>	Tier 1	OTC; QL (480 mL per 30 days)
<i>sm antiseptic skin cleanser external solution</i>	Tier 1	OTC; QL (480 mL per 30 days)
*IODINE ANTISEPTICS*** - ANTISEPTICS AND DISINFECTANTS		
IODOFLEX EXTERNAL PAD (<i>cadexomer iodine</i>)	Tier 2	
IODOSORB EXTERNAL GEL (<i>cadexomer iodine</i>)	Tier 2	
ANTIVIRALS - DRUGS FOR INFECTIONS		
*ANTIRETROVIRAL COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate-lamivudine oral tablet</i>	State Carve-out	SCO
<i>abacavir-lamivudine-zidovudine oral tablet</i>	State Carve-out	SCO
ATRIPLA ORAL TABLET (<i>efavirenz-emtricitab-tenofovir</i>)	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIKTARVY ORAL TABLET (<i>bictegravir-emtricitab-tenofovir</i>)	State Carve-out	SCO
<i>cabenuva intramuscular suspension extended release 400 & 600 mg/2ml</i>	Tier 2	PA; MB; QL (1 pack per 28 days)
<i>cabenuva intramuscular suspension extended release 600 & 900 mg/3ml</i>	Tier 2	PA; MB; QL (1 pack per 1 fill)
CIMDUO ORAL TABLET (<i>lamivudine-tenofovir</i>)	State Carve-out	SCO
COMBIVIR ORAL TABLET (<i>lamivudine-zidovudine</i>)	State Carve-out	SCO
COMPLERA ORAL TABLET (<i>emtricitab-rilpivir-tenofovir</i>)	State Carve-out	SCO
DELSTRIGO ORAL TABLET (<i>doravirin-lamivudine-tenofovir df</i>)	State Carve-out	SCO
DESCOVY ORAL TABLET (<i>emtricitabine-tenofovir af</i>)	State Carve-out	SCO
DOVATO ORAL TABLET (<i>dolutegravir-lamivudine</i>)	State Carve-out	SCO
<i>efavirenz-emtricitab-tenofovir oral tablet</i>	State Carve-out	SP; SCO
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	State Carve-out	SCO
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	State Carve-out	SCO
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	State Carve-out	SP; SCO
EPZICOM ORAL TABLET (<i>abacavir sulfate-lamivudine</i>)	State Carve-out	SCO
EVOTAZ ORAL TABLET (<i>atazanavir-cobicistat</i>)	State Carve-out	SCO
GENVOYA ORAL TABLET (<i>elviteg-cobic-emtricit-tenofaf</i>)	State Carve-out	SCO
JULUCA ORAL TABLET (<i>dolutegravir-rilpivirine</i>)	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALETRA ORAL SOLUTION (<i>lopinavir-ritonavir</i>)	State Carve-out	SCO
KALETRA ORAL TABLET (<i>lopinavir-ritonavir</i>)	State Carve-out	SCO
<i>lamivudine-zidovudine oral tablet</i>	State Carve-out	SCO
<i>lopinavir-ritonavir oral solution</i>	State Carve-out	SCO
<i>lopinavir-ritonavir oral tablet</i>	State Carve-out	SCO
ODEFSEY ORAL TABLET (<i>emtricitab-rilpivir-tenofovir af</i>)	State Carve-out	SCO
PREZCOBIX ORAL TABLET (<i>darunavir-cobicistat</i>)	State Carve-out	SCO
STRIBILD ORAL TABLET (<i>elviteg-cobic-emtricit-tenofdf</i>)	State Carve-out	SCO
SYMFI LO ORAL TABLET (<i>efavirenz-lamivudine-tenofovir</i>)	State Carve-out	SCO
SYMFI ORAL TABLET (<i>efavirenz-lamivudine-tenofovir</i>)	State Carve-out	SCO
SYMTUZA ORAL TABLET (<i>darun-cobic-emtricit-tenofaf</i>)	State Carve-out	SCO
TEMIXYS ORAL TABLET (<i>lamivudine-tenofovir</i>)	State Carve-out	SCO
TRIUMEQ ORAL TABLET (<i>abacavir-dolutegravir-lamivud</i>)	State Carve-out	SCO
TRIZIVIR ORAL TABLET (<i>abacavir-lamivudine-zidovudine</i>)	State Carve-out	SCO
TRUVADA ORAL TABLET (<i>emtricitabine-tenofovir df</i>)	State Carve-out	SCO
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** - DRUGS FOR VIRAL INFECTIONS		
SELZENTRY ORAL SOLUTION (<i>maraviroc</i>)	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELZENTRY ORAL TABLET (<i>maraviroc</i>)	State Carve-out	SCO
*ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR*** - DRUGS FOR VIRAL INFECTIONS		
TROGARZO INTRAVENOUS SOLUTION (<i>ibalizumab-uiyk</i>)	State Carve-out	SCO
*ANTIRETROVIRALS - FUSION INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>enfuvirtide</i>)	State Carve-out	SCO
*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR*** - DRUGS FOR VIRAL INFECTIONS		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>fostemsavir tromethamine</i>)	State Carve-out	SCO
*ANTIRETROVIRALS - INTEGRASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
ISENTRESS HD ORAL TABLET (<i>raltegravir potassium</i>)	State Carve-out	SCO
ISENTRESS ORAL PACKET (<i>raltegravir potassium</i>)	State Carve-out	SCO
ISENTRESS ORAL TABLET (<i>raltegravir potassium</i>)	State Carve-out	SCO
ISENTRESS ORAL TABLET CHEWABLE (<i>raltegravir potassium</i>)	State Carve-out	SCO
TIVICAY ORAL TABLET (<i>dolutegravir sodium</i>)	State Carve-out	SCO
TIVICAY PD ORAL TABLET SOLUBLE (<i>dolutegravir sodium</i>)	Tier 1	SP; QL (12 tablets per 1 day)
*ANTIRETROVIRALS - PROTEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
APTIVUS ORAL CAPSULE (<i>tipranavir</i>)	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atazanavir sulfate oral capsule</i>	State Carve-out	SCO
<i>fosamprenavir calcium oral tablet</i>	State Carve-out	SCO
INVIRASE ORAL TABLET (<i>saquinavir mesylate</i>)	State Carve-out	SCO
LEXIVA ORAL SUSPENSION (<i>fosamprenavir calcium</i>)	State Carve-out	SCO
LEXIVA ORAL TABLET (<i>fosamprenavir calcium</i>)	State Carve-out	SCO
NORVIR ORAL PACKET (<i>ritonavir</i>)	State Carve-out	SCO
NORVIR ORAL SOLUTION (<i>ritonavir</i>)	State Carve-out	SCO
NORVIR ORAL TABLET (<i>ritonavir</i>)	State Carve-out	SCO
PREZISTA ORAL SUSPENSION (<i>darunavir ethanolate</i>)	State Carve-out	SCO
PREZISTA ORAL TABLET (<i>darunavir ethanolate</i>)	State Carve-out	SCO
REYATAZ ORAL CAPSULE (<i>atazanavir sulfate</i>)	State Carve-out	SCO
REYATAZ ORAL PACKET (<i>atazanavir sulfate</i>)	State Carve-out	SCO
<i>ritonavir oral tablet</i>	State Carve-out	SCO
VIRACEPT ORAL TABLET (<i>nelfinavir mesylate</i>)	State Carve-out	SCO
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
EDURANT ORAL TABLET (<i>rilpivirine hcl</i>)	State Carve-out	SCO
<i>efavirenz oral capsule</i>	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>efavirenz oral tablet</i>	State Carve-out	SCO
<i>etravirine oral tablet</i>	State Carve-out	SCO
INTELENCE ORAL TABLET (<i>etravirine</i>)	State Carve-out	SCO
<i>nevirapine er oral tablet extended release 24 hour</i>	State Carve-out	SCO
<i>nevirapine oral suspension</i>	State Carve-out	SCO
<i>nevirapine oral tablet</i>	State Carve-out	SCO
PIFELTRO ORAL TABLET (<i>doravirine</i>)	State Carve-out	SCO
SUSTIVA ORAL CAPSULE (<i>efavirenz</i>)	State Carve-out	SCO
SUSTIVA ORAL TABLET (<i>efavirenz</i>)	State Carve-out	SCO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>nevirapine</i>)	State Carve-out	SCO
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate oral solution</i>	State Carve-out	SCO
<i>abacavir sulfate oral tablet</i>	State Carve-out	SCO
ZIAGEN ORAL SOLUTION (<i>abacavir sulfate</i>)	State Carve-out	SCO
ZIAGEN ORAL TABLET (<i>abacavir sulfate</i>)	State Carve-out	SCO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>emtricitabine oral capsule</i>	State Carve-out	SCO
EMTRIVA ORAL CAPSULE (<i>emtricitabine</i>)	State Carve-out	SCO
EMTRIVA ORAL SOLUTION (<i>emtricitabine</i>)	State Carve-out	SCO
EPIVIR ORAL SOLUTION (<i>lamivudine</i>)	State Carve-out	SCO
EPIVIR ORAL TABLET (<i>lamivudine</i>)	State Carve-out	SCO
<i>lamivudine oral solution</i>	State Carve-out	SCO
<i>lamivudine oral tablet</i>	State Carve-out	SCO
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
RETROVIR INTRAVENOUS SOLUTION (<i>zidovudine</i>)	Tier 1	MB
RETROVIR ORAL CAPSULE (<i>zidovudine</i>)	Tier 2	SP; QL (6 capsules per 1 day)
RETROVIR ORAL SYRUP (<i>zidovudine</i>)	Tier 2	SP; QL (64 mL per 1 day)
<i>stavudine oral capsule</i>	State Carve-out	SCO
<i>zidovudine oral capsule</i>	Tier 1	SP; QL (6 capsules per 1 day)
<i>zidovudine oral syrup</i>	Tier 1	SP; QL (64 mL per 1 day)
<i>zidovudine oral tablet</i>	Tier 1	SP; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>tenofovir disoproxil fumarate oral tablet</i>	State Carve-out	SCO
VIREAD ORAL POWDER (<i>tenofovir disoproxil fumarate</i>)	State Carve-out	SCO
VIREAD ORAL TABLET (<i>tenofovir disoproxil fumarate</i>)	State Carve-out	SCO
*ANTIRETROVIRALS ADJUVANTS*** - DRUGS FOR VIRAL INFECTIONS		
TYBOST ORAL TABLET (<i>cobicistat</i>)	State Carve-out	SCO
*CMV AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>cidofovir intravenous solution</i>	Tier 2	MB
<i>foscarnet sodium intravenous solution</i>	Tier 2	MB
FOSCAVIR INTRAVENOUS SOLUTION (<i>foscarnet sodium</i>)	Tier 2	MB
<i>ganciclovir intravenous solution</i>	Tier 2	MB
<i>ganciclovir sodium intravenous solution</i>	Tier 2	MB
<i>ganciclovir sodium intravenous solution reconstituted</i>	Tier 2	MB
PREVYMIS INTRAVENOUS SOLUTION (<i>letermovir</i>)	Tier 2	MB; QL (1 vial per 1 day)
PREVYMIS ORAL TABLET (<i>letermovir</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
VALCYTE ORAL SOLUTION RECONSTITUTED (<i>valganciclovir hcl</i>)	Tier 2	SP
VALCYTE ORAL TABLET (<i>valganciclovir hcl</i>)	Tier 2	SP
<i>valganciclovir hcl oral solution reconstituted</i>	Tier 1	SP
<i>valganciclovir hcl oral tablet</i>	Tier 1	SP
*HEPATITIS B AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>adefovir dipivoxil oral tablet</i>	Tier 1	PA; SP; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BARACLUDE ORAL SOLUTION (<i>entecavir</i>)	Tier 1	PA; SP; QL (20 mL per 1 day)
BARACLUDE ORAL TABLET (<i>entecavir</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
<i>entecavir oral tablet</i>	Tier 1	PA; SP; QL (1 tablet per 1 day)
EPIVIR HBV ORAL SOLUTION (<i>lamivudine</i>)	State Carve-out	SCO
EPIVIR HBV ORAL TABLET (<i>lamivudine</i>)	State Carve-out	SCO
HEPSERA ORAL TABLET (<i>adefovir dipivoxil</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
<i>lamivudine oral tablet</i>	State Carve-out	SCO
VEMLIDY ORAL TABLET (<i>tenofovir alafenamide fumarate</i>)	State Carve-out	SCO
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	Tier 2	PA; SP; QL (1 packet per 1 day)
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	Tier 2	PA; SP; QL (2 packets per 1 day)
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
HARVONI ORAL PACKET 33.75-150 MG (<i>ledipasvir-sofosbuvir</i>)	Tier 2	PA; SP; QL (1 packet per 1 day)
HARVONI ORAL PACKET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	Tier 2	PA; SP; QL (2 packets per 1 day)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ledipasvir-sofosbuvir oral tablet</i>	Tier 2	PA; SP; QL (1 tablet per 1 day)
MAVYRET ORAL PACKET (<i>glecaprevir-pibrentasvir</i>)	Tier 1	PA; SP; QL (5 packets per 1 day)
MAVYRET ORAL TABLET (<i>glecaprevir-pibrentasvir</i>)	Tier 1	PA; SP; QL (3 tablets per 1 day)
<i>sofosbuvir-velpatasvir oral tablet</i>	Tier 1	PA; SP; QL (1 tablet per 1 day)
VIEKIRA PAK ORAL TABLET THERAPY PACK (<i>ombitas-paritapre-ritona-dasab</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
VOSEVI ORAL TABLET (<i>sofosbuv-velpatasv-voxilaprev</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
ZEPATIER ORAL TABLET (<i>elbasvir-grazoprevir</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
*HEPATITIS C AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
PEGASYS SUBCUTANEOUS SOLUTION (<i>peginterferon alfa-2a</i>)	Tier 1	SP; QL (4 injections per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon alfa-2a</i>)	Tier 1	SP; QL (4 vials per 28 days)
<i>ribavirin oral capsule</i>	Tier 1	SP; QL (6 capsules per 1 day)
<i>ribavirin oral tablet</i>	Tier 1	SP; QL (6 tablets per 1 day)
SOVALDI ORAL PACKET 150 MG (<i>sofosbuvir</i>)	Tier 2	PA; SP; QL (1 packet per 1 day)
SOVALDI ORAL PACKET 200 MG (<i>sofosbuvir</i>)	Tier 2	PA; SP; QL (2 packets per 1 day)
SOVALDI ORAL TABLET 200 MG (<i>sofosbuvir</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)

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Effective 01/01/2022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*HERPES AGENTS - PURINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>acyclovir oral capsule</i>	Tier 1	
<i>acyclovir oral suspension</i>	Tier 1	
<i>acyclovir oral tablet</i>	Tier 1	
<i>acyclovir sodium intravenous solution</i>	Tier 2	MB
SITAVIG BUCCAL TABLET (<i>acyclovir</i>)	Tier 2	PA; QL (1 tablet per 30 days)
<i>valacyclovir hcl oral tablet 1 gm</i>	Tier 1	QL (30 tablets per 30 days)
<i>valacyclovir hcl oral tablet 500 mg</i>	Tier 1	QL (60 tablets per 1 fill)
VALTREX ORAL TABLET 1 GM (<i>valacyclovir hcl</i>)	Tier 2	QL (30 tablets per 30 days)
VALTREX ORAL TABLET 500 MG (<i>valacyclovir hcl</i>)	Tier 2	QL (60 tablets per 1 fill)
ZOVIRAX ORAL SUSPENSION (<i>acyclovir</i>)	Tier 2	
*HERPES AGENTS - THYMIDINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>famciclovir oral tablet 125 mg, 250 mg</i>	Tier 1	QL (60 tablets per 30 days)
<i>famciclovir oral tablet 500 mg</i>	Tier 1	QL (21 tablets per 30 days)
*INFLUENZA AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>rimantadine hcl oral tablet</i>	Tier 1	
*NEURAMINIDASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 1	QL (20 capsules per 30 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	Tier 1	QL (10 capsules per 30 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 1	QL (180 ML per 90 days)
RAPIVAB INTRAVENOUS SOLUTION (<i>peramivir</i>)	Tier 2	MB
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>zanamivir</i>)	Tier 1	QL (1 fill per 90 days)
TAMIFLU ORAL CAPSULE 30 MG (<i>oseltamivir phosphate</i>)	Tier 2	QL (20 capsules per 90 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	Tier 2	QL (10 capsules per 90 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED (<i>oseltamivir phosphate</i>)	Tier 2	QL (180 mL per 90 days)
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	Tier 1	QL (1 pack per 1 fill)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG (<i>baloxavir marboxil</i>)	Tier 1	QL (1 dose pack per 90 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	Tier 1	QL (1 pack per 1 fill)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG (<i>baloxavir marboxil</i>)	Tier 1	QL (1 dose pack per 90 days)
*RSV AGENTS - NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>ribavirin inhalation solution reconstituted</i>	Tier 2	PA; MB
VIRAZOLE INHALATION SOLUTION RECONSTITUTED (<i>ribavirin</i>)	Tier 2	PA; MB
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>	Tier 1	QL (2 tablets per 1 day)
<i>carvedilol oral tablet 25 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	Tier 2	QL (1 capsule per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>carvedilol phosphate</i>)	Tier 2	QL (1 capsule per 1 day)
COREG ORAL TABLET 12.5 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	Tier 2	QL (2 tablets per 1 day)
COREG ORAL TABLET 25 MG (<i>carvedilol</i>)	Tier 2	QL (4 tablets per 1 day)
<i>labetalol hcl intravenous solution</i>	Tier 2	MB
<i>labetalol hcl intravenous solution prefilled syringe</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>labetalol hcl oral tablet</i>	Tier 1	QL (8 tablets per 1 day)
<i>labetalol hcl-dextrose intravenous solution</i>	Tier 2	MB
<i>labetalol hcl-sodium chloride intravenous solution</i>	Tier 2	MB
*BETA BLOCKERS CARDIO-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acebutolol hcl oral capsule 200 mg</i>	Tier 1	QL (6 capsules per 1 day)
<i>acebutolol hcl oral capsule 400 mg</i>	Tier 1	QL (3 capsules per 1 day)
<i>atenolol oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<i>betaxolol hcl oral tablet 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>betaxolol hcl oral tablet 20 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>bisoprolol fumarate oral tablet 10 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>bisoprolol fumarate oral tablet 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
BREVIBLOC IN NACL INTRAVENOUS SOLUTION (<i>esmolol hcl-sodium chloride</i>)	Tier 2	MB
BREVIBLOC INTRAVENOUS SOLUTION (<i>esmolol hcl</i>)	Tier 2	MB
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION (<i>esmolol hcl-sodium chloride</i>)	Tier 2	MB
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION (<i>esmolol hcl-sodium chloride</i>)	Tier 2	MB
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>nebivolol hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
BYSTOLIC ORAL TABLET 20 MG (<i>nebivolol hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>esmolol hcl intravenous solution</i>	Tier 2	MB
<i>esmolol hcl intravenous solution prefilled syringe</i>	Tier 2	MB
<i>esmolol hcl-sodium chloride intravenous solution</i>	Tier 2	MB
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	Tier 2	PA; QL (1 capsule per 1 day)
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 200 MG (<i>metoprolol succinate</i>)	Tier 2	PA; QL (2 capsule per 1 day)
LOPRESSOR ORAL TABLET 100 MG (<i>metoprolol tartrate</i>)	Tier 2	PA; QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOPRESSOR ORAL TABLET 50 MG (<i>metoprolol tartrate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg, 25 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>metoprolol tartrate intravenous solution</i>	Tier 2	MB
<i>metoprolol tartrate oral tablet 100 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>metoprolol tartrate oral tablet 25 mg, 37.5 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>nebivolol hcl oral tablet 20 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
TENORMIN ORAL TABLET (<i>atenolol</i>)	Tier 2	PA; QL (2 tablets per 1 day)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG (<i>metoprolol succinate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG, 25 MG (<i>metoprolol succinate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
BETAPACE AF ORAL TABLET (<i>sotalol hcl af</i>)	Tier 2	PA
BETAPACE ORAL TABLET 120 MG, 80 MG (<i>sotalol hcl</i>)	Tier 2	PA; QL (3 tablets per 1 day)
BETAPACE ORAL TABLET 160 MG (<i>sotalol hcl</i>)	Tier 2	PA; QL (4 tablets per 1 day)
CORGARD ORAL TABLET 20 MG (<i>nadolol</i>)	Tier 2	PA; QL (1 tablet per 1 day)
CORGARD ORAL TABLET 40 MG (<i>nadolol</i>)	Tier 2	PA; QL (3 tablets per 1 day)
CORGARD ORAL TABLET 80 MG (<i>nadolol</i>)	Tier 2	PA; QL (4 tablets per 1 day)
HEMANGEOL ORAL SOLUTION (<i>propranolol hcl</i>)	Tier 2	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG (<i>propranolol hcl</i>)	Tier 2	PA; QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG (<i>propranolol hcl</i>)	Tier 2	PA; QL (4 capsules per 1 day)
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 60 MG, 80 MG (<i>propranolol hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>propranolol hcl sr beads</i>)	Tier 2	PA; QL (1 capsule per 1 day)
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>propranolol hcl sr beads</i>)	Tier 2	PA; QL (1 capsule per 1 day)
<i>nadolol oral tablet 20 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>nadolol oral tablet 40 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>nadolol oral tablet 80 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>pindolol oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 160 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>propranolol hcl er oral capsule extended release 24 hour 60 mg, 80 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>propranolol hcl intravenous solution</i>	Tier 2	MB
<i>propranolol hcl oral solution 20 mg/5ml</i>	Tier 1	QL (20 mL per 1 day)
<i>propranolol hcl oral solution 40 mg/5ml</i>	Tier 1	QL (80 mL per 1 day)
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>propranolol hcl oral tablet 80 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>sotalol hcl</i> (Sorine Oral Tablet 120 Mg, 80 Mg)	Tier 1	QL (3 tablets per 1 day)
<i>sotalol hcl</i> (Sorine Oral Tablet 160 Mg)	Tier 1	QL (4 tablets per 1 day)
<i>sotalol hcl</i> (Sorine Oral Tablet 240 Mg)	Tier 1	QL (2 tablets per 1 day)
<i>sotalol hcl (af) oral tablet</i>	Tier 1	
<i>sotalol hcl intravenous solution</i>	Tier 2	MB
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>sotalol hcl oral tablet 160 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>sotalol hcl oral tablet 240 mg</i>	Tier 1	QL (2 tablets per 1 day)
SOTYLIZE ORAL SOLUTION (<i>sotalol hcl</i>)	Tier 2	

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<i>timolol maleate oral tablet 10 mg, 5 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>timolol maleate oral tablet 20 mg</i>	Tier 1	QL (3 tablets per 1 day)
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKER-NSAID COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
CONSENSI ORAL TABLET (<i>amlodipine besylate-celecoxib</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*CALCIUM CHANNEL BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate oral tablet 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 2.5 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 5 mg</i>	Tier 1	DO; QL (1.5 tablets per 1 day)
CALAN SR ORAL TABLET EXTENDED RELEASE (<i>verapamil hcl</i>)	Tier 2	QL (2 tablets per 1 day)
CARDENE IV INTRAVENOUS SOLUTION (<i>nicardipine hcl in nacl</i>)	Tier 2	MB
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG (<i>diltiazem hcl coated beads</i>)	Tier 2	DO; QL (1 capsule per 1 day)
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	Tier 2	QL (1 capsule per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG (<i>diltiazem hcl coated beads</i>)	Tier 2	DO; QL (1 tablet per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG (<i>diltiazem hcl coated beads</i>)	Tier 2	QL (1 tablet per 1 day)
CARDIZEM ORAL TABLET 120 MG (<i>diltiazem hcl</i>)	Tier 2	QL (3 tablets per 1 day)
CARDIZEM ORAL TABLET 30 MG, 60 MG (<i>diltiazem hcl</i>)	Tier 2	DO; QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg)	Tier 1	DO; QL (1 capsule per 1 day)
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 300 Mg)	Tier 1	QL (1 capsule per 1 day)
CLEVIPREX INTRAVENOUS EMULSION (clevidipine)	Tier 2	MB
CONJUPRI ORAL TABLET 2.5 MG (levamlodipine maleate)	Tier 2	PA; DO; QL (1 tablet per 1 day)
CONJUPRI ORAL TABLET 5 MG (levamlodipine maleate)	Tier 2	PA; QL (1 tablet per 1 day)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 1	DO; QL (1 capsule per 1 day)
diltiazem hcl er beads oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg	Tier 1	QL (1 capsule per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	Tier 1	DO; QL (1 capsule per 1 day)
diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg, 360 mg	Tier 1	QL (1 capsule per 1 day)
diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg, 240 mg	Tier 2	DO; QL (1 tablet per 1 day)
diltiazem hcl er coated beads oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg	Tier 2	QL (1 tablet per 1 day)
diltiazem hcl er oral capsule extended release 12 hour	Tier 2	QL (2 capsules per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg	Tier 1	DO; QL (1 capsule per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 240 mg	Tier 1	QL (1 capsule per 1 day)
diltiazem hcl intravenous solution	Tier 2	MB
diltiazem hcl intravenous solution reconstituted	Tier 2	MB
diltiazem hcl oral tablet 120 mg	Tier 1	QL (3 tablets per 1 day)
diltiazem hcl oral tablet 30 mg, 60 mg	Tier 1	DO; QL (4 tablets per 1 day)
diltiazem hcl oral tablet 90 mg	Tier 1	QL (4 tablets per 1 day)
diltiazem hcl-dextrose intravenous solution	Tier 2	MB
diltiazem hcl-sodium chloride intravenous solution	Tier 2	MB

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<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg</i>	Tier 1	DO; QL (1 capsule per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>isradipine oral capsule 2.5 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>isradipine oral capsule 5 mg</i>	Tier 1	QL (4 capsules per 1 day)
KATERZIA ORAL SUSPENSION (<i>amlodipine benzoate</i>)	Tier 2	PA; QL (2 bottles per 30 days)
<i>diltiazem hcl coated beads</i> (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg, 240 Mg)	Tier 2	DO; QL (1 tablet per 1 day)
<i>diltiazem hcl coated beads</i> (Matzim La Oral Tablet Extended Release 24 Hour 300 Mg, 360 Mg, 420 Mg)	Tier 2	QL (1 tablet per 1 day)
<i>nicardipine hcl in nacl intravenous solution</i>	Tier 2	MB
<i>nicardipine hcl in nacl intravenous solution prefilled syringe</i>	Tier 2	MB
<i>nicardipine hcl intravenous solution</i>	Tier 2	MB
<i>nicardipine hcl oral capsule 20 mg</i>	Tier 1	QL (6 capsules per 1 day)
<i>nicardipine hcl oral capsule 30 mg</i>	Tier 1	QL (4 capsules per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>nifedipine oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
<i>nimodipine oral capsule</i>	Tier 2	QL (12 capsules per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 8.5 mg</i>	Tier 2	DO; QL (1 tablet per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 40 mg</i>	Tier 2	QL (1 tablet per 1 day)

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NORVASC ORAL TABLET 10 MG (<i>amlodipine besylate</i>)	Tier 2	QL (1 tablet per 1 day)
NORVASC ORAL TABLET 2.5 MG (<i>amlodipine besylate</i>)	Tier 2	DO; QL (1 tablet per 1 day)
NORVASC ORAL TABLET 5 MG (<i>amlodipine besylate</i>)	Tier 2	DO; QL (1.5 tablets per 1 day)
NYMALIZE ORAL SOLUTION (<i>nimodipine</i>)	Tier 2	QL (60 mL per 1 day)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (<i>nifedipine</i>)	Tier 2	DO; QL (1 tablet per 1 day)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG (<i>nifedipine</i>)	Tier 2	QL (1 tablet per 1 day)
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>nisoldipine</i>)	Tier 2	DO; QL (1 tablet per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg)	Tier 1	DO; QL (1 capsule per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 300 Mg, 360 Mg)	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads</i> (Tiadyt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 240 Mg)	Tier 1	DO; QL (1 capsule per 1 day)
<i>diltiazem hcl er beads</i> (Tiadyt Er Oral Capsule Extended Release 24 Hour 300 Mg, 360 Mg, 420 Mg)	Tier 1	QL (1 capsule per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG (<i>diltiazem hcl er beads</i>)	Tier 2	DO; QL (1 capsule per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	Tier 2	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg</i>	Tier 1	DO; QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>verapamil hcl er oral tablet extended release</i>	Tier 1	QL (2 tablets per 1 day)
<i>verapamil hcl intravenous solution</i>	Tier 2	MB
<i>verapamil hcl oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG (<i>verapamil hcl</i>)	Tier 2	DO; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (<i>verapamil hcl</i>)	Tier 2	QL (2 capsules per 1 day)
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG (<i>verapamil hcl</i>)	Tier 2	QL (1 capsule per 1 day)
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>verapamil hcl</i>)	Tier 2	DO; QL (1 capsule per 1 day)
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (<i>verapamil hcl</i>)	Tier 2	QL (1 capsule per 1 day)
CARDIOTONICS - DRUGS FOR THE HEART		
*CARDIAC GLYCOSIDES*** - DRUGS FOR THE HEART		
<i>digoxin</i> (Digitek Oral Tablet 125 Mcg)	Tier 1	QL (1 tablet per 1 day)
<i>digoxin</i> (Digitek Oral Tablet 250 Mcg)	Tier 1	QL (2 tablets per 1 day)
<i>digoxin</i> (Digox Oral Tablet 125 Mcg)	Tier 1	QL (1 tablet per 1 day)
<i>digoxin</i> (Digox Oral Tablet 250 Mcg)	Tier 1	QL (2 tablets per 1 day)
<i>digoxin injection solution</i>	Tier 2	MB
<i>digoxin oral solution</i>	Tier 1	
<i>digoxin oral tablet 125 mcg</i>	Tier 1	QL (1 tablet per 1 day)
<i>digoxin oral tablet 250 mcg</i>	Tier 1	QL (2 tablets per 1 day)
LANOXIN INJECTION SOLUTION (<i>digoxin</i>)	Tier 2	MB
LANOXIN ORAL TABLET 125 MCG (<i>digoxin</i>)	Tier 2	QL (1 tablet per 1 day)
LANOXIN ORAL TABLET 250 MCG (<i>digoxin</i>)	Tier 2	QL (2 tablets per 1 day)
LANOXIN ORAL TABLET 62.5 MCG (<i>digoxin</i>)	Tier 2	QL (1 tablets per 1 day)
LANOXIN PEDIATRIC INJECTION SOLUTION (<i>digoxin</i>)	Tier 2	MB
*INOTROPES*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>dobutamine hcl intravenous solution</i>	Tier 2	MB
<i>dobutamine in d5w intravenous solution</i>	Tier 2	MB
<i>dopamine hcl intravenous solution</i>	Tier 2	MB
<i>dopamine in d5w intravenous solution</i>	Tier 2	MB
<i>milrinone lactate in dextrose intravenous solution</i>	Tier 2	MB
<i>milrinone lactate intravenous solution</i>	Tier 2	MB

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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>	Tier 2	
<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>	Tier 2	DO
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG (<i>amlodipine-atorvastatin</i>)	Tier 2	
CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG (<i>amlodipine-atorvastatin</i>)	Tier 2	DO
*CARDIOPLEGIC SOLUTIONS*** - DRUGS FOR THE HEART		
ADENOCAINE INTRAVENOUS SOLUTION PREFILLED SYRINGE (<i>cardioplegic soln</i>)	Tier 2	MB
PLEGISOL PERFUSION SOLUTION (<i>cardioplegic soln</i>)	Tier 2	
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
ENTRESTO ORAL TABLET 24-26 MG (<i>sacubitril-valsartan</i>)	Tier 2	PA; QL (6 tablets per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	Tier 2	PA; QL (2 tablets per 1 day)
*NITRATE & VASODILATOR COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
BIDIL ORAL TABLET (<i>isosorb dinitrate-hydralazine</i>)	Tier 2	QL (6 tablets per 1 day)
*PERIPHERAL VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>eql niacin flush free oral capsule</i>	Tier 1	OTC
<i>niacin flush free oral capsule</i>	Tier 1	OTC
<i>papaverine hcl injection solution</i>	Tier 2	MB

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<i>qc niacin oral capsule</i>	Tier 1	OTC
*PROSTAGLANDIN VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>epoprostenol sodium intravenous solution reconstituted</i>	Tier 2	MB
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED (<i>epoprostenol sodium</i>)	Tier 2	MB
ORENITRAM ORAL TABLET EXTENDED RELEASE (<i>treprostinil diolamine</i>)	Tier 2	PA; SP
REMODULIN INJECTION SOLUTION (<i>treprostinil</i>)	Tier 2	MB
<i>treprostinil injection solution</i>	Tier 2	MB
TYVASO INHALATION SOLUTION (<i>treprostinil</i>)	Tier 2	PA; SP; QL (1 ampule per 1 day)
TYVASO REFILL INHALATION SOLUTION (<i>treprostinil</i>)	Tier 2	PA; SP; QL (1 ampule per 1 day)
TYVASO STARTER INHALATION SOLUTION (<i>treprostinil</i>)	Tier 2	PA; SP; QL (1 ampule per 1 time fill)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED (<i>epoprostenol sodium</i>)	Tier 2	MB
VENTAVIS INHALATION SOLUTION (<i>iloprost</i>)	Tier 2	PA; SP; QL (9 ampules per 1 day)
*PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** - DRUGS FOR HIGH BLOOD PRESSURE		
ADEMPAS ORAL TABLET (<i>riociguat</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>ambrisentan oral tablet</i>	Tier 1	PA; SP; QL (1 tablet per 1 day)
<i>bosentan oral tablet</i>	Tier 2	PA; SP; QL (2 tablets per 1 day)

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LETAIRIS ORAL TABLET (<i>ambrisentan</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
OPSUMIT ORAL TABLET (<i>macitentan</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
TRACLEER ORAL TABLET (<i>bosentan</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
TRACLEER ORAL TABLET SOLUBLE (<i>bosentan</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ADCIRCA ORAL TABLET (<i>tadalafil (pah)</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
<i>tadalafil (pah)</i> (Alyq Oral Tablet)	Tier 1	PA; SP; QL (2 tablets per 1 day)
REVATIO INTRAVENOUS SOLUTION (<i>sildenafil citrate</i>)	Tier 2	PA; MB; QL (3 vials per 1 day)
REVATIO ORAL SUSPENSION RECONSTITUTED (<i>sildenafil citrate</i>)	Tier 2	PA; SP; QL (6 mL per 1 day)
REVATIO ORAL TABLET (<i>sildenafil citrate</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
<i>sildenafil citrate intravenous solution</i>	Tier 2	PA; MB; QL (3 vials per 1 day)
<i>sildenafil citrate oral suspension reconstituted</i>	Tier 2	PA; SP; QL (6 mL per 1 day)
<i>sildenafil citrate oral tablet</i>	Tier 1	PA; SP; QL (3 tablets per 1 day)
<i>tadalafil (pah) oral tablet</i>	Tier 1	PA; SP; QL (2 tablets per 1 day)
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR HIGH BLOOD PRESSURE		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>selexipag</i>)	Tier 2	PA; MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UPTRAVI ORAL TABLET (<i>selexipag</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
UPTRAVI ORAL TABLET THERAPY PACK (<i>selexipag</i>)	Tier 2	PA; SP; QL (200 tablets per 720 days)
*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS*** - DRUGS FOR THE HEART		
CIALIS ORAL TABLET (<i>tadalafil</i>)	Tier 2	PA
<i>tadalafil oral tablet</i>	Tier 2	PA
*SEPTAL AGENTS - ABLATION** - DRUGS FOR THE HEART		
ABLYSINOL INTRA-ARTERIAL SOLUTION (<i>dehydrated alcohol</i>)	Tier 2	MB
*SINUS NODE INHIBITORS** - DRUGS FOR HIGH BLOOD PRESSURE		
CORLANOR ORAL SOLUTION (<i>ivabradine hcl</i>)	Tier 2	PA; QL (4 ampules per 1 day)
CORLANOR ORAL TABLET (<i>ivabradine hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
*TRANSTHYRETIN STABILIZERS*** - DRUGS FOR THE HEART		
VYNDAMAX ORAL CAPSULE (<i>tafamidis</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
VYNDAQEL ORAL CAPSULE (<i>tafamidis meglumine (cardiac)</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
*VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** - DRUGS FOR ANGINA		
VERQUVO ORAL TABLET (<i>vericiguat</i>)	Tier 2	PA; QL (1 tablet per 1 day)
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
*CEPHALOSPORIN COMBINATIONS*** - ANTIBIOTICS		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftazidime-avibactam</i>)	Tier 2	MB

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ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftolozane-tazobactam</i>)	Tier 2	MB
*CEPHALOSPORINS - 1ST GENERATION*** - ANTIBIOTICS		
<i>cefadroxil oral capsule</i>	Tier 1	
<i>cefadroxil oral suspension reconstituted</i>	Tier 1	
<i>cefadroxil oral tablet</i>	Tier 1	
<i>cefazolin in sodium chloride intravenous solution</i>	Tier 2	MB
<i>cefazolin sodium injection solution reconstituted</i>	Tier 2	MB
<i>cefazolin sodium intravenous solution prefilled syringe</i>	Tier 2	MB
<i>cefazolin sodium intravenous solution reconstituted</i>	Tier 2	MB
<i>cefazolin sodium-dextrose intravenous solution</i>	Tier 2	MB
<i>cefazolin sodium-dextrose intravenous solution reconstituted</i>	Tier 2	MB
<i>cephalexin oral capsule</i>	Tier 1	
<i>cephalexin oral suspension reconstituted</i>	Tier 1	
<i>cephalexin oral tablet</i>	Tier 1	
KEFLEX ORAL CAPSULE (<i>cephalexin</i>)	Tier 2	
*CEPHALOSPORINS - 2ND GENERATION*** - ANTIBIOTICS		
<i>cefaclor er oral tablet extended release 12 hour</i>	Tier 1	
<i>cefaclor oral capsule</i>	Tier 1	
<i>cefaclor oral suspension reconstituted</i>	Tier 1	
CEFOTAN INJECTION SOLUTION RECONSTITUTED (<i>cefotetan disodium</i>)	Tier 2	MB
<i>cefotetan disodium injection solution reconstituted</i>	Tier 2	MB
<i>cefotetan disodium-dextrose intravenous solution reconstituted</i>	Tier 2	MB
<i>cefoxitin sodium intravenous solution reconstituted</i>	Tier 2	MB
<i>cefoxitin sodium-dextrose intravenous solution reconstituted</i>	Tier 2	MB
<i>cefprozil oral suspension reconstituted</i>	Tier 1	

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<i>cefprozil oral tablet</i>	Tier 1	
<i>cefuroxime axetil oral tablet</i>	Tier 1	
<i>cefuroxime sodium injection solution reconstituted</i>	Tier 2	MB
<i>cefuroxime sodium intravenous solution reconstituted</i>	Tier 2	MB
*CEPHALOSPORINS - 3RD GENERATION*** - ANTIBIOTICS		
<i>cefdinir oral capsule</i>	Tier 1	QL (20 capsules per 30 days)
<i>cefdinir oral suspension reconstituted 125 mg/5ml</i>	Tier 1	QL (240 mL per 30 days)
<i>cefdinir oral suspension reconstituted 250 mg/5ml</i>	Tier 1	QL (120 mL per 1 fill)
<i>cefixime oral capsule</i>	Tier 2	
<i>cefixime oral suspension reconstituted 100 mg/5ml</i>	Tier 2	QL (200 mL per 30 days)
<i>cefixime oral suspension reconstituted 200 mg/5ml</i>	Tier 2	QL (100 mL per 30 days)
<i>cefotaxime sodium injection solution reconstituted</i>	Tier 2	MB
<i>cefpodoxime proxetil oral suspension reconstituted</i>	Tier 1	
<i>cefpodoxime proxetil oral tablet</i>	Tier 1	
<i>ceftazidime and dextrose intravenous solution reconstituted</i>	Tier 2	MB
<i>ceftazidime injection solution reconstituted</i>	Tier 2	MB
<i>ceftazidime intravenous solution reconstituted</i>	Tier 2	MB
<i>ceftriaxone sodium in dextrose intravenous solution</i>	Tier 2	MB
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	Tier 1	MB; QL (60 vials per 30 fills)
<i>ceftriaxone sodium injection solution reconstituted 100 gm</i>	Tier 2	MB
<i>ceftriaxone sodium injection solution reconstituted 250 mg</i>	Tier 1	MB; QL (1 vial per 30 fills)
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	Tier 2	MB
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	Tier 1	MB
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted</i>	Tier 2	MB

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FORTAZ INJECTION SOLUTION RECONSTITUTED (<i>ceftazidime</i>)	Tier 2	MB
FORTAZ INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftazidime</i>)	Tier 2	MB
SUPRAX ORAL CAPSULE (<i>cefixime</i>)	Tier 2	
SUPRAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>cefixime</i>)	Tier 2	QL (200 mL per 30 days)
SUPRAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>cefixime</i>)	Tier 2	QL (100 mL per 30 days)
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML (<i>cefixime</i>)	Tier 2	QL (40 mL per 1 fill)
SUPRAX ORAL TABLET CHEWABLE 100 MG (<i>cefixime</i>)	Tier 2	QL (40 tablets per 30 days)
SUPRAX ORAL TABLET CHEWABLE 200 MG (<i>cefixime</i>)	Tier 2	QL (20 tablets per 30 days)
<i>ceftazidime</i> (Tazicef Injection Solution Reconstituted)	Tier 2	MB
TAZICEF INTRAVENOUS SOLUTION (<i>ceftazidime sodium in dextrose</i>)	Tier 2	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftazidime</i>)	Tier 2	MB
*CEPHALOSPORINS - 4TH GENERATION*** - ANTIBIOTICS		
<i>cefepime hcl injection solution reconstituted</i>	Tier 2	MB
<i>cefepime hcl intravenous solution</i>	Tier 2	MB
<i>cefepime hcl intravenous solution reconstituted</i>	Tier 2	MB
<i>cefepime-dextrose intravenous solution reconstituted</i>	Tier 2	MB
*CEPHALOSPORINS - 5TH GENERATION*** - ANTIBIOTICS		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftaroline fosamil</i>)	Tier 2	MB
*CEPHALOSPORINS - SIDEROPHORES*** - ANTIBIOTICS		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED (<i>cefiderocol sulfate tosylate</i>)	Tier 2	MB

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CHEMICALS		
*SOLVENTS***		
<i>alcoholado eucaliptino solution</i>	Tier 1	OTC
<i>cvb ethyl alcohol solution</i>	Tier 1	OTC
<i>cvb rubbing alcohol solution</i>	Tier 1	OTC
<i>gnp ethyl rubbing alcohol solution</i>	Tier 1	OTC
<i>gnp isopropyl alc/wintergreen solution</i>	Tier 1	OTC
<i>gnp isopropyl rubbing alcohol solution</i>	Tier 1	OTC
<i>goodsense isopropyl alcohol solution</i>	Tier 1	OTC
<i>hm ethyl rubbing alcohol solution</i>	Tier 1	OTC
<i>isopropyl alcohol, rubbing solution</i>	Tier 1	OTC
CONTRACEPTIVES - DRUGS FOR WOMEN		
*BIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>desogestrel-ethinyl estradiol</i> (Azurette Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Kariva Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
LO LOESTRIN FE ORAL TABLET (<i>norethin-eth estrad-fe biphas</i>)	Tier 2	AL; QL (1 tablet per 1 day)
MIRCETTE ORAL TABLET (<i>desogestrel-ethinyl estradiol</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Pimtrea Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Simliya Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>viorele oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Volnea Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
*COMBINATION CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgestrel-ethinyl estrad</i> (Afirmelle Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>alyacen 1/35 oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)

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<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
BALCOLTRA ORAL TABLET (<i>levonorgest-eth estrad-fe bisg</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
BEYAZ ORAL TABLET (<i>drospiren-eth estrad-levomefol</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>briellyn oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Charlotte 24 Fe Oral Tablet Chewable)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Chateal Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestrel-ethinyl estradiol</i> (Cryselles-28 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone-eth estradiol</i> (Cyclafem 1/35 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>drospiren-eth estrad-levomefol oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)

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<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Emoquette Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>ethynodiol diac-eth estradiol oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestimate-eth estradiol</i> (Femynor Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Gem mily Oral Capsule)	Tier 1	AL; QL (1 capsule per 1 day)
GENERESS FE ORAL TABLET CHEWABLE (<i>norethin-eth estradiol-fe</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Hailey Fe 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)

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<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Larissia Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Lillow Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone acet-ethinyl est</i> (Loestrin 1.5/30 (21) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone acet-ethinyl est</i> (Loestrin 1/20 (21) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Loestrin Fe 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>marlissa oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Merzee Oral Capsule)	Tier 1	AL; QL (1 capsule per 1 day)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Microgestin 24 Fe Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)

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<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
MINASTRIN 24 FE ORAL TABLET CHEWABLE (<i>norethin ace-eth estrad-fe</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
NEXTSTELLIS ORAL TABLET (<i>drospirenone-estetrol</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe oral capsule</i>	Tier 1	AL; QL (1 capsule per 1 day)
<i>norethin ace-eth estrad-fe oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone acet-ethinyl est oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin-eth estradiol-fe oral tablet chewable</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestimate-eth estradiol oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestimate-eth estradiol</i> (Nymyo Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone-eth estradiol</i> (Pirmella 1/35 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestimate-eth estradiol</i> (Previfem Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
SAFYRAL ORAL TABLET (<i>drospiren-eth estrad-levomefol</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)

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<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin ace-eth estrad-fe</i> (Taysofy Oral Capsule)	Tier 1	AL; QL (1 capsule per 1 day)
TAYTULLA ORAL CAPSULE (<i>norethin ace-eth estrad-fe</i>)	Tier 2	AL; QL (1 capsule per 1 day)
TYBLUME ORAL TABLET CHEWABLE (<i>levonorgestrel-ethinyl estrad</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>drospirenone-ethinyl estradiol</i> (Vestura Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable)	Tier 1	AL; QL (1 tablet per 1 day)
YASMIN 28 ORAL TABLET (<i>drospirenone-ethinyl estradiol</i>)	Tier 2	AL; QL (1 tablet per 1 day)
YAZ ORAL TABLET (<i>drospirenone-ethinyl estradiol</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>drospirenone-ethinyl estradiol</i> (Zarah Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35 (28) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35E (28) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
*COMBINATION CONTRACEPTIVES - TRANSDERMAL*** - BIRTH CONTROL PILLS		
TWIRLA TRANSDERMAL PATCH WEEKLY (<i>levonorgestrel-eth estradiol</i>)	Tier 2	AL; QL (3 patches per 28 days)
<i>norelgestromin-eth estradiol</i> (Xulane Transdermal Patch Weekly)	Tier 1	AL; QL (3 patches per 30 days)

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<i>norelgestromin-eth estradiol</i> (Zafemy Transdermal Patch Weekly)	Tier 1	AL; QL (3 patches per 30 days)
*COMBINATION CONTRACEPTIVES - VAGINAL*** - BIRTH CONTROL PILLS		
ANNOVERA VAGINAL RING (<i>segesterone-ethinyl estradiol</i>)	Tier 2	QL (1 ring per 1 year)
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring)	Tier 1	AL; QL (1 ring per 30 days)
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	Tier 1	AL; QL (1 ring per 30 days)
NUVARING VAGINAL RING (<i>etonogestrel-ethinyl estradiol</i>)	Tier 2	AL; QL (1 ring per 30 days)
*CONTINUOUS CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad</i> (Dolishale Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
*COPPER CONTRACEPTIVES - IUD*** - BIRTH CONTROL PILLS		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	Tier 2	MB
*EMERGENCY CONTRACEPTIVES*** - BIRTH CONTROL PILLS		
AFTERA ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
AFTERPILL ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
ECONTRA EZ ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
ECONTRA ONE-STEP ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
ELLA ORAL TABLET (<i>ulipristal acetate</i>)	Tier 1	QL (1 tablet per 30 days)
<i>levonorgestrel oral tablet</i>	Tier 1	OTC; QL (1 tablet per 30 days)

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MY CHOICE ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
MY WAY ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
NEW DAY ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
OPCICON ONE-STEP ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
OPTION 2 ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
REACT ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
TAKE ACTION ORAL TABLET (<i>levonorgestrel</i>)	Tier 1	OTC; QL (1 tablet per 30 days)
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet)	Tier 1	AL; QL (1 tablet per 30 days)
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Iclevia Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth est & eth est oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
LOSEASONIQUE ORAL TABLET (<i>levonorgest-eth estrad 91-day</i>)	Tier 2	AL; QL (1 tablet per 1 day)

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QUARTETTE ORAL TABLET (<i>levonorgest-eth estrad 91-day</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
SEASONIQUE ORAL TABLET (<i>levonorgest-eth estrad 91-day</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
*FOUR PHASE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
NATAZIA ORAL TABLET (<i>estradiol valerate-dienogest</i>)	Tier 2	AL; QL (1 tablet per 1 day)
*PROGESTIN CONTRACEPTIVES - IMPLANTS*** - BIRTH CONTROL PILLS		
NEXPLANON SUBCUTANEOUS IMPLANT (<i>etonogestrel</i>)	Tier 2	MB
*PROGESTIN CONTRACEPTIVES - INJECTABLE*** - BIRTH CONTROL PILLS		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION (<i>medroxyprogesterone acetate</i>)	Tier 2	AL; QL (1 injection per 12 weekss)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>medroxyprogesterone acetate</i>)	Tier 2	AL; QL (1 injection per 1 fill)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (<i>medroxyprogesterone acetate</i>)	Tier 1	AL; QL (1 injection per 12 weekss)
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier 1	AL; QL (1 injection per 1 fill)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	Tier 1	AL; QL (1 injection per 1 fill)
*PROGESTIN CONTRACEPTIVES - IUD*** - BIRTH CONTROL PILLS		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	Tier 2	MB
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	Tier 2	MB
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKYLA INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	Tier 2	MB
*PROGESTIN CONTRACEPTIVES - ORAL *** - BIRTH CONTROL PILLS		
<i>norethindrone</i> (Camila Oral Tablet)	Tier 1	AL
<i>norethindrone</i> (Deblitane Oral Tablet)	Tier 1	AL
<i>norethindrone</i> (Errin Oral Tablet)	Tier 1	AL
<i>norethindrone</i> (Heather Oral Tablet)	Tier 1	AL
<i>norethindrone</i> (Incassia Oral Tablet)	Tier 1	AL
<i>norethindrone</i> (Jencycla Oral Tablet)	Tier 1	AL
<i>norethindrone</i> (Lyleq Oral Tablet)	Tier 1	AL
<i>norethindrone</i> (Lyza Oral Tablet)	Tier 1	AL
<i>norethindrone</i> (Nora-Be Oral Tablet)	Tier 1	AL
<i>norethindrone oral tablet</i>	Tier 1	AL
<i>norethindrone</i> (Norlyda Oral Tablet)	Tier 1	AL
<i>norethindrone</i> (Norlyroc Oral Tablet)	Tier 1	AL
<i>norethindrone</i> (Sharobel Oral Tablet)	Tier 1	AL
SLYND ORAL TABLET (<i>drospirenone</i>)	Tier 2	QL (1 tablet per 1 day)
<i>norethindrone</i> (Tulana Oral Tablet)	Tier 1	AL
*TRIPHASIC CONTRACEPTIVES - ORAL *** - BIRTH CONTROL PILLS		
<i>alyacen 7/7/7 oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin-eth estrad triphasic</i> (Cyclafem 7/7/7 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
ESTROSTEP FE ORAL TABLET (<i>norethindron-ethinyl estrad-fe</i>)	Tier 2	AL; QL (1 tablet per 1 day)
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)

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<i>levonorg-eth estrad triphasic oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic oral tablet</i>	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin-eth estrad triphasic</i> (Nylia 7/7/7 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Mili Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Nymyo Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
<i>desogestrel-ethinyl estradiol</i> (Velivet Oral Tablet)	Tier 1	AL; QL (1 tablet per 1 day)
CORTICOSTEROIDS - HORMONES		
*GLUCOCORTICOSTEROIDS*** - DRUGS FOR INFLAMMATION		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE (<i>hydrocortisone</i>)	Tier 2	PA
<i>budesonide er oral tablet extended release 24 hour</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>budesonide oral capsule delayed release particles</i>	Tier 1	QL (3 capsules per 1 day)

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CORTEF ORAL TABLET (<i>hydrocortisone</i>)	Tier 2	
<i>dexamethasone</i> (Decadron Oral Tablet)	Tier 1	
DEPO-MEDROL INJECTION SUSPENSION (<i>methylprednisolone acetate</i>)	Tier 2	MB
DEXAMETHASONE INTENSOL ORAL CONCENTRATE (<i>dexamethasone</i>)	Tier 1	
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet</i>	Tier 1	
<i>dexamethasone oral tablet therapy pack</i>	Tier 1	
<i>dexamethasone sod phos-nacl intravenous solution</i>	Tier 2	MB
<i>dexamethasone sod phosphate pf injection solution</i>	Tier 1	MB
<i>dexamethasone sod phosphate pf injection solution prefilled syringe</i>	Tier 2	MB
<i>dexamethasone sodium phosphate injection solution</i>	Tier 1	MB
EMFLAZA ORAL SUSPENSION (<i>deflazacort</i>)	Tier 2	PA; SP
EMFLAZA ORAL TABLET (<i>deflazacort</i>)	Tier 2	PA; SP
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>budesonide</i>)	Tier 2	QL (3 capsules per 1 day)
HEMADY ORAL TABLET (<i>dexamethasone</i>)	Tier 2	PA; QL (2 tablets per 1 day)
HEXATRIONE INTRA-ARTICULAR SUSPENSION (<i>triamcinolone hexacetonide</i>)	Tier 2	
<i>hydrocortisone oral tablet</i>	Tier 1	
KENALOG INJECTION SUSPENSION (<i>triamcinolone acetonide</i>)	Tier 2	MB
KENALOG-80 INJECTION SUSPENSION (<i>triamcinolone acetonide</i>)	Tier 2	
MEDROL ORAL TABLET (<i>methylprednisolone</i>)	Tier 2	
MEDROL ORAL TABLET THERAPY PACK (<i>methylprednisolone</i>)	Tier 2	
<i>methylprednisolone acetate injection suspension</i>	Tier 1	MB
<i>methylprednisolone oral tablet</i>	Tier 1	

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<i>methylprednisolone oral tablet therapy pack</i>	Tier 1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	Tier 1	MB
<i>methylprednisolone sodium succ injection solution reconstituted 500 mg</i>	Tier 2	MB
MILLIPRED ORAL TABLET (<i>prednisolone</i>)	Tier 1	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	Tier 2	QL (2 tablets per 1 day)
ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG (<i>prednisolone sodium phosphate</i>)	Tier 2	QL (1 tablet per 1 day)
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>budesonide</i>)	Tier 2	PA; QL (1 capsule per 1 day)
PEDIAPRED ORAL SOLUTION (<i>prednisolone sodium phosphate</i>)	Tier 2	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution</i>	Tier 1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>prednisolone sodium phosphate oral tablet dispersible 15 mg</i>	Tier 1	QL (1 tablet per 1 day)
PREDNISONE INTENSOL ORAL CONCENTRATE (<i>prednisone</i>)	Tier 1	
<i>prednisone oral solution</i>	Tier 1	
<i>prednisone oral tablet</i>	Tier 1	
<i>prednisone oral tablet therapy pack</i>	Tier 1	
RAYOS ORAL TABLET DELAYED RELEASE (<i>prednisone</i>)	Tier 2	PA
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED (<i>hydrocortisone sod succinate</i>)	Tier 2	MB
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED (<i>methylprednisolone sodium succ</i>)	Tier 2	MB
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK (<i>dexamethasone</i>)	Tier 2	

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<i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack)	Tier 1	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK (<i>dexamethasone</i>)	Tier 2	
<i>triamcinolone acetonide injection suspension</i>	Tier 1	MB
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>budesonide</i>)	Tier 2	PA; QL (1 tablet per 1 day)
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER (<i>triamcinolone acetonide</i>)	Tier 2	MB
*MINERALOCORTICOID*** - DRUGS FOR INFLAMMATION		
<i>fludrocortisone acetate oral tablet</i>	Tier 1	
*STEROID COMBINATIONS*** - DRUGS FOR INFLAMMATION		
<i>betamethasone sod phos & acet injection suspension</i>	Tier 1	MB
<i>bsp 0820 injection kit</i>	Tier 2	MB
CELESTONE SOLUSPAN INJECTION SUSPENSION (<i>betamethasone sod phos & acet</i>)	Tier 2	MB
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
*ANTI-HISTAMINE-ANALGESICS*** - DRUGS FOR COUGH AND COLD		
<i>qc cold relief oral tablet</i>	Tier 1	AL; OTC
<i>qc severe allergy oral tablet</i>	Tier 1	AL; OTC
<i>severe allergy oral tablet</i>	Tier 1	AL; OTC
*ANTITUSSIVE - NONNARCOTIC*** - DRUGS FOR ALLERGIES		
<i>benzonatate oral capsule</i>	Tier 1	AL
<i>daytime cough oral liquid</i>	Tier 1	OTC
<i>eql cough dm oral suspension extended release</i>	Tier 1	OTC
<i>px tussin max oral syrup</i>	Tier 1	OTC

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ROBITUSSIN 12 HOUR COUGH CHILD ORAL SUSPENSION EXTENDED RELEASE (<i>dextromethorphan polistirex</i>)	Tier 1	OTC
<i>sm cough dm childrens oral suspension extended release</i>	Tier 1	OTC
<i>sm cough dm oral suspension extended release</i>	Tier 1	OTC
TESSALON PERLES ORAL CAPSULE (<i>benzonatate</i>)	Tier 2	AL
*ANTITUSSIVE - OPIOID*** - DRUGS FOR COUGH AND COLD		
HYCODAN ORAL SYRUP (<i>hydrocodone-homatropine</i>)	Tier 2	AL
<i>hydrocodone-homatropine oral syrup</i>	Tier 1	AL
<i>hydrocodone-homatropine oral tablet</i>	Tier 1	AL
<i>hydromet oral syrup</i>	Tier 1	AL
*ANTITUSSIVE-EXPECTORANT - DECONGEST-ANALGESIC*** - DRUGS FOR COUGH AND COLD		
<i>eq cold flu & sore throat oral tablet</i>	Tier 1	AL; OTC
<i>gnp cold max severe oral tablet</i>	Tier 1	AL; OTC
<i>gnp cold/flu severe oral tablet</i>	Tier 1	AL; OTC
<i>goodsense cold & flu oral tablet</i>	Tier 1	AL; OTC
<i>hm daytime cold & flu oral tablet</i>	Tier 1	AL; OTC
<i>hm severe cold/flu oral tablet</i>	Tier 1	AL; OTC
MUCINEX FAST-MAX CLD FLU THRT ORAL TABLET (<i>phenylephrine-dm-gg-apap</i>)	Tier 1	AL; OTC
MUCINEX FAST-MAX COLD FLU ORAL TABLET (<i>phenylephrine-dm-gg-apap</i>)	Tier 1	AL; OTC
MUCINEX FAST-MAX COLD/FLU ORAL TABLET (<i>phenylephrine-dm-gg-apap</i>)	Tier 1	AL; OTC
MUCINEX SINUS-MAX ORAL TABLET (<i>phenylephrine-dm-gg-apap</i>)	Tier 1	AL; OTC
<i>mucus relief plus oral tablet</i>	Tier 1	AL; OTC
<i>mucus relief severe conglcold oral tablet</i>	Tier 1	AL; OTC
THERAFLU EXPRESSMAX SEV CLD/FL ORAL TABLET (<i>phenylephrine-dm-gg-apap</i>)	Tier 1	AL; OTC

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*ANTITUSSIVE-EXPECTORANT*** - DRUGS FOR COUGH AND COLD		
<i>altarussin dm oral syrup</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>chest congestion relief dm oral syrup</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>cvs tussin dm max st oral liquid</i>	Tier 1	AL; OTC
DELSYM CGH/CHEST CONG DM CHILD ORAL LIQUID (<i>dextromethorphan-guaifenesin</i>)	Tier 1	AL; OTC
<i>dextromethorphan-guaifenesin oral liquid</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>eq mucus relief dm oral tablet extended release 12 hour</i>	Tier 1	OTC
<i>eq tussin dm max adult oral liquid</i>	Tier 1	AL; OTC
<i>eq tussin dm max daytime oral liquid</i>	Tier 1	AL; OTC
<i>eql mucus-dm oral tablet extended release 12 hour</i>	Tier 1	OTC
<i>g tussin ac oral solution</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>geri-tussin dm oral syrup</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
GILTUSS COUGH & CHEST CHILDREN ORAL LIQUID (<i>dextromethorphan-guaifenesin</i>)	Tier 1	AL; OTC; QL (120 mL per 1 fill)
GILTUSS COUGH & CHEST ORAL LIQUID (<i>dextromethorphan-guaifenesin</i>)	Tier 1	AL; OTC; QL (120 mL per 1 fill)
GILTUSS DIABETIC COUGH & COLD ORAL LIQUID (<i>dextromethorphan-guaifenesin</i>)	Tier 1	AL; OTC; QL (120 mL per 1 fill)
GILTUSS HONEY CGH/CHEST CONGES ORAL LIQUID (<i>dextromethorphan-guaifenesin</i>)	Tier 1	AL; OTC; QL (120 mL per 1 fill)
GILTUSS HONEY CGH/CHST CHILD ORAL LIQUID (<i>dextromethorphan-guaifenesin</i>)	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>gnp mucus relief dm max oral liquid</i>	Tier 1	AL; OTC
<i>gnp tussin dm max oral liquid</i>	Tier 1	AL; OTC
<i>goodsense tussin dm max oral liquid</i>	Tier 1	AL; OTC
<i>guaiasorb dm oral liquid</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)

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<i>guaiaatussin ac oral syrup</i>	Tier 1	AL; QL (120 mL per 1 fill)
<i>guaicon dms oral syrup</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>guaifenesin ac oral syrup</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>guaifenesin-codeine oral solution</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>hm adult tussin cough & chest oral liquid</i>	Tier 1	AL; OTC
<i>hm mucus relief cough children oral liquid</i>	Tier 1	AL; OTC
<i>intense cough reliever oral liquid</i>	Tier 1	AL; OTC
<i>maxi-tuss ac oral solution</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>maxi-tuss g oral liquid</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>m-clear wc oral solution</i>	Tier 1	AL; OTC
<i>medi-tussin dm double strength oral liquid</i>	Tier 1	AL; OTC
<i>medi-tussin dm oral syrup</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
MUCINEX CHILDRENS FREEFROM ORAL LIQUID (<i>dextromethorphan-guaifenesin</i>)	Tier 1	AL; OTC
<i>mucus & cough relief childrens oral liquid</i>	Tier 1	AL; OTC
<i>mucus dm oral tablet extended release 12 hour</i>	Tier 1	OTC
<i>mucus relief dm oral liquid</i>	Tier 1	AL; OTC
PEDIACARE COUGH/CONGESTION ORAL LIQUID (<i>dextromethorphan-guaifenesin</i>)	Tier 1	AL; OTC
<i>qc mucus & cough relief child oral liquid</i>	Tier 1	AL; OTC
<i>qc mucus relief dm max oral liquid</i>	Tier 1	AL; OTC
<i>qc tussin dm cough/congestion oral liquid</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>ra mucus relief dm oral tablet extended release 12 hour</i>	Tier 1	OTC
<i>ra tussin cough dm sugar free oral syrup</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>trymine cg oral liquid</i>	Tier 1	AL; OTC

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<i>tussin dm max oral liquid</i>	Tier 1	AL; OTC
<i>virtussin alc oral solution</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
<i>virtussin ac walc oral liquid</i>	Tier 1	AL; OTC; QL (120 mL per 1 fill)
*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT*** - DRUGS FOR COUGH AND COLD		
GILTUSS COUGH & COLD CHILDRENS ORAL LIQUID (<i>phenylephrine-dm-gg</i>)	Tier 1	AL; OTC
GILTUSS COUGH & COLD ORAL LIQUID (<i>phenylephrine-dm-gg</i>)	Tier 1	AL; OTC
<i>sm tussin cf oral liquid</i>	Tier 1	AL; OTC
TUSNEL C ORAL SYRUP (<i>pseudoephedrine-codeine-gg</i>)	Tier 1	AL; OTC
<i>wal-tussin cf oral liquid</i>	Tier 1	AL; OTC
*DECONGESTANT & ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>12hr allergy & congestion oral tablet extended release 12 hour</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>allergy relief d-12 oral tablet extended release 12 hour</i>	Tier 1	AL; OTC; QL (2 tablets per 1 day)
<i>allergy relief-d oral tablet extended release 12 hour</i>	Tier 1	AL; OTC; QL (2 tablets per 1 day)
<i>allergy/congestion relief oral tablet extended release 12 hour</i>	Tier 1	AL; OTC; QL (2 tablets per 1 day)
<i>antihistamine & nasal deconges oral tablet extended release 12 hour</i>	Tier 1	OTC; QL (2 tablets per 1 day)
APRODINE ORAL TABLET (<i>triprolidine-pseudoephedrine</i>)	Tier 1	AL; OTC
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>desloratadine-pseudoephedrine</i>)	Tier 2	PA; AL; QL (2 tablets per 1 day)
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>gnp allergy-d allergy & conges oral tablet extended release 12 hour</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>hm allergy & congestion oral tablet extended release 12 hour</i>	Tier 1	AL; OTC; QL (2 tablets per 1 day)
LOHIST-D ORAL LIQUID (<i>chlorpheniramine-pseudoeph</i>)	Tier 1	AL; OTC
<i>promethazine vc oral syrup</i>	Tier 1	AL; QL (240 mL per 30 days)
<i>promethazine-phenylephrine oral syrup</i>	Tier 1	AL; QL (240 mL per 30 days)
<i>ra allergy relf & nasal decong oral tablet extended release 24 hour</i>	Tier 1	AL; OTC; QL (1 tablet per 1 day)
<i>ra allergy rlf/nasal decongest oral tablet extended release 24 hour</i>	Tier 1	AL; OTC; QL (1 tablet per 1 day)
<i>ra allergy/congestion oral tablet extended release 12 hour</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>rynex pse oral liquid</i>	Tier 1	AL; OTC
<i>sb allergy relief/nasal decong oral tablet extended release 24 hour</i>	Tier 1	AL; OTC; QL (1 tablet per 1 day)
<i>sm cold & allergy childrens oral elixir</i>	Tier 1	AL; OTC
WAL-ACT ORAL TABLET (<i>triprolidine-pseudoephedrine</i>)	Tier 1	AL; OTC
WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>fexofenadine-pseudoephedrine</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
<i>wal-tap cold/allergy oral elixir</i>	Tier 1	AL; OTC
*DECONGESTANT W/ EXPECTORANT*** - DRUGS FOR COUGH AND COLD		
GILPHEX TR ORAL TABLET (<i>phenylephrine-guaifenesin</i>)	Tier 2	AL
*EXPECTORANTS*** - DRUGS FOR COUGH AND COLD		
<i>altarussin oral syrup</i>	Tier 1	OTC
BUCKLEYS CHEST CONGESTION ORAL LIQUID (<i>guaifenesin</i>)	Tier 1	OTC
<i>chest congestion relief oral syrup</i>	Tier 1	OTC

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<i>chest congestion relief oral tablet</i>	Tier 1	OTC
<i>cvs mucus extended release oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
DIABETIC TUSSIN EX ORAL SYRUP (<i>guaifenesin</i>)	Tier 1	OTC
<i>eq 12 hour mucus relief oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
EQ MUCUS ER ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>guaifenesin</i>)	Tier 1	AL; OTC
<i>geri-tussin oral liquid</i>	Tier 1	OTC
<i>gnp mucus er oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
<i>gnp mucus relief oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
<i>goodsense mucus er maximum str oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
<i>hm mucus relief max st oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID (<i>guaifenesin</i>)	Tier 1	OTC
<i>mucus relief chest congestion oral liquid</i>	Tier 1	OTC
<i>mucus relief er oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
<i>mucus relief max st oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
<i>mucus+chest congestion oral liquid</i>	Tier 1	OTC
<i>pharbinex oral tablet</i>	Tier 1	OTC
<i>qc medifin mucus relief child oral liquid</i>	Tier 1	OTC
<i>qc mucus relief childrens oral liquid</i>	Tier 1	OTC
<i>qc mucus relief er oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
<i>qc mucus relief max st oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
<i>ra mucus relief max st oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
<i>ra tussin chest congestion oral syrup</i>	Tier 1	OTC
<i>sb mucus relief oral tablet</i>	Tier 1	OTC
<i>sm mucus relief childrens oral liquid</i>	Tier 1	OTC

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<i>sm mucus relief max strength oral tablet extended release 12 hour</i>	Tier 1	AL; OTC
TUSNEL-EX ORAL LIQUID (<i>guaifenesin</i>)	Tier 1	OTC
XPECT ORAL TABLET (<i>guaifenesin</i>)	Tier 1	OTC
*IODINE EXPECTORANTS*** - DRUGS FOR COUGH AND COLD		
SSKI ORAL SOLUTION (<i>potassium iodide (expectorant)</i>)	Tier 2	
*MISC. RESPIRATORY INHALANTS*** - DRUGS FOR ALLERGIES		
HYPERSAL INHALATION NEBULIZATION SOLUTION (<i>sodium chloride</i>)	Tier 2	
<i>nasal mist inhalation aerosol solution</i>	Tier 1	OTC
SIMPLY SALINE BABY INHALATION AEROSOL SOLUTION (<i>sodium chloride</i>)	Tier 1	OTC
<i>sodium chloride inhalation nebulization solution</i>	Tier 1	
*MUCOLYTICS*** - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution</i>	Tier 1	
*NON-NARC ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine-dm oral syrup</i>	Tier 1	AL; QL (120 mL per 1 fill)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>pseudoeph-bromphen-dm oral syrup</i>	Tier 2	AL
*OPIOID ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	Tier 2	AL; QL (120 mL per 1 fill)
<i>promethazine-codeine oral solution</i>	Tier 1	AL; QL (120 mL per 1 fill)
<i>promethazine-codeine oral syrup</i>	Tier 1	AL; QL (120 mL per 1 fill)
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR (<i>hydrocod polst-chlorphen polst</i>)	Tier 2	AL

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TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>chlorpheniramine-codeine</i>)	Tier 2	AL
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE (<i>codeine polst-chlorphen polst</i>)	Tier 2	AL
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTI-HISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine vclcodeine oral syrup</i>	Tier 1	AL; QL (120 mL per 1 fill)
<i>promethazine-phenyleph-codeine oral syrup</i>	Tier 1	AL; QL (120 mL per 1 fill)
DERMATOLOGICALS - DRUGS FOR THE SKIN		
*ACNE ANTIBIOTICS*** - DRUGS FOR THE SKIN		
ACZONE EXTERNAL GEL (<i>dapsone</i>)	Tier 2	PA; QL (60 grams per 30 days)
AMZEEQ EXTERNAL FOAM (<i>minocycline hcl micronized</i>)	Tier 2	PA; QL (30 grams per 30 days)
CLEOCIN-T EXTERNAL LOTION (<i>clindamycin phosphate</i>)	Tier 2	QL (4 mL per 1 day)
<i>clindamycin phosphate</i> (Clindacin Etz External Swab)	Tier 1	QL (2 units per 1 day)
<i>clindamycin phosphate</i> (Clindacin-P External Swab)	Tier 1	QL (2 units per 1 day)
CLINDAGEL EXTERNAL GEL (<i>clindamycin phosphate</i>)	Tier 2	QL (60 grams per 30 days)
<i>clindamycin phosphate external foam</i>	Tier 2	QL (100 grams per 30 days)
<i>clindamycin phosphate external gel</i>	Tier 1	QL (60 grams per 30 days)
<i>clindamycin phosphate external lotion</i>	Tier 2	QL (4 mL per 1 day)
<i>clindamycin phosphate external solution</i>	Tier 1	QL (120 mL per 30 days)
<i>clindamycin phosphate external swab</i>	Tier 1	QL (2 units per 1 day)
<i>dapsone external gel</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>ery external pad</i>	Tier 1	QL (2 units per 1 day)
ERYGEL EXTERNAL GEL (<i>erythromycin</i>)	Tier 2	QL (60 grams per 30 days)
<i>erythromycin external gel</i>	Tier 2	QL (60 grams per 30 days)
<i>erythromycin external solution</i>	Tier 1	QL (60 mL per 1 day)

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EVOCLIN EXTERNAL FOAM (<i>clindamycin phosphate</i>)	Tier 2	QL (100 grams per 30 days)
KLARON EXTERNAL LOTION (<i>sulfacetamide sodium (acne)</i>)	Tier 2	
<i>sulfacetamide sodium (acne) external lotion</i>	Tier 2	
*ACNE COMBINATIONS*** - DRUGS FOR THE SKIN		
ACANYA EXTERNAL GEL (<i>clindamycin phos-benzoyl perox</i>)	Tier 2	PA
<i>adapalene-benzoyl peroxide external gel</i>	Tier 2	PA; QL (45 grams per 30 days)
BENZAFLIN EXTERNAL GEL (<i>clindamycin phos-benzoyl perox</i>)	Tier 2	PA; QL (50 grams per 30 days)
BENZAFLIN WITH PUMP EXTERNAL GEL (<i>clindamycin phos-benzoyl perox</i>)	Tier 2	PA; QL (50 grams per 30 days)
BENZAMYCIN EXTERNAL GEL (<i>benzoyl peroxide-erythromycin</i>)	Tier 2	PA; QL (47 grams per 30 days)
<i>benzoyl peroxide-erythromycin external gel</i>	Tier 2	PA; QL (47 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	Tier 2	PA
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	Tier 1	QL (45 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	Tier 2	PA; QL (50 grams per 30 days)
<i>clindamycin-tretinoin external gel</i>	Tier 2	PA
EPIDUO EXTERNAL GEL (<i>adapalene-benzoyl peroxide</i>)	Tier 2	PA; QL (45 grams per 30 days)
EPIDUO FORTE EXTERNAL GEL (<i>adapalene-benzoyl peroxide</i>)	Tier 2	PA; QL (45 grams per 30 days)
<i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel)	Tier 2	PA; QL (45 grams per 30 days)
ONEXTON EXTERNAL GEL (<i>clindamycin phos-benzoyl perox</i>)	Tier 2	PA
<i>sulfacetamide sod-sulfur wash external liquid</i>	Tier 2	
VELTIN EXTERNAL GEL (<i>clindamycin-tretinoin</i>)	Tier 2	PA
ZIANA EXTERNAL GEL (<i>clindamycin-tretinoin</i>)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ACNE PRODUCTS*** - DRUGS FOR THE SKIN		
ABSORICA LD ORAL CAPSULE (<i>isotretinoin micronized</i>)	Tier 2	PA
ABSORICA ORAL CAPSULE (<i>isotretinoin</i>)	Tier 2	PA; QL (30 day supply per 1 fill)
<i>isotretinoin</i> (Accutane Oral Capsule)	Tier 1	PA
<i>acne foaming wash external liquid</i>	Tier 1	OTC
<i>acne maximum strength external cream</i>	Tier 1	OTC
<i>acne medication 10 external gel</i>	Tier 1	OTC; QL (180 grams per 30 days)
<i>acne medication 10 external lotion</i>	Tier 1	OTC; QL (177 mL per 30 days)
<i>acne medication 2.5 external gel</i>	Tier 1	OTC
<i>acne medication 5 external gel</i>	Tier 1	OTC; QL (180 grams per 30 days)
<i>acne medication 5 external lotion</i>	Tier 1	OTC; QL (177 mL per 30 days)
<i>acne treatment external bar</i>	Tier 1	OTC
<i>acne treatment external gel</i>	Tier 1	OTC; QL (180 grams per 30 days)
<i>acne-clear external gel</i>	Tier 1	OTC; QL (180 grams per 30 days)
<i>adapalene external cream</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>adapalene external gel 0.3 %</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>adapalene external pad</i>	Tier 2	PA; QL (1 swab per 1 day)
<i>adapalene gel 0.1 % external (otc)</i>	Tier 1	OTC; QL (45 grams per 30 days)
<i>adapalene gel 0.1 % external (rx)</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>adapalene treatment external gel</i>	Tier 1	PA; OTC; QL (45 grams per 30 days)
AKLIEF EXTERNAL CREAM (<i>trifarotene</i>)	Tier 2	PA; QL (1 pump per 1 day)

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ALTRENO EXTERNAL LOTION (<i>tretinoin</i>)	Tier 2	PA; QL (45 grams per 30 days)
<i>isotretinoin</i> (Amnesteem Oral Capsule)	Tier 1	PA; QL (30 day supply per 1 fill)
ARAZLO EXTERNAL LOTION (<i>tazarotene</i>)	Tier 2	PA; QL (45 grams per 30 days)
ATRALIN EXTERNAL GEL (<i>tretinoin</i>)	Tier 2	PA; QL (45 grams per 30 days)
<i>tretinoin</i> (Avita External Cream)	Tier 2	PA; QL (45 grams per 30 days)
<i>tretinoin</i> (Avita External Gel)	Tier 1	PA; QL (45 grams per 30 days)
AZELEX EXTERNAL CREAM (<i>azelaic acid</i>)	Tier 2	PA; QL (30 grams per 30 days)
BENZEFOAM EXTERNAL FOAM (<i>benzoyl peroxide</i>)	Tier 1	
<i>benzoyl peroxide cleanser external liquid</i>	Tier 1	OTC; QL (171 grams per 30 days)
<i>benzoyl peroxide external gel</i>	Tier 1	OTC; QL (180 grams per 30 days)
<i>benzoyl peroxide wash external liquid</i>	Tier 1	OTC
<i>bp gel external gel 10 %</i>	Tier 1	OTC; QL (180 grams per 30 days)
<i>bp gel external gel 5 %</i>	Tier 1	OTC
<i>bp wash external liquid</i>	Tier 1	OTC
<i>bpo foaming cloths external</i>	Tier 1	OTC
CERAVE ACNE FOAMING CREAM EXTERNAL LIQUID (<i>benzoyl peroxide</i>)	Tier 1	OTC
<i>isotretinoin</i> (Claravis Oral Capsule)	Tier 1	PA; QL (30 day supply per 1 fill)
CLEAN & CLEAR PERSA-GEL MAX ST EXTERNAL GEL (<i>benzoyl peroxide</i>)	Tier 1	OTC; QL (180 grams per 30 days)
CLEARASIL DAILY CLEAR ACNE EXTERNAL CREAM (<i>benzoyl peroxide</i>)	Tier 1	OTC

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CLEARASIL RAPID RESCUE SPOT EXTERNAL CREAM (<i>benzoyl peroxide</i>)	Tier 1	OTC
CLEARSKIN EXTERNAL CREAM (<i>benzoyl peroxide</i>)	Tier 1	OTC
<i>cvs acne cleansing external bar</i>	Tier 1	OTC
<i>cvs acne control cleanser external cream</i>	Tier 1	OTC
<i>cvs acne external cream</i>	Tier 1	OTC
<i>cvs acne foaming face wash external liquid</i>	Tier 1	OTC
<i>cvs acne treatment external gel</i>	Tier 1	OTC; QL (180 grams per 30 days)
<i>cvs advanced 3-in-1 cleanser external liquid</i>	Tier 1	OTC
<i>cvs foaming acne face wash external liquid</i>	Tier 1	OTC
DIFFERIN EXTERNAL CREAM (<i>adapalene</i>)	Tier 2	PA; QL (45 grams per 30 days)
DIFFERIN EXTERNAL GEL (<i>adapalene</i>)	Tier 2	PA; QL (45 grams per 30 days)
DIFFERIN EXTERNAL LOTION (<i>adapalene</i>)	Tier 2	PA; QL (59 mL per 30 days)
<i>effaclar duo external solution</i>	Tier 1	OTC
FABIOR EXTERNAL FOAM (<i>tazarotene</i>)	Tier 2	PA; QL (50 grams per 30 days)
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Tier 1	PA; QL (30 day supply per 1 fill)
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	Tier 2	PA; QL (30 day supply per 1 fill)
MEDPURA BENZOYL PEROXIDE EXTERNAL GEL (<i>benzoyl peroxide</i>)	Tier 1	OTC; QL (180 grams per 30 days)
MEDPURA BENZOYL PEROXIDE EXTERNAL LIQUID (<i>benzoyl peroxide</i>)	Tier 1	OTC
<i>isotretinoin</i> (Myorisan Oral Capsule)	Tier 1	PA; QL (30 day supply per 1 fill)
NEUTROGENA CLEAR PORE EXTERNAL LIQUID (<i>benzoyl peroxide</i>)	Tier 1	OTC
PANOXYL CREAMY WASH EXTERNAL LIQUID (<i>benzoyl peroxide</i>)	Tier 1	OTC

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PANOXYL EXTERNAL LIQUID (<i>benzoyl peroxide</i>)	Tier 1	OTC
PANOXYL FOAMING WASH EXTERNAL LIQUID (<i>benzoyl peroxide</i>)	Tier 1	OTC
<i>ra daylogic acne foaming wash external foam</i>	Tier 1	OTC
RETIN-A EXTERNAL CREAM (<i>tretinoin</i>)	Tier 2	PA; QL (45 grams per 30 days)
RETIN-A EXTERNAL GEL (<i>tretinoin</i>)	Tier 2	PA; QL (45 grams per 30 days)
RETIN-A MICRO EXTERNAL GEL (<i>tretinoin microsphere</i>)	Tier 2	PA; QL (45 grams per 30 days)
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.08 %, 0.1 % (<i>tretinoin microsphere</i>)	Tier 2	PA; QL (50 grams per 30 days)
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % (<i>tretinoin microsphere</i>)	Tier 2	QL (50 grams per 30 days)
<i>spot acne treatment external cream</i>	Tier 1	OTC
<i>tazarotene external foam</i>	Tier 2	PA; QL (50 grams per 30 days)
<i>tretinoin external cream</i>	Tier 1	PA; QL (45 grams per 30 days)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	Tier 1	PA; QL (45 grams per 30 days)
<i>tretinoin external gel 0.05 %</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>tretinoin microsphere external gel 0.04 %</i>	Tier 2	PA; QL (50 grams per 30 days)
<i>tretinoin microsphere external gel 0.1 %</i>	Tier 1	PA; QL (45 grams per 30 days)
<i>tretinoin microsphere pump external gel 0.04 %</i>	Tier 2	PA; QL (50 grams per 30 days)
<i>tretinoin microsphere pump external gel 0.1 %</i>	Tier 2	PA; QL (45 grams per 30 days)
WINLEVI EXTERNAL CREAM (<i>clascoterone</i>)	Tier 2	PA; QL (60 grams per 30 days)

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<i>isotretinoin</i> (Zenatane Oral Capsule)	Tier 1	PA; QL (30 day supply per 1 fill)
*AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS*** - DRUGS FOR THE SKIN		
VEREGEN EXTERNAL OINTMENT (<i>sinecatechins</i>)	Tier 2	PA; QL (30 grams per 28 days)
*ANTIBIOTIC MIXTURES TOPICAL*** - DRUGS FOR THE SKIN		
<i>cvs antibiotic external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>cvs antibiotic pain/scar external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>cvs poly bacitracin external ointment</i>	Tier 1	OTC
<i>first aid antibiotic external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>hm double antibiotic external ointment</i>	Tier 1	OTC
<i>hm triple antibiotic external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>kp double antibiotic external ointment</i>	Tier 1	OTC
LANABIOTIC EXTERNAL OINTMENT (<i>neomycin-bacitracin-polymyxin</i>)	Tier 1	OTC; QL (30 grams per 30 days)
<i>meijer triple antibiotic external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT (<i>neomy-bacit-polymyx-pramoxine</i>)	Tier 1	OTC; QL (30 grams per 30 days)
NEOSPORIN EXTERNAL OINTMENT (<i>bacitracin-polymyxin b</i>)	Tier 1	OTC
NEOSPORIN/BURN RELIEF EXTERNAL OINTMENT (<i>neomy-bacit-polymyx-pramoxine</i>)	Tier 1	OTC; QL (30 grams per 30 days)
<i>poly bacitracin external ointment</i>	Tier 1	OTC
<i>qc triple antibiotic max st external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>ra antibiotic + pain relief external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)

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<i>ra double antibiotic external ointment</i>	Tier 1	OTC
<i>sm double antibiotic external ointment</i>	Tier 1	OTC
<i>triple antibiotic external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>triple antibiotic plus max st external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>triple antibiotic+pain relief external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>wal-sporin external ointment</i>	Tier 1	OTC
*ANTIBIOTIC STEROID COMBINATIONS - TOPICAL*** - DRUGS FOR THE SKIN		
NEO-SYNALAR EXTERNAL CREAM (<i>neomycin-fluocinolone</i>)	Tier 2	
*ANTIBIOTICS - TOPICAL*** - DRUGS FOR THE SKIN		
ALTABAX EXTERNAL OINTMENT (<i>retapamulin</i>)	Tier 2	QL (30 grams per 1 fill)
<i>antibiotic external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>bacitracin external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>bacitracin zinc external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>bacitracin zinc-aloe external ointment</i>	Tier 1	OTC
BACITRAYCIN PLUS EXTERNAL OINTMENT (<i>bacitracin</i>)	Tier 1	OTC; QL (30 grams per 30 days)
CENTANY EXTERNAL OINTMENT (<i>mupirocin</i>)	Tier 2	PA; QL (120 grams per 30 days)
<i>cvs bacitracin external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>cvs bacitracin zinc external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>eq bacitracin zinc external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)

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<i>eql bacitracin zinc external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>gentamicin sulfate external cream</i>	Tier 1	QL (30 grams per 1 fill)
<i>gentamicin sulfate external ointment</i>	Tier 1	QL (30 grams per 1 fill)
<i>gnp bacitracin zinc external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>hm bacitracin zinc external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>mupirocin calcium external cream</i>	Tier 2	PA; QL (30 grams per 1 fill)
<i>mupirocin external ointment</i>	Tier 1	QL (120 grams per 30 days)
<i>qc bacitracin external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>ra bacitracin external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>ra bacitracin zinc first aid external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>sb bacitracin external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>sm antibiotic external ointment</i>	Tier 1	OTC; QL (30 grams per 30 days)
XEPI EXTERNAL CREAM (<i>ozenoxacin</i>)	Tier 2	QL (45 grams per 30 days)
*ANTIFUNGALS - TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>clotrimazole-betamethasone external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	Tier 1	QL (120 mL per 30 days)
<i>g-mycos nail external solution</i>	Tier 1	OTC
<i>miconazole-zinc oxide-petrolat external ointment</i>	Tier 2	QL (50 grams per 30 days)
MYCO NAIL EXTERNAL SOLUTION (<i>misc antifungal combo products</i>)	Tier 1	OTC
<i>nystatin-triamcinolone external cream</i>	Tier 2	PA; QL (120 grams per 30 days)

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<i>nystatin-triamcinolone external ointment</i>	Tier 2	PA; QL (120 grams per 30 days)
VUSION EXTERNAL OINTMENT (<i>miconazole-zinc oxide-petrolat</i>)	Tier 2	QL (50 grams per 30 days)
*ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>antifungal (tolnaftate) external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>anti-fungal external powder</i>	Tier 1	OTC; QL (67.5 grams per 30 days)
<i>athletes foot powder spray external aerosol powder</i>	Tier 1	OTC; QL (133 grams per 30 days)
<i>athletes foot spray external aerosol</i>	Tier 1	OTC; QL (159 grams per 30 days)
BLIS-TO-SOL EXTERNAL LIQUID (<i>tolnaftate</i>)	Tier 1	OTC
<i>ciclopirox external gel</i>	Tier 2	PA; QL (100 grams per 30 days)
<i>ciclopirox external shampoo</i>	Tier 2	PA; QL (120 mL per 30 days)
<i>ciclopirox external solution</i>	Tier 1	PA; QL (7 mL per 30 days)
<i>ciclopirox olamine external cream</i>	Tier 1	QL (90 grams per 30 days)
<i>ciclopirox olamine external suspension</i>	Tier 1	QL (60 mL per 30 days)
<i>cvs athletes foot (tolnaftate) external aerosol powder</i>	Tier 1	OTC; QL (133 grams per 30 days)
<i>cvs athletes foot (tolnaftate) external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>cvs foot & sneaker external aerosol powder</i>	Tier 1	OTC; QL (133 grams per 30 days)
DR GS CLEAR NAIL EXTERNAL SOLUTION (<i>tolnaftate</i>)	Tier 1	OTC
<i>eq athletes foot (terbinafine) external cream</i>	Tier 1	OTC; QL (42 grams per 30 days)
<i>eq athletes foot (tolnaftate) external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)

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<i>eql antifungal (tolnaftate) external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
FOOT REPAIR SERUM EXTERNAL SOLUTION (<i>tolnaftate</i>)	Tier 1	OTC
FORMULA 3 THE TREATMENT EXTERNAL SOLUTION (<i>tolnaftate</i>)	Tier 1	OTC
FORMULA 7 THE SOLUTION EXTERNAL SOLUTION (<i>tolnaftate</i>)	Tier 1	OTC
FUNGAL NAIL ERASER EXTERNAL SOLUTION (<i>tolnaftate</i>)	Tier 1	OTC
<i>fungi-guard external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>gnp tolnaftate external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>jock itch spray powder external aerosol powder</i>	Tier 1	OTC; QL (133 grams per 30 days)
<i>kp tolnaftate external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
LOPROX EXTERNAL CREAM (<i>ciclopirox olamine</i>)	Tier 2	PA; QL (90 grams per 30 days)
LOPROX EXTERNAL SHAMPOO (<i>ciclopirox</i>)	Tier 2	QL (120 mL per 30 days)
LOPROX EXTERNAL SUSPENSION (<i>ciclopirox olamine</i>)	Tier 2	PA; QL (60 mL per 30 days)
LOTRIMIN AF EXTERNAL POWDER (<i>tolnaftate</i>)	Tier 1	OTC
<i>medicated anti-fungal external solution</i>	Tier 1	OTC
MENTAX EXTERNAL CREAM (<i>butenafine hcl</i>)	Tier 2	PA; QL (30 grams per 30 days)
MICOTRIN AL EXTERNAL SOLUTION (<i>tolnaftate</i>)	Tier 1	
MYCOCIDE CLINICAL NS EXTERNAL SOLUTION (<i>tolnaftate</i>)	Tier 1	OTC
MYCOZYL AL EXTERNAL SOLUTION (<i>tolnaftate</i>)	Tier 1	OTC
<i>naftifine hcl external cream 1 %</i>	Tier 2	PA; QL (90 grams per 30 days)

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<i>naftifine hcl external cream 2 %</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>naftifine hcl external gel</i>	Tier 2	PA; QL (90 grams per 30 days)
NAFTIN EXTERNAL GEL 1 % (<i>naftifine hcl</i>)	Tier 2	PA; QL (90 grams per 30 days)
NAFTIN EXTERNAL GEL 2 % (<i>naftifine hcl</i>)	Tier 2	PA; QL (60 grams per 30 days)
<i>nystatin</i> (Nyamyc External Powder)	Tier 1	QL (30 grams per 30 days)
<i>nystatin external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>nystatin external ointment</i>	Tier 1	QL (120 grams per 30 days)
<i>nystatin external powder</i>	Tier 1	QL (30 grams per 30 days)
<i>nystatin</i> (Nystop External Powder)	Tier 1	QL (30 grams per 30 days)
<i>odor control foot & sneaker external aerosol powder</i>	Tier 1	OTC; QL (133 grams per 30 days)
ODOR EATERS ANTIFUNGAL EXTERNAL POWDER (<i>tolnaftate</i>)	Tier 1	OTC; QL (67.5 grams per 30 days)
ODOR EATERS FOOT/SNEAKER SPRAY EXTERNAL AEROSOL POWDER (<i>tolnaftate</i>)	Tier 1	OTC; QL (133 grams per 30 days)
<i>qc athletes foot external cream</i>	Tier 1	OTC; QL (42 grams per 30 days)
<i>qc tolnaftate external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>ra antifungal foot care external cream</i>	Tier 1	OTC; QL (42 grams per 30 days)
<i>ra foot care (terbinafine) external cream</i>	Tier 1	OTC; QL (42 grams per 30 days)
<i>ra foot care (tolnaftate) external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>ra jock itch max st external aerosol powder</i>	Tier 1	OTC; QL (133 grams per 30 days)

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<i>sb anti-fungal external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>sm antifungal tolnaftate external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
TINACTIN EXTERNAL AEROSOL (<i>tolnaftate</i>)	Tier 1	OTC; QL (159 grams per 30 days)
<i>tinaspore external solution</i>	Tier 1	OTC
TING EXTERNAL AEROSOL (<i>tolnaftate</i>)	Tier 1	OTC; QL (159 grams per 30 days)
TING EXTERNAL CREAM (<i>tolnaftate</i>)	Tier 1	OTC; QL (30 grams per 30 days)
<i>tolnaftate antifungal external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>tolnaftate external aerosol powder</i>	Tier 1	OTC; QL (133 grams per 30 days)
<i>tolnaftate external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>tolnaftate external powder</i>	Tier 1	OTC; QL (67.5 grams per 30 days)
*ANTI-INFLAMMATORY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>arthritis pain reliever external gel</i>	Tier 1	OTC; QL (1000 grams per 30 days)
ASPERCREME ARTHRITIS PAIN EXTERNAL GEL (<i>diclofenac sodium</i>)	Tier 1	OTC; QL (1000 grams per 30 days)
<i>cvs diclofenac sodium external gel</i>	Tier 1	OTC; QL (1000 grams per 30 days)
<i>diclofenac epolamine external patch</i>	Tier 2	PA; QL (2 patches per 1 day)
<i>diclofenac sodium external gel</i>	Tier 2	QL (1000 grams per 30 days)
<i>diclofenac sodium external solution</i>	Tier 1	QL (10 mL per 1 day)
FLECTOR EXTERNAL PATCH (<i>diclofenac epolamine</i>)	Tier 2	PA; QL (2 patches per 1 day)

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<i>gnp arthritis pain external gel</i>	Tier 1	OTC; QL (1000 grams per 30 days)
<i>goodsense arthritis pain external gel</i>	Tier 1	OTC; QL (1000 grams per 30 days)
<i>kls diclofenac sodium external gel</i>	Tier 1	OTC; QL (1000 grams per 30 days)
LICART EXTERNAL PATCH 24 HOUR (<i>diclofenac epolamine</i>)	Tier 2	PA; QL (1 patche per 1 day)
PENNSAID EXTERNAL SOLUTION (<i>diclofenac sodium</i>)	Tier 2	PA; QL (224 grams per 28 days)
<i>qc diclofenac sodium external gel</i>	Tier 1	OTC; QL (1000 grams per 30 days)
<i>valcoprep-100 external kit</i>	Tier 2	
*ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
VALCHLOR EXTERNAL GEL (<i>mechlorethamine hcl (topical)</i>)	Tier 2	PA; SP; QL (60 grams per 30 days)
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** - DRUGS FOR THE SKIN		
CARAC EXTERNAL CREAM (<i>fluorouracil</i>)	Tier 2	PA; QL (30 grams per 1 year)
EFUDEX EXTERNAL CREAM (<i>fluorouracil</i>)	Tier 2	PA; QL (40 grams per 1 year)
FLUOROPLEX EXTERNAL CREAM (<i>fluorouracil</i>)	Tier 2	PA; QL (30 grams per 1 year)
<i>fluorouracil external cream 0.5 %</i>	Tier 2	PA; QL (30 grams per 1 year)
<i>fluorouracil external cream 5 %</i>	Tier 1	QL (40 grams per 1 year)
<i>fluorouracil external solution</i>	Tier 1	PA; QL (10 mL per 1 year)
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S*** - DRUGS FOR THE SKIN		
<i>diclofenac sodium external gel</i>	Tier 2	PA; QL (100 grams per 30 days)

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*ANTINEOPLASTIC RETINOIDS - TOPICAL*** - DRUGS FOR THE SKIN		
PANRETIN EXTERNAL GEL (<i>alitretinoin</i>)	Tier 2	SP
*ANTIPRURITICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>doxepin hcl external cream</i>	Tier 2	PA; QL (1 tube per 1 fill)
PRUDOXIN EXTERNAL CREAM (<i>doxepin hcl (antipruritic)</i>)	Tier 2	PA; QL (1 tube per 1 fill)
ZONALON EXTERNAL CREAM (<i>doxepin hcl (antipruritic)</i>)	Tier 2	PA; QL (1 tube per 1 fill)
*ANTIPSORIATICS - SYSTEMIC*** - DRUGS FOR THE SKIN		
<i>acitretin oral capsule</i>	Tier 2	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	Tier 2	PA; SP; QL (2 pens per 30 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	Tier 2	PA; SP; QL (2 pens per 30 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	Tier 2	PA; SP; QL (1 pen per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	Tier 2	PA; SP; QL (1 syringe per 28 days)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tildrakizumab-asmn</i>)	Tier 2	PA; MB; QL (1 syringe per 84 weekss)
<i>methoxsalen rapid oral capsule</i>	Tier 2	PA; SP
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>brodalumab</i>)	Tier 2	PA; SP; QL (2 syringes per 30 days)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>risankizumab-rzaa</i>)	Tier 2	PA; SP; QL (2 syringes per 12 weekss)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>risankizumab-rzaa</i>)	Tier 2	PA; SP; QL (1 pen per 12 weekss)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>risankizumab-rzaa</i>)	Tier 2	PA; SP; QL (1 syringe per 12 weekss)
STELARA SUBCUTANEOUS SOLUTION (<i>ustekinumab</i>)	Tier 2	PA; SP; QL (1 vial per 12 weekss)

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STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>ustekinumab</i>)	Tier 2	PA; SP; QL (1 syringe per 12 weekss)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>ixekizumab</i>)	Tier 2	PA; SP; QL (1 auto-injector per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>ixekizumab</i>)	Tier 2	PA; SP; QL (1 injection per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>guselkumab</i>)	Tier 2	PA; SP; QL (1 mL per 50 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>guselkumab</i>)	Tier 2	PA; SP; QL (1 mL per 50 days)
*ANTIPSORIATICS*** - DRUGS FOR THE SKIN		
<i>calcipotriene external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>calcipotriene external foam</i>	Tier 2	QL (120 grams per 30 days)
<i>calcipotriene external ointment</i>	Tier 1	QL (120 grams per 30 days)
<i>calcipotriene external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>calcipotriene</i> (Calcitrene External Ointment)	Tier 1	QL (120 grams per 30 days)
<i>calcitriol external ointment</i>	Tier 2	QL (800 grams per 28 days)
DOVONEX EXTERNAL CREAM (<i>calcipotriene</i>)	Tier 2	QL (120 grams per 30 days)
SORILUX EXTERNAL FOAM (<i>calcipotriene</i>)	Tier 2	QL (120 grams per 30 days)
<i>tazarotene external cream</i>	Tier 2	PA; QL (30 grams per 30 days)
TAZORAC EXTERNAL CREAM (<i>tazarotene</i>)	Tier 2	PA; QL (30 grams per 30 days)
TAZORAC EXTERNAL GEL (<i>tazarotene</i>)	Tier 2	PA; QL (30 grams per 30 days)
VECTICAL EXTERNAL OINTMENT (<i>calcitriol</i>)	Tier 2	QL (800 grams per 28 days)

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*ANTISEBORRHEIC COMBINATIONS*** - DRUGS FOR THE SKIN		
PROMISEB EXTERNAL CREAM (<i>antiseborrheic products, misc.</i>)	Tier 2	
*ANTISEBORRHEIC PRODUCTS*** - DRUGS FOR THE SKIN		
<i>cvs anti-dandruff external lotion</i>	Tier 1	OTC
<i>dandruff shampoo external lotion</i>	Tier 1	OTC
<i>eql medicated dandruff external lotion</i>	Tier 1	OTC
<i>selenium sulfide external lotion</i>	Tier 1	QL (120 mL per 30 days)
*ANTIVIRAL TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
XERESE EXTERNAL CREAM (<i>acyclovir-hydrocortisone</i>)	Tier 2	PA; QL (5 grams per 30 days)
*ANTIVIRALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>acyclovir external cream</i>	Tier 1	PA; QL (5 grams per 30 days)
<i>acyclovir external ointment</i>	Tier 1	PA; QL (30 grams per 30 days)
DENAVIR EXTERNAL CREAM (<i>penciclovir</i>)	Tier 2	PA; QL (5 grams per 30 days)
<i>gnp docosanol external cream</i>	Tier 1	OTC
<i>hm docosanol external cream</i>	Tier 1	OTC; QL (2 grams per 30 days)
ZOVIRAX EXTERNAL CREAM (<i>acyclovir</i>)	Tier 2	PA; QL (5 grams per 30 days)
ZOVIRAX EXTERNAL OINTMENT (<i>acyclovir</i>)	Tier 2	PA; QL (30 grams per 30 days)
*ASTRINGENTS*** - DRUGS FOR THE SKIN		
<i>cvs diaper rash external ointment</i>	Tier 1	OTC; QL (120 grams per 90 days)

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<i>cvs zinc oxide external ointment</i>	Tier 1	OTC; QL (480 grams per 30 days)
<i>eq diaper rash external ointment</i>	Tier 1	OTC; QL (120 grams per 90 days)
<i>gnp zinc oxide external ointment</i>	Tier 1	OTC; QL (480 grams per 30 days)
<i>meijer zinc oxide external ointment</i>	Tier 1	OTC; QL (480 grams per 30 days)
<i>qc diaper rash external ointment</i>	Tier 1	OTC; QL (120 grams per 90 days)
*ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS*** - DRUGS FOR THE SKIN		
OPZELURA EXTERNAL CREAM (<i>ruxolitinib phosphate</i>)	Tier 2	PA; QL (1 tube per 30 days)
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE SKIN		
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	Tier 2	PA; SP; QL (2 pens per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (<i>dupilumab</i>)	Tier 2	PA; SP; QL (2 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML (<i>dupilumab</i>)	Tier 2	PA; SP; QL (2 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	Tier 2	PA; SP; QL (2 injections per 28 days)
*BATH PRODUCTS*** - DRUGS FOR THE SKIN		
ALPHASOFT EXTERNAL OIL (<i>bath products</i>)	Tier 1	OTC
<i>cvs beauty 360 shower bath oil external oil</i>	Tier 1	OTC
KERI MOISTURE RICH EXTERNAL OIL (<i>bath products</i>)	Tier 1	OTC
*BURN PRODUCTS*** - DRUGS FOR THE SKIN		
<i>mafenide acetate external packet</i>	Tier 2	
SILVADENE EXTERNAL CREAM (<i>silver sulfadiazine</i>)	Tier 2	
<i>silver sulfadiazine external cream</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>silver sulfadiazine</i> (Ssd (Silver Sulfadiazine) External Cream)	Tier 1	
<i>silver sulfadiazine</i> (Ssd External Cream)	Tier 1	
SULFAMYLON EXTERNAL CREAM (<i>mafenide acetate</i>)	Tier 2	
SULFAMYLON EXTERNAL PACKET (<i>mafenide acetate</i>)	Tier 2	
*CORTICOSTEROIDS - TOPICAL *** - DRUGS FOR THE SKIN		
ALA SCALP EXTERNAL LOTION (<i>hydrocortisone</i>)	Tier 2	PA; QL (60 gm/mL per 30 days)
<i>ala-cort external cream 1 %</i>	Tier 1	QL (454 grams per 30 days)
<i>ala-cort external cream 2.5 %</i>	Tier 1	PA; QL (454 grams per 30 days)
<i>alclometasone dipropionate external cream</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>alclometasone dipropionate external ointment</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>amcinonide external cream</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>amcinonide external lotion</i>	Tier 2	PA; QL (60 mL per 30 days)
<i>amcinonide external ointment</i>	Tier 1	PA; QL (60 grams per 30 days)
<i>anti-itch maximum strength external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
APEXICON E EXTERNAL CREAM (<i>diflorasone diacet emoll base</i>)	Tier 2	PA; QL (60 grams per 30 days)
AQUANIL HC EXTERNAL LOTION (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (120 mL per 30 days)
AQUAPHOR ITCH RELIEF MAX STR EXTERNAL OINTMENT (<i>hydrocortisone</i>)	Tier 1	OTC; QL (454 grams per 30 days)
AVEENO ANTI-ITCH MAX ST EXTERNAL CREAM (<i>hydrocortisone</i>)	Tier 1	OTC; QL (454 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>beta hc external lotion</i>	Tier 1	PA; OTC; QL (120 mL per 30 days)
<i>betamethasone dipropionate aug external cream</i>	Tier 1	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external gel</i>	Tier 2	PA; QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	Tier 2	PA; QL (60 mL per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	Tier 2	PA; QL (50 grams per 30 days)
<i>betamethasone dipropionate external cream</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>betamethasone dipropionate external lotion</i>	Tier 1	QL (60 mL per 30 days)
<i>betamethasone dipropionate external ointment</i>	Tier 2	PA; QL (45 grams per 30 days)
<i>betamethasone valerate external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>betamethasone valerate external foam</i>	Tier 2	PA; QL (100 grams per 30 days)
<i>betamethasone valerate external lotion</i>	Tier 2	QL (120 mL per 30 days)
<i>betamethasone valerate external ointment</i>	Tier 1	QL (120 grams per 30 days)
BRYHALI EXTERNAL LOTION (<i>halobetasol propionate</i>)	Tier 2	PA; QL (100 grams per 30 days)
CAPEX EXTERNAL SHAMPOO (<i>fluocinolone acetonide</i>)	Tier 2	PA; QL (120 mL per 30 days)
<i>clobetasol prop emollient base external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate e external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate emulsion external foam</i>	Tier 2	PA; QL (100 grams per 30 days)
<i>clobetasol propionate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate external foam</i>	Tier 2	PA; QL (100 grams per 30 days)
<i>clobetasol propionate external gel</i>	Tier 1	QL (60 grams per 30 days)

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<i>clobetasol propionate external liquid</i>	Tier 2	PA; QL (125 mL per 30 days)
<i>clobetasol propionate external lotion</i>	Tier 2	PA; QL (118 mL per 30 days)
<i>clobetasol propionate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>clobetasol propionate external shampoo</i>	Tier 2	PA; QL (118 mL per 30 days)
<i>clobetasol propionate external solution</i>	Tier 1	QL (50 mL per 30 days)
CLOBEX EXTERNAL LOTION (<i>clobetasol propionate</i>)	Tier 2	PA; QL (118 mL per 30 days)
CLOBEX EXTERNAL SHAMPOO (<i>clobetasol propionate</i>)	Tier 2	PA; QL (118 mL per 30 days)
CLOBEX SPRAY EXTERNAL LIQUID (<i>clobetasol propionate</i>)	Tier 2	PA; QL (125 mL per 30 days)
<i>clocortolone pivalate external cream</i>	Tier 2	PA; QL (90 grams per 30 days)
<i>clobetasol propionate</i> (Clodan External Shampoo)	Tier 2	PA; QL (118 mL per 30 days)
CLODERM EXTERNAL CREAM (<i>clocortolone pivalate</i>)	Tier 2	PA; QL (90 grams per 30 days)
CORDRAN EXTERNAL CREAM (<i>flurandrenolide</i>)	Tier 2	PA; QL (120 grams per 30 days)
CORDRAN EXTERNAL LOTION (<i>flurandrenolide</i>)	Tier 2	PA; QL (120 mL per 30 days)
CORDRAN EXTERNAL OINTMENT (<i>flurandrenolide</i>)	Tier 2	PA; QL (60 grams per 30 days)
CORDRAN EXTERNAL TAPE (<i>flurandrenolide</i>)	Tier 2	PA; QL (1 box per 30 days)
CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (120 mL per 30 days)
CORTIZONE-10 ECZEMA EXTERNAL LOTION (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (120 mL per 30 days)
CORTIZONE-10 EXTERNAL GEL (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (60 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTIZONE-10 EXTERNAL OINTMENT (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (454 grams per 30 days)
CORTIZONE-10 HYDRATENSIVE EXTERNAL LOTION (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (120 mL per 30 days)
CUTIVATE EXTERNAL LOTION (<i>fluticasone propionate</i>)	Tier 2	PA; QL (120 mL per 30 days)
<i>cvs anti-itch maximum strength external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>cvs cortisone intense healing external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>cvs cortisone maximum strength external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>cvs cortisone maximum strength external gel</i>	Tier 1	PA; OTC; QL (60 grams per 30 days)
<i>cvs cortisone maximum strength external lotion</i>	Tier 1	PA; OTC; QL (120 mL per 30 days)
<i>cvs cortisone maximum strength external ointment</i>	Tier 1	PA; OTC; QL (454 grams per 30 days)
<i>cvs eczema anti-itch external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>cvs hydrocortisone anti-itch external cream 0.5 %</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>cvs hydrocortisone anti-itch external cream 1 %</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>cvs hydrocortisone max st external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
DERMAREST ECZEMA EXTERNAL LOTION (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (120 mL per 30 days)
DERMA-SMOOTH/FS BODY EXTERNAL OIL (<i>fluocinolone acetonide</i>)	Tier 2	PA; QL (120 mL per 30 days)
<i>desonide external cream</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>desonide external lotion</i>	Tier 2	PA; QL (118 mL per 30 days)

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<i>desonide external ointment</i>	Tier 2	PA; QL (60 grams per 30 days)
DESOWEN EXTERNAL CREAM (<i>desonide</i>)	Tier 2	PA; QL (60 grams per 30 days)
<i>desoximetasone external cream</i>	Tier 2	PA; QL (100 grams per 30 days)
<i>desoximetasone external gel</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>desoximetasone external liquid</i>	Tier 2	PA; QL (100 mL per 30 days)
<i>desoximetasone external ointment</i>	Tier 2	PA; QL (100 grams per 30 days)
<i>desonide</i> (Desrx External Gel)	Tier 1	QL (60 grams per 30 days)
<i>diflorasone diacetate external cream</i>	Tier 2	QL (60 grams per 30 days)
<i>diflorasone diacetate external ointment</i>	Tier 2	PA; QL (60 grams per 30 days)
DIPROLENE AF EXTERNAL CREAM (<i>betamethasone dipropionate aug</i>)	Tier 2	PA; QL (50 grams per 30 days)
DIPROLENE EXTERNAL OINTMENT (<i>betamethasone dipropionate aug</i>)	Tier 2	PA; QL (50 grams per 30 days)
<i>eq hydrocortisone external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>eq hydrocortisone max st external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>eql anti-itch intensive heal external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>eql anti-itch maximum strength external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>eql anti-itch maximum strength external ointment</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>fluocinolone acetonide body external oil</i>	Tier 2	PA; QL (120 mL per 30 days)
<i>fluocinolone acetonide external cream</i>	Tier 2	PA; QL (120 grams per 30 days)

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<i>fluocinolone acetonide external ointment</i>	Tier 2	PA; QL (120 grams per 30 days)
<i>fluocinolone acetonide external solution</i>	Tier 2	PA; QL (120 mL per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	Tier 2	PA; QL (120 mL per 30 days)
<i>fluocinonide emulsified base external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>fluocinonide external cream 0.05 %</i>	Tier 1	QL (120 grams per 30 days)
<i>fluocinonide external cream 0.1 %</i>	Tier 2	PA; QL (120 grams per 30 days)
<i>fluocinonide external gel</i>	Tier 1	QL (240 grams per 30 days)
<i>fluocinonide external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>fluocinonide external solution</i>	Tier 1	QL (240 mL per 30 days)
<i>flurandrenolide external cream</i>	Tier 2	PA; QL (120 grams per 30 days)
<i>flurandrenolide external lotion</i>	Tier 2	PA; QL (120 mL per 30 days)
<i>flurandrenolide external ointment</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>fluticasone propionate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>fluticasone propionate external lotion</i>	Tier 2	PA; QL (120 mL per 30 days)
<i>fluticasone propionate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>gnp hydrocortisone external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>gnp hydrocortisone max st external ointment</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>gnp hydrocortisone plus external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>goodsense anti-itch maximum st external ointment</i>	Tier 1	OTC; QL (454 grams per 30 days)

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GYNECORT 10 EXTERNAL CREAM (<i>hydrocortisone acetate</i>)	Tier 1	OTC; QL (30 grams per 30 days)
<i>halcinonide external cream</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>halobetasol propionate external cream</i>	Tier 1	QL (50 grams per 30 days)
<i>halobetasol propionate external foam</i>	Tier 2	PA; QL (50 grams per 30 days)
<i>halobetasol propionate external ointment</i>	Tier 1	QL (50 grams per 30 days)
HALOG EXTERNAL CREAM (<i>halcinonide</i>)	Tier 2	PA; QL (60 grams per 30 days)
HALOG EXTERNAL OINTMENT (<i>halcinonide</i>)	Tier 2	PA; QL (60 grams per 30 days)
HALOG EXTERNAL SOLUTION (<i>halcinonide</i>)	Tier 2	PA; QL (120 mL per 30 days)
<i>hydrocortisone acetate external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>hydrocortisone anti-itch external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>hydrocortisone butyr lipo base external cream</i>	Tier 2	QL (45 grams per 30 days)
<i>hydrocortisone butyrate external cream</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>hydrocortisone butyrate external lotion</i>	Tier 2	PA; QL (118 mL per 30 days)
<i>hydrocortisone butyrate external ointment</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>hydrocortisone butyrate external solution</i>	Tier 2	PA; QL (60 mL per 30 days)
<i>hydrocortisone external cream 0.5 %</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>hydrocortisone external cream 1 %</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>hydrocortisone external cream 2.5 %</i>	Tier 1	QL (454 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone external lotion 1 %</i>	Tier 1	PA; OTC; QL (120 mL per 30 days)
<i>hydrocortisone external lotion 2.5 %</i>	Tier 1	PA; QL (118 mL per 30 days)
<i>hydrocortisone external ointment 0.5 %</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>hydrocortisone external ointment 1 %</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>hydrocortisone external ointment 2.5 %</i>	Tier 1	QL (454 grams per 30 days)
<i>hydrocortisone max st external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>hydrocortisone max st external ointment</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>hydrocortisone max st/12 moist external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>hydrocortisone plus external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>hydrocortisone valerate external cream</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>hydrocortisone valerate external ointment</i>	Tier 2	PA; QL (60 grams per 30 days)
IMPEKLO EXTERNAL LOTION (<i>clobetasol propionate</i>)	Tier 2	PA
IMPOYZ EXTERNAL CREAM (<i>clobetasol propionate</i>)	Tier 2	PA; QL (100 grams per 30 days)
<i>instacort 5 external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
KENALOG EXTERNAL AEROSOL SOLUTION (<i>triamcinolone acetonide</i>)	Tier 2	PA; QL (100 grams per 30 days)
KERICORT 10 EXTERNAL CREAM (<i>hydrocortisone</i>)	Tier 1	OTC; QL (454 grams per 30 days)
<i>kp hydrocortisone max st external ointment</i>	Tier 1	OTC; QL (454 grams per 30 days)
LANACORT 10 EXTERNAL CREAM (<i>hydrocortisone acetate</i>)	Tier 1	OTC; QL (30 grams per 30 days)

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LEXETTE EXTERNAL FOAM (<i>halobetasol propionate</i>)	Tier 2	PA; QL (50 grams per 30 days)
LOCOID EXTERNAL LOTION (<i>hydrocortisone butyrate</i>)	Tier 2	PA; QL (118 mL per 30 days)
LOCOID LIPOCREAM EXTERNAL CREAM (<i>hydrocortisone butyr lipo base</i>)	Tier 2	QL (45 grams per 30 days)
LUXIQ EXTERNAL FOAM (<i>betamethasone valerate</i>)	Tier 2	PA; QL (100 grams per 30 days)
MEDPURA HYDROCORTISONE EXTERNAL CREAM (<i>hydrocortisone</i>)	Tier 1	OTC; QL (454 grams per 30 days)
<i>meijer hydrocortisone external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
MG217 PSORIASIS ANIT-ITCH EXTERNAL GEL (<i>hydrocortisone</i>)	Tier 1	OTC; QL (60 grams per 30 days)
<i>mometasone furoate external cream</i>	Tier 1	QL (60 grams per 30 days)
<i>mometasone furoate external ointment</i>	Tier 1	QL (60 grams per 30 days)
<i>mometasone furoate external solution</i>	Tier 1	QL (60 mL per 30 days)
<i>flurandrenolide</i> (Nolix External Lotion)	Tier 2	PA; QL (120 mL per 30 days)
OLUX EXTERNAL FOAM (<i>clobetasol propionate</i>)	Tier 2	PA; QL (100 grams per 30 days)
OLUX-E EXTERNAL FOAM (<i>clobetasol propionate emulsion</i>)	Tier 2	PA; QL (100 grams per 30 days)
PANDEL EXTERNAL CREAM (<i>hydrocortisone probutate</i>)	Tier 2	PA; QL (80 grams per 30 days)
<i>prednicarbate external ointment</i>	Tier 2	PA; QL (90 grams per 30 days)
PREPARATION H EXTERNAL CREAM (<i>hydrocortisone</i>)	Tier 1	OTC; QL (454 grams per 30 days)
<i>psorcon external cream</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>px hydrocream external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)

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<i>ra anti-itch maximum strength external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>ra anti-itch maximum strength external ointment</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>ra hydrocortisone plus 12 external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
SARNOL-HC EXTERNAL LOTION (<i>hydrocortisone</i>)	Tier 1	PA; OTC; QL (120 mL per 30 days)
<i>sb hydrocortisone external cream</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>sb hydrocortisone max st external ointment</i>	Tier 1	OTC; QL (454 grams per 30 days)
SERNIVO EXTERNAL EMULSION (<i>betamethasone dipropionate</i>)	Tier 2	PA; QL (120 mL per 30 days)
<i>sm hydrocortisone external cream 0.5 %</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>sm hydrocortisone external cream 1 %</i>	Tier 1	OTC; QL (454 grams per 30 days)
<i>sm hydrocortisone external ointment</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>sm hydrocortisone max st external ointment</i>	Tier 1	OTC; QL (454 grams per 30 days)
SYNALAR EXTERNAL CREAM (<i>fluocinolone acetonide</i>)	Tier 2	PA; QL (120 grams per 30 days)
SYNALAR EXTERNAL OINTMENT (<i>fluocinolone acetonide</i>)	Tier 2	PA; QL (120 grams per 30 days)
SYNALAR EXTERNAL SOLUTION (<i>fluocinolone acetonide</i>)	Tier 2	PA; QL (120 mL per 30 days)
TEMOVATE EXTERNAL CREAM (<i>clobetasol propionate</i>)	Tier 2	PA; QL (60 grams per 30 days)
TEMOVATE EXTERNAL OINTMENT (<i>clobetasol propionate</i>)	Tier 2	PA; QL (60 grams per 30 days)
TEXACORT EXTERNAL SOLUTION (<i>hydrocortisone</i>)	Tier 2	PA; QL (30 mL per 30 days)

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TOPICORT EXTERNAL CREAM (<i>desoximetasone</i>)	Tier 2	PA; QL (100 grams per 30 days)
TOPICORT EXTERNAL GEL (<i>desoximetasone</i>)	Tier 2	PA; QL (60 grams per 30 days)
TOPICORT EXTERNAL OINTMENT (<i>desoximetasone</i>)	Tier 2	PA; QL (100 grams per 30 days)
TOPICORT SPRAY EXTERNAL LIQUID (<i>desoximetasone</i>)	Tier 2	PA; QL (100 mL per 30 days)
<i>clobetasol propionate emulsion</i> (Tovet External Foam)	Tier 2	PA; QL (100 grams per 30 days)
<i>triamcinolone acetonide external aerosol solution</i>	Tier 2	PA; QL (100 grams per 30 days)
<i>triamcinolone acetonide external cream</i>	Tier 1	QL (454 grams per 30 days)
<i>triamcinolone acetonide external lotion</i>	Tier 1	QL (60 mL per 30 days)
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %</i>	Tier 1	QL (454 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.05 %</i>	Tier 2	PA; QL (430 grams per 30 days)
<i>triamcinolone acetonide external ointment 0.5 %</i>	Tier 1	QL (30 grams per 30 days)
<i>triamcinolone in absorbase external ointment</i>	Tier 2	PA; QL (430 grams per 30 days)
<i>triamcinolone acetonide</i> (Triderm External Cream 0.1 %)	Tier 1	QL (454 grams per 30 days)
<i>triamcinolone acetonide</i> (Triderm External Cream 0.5 %)	Tier 2	PA; QL (454 grams per 30 days)
TRIDESILON EXTERNAL CREAM (<i>desonide</i>)	Tier 2	PA; QL (60 grams per 30 days)
<i>triamcinolone acetonide</i> (Tritocin External Ointment)	Tier 2	QL (430 grams per 30 days)
ULTRAVATE EXTERNAL LOTION (<i>halobetasol propionate</i>)	Tier 2	PA; QL (60 mL per 30 days)
VAGISIL EXTERNAL CREAM (<i>hydrocortisone acetate</i>)	Tier 1	OTC; QL (30 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANOS EXTERNAL CREAM (<i>fluocinonide</i>)	Tier 2	PA; QL (120 grams per 30 days)
VERDESO EXTERNAL FOAM (<i>desonide</i>)	Tier 2	PA; QL (100 grams per 30 days)
*DIAPER RASH PRODUCTS*** - DRUGS FOR THE SKIN		
AVEENO BABY SOOTHING MULTI-PUR EXTERNAL OINTMENT (<i>diaper rash products</i>)	Tier 1	OTC
BALMEX MULTI-PURPOSE EXTERNAL OINTMENT (<i>diaper rash products</i>)	Tier 1	OTC
CERAVE BABY HEALING OINTMENT EXTERNAL OINTMENT (<i>diaper rash products</i>)	Tier 1	OTC
DESITIN MULTI-PURPOSE HEALING EXTERNAL OINTMENT (<i>diaper rash products</i>)	Tier 1	OTC
MEDI-PASTE EXTERNAL OINTMENT (<i>diaper rash products</i>)	Tier 1	OTC
PALADIN EXTERNAL OINTMENT (<i>diaper rash products</i>)	Tier 1	OTC
PINXAV EXTERNAL OINTMENT (<i>diaper rash products</i>)	Tier 1	OTC
*EMOLLIENT COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>lactic acid e external cream</i>	Tier 2	
*EMOLLIENT/KERATOLYTIC AGENTS*** - DRUGS FOR THE SKIN		
<i>urea</i> (Cerovel External Lotion)	Tier 2	
*EMOLLIENTS*** - DRUGS FOR THE SKIN		
<i>a&d external ointment</i>	Tier 1	OTC
<i>advanced healing/baby external ointment</i>	Tier 1	OTC; QL (240 grams per 90 days)
AL12 EXTERNAL LOTION (<i>ammonium lactate</i>)	Tier 1	OTC
AMLACTIN DAILY EXTERNAL LOTION (<i>ammonium lactate</i>)	Tier 1	OTC
AQUA-NU EXTERNAL OINTMENT (<i>emollient</i>)	Tier 1	OTC; QL (240 grams per 90 days)

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<i>baby vitamin a & d external ointment</i>	Tier 1	OTC
<i>beauty lotion external lotion</i>	Tier 1	OTC; QL (480 mL per 30 days)
<i>complete moisture external lotion</i>	Tier 1	OTC; QL (480 mL per 30 days)
<i>cvs advanced healing external ointment</i>	Tier 1	OTC; QL (240 grams per 90 days)
<i>cvs beauty 360 pure glycerin external liquid</i>	Tier 1	OTC
<i>cvs beauty 360 pure vitamin e external oil</i>	Tier 1	OTC
<i>cvs beauty 360 soothing bath external packet</i>	Tier 1	OTC
<i>cvs dry skin therapy external lotion</i>	Tier 1	OTC; QL (480 mL per 30 days)
<i>cvs extra moisturizing external lotion</i>	Tier 1	OTC; QL (480 mL per 30 days)
<i>cvs gentle skin cleanser external lotion</i>	Tier 1	OTC; QL (480 mL per 30 days)
<i>cvs hydrating skin treatment external lotion</i>	Tier 1	OTC
<i>cvs moisturizing external lotion</i>	Tier 1	OTC; QL (480 mL per 30 days)
<i>cvs vitamin e moisturizing external oil</i>	Tier 1	OTC
DML EXTERNAL LOTION (<i>emollient</i>)	Tier 1	OTC; QL (480 mL per 30 days)
<i>dry skin treatment adv therapy external ointment</i>	Tier 1	OTC; QL (240 grams per 90 days)
<i>e-cream complex external cream</i>	Tier 1	OTC
<i>e-oil external oil</i>	Tier 1	OTC
<i>e-ointment external ointment</i>	Tier 1	OTC; QL (240 grams per 90 days)
<i>eq vitamins a & d external ointment</i>	Tier 1	OTC
<i>eql absolute moisture dry skin external lotion</i>	Tier 1	OTC; QL (480 mL per 30 days)
<i>eql advanced healing external ointment</i>	Tier 1	OTC; QL (240 grams per 90 days)

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<i>eql advanced skin therapy external lotion</i>	Tier 1	OTC; QL (480 mL per 30 days)
<i>eql aloe after sun external lotion</i>	Tier 1	OTC; QL (480 mL per 30 days)
<i>eql vitamin e ultra strength external oil</i>	Tier 1	OTC
FLANDERS BUTTOCKS EXTERNAL OINTMENT (<i>emollient</i>)	Tier 1	OTC; QL (240 grams per 90 days)
<i>gordomatic external lotion</i>	Tier 1	OTC; QL (480 mL per 30 days)
<i>lactic acid external lotion</i>	Tier 2	
<i>lubricating lotion external lotion</i>	Tier 1	OTC; QL (480 mL per 30 days)
MEDPURA VITAMIN A & D EXTERNAL OINTMENT (<i>vitamins a & d</i>)	Tier 1	OTC
<i>moisture external lotion</i>	Tier 1	OTC; QL (480 mL per 30 days)
<i>moisture recovery external lotion</i>	Tier 1	OTC; QL (480 mL per 30 days)
<i>moisturizing lotion external lotion</i>	Tier 1	OTC; QL (480 mL per 30 days)
<i>moisturizing sensitive skin external lotion</i>	Tier 1	OTC; QL (480 mL per 30 days)
PALMERS NATURAL VITAMIN E EXTERNAL CREAM (<i>vitamin e</i>)	Tier 1	OTC
<i>qc glycerin external liquid</i>	Tier 1	OTC
<i>ra glycerin external liquid</i>	Tier 1	OTC
<i>refreshing aloe external lotion</i>	Tier 1	OTC; QL (480 mL per 30 days)
SARATOGA EXTERNAL OINTMENT (<i>emollient</i>)	Tier 1	OTC; QL (240 grams per 90 days)
<i>sm dry skin therapy external lotion</i>	Tier 1	OTC; QL (480 mL per 30 days)
<i>vitamin a & d external ointment</i>	Tier 1	OTC
<i>vitamin a & d skin protectant external ointment</i>	Tier 1	OTC

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<i>vitamin a&d external ointment</i>	Tier 1	OTC
<i>vitamin e beauty external oil</i>	Tier 1	OTC
<i>vitamin e external oil</i>	Tier 1	OTC
<i>vitamin e skin external oil</i>	Tier 1	OTC
<i>vitamin e-vit a & d external cream</i>	Tier 1	OTC
*ENZYMES - TOPICAL *** - DRUGS FOR THE SKIN		
SANTYL EXTERNAL OINTMENT (<i>collagenase</i>)	Tier 2	PA; QL (30 grams per 30 days)
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL *** - DRUGS FOR THE SKIN		
<i>antifungal (clotrimazole) external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>antifungal clotrimazole external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>antifungal external cream</i>	Tier 1	OTC; QL (200 grams per 30 days)
<i>anti-fungal external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>antifungal external powder</i>	Tier 1	OTC; QL (90 grams per 30 days)
<i>athletes foot (clotrimazole) external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>athletes foot external powder</i>	Tier 1	OTC; QL (90 grams per 30 days)
<i>athletes foot powder spray external aerosol powder</i>	Tier 1	OTC; QL (133 grams per 30 days)
AZOLEN TINCTURE EXTERNAL SOLUTION (<i>miconazole nitrate</i>)	Tier 1	OTC
CAVILON EXTERNAL CREAM (<i>miconazole nitrate</i>)	Tier 1	OTC; QL (200 grams per 30 days)
<i>clotrimazole af external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>clotrimazole anti-fungal external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)

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<i>clotrimazole athletes foot external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>clotrimazole external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>clotrimazole external solution</i>	Tier 1	OTC; QL (60 mL per 30 days)
CRUEX PRESCRIPTION STRENGTH EXTERNAL AEROSOL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC; QL (133 grams per 30 days)
<i>cvs athletes foot external aerosol powder</i>	Tier 1	OTC; QL (133 grams per 30 days)
<i>cvs athletes foot spray external aerosol</i>	Tier 1	OTC; QL (150 grams per 30 days)
<i>cvs clotrimazole external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>cvs clotrimazole external solution</i>	Tier 1	OTC; QL (60 mL per 30 days)
<i>cvs itch relief external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>cvs ringworm external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
DESENEX EXTERNAL CREAM (<i>clotrimazole</i>)	Tier 1	OTC; QL (60 grams per 30 days)
DESENEX EXTERNAL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC; QL (90 grams per 30 days)
DESENEX JOCK ITCH EXTERNAL AEROSOL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC; QL (133 grams per 30 days)
<i>econazole nitrate external cream</i>	Tier 2	PA; QL (85 grams per 30 days)
ECOZA EXTERNAL FOAM (<i>econazole nitrate</i>)	Tier 2	PA; QL (70 grams per 30 days)
<i>eq antifungal external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>eq athletes foot external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)

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<i>eq jock itch external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>eq antifungal external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>eql athletes foot external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
ERTACZO EXTERNAL CREAM (<i>sertaconazole nitrate</i>)	Tier 2	PA; QL (60 grams per 30 days)
EXELDERM EXTERNAL CREAM (<i>sulconazole nitrate</i>)	Tier 2	PA; QL (60 grams per 30 days)
EXELDERM EXTERNAL SOLUTION (<i>sulconazole nitrate</i>)	Tier 2	PA; QL (60 mL per 30 days)
EXTINA EXTERNAL FOAM (<i>ketoconazole</i>)	Tier 2	QL (100 grams per 30 days)
FUNGOID TINCTURE EXTERNAL SOLUTION (<i>miconazole nitrate</i>)	Tier 1	OTC
<i>gnp athletes foot external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>gnp miconazorb af external powder</i>	Tier 1	OTC; QL (90 grams per 30 days)
<i>jock itch external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>jock itch relief external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
JUBLIA EXTERNAL SOLUTION (<i>efinaconazole</i>)	Tier 2	PA; QL (8 mL per 30 days)
<i>ketoconazole external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>ketoconazole external foam</i>	Tier 2	PA; QL (100 grams per 30 days)
<i>ketoconazole external shampoo</i>	Tier 1	QL (120 mL per 30 days)
LOTRIMIN AF DEODORANT POWDER EXTERNAL AEROSOL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC; QL (133 grams per 30 days)
LOTRIMIN AF JOCK ITCH POWDER EXTERNAL AEROSOL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC; QL (133 grams per 30 days)

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LOTRIMIN AF POWDER EXTERNAL AEROSOL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC; QL (133 grams per 30 days)
<i>luliconazole external cream</i>	Tier 2	PA; QL (60 grams per 30 days)
LUZU EXTERNAL CREAM (<i>luliconazole</i>)	Tier 2	PA; QL (60 grams per 30 days)
<i>micaderm external cream</i>	Tier 1	OTC; QL (200 grams per 30 days)
<i>miconazole antifungal external cream</i>	Tier 1	OTC; QL (200 grams per 30 days)
<i>miconazole nitrate external cream</i>	Tier 1	OTC; QL (200 grams per 30 days)
MICOTRIN AC EXTERNAL CREAM (<i>clotrimazole</i>)	Tier 1	QL (60 grams per 30 days)
MICOTRIN AP EXTERNAL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC; QL (90 grams per 30 days)
MYCOZYL AC EXTERNAL CREAM (<i>clotrimazole</i>)	Tier 1	OTC; QL (60 grams per 30 days)
MYCOZYL AP EXTERNAL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC; QL (90 grams per 30 days)
NIZORAL A-D EXTERNAL SHAMPOO (<i>ketoconazole</i>)	Tier 1	OTC; QL (200 mL per 30 days)
<i>oxiconazole nitrate external cream</i>	Tier 2	PA; QL (60 grams per 30 days)
OXISTAT EXTERNAL CREAM (<i>oxiconazole nitrate</i>)	Tier 2	PA; QL (60 grams per 30 days)
OXISTAT EXTERNAL LOTION (<i>oxiconazole nitrate</i>)	Tier 2	PA; QL (60 mL per 30 days)
<i>pro-ex antifungal external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>px athletic foot external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>qc clotrimazole external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>ra athlete's foot external aerosol powder</i>	Tier 1	OTC; QL (133 grams per 30 days)

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<i>ra athletes foot external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>ra clotrimazole external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>ra jock itch external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>sb clotrimazole foot external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>sm antifungal clotrimazole external cream</i>	Tier 1	OTC; QL (60 grams per 30 days)
<i>sm antifungal miconazole external cream</i>	Tier 1	OTC; QL (200 grams per 30 days)
<i>sulconazole nitrate external cream</i>	Tier 2	PA; QL (60 grams per 30 days)
<i>sulconazole nitrate external solution</i>	Tier 2	PA; QL (60 mL per 30 days)
TINEACIDE EXTERNAL CREAM (<i>miconazole nitrate</i>)	Tier 1	OTC; QL (200 grams per 30 days)
TING EXTERNAL AEROSOL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC; QL (133 grams per 30 days)
XOLEGEL EXTERNAL GEL (<i>ketconazole</i>)	Tier 2	QL (45 grams per 30 days)
ZEASORB-AF EXTERNAL POWDER (<i>miconazole nitrate</i>)	Tier 1	OTC; QL (90 grams per 30 days)
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL*** - DRUGS FOR THE SKIN		
ALDARA EXTERNAL CREAM (<i>imiquimod</i>)	Tier 2	PA; QL (48 packets per 1 year)
<i>imiquimod external cream 3.75 %</i>	Tier 2	PA; QL (28 packets per 28 years)
<i>imiquimod external cream 5 %</i>	Tier 1	PA; QL (48 packets per 1 year)
<i>imiquimod pump external cream</i>	Tier 2	PA; QL (7.5 grams per 28 years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYCLARA EXTERNAL CREAM (<i>imiquimod</i>)	Tier 2	PA; QL (28 packets per 28 years)
ZYCLARA PUMP EXTERNAL CREAM 2.5 % (<i>imiquimod</i>)	Tier 2	PA; QL (1 pump bottle per 28 years)
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	Tier 2	PA; QL (7.5 grams per 28 years)
*KERATOLYTIC/ANTIMITOTIC AGENTS*** - DRUGS FOR THE SKIN		
ACNESIC EXTERNAL GEL (<i>salicylic acid</i>)	Tier 2	
ATRIX MEDICATED FORMULA EXTERNAL CREAM (<i>salicylic acid</i>)	Tier 2	
CLEARASIL RAPID RESCUE DEEP EXTERNAL PAD (<i>salicylic acid</i>)	Tier 1	OTC
COMPOUND W FOR KIDS EXTERNAL STRIP (<i>salicylic acid</i>)	Tier 1	OTC
CONDYLOX EXTERNAL GEL (<i>podofilox</i>)	Tier 2	PA; QL (2 tubes per 28 days)
<i>cvs callus removers external pad</i>	Tier 1	OTC
<i>cvs corn/callus remover external kit</i>	Tier 1	OTC
<i>cvs wart remover external liquid</i>	Tier 1	OTC
DR SCHOLLS CALLUS REM/DURAGEL EXTERNAL PAD (<i>salicylic acid</i>)	Tier 1	OTC
DRS CHOICE CORN/CALLUS REMOVER EXTERNAL PAD (<i>salicylic acid</i>)	Tier 1	OTC
<i>eq1 callus remover extra thick external pad</i>	Tier 1	OTC
GETS-IT CORN/CALLUS REMOVER EXTERNAL LIQUID (<i>salicylic acid</i>)	Tier 1	OTC
<i>gnp callus removers external pad</i>	Tier 1	OTC
<i>gnp corn removers external pad</i>	Tier 1	OTC
<i>liquid wart remover external liquid</i>	Tier 1	OTC
<i>podofilox external solution</i>	Tier 1	PA; QL (2 tubes per 28 days)
<i>wart remover medicated external pad</i>	Tier 1	OTC

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*LINIMENT COMBINATIONS*** - DRUGS FOR THE SKIN		
DOULEURIN EXTERNAL LOTION (<i>capsaicin-menthol-methyl sal</i>)	Tier 1	AL; OTC
*LOCAL ANESTHETICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>afterburn external gel</i>	Tier 1	OTC
ALOCANE EMERGENCY BURN MAX STR EXTERNAL AEROSOL (<i>lidocaine</i>)	Tier 1	OTC
ALOCANE EMERGENCY BURN MAX STR EXTERNAL GEL (<i>lidocaine hcl</i>)	Tier 1	OTC
ALOCANE EMERGENCY BURN MAX STR EXTERNAL PAD (<i>lidocaine hcl</i>)	Tier 1	OTC
<i>aloe vera burn relief external aerosol</i>	Tier 1	OTC
<i>aloellidocaine pain reliever external gel</i>	Tier 1	OTC
ASPERCREME LIDOCAINE ESSENTIAL EXTERNAL LIQUID (<i>lidocaine hcl</i>)	Tier 1	OTC
ASPERCREME LIDOCAINE EXTERNAL CREAM (<i>lidocaine hcl</i>)	Tier 1	OTC
ASPERCREME LIDOCAINE EXTERNAL LIQUID (<i>lidocaine hcl</i>)	Tier 1	OTC
ASPERCREME LIDOCAINE EXTERNAL PATCH (<i>lidocaine</i>)	Tier 1	OTC
ASPERCREME MAX STRENGTH EXTERNAL AEROSOL (<i>lidocaine</i>)	Tier 1	OTC
ASPERCREME PAIN RELIEF PATCH EXTERNAL PATCH (<i>capsaicin</i>)	Tier 1	OTC
ASPERCREME W/LIDOCAINE EXTERNAL CREAM (<i>lidocaine hcl</i>)	Tier 1	OTC
<i>asperflex max st external patch</i>	Tier 1	OTC
ASPERFLEX PAIN RELIEVING EXTERNAL PATCH (<i>lidocaine</i>)	Tier 1	OTC
BENGAY LIDOCAINE EXTERNAL CREAM (<i>lidocaine hcl</i>)	Tier 1	OTC
<i>blue tubel aloe external cream</i>	Tier 1	OTC

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BLUE-EMU PAIN RELIEF DRY EXTERNAL PATCH (<i>lidocaine</i>)	Tier 1	OTC
<i>burn relief external aerosol</i>	Tier 1	OTC
<i>burn relief external gel</i>	Tier 1	OTC
<i>capsaicin external cream</i>	Tier 1	OTC
<i>capsaicin external patch</i>	Tier 1	OTC
<i>capsaicin heat patch external patch</i>	Tier 1	OTC
<i>capsaicin hot patch external patch</i>	Tier 1	OTC
<i>capsaicin hp external cream</i>	Tier 1	OTC
<i>capsaicin pain relief external cream</i>	Tier 1	OTC
<i>capzix external cream</i>	Tier 1	OTC
<i>cooling external gel</i>	Tier 1	OTC
<i>cvs aftersun aloellidocaine external gel</i>	Tier 1	OTC
<i>cvs burn relief spray external aerosol</i>	Tier 1	OTC
<i>cvs capsaicin hp external cream</i>	Tier 1	OTC
<i>cvs lidocaine maximum strength external cream</i>	Tier 1	OTC
<i>cvs lidocaine pain relief maxs external aerosol</i>	Tier 1	OTC
<i>cvs medicated heat patch external patch</i>	Tier 1	OTC
<i>cvs pain relief external cream</i>	Tier 1	OTC
<i>cvs pain relief external patch</i>	Tier 1	OTC
DOLOGESIC PAIN RELIEF ROLL-ON EXTERNAL LIQUID (<i>lidocaine hcl</i>)	Tier 1	OTC
<i>eq capsaicin patch external patch</i>	Tier 1	OTC
<i>eq lidocaine pain relieving external patch</i>	Tier 1	OTC
<i>eq pain relieving external cream</i>	Tier 1	OTC
FIRST CARE PAIN RELIEF EXTERNAL PATCH (<i>lidocaine</i>)	Tier 1	OTC
<i>lidocaine hcl</i> (Glydo External Prefilled Syringe)	Tier 2	PA
<i>gnp burn relief external aerosol</i>	Tier 1	OTC
<i>gnp burn relief external gel</i>	Tier 1	OTC
<i>gnp burn relief spray external aerosol</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gnp lidocaine pain relief external patch</i>	Tier 1	OTC
<i>gnp lidocaine pain relieving external cream</i>	Tier 1	OTC
GOLD BOND MULTI-SYMPTOM EXTERNAL CREAM (<i>lidocaine hcl</i>)	Tier 1	OTC
<i>hm lidocaine patch external patch</i>	Tier 1	OTC
LANSINOH PAIN RELIEF SPRAY EXTERNAL SOLUTION (<i>lidocaine</i>)	Tier 1	OTC
LIDAFLEX EXTERNAL PATCH (<i>lidocaine hcl</i>)	Tier 1	OTC
LIDO KING EXTERNAL PATCH (<i>lidocaine</i>)	Tier 1	OTC
<i>lidocaine external ointment</i>	Tier 2	QL (5 grams per 1 day)
<i>lidocaine external patch 4 %</i>	Tier 1	OTC
<i>lidocaine external patch 5 %</i>	Tier 1	PA; QL (3 patches per 1 day)
<i>lidocaine hcl external cream</i>	Tier 1	OTC
<i>lidocaine hcl external solution</i>	Tier 1	PA; QL (10 mL per 1 day)
<i>lidocaine hcl urethral mucosal external gel</i>	Tier 1	
<i>lidocaine hcl urethral mucosal external prefilled syringe</i>	Tier 2	
<i>lidocaine max st 24 hours external patch</i>	Tier 1	OTC
<i>lidocaine pain relief external patch</i>	Tier 1	OTC
<i>lidocaine pain relieving external patch</i>	Tier 1	OTC
<i>lidocaine plus external cream</i>	Tier 1	OTC
LIDODERM EXTERNAL PATCH (<i>lidocaine</i>)	Tier 2	PA; QL (3 patches per 1 day)
LIDODOSE EXTERNAL GEL (<i>lidocaine hcl</i>)	Tier 1	OTC
LIDODOSE PEDIATRIC BULK PACK EXTERNAL GEL (<i>lidocaine hcl</i>)	Tier 1	OTC
<i>pain relief maximum strength external patch</i>	Tier 1	OTC
<i>pain relief roll-on external liquid</i>	Tier 1	OTC
<i>pain relieving + lidocaine external cream</i>	Tier 1	OTC
<i>pain relieving lidocaine external patch</i>	Tier 1	OTC
<i>lidocaine hcl</i> (Proxivol External Gel)	Tier 2	
<i>qc lidocaine pain relief external patch</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra capsicum hot patch external patch</i>	Tier 1	OTC
<i>ra lidocaine pain relieving external patch</i>	Tier 1	OTC
<i>ra pain relief external cream</i>	Tier 1	OTC
<i>ra pain relieving external patch</i>	Tier 1	OTC
REGENECARE HA EXTERNAL GEL (<i>lidocaine hcl</i>)	Tier 1	OTC
REGENECARE HA EXTERNAL LIQUID (<i>lidocaine hcl</i>)	Tier 1	OTC
RE-LIEVED MAXIMUM STRENGTH EXTERNAL PATCH (<i>lidocaine</i>)	Tier 1	OTC
SALONPAS PAIN RELIEVING EXTERNAL PATCH (<i>lidocaine</i>)	Tier 1	OTC
SOLARCAINE COOL ALOE EXTERNAL AEROSOL (<i>lidocaine</i>)	Tier 1	OTC
SUN BURNT PLUS EXTERNAL GEL (<i>lidocaine hcl</i>)	Tier 1	OTC
<i>sure result sr relief external cream</i>	Tier 1	OTC
<i>theracare pain relief external patch</i>	Tier 1	OTC
WELMATE LIDOCAINE PAIN RELIEV EXTERNAL PATCH (<i>lidocaine</i>)	Tier 1	OTC
<i>xolido external cream</i>	Tier 1	OTC
<i>xolido xp external cream</i>	Tier 1	OTC
ZOSTRIX HP EXTERNAL CREAM (<i>capsaicin</i>)	Tier 1	OTC
ZTLIDO EXTERNAL PATCH (<i>lidocaine</i>)	Tier 2	PA; QL (3 patches per 1 day)
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL *** - DRUGS FOR THE SKIN		
ELIDEL EXTERNAL CREAM (<i>pimecrolimus</i>)	Tier 2	PA; AL; QL (100 grams per 90 days)
<i>pimecrolimus external cream</i>	Tier 1	PA; AL; QL (100 grams per 90 days)
PROTOPIC EXTERNAL OINTMENT (<i>tacrolimus</i>)	Tier 2	PA; AL; QL (100 grams per 90 days)
<i>tacrolimus external ointment</i>	Tier 1	PA; AL; QL (100 grams per 90 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)*** - DRUGS FOR THE SKIN		
SCENESSE SUBCUTANEOUS IMPLANT (<i>afamelanotide acetate</i>)	Tier 2	PA; SP; QL (1 implant per 2 monthss)
*MICROTUBULE INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
KLISYRI EXTERNAL OINTMENT (<i>tirbanibulin</i>)	Tier 2	PA; QL (5 packets per 1 fill)
*MISC. DERMATOLOGICAL PRODUCTS*** - DRUGS FOR THE SKIN		
<i>iliderm external emulsion</i>	Tier 2	
*MISC. TOPICAL*** - DRUGS FOR THE SKIN		
<i>arnica flower tincture</i>	Tier 2	
QBREXZA EXTERNAL PAD (<i>glycopyrronium tosylate</i>)	Tier 2	PA; QL (1 cloth per 1 day)
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
KERYDIN EXTERNAL SOLUTION (<i>tavaborole</i>)	Tier 2	PA; QL (1 bottle per 30 days)
<i>tavaborole external solution</i>	Tier 2	PA; QL (1 bottle per 30 days)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
EUCRISA EXTERNAL OINTMENT (<i>crisaborole</i>)	Tier 2	PA; QL (100 grams per 30 days)
*PHOTODYNAMIC THERAPY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
AMELUZ EXTERNAL GEL (<i>aminolevulinic acid hcl</i>)	Tier 2	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED (<i>aminolevulinic acid hcl</i>)	Tier 2	
*ROSACEA AGENTS*** - DRUGS FOR THE SKIN		
<i>azelaic acid external gel</i>	Tier 2	PA; QL (50 grams per 30 days)
<i>doxycycline oral capsule delayed release</i>	Tier 2	PA; QL (1 capsule per 1 day)

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FINACEA EXTERNAL FOAM (<i>azelaic acid</i>)	Tier 2	PA; QL (50 grams per 30 days)
FINACEA EXTERNAL GEL (<i>azelaic acid</i>)	Tier 2	PA; QL (50 grams per 30 days)
<i>ivermectin external cream</i>	Tier 2	PA; QL (45 grams per 30 days)
METROCREAM EXTERNAL CREAM (<i>metronidazole</i>)	Tier 2	QL (45 grams per 30 days)
METROGEL EXTERNAL GEL (<i>metronidazole</i>)	Tier 2	QL (60 grams per 30 days)
METROLOTION EXTERNAL LOTION (<i>metronidazole</i>)	Tier 2	QL (59 mL per 30 days)
<i>metronidazole external cream</i>	Tier 1	QL (45 grams per 30 days)
<i>metronidazole external gel 0.75 %</i>	Tier 1	QL (45 grams per 30 days)
<i>metronidazole external gel 1 %</i>	Tier 1	QL (55 grams per 30 days)
<i>metronidazole external lotion</i>	Tier 1	QL (59 mL per 30 days)
MIRVASO EXTERNAL GEL (<i>brimonidine tartrate</i>)	Tier 2	QL (30 grams per 30 days)
NORITATE EXTERNAL CREAM (<i>metronidazole</i>)	Tier 2	PA; QL (60 grams per 30 days)
ORACEA ORAL CAPSULE DELAYED RELEASE (<i>doxycycline</i>)	Tier 2	PA; QL (1 capsule per 1 day)
RHOFADE EXTERNAL CREAM (<i>oxymetazoline hcl</i>)	Tier 2	
<i>metronidazole</i> (Rosadan External Cream)	Tier 1	QL (45 grams per 30 days)
<i>metronidazole</i> (Rosadan External Gel)	Tier 1	QL (45 grams per 30 days)
SOOLANTRA EXTERNAL CREAM (<i>ivermectin</i>)	Tier 2	PA; QL (30 grams per 30 days)
ZILXI EXTERNAL FOAM (<i>minocycline hcl micronized</i>)	Tier 2	PA; QL (30 grams per 30 days)
*SCABICIDE COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>cvx lice killing external shampoo</i>	Tier 1	OTC
CVS LICE SOLUTION COMBINATION KIT (<i>pyreth-pip butox-permeth-nitre</i>)	Tier 1	OTC; QL (1 kit per 30 days)
<i>eq lice killing max st external shampoo</i>	Tier 1	OTC
<i>eql lice killing max st external shampoo</i>	Tier 1	OTC
<i>gnp lice treatment external shampoo</i>	Tier 1	OTC

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<i>hm lice killing max st external shampoo</i>	Tier 1	OTC
<i>lice killing external shampoo</i>	Tier 1	OTC
<i>lice killing maximum strength external shampoo</i>	Tier 1	OTC
<i>ra lice maximum strength external shampoo</i>	Tier 1	OTC
<i>ra lice solution combination kit</i>	Tier 1	OTC; QL (1 kit per 30 days)
RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO (<i>pyrethrins-piperonyl butoxide</i>)	Tier 1	OTC
<i>sb lice killing max st external shampoo</i>	Tier 1	OTC
<i>sm lice killing external shampoo</i>	Tier 1	OTC; QL (60 mL per 30 days)
<i>sm lice killing max strength external shampoo</i>	Tier 1	OTC
<i>stop lice complete treatment combination kit</i>	Tier 1	OTC; QL (1 kit per 30 days)
<i>stop lice maximum strength external liquid</i>	Tier 1	OTC; QL (60 mL per 30 days)
*SCABICIDES & PEDICULICIDES*** - DRUGS FOR THE SKIN		
CROTAN EXTERNAL LOTION (<i>crotamiton</i>)	Tier 2	QL (60 grams per 30 days)
<i>cvs lice treatment external liquid</i>	Tier 1	OTC; QL (60 mL per 30 days)
<i>cvs lice-bedbug-mite aerosol</i>	Tier 1	OTC
<i>gnp home lice/bedbug/dust mite aerosol</i>	Tier 1	OTC
<i>gnp lice treatment external liquid</i>	Tier 1	OTC; QL (60 mL per 30 days)
<i>hm lice treatment external liquid</i>	Tier 1	OTC; QL (60 mL per 30 days)
<i>ivermectin external lotion</i>	Tier 2	PA; QL (120 grams per 30 days)
<i>lice treatment creme rinse external liquid</i>	Tier 1	OTC; QL (60 mL per 30 days)
<i>lice treatment external liquid</i>	Tier 1	OTC; QL (60 mL per 30 days)

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<i>lice treatment external lotion</i>	Tier 1	OTC; QL (60 mL per 30 days)
<i>lindane external shampoo</i>	Tier 2	QL (60 mL per 30 days)
<i>malathion external lotion</i>	Tier 2	PA
NATROBA EXTERNAL SUSPENSION (<i>spinosad</i>)	Tier 2	QL (120 mL per 7 days)
OVIDE EXTERNAL LOTION (<i>malathion</i>)	Tier 2	PA
<i>permethrin external cream</i>	Tier 1	QL (120 grams per 30 days)
<i>ra lice treatment external lotion</i>	Tier 1	OTC; QL (60 mL per 30 days)
<i>sb lice treatment external liquid</i>	Tier 1	OTC; QL (60 mL per 30 days)
<i>sm lice treatment external lotion</i>	Tier 1	OTC; QL (60 mL per 30 days)
<i>spinosad external suspension</i>	Tier 1	QL (120 mL per 7 days)
<i>stop lice step 3 aerosol</i>	Tier 1	OTC
<i>sulfurated lime external solution</i>	Tier 2	
*SCAR TREATMENT PRODUCTS*** - DRUGS FOR THE SKIN		
JUVAZIN EXTERNAL GEL (<i>scar treatment products</i>)	Tier 2	
*SEBORRHEIC KERATOSIS PRODUCTS** - DRUGS FOR THE SKIN		
ESKATA EXTERNAL SOLUTION (<i>hydrogen peroxide</i>)	Tier 2	
*SKIN CLEANSERS*** - DRUGS FOR THE SKIN		
<i>advanced hand sanilaloelvit e external liquid</i>	Tier 1	OTC
<i>advanced hand sanitizer external gel</i>	Tier 1	OTC
<i>advanced hand sanitizer external liquid</i>	Tier 1	OTC
<i>advanced hand sanitizer/aloe external gel</i>	Tier 1	OTC
<i>advanced hand sanitizer/aloe external liquid</i>	Tier 1	OTC
<i>advanced hand sanitizer/vit e external liquid</i>	Tier 1	OTC
CLEVER CHOICE HAND SANITIZER EXTERNAL GEL (<i>ethyl alcohol (skin cleanser)</i>)	Tier 1	OTC

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<i>cvs instant hand sanitizer external liquid</i>	Tier 1	OTC
ENOVATIZER GEL EXTERNAL GEL (<i>ethyl alcohol (skin cleanser)</i>)	Tier 1	OTC
<i>eql hand sanitizer advanced external liquid</i>	Tier 1	OTC
<i>eql hand sanitizer external liquid</i>	Tier 1	OTC
<i>eql hand sanitizer/aloe external liquid</i>	Tier 1	OTC
GERM-X CITRUS HAND SANITIZER EXTERNAL LIQUID (<i>ethyl alcohol (skin cleanser)</i>)	Tier 1	OTC
GERM-X ORIGINAL HAND SANITIZER EXTERNAL LIQUID (<i>ethyl alcohol (skin cleanser)</i>)	Tier 1	OTC
<i>hand sanitizer/laoelvitamin e external liquid</i>	Tier 1	OTC
HANDCLEAN HAND SANITIZER EXTERNAL GEL (<i>ethyl alcohol (skin cleanser)</i>)	Tier 1	OTC
<i>instant hand sanitizer external liquid</i>	Tier 1	OTC
<i>isopropyl alcohol external liquid</i>	Tier 1	OTC
MEDI-FIRST ANTISEPTIC CLEANER EXTERNAL GEL (<i>ethyl alcohol (skin cleanser)</i>)	Tier 1	OTC
PREVACARE ANTIMICROBIAL EXTERNAL GEL (<i>ethyl alcohol (skin cleanser)</i>)	Tier 1	OTC
<i>sm advanced hand sanitizer external liquid</i>	Tier 1	OTC
*SKIN PROTECTANTS*** - DRUGS FOR THE SKIN		
AMEDA TRIPLE ZERO LANOLIN EXTERNAL CREAM (<i>lanolin</i>)	Tier 1	OTC
AMERICERIN EXTERNAL CREAM (<i>skin protectants, misc.</i>)	Tier 1	OTC; QL (480 grams per 30 days)
AMERISTORE EXTERNAL LOTION (<i>skin protectants, misc.</i>)	Tier 1	OTC
<i>benzoin external tincture</i>	Tier 2	
<i>eql hydrating beauty external lotion</i>	Tier 1	OTC
HPA LANOLIN EXTERNAL CREAM (<i>lanolin</i>)	Tier 1	OTC
<i>lan-o-smooth external cream</i>	Tier 1	OTC
LANSINOH LANOLIN EXTERNAL CREAM (<i>lanolin</i>)	Tier 1	OTC

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LANSINOH LANOLIN MINIS NIPPLE EXTERNAL CREAM (<i>Ilanolin</i>)	Tier 1	OTC
LANSINOH LANOLIN NIPPLE EXTERNAL CREAM (<i>Ilanolin</i>)	Tier 1	OTC
MEDELA TENDER CARE LANOLIN EXTERNAL CREAM (<i>Ilanolin</i>)	Tier 1	OTC
<i>medi-soothe external lotion</i>	Tier 1	OTC
SUPERSOFT EXTERNAL LOTION (<i>skin protectants, misc.</i>)	Tier 1	OTC
THERATEIN EXTERNAL LOTION (<i>skin protectants, misc.</i>)	Tier 1	OTC
*STEROID-LOCAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
EPIFOAM EXTERNAL FOAM (<i>pramoxine-hc</i>)	Tier 2	
*TAR PRODUCTS*** - DRUGS FOR THE SKIN		
<i>coal tar external solution</i>	Tier 2	
*TISSUE REPLACEMENTS*** - DRUGS FOR THE SKIN		
AFFINITY EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED (<i>amniotic membrane allograft</i>)	Tier 2	
AMNIOTEXT EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
<i>amphenol-40 injection suspension reconstituted</i>	Tier 2	
EPICORD EXTERNAL SHEET (<i>umbilical cord allograft</i>)	Tier 2	
EPIFIX EXTERNAL DISK (<i>amniotic membrane allograft</i>)	Tier 2	
EPIFIX EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED (<i>amniotic membrane allograft</i>)	Tier 2	
KARDIAMEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	

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NEOX 100 EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
NEOX CORD 1K EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
NOVACHOR EXTERNAL SHEET (<i>chorion membrane allograft</i>)	Tier 2	
NUSHIELD EXTERNAL DISK (<i>amniotic membrane allograft</i>)	Tier 2	
NUSHIELD EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
PALINGEN FLOW INJECTION INJECTABLE (<i>amniotic memb-fluid allograft</i>)	Tier 2	
PALINGEN HYDROMEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
PALINGEN INOVOFLO INJECTION INJECTABLE (<i>amniotic fluid allograft</i>)	Tier 2	
PALINGEN MEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
STRATAGRAFT EXTERNAL SHEET (<i>keratinocyte-fibroblast-dsat</i>)	Tier 2	
STRAVIX EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	Tier 2	
TRUSKIN EXTERNAL SHEET (<i>skin allograft (human)</i>)	Tier 2	
*TOPICAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>allevess external patch</i>	Tier 1	OTC
<i>cbd4 freeze pump maximum str external cream</i>	Tier 2	
<i>lidocaine-prilocaine external cream</i>	Tier 1	QL (30 grams per 30 days)
<i>lidocaine-prilocaine external kit</i>	Tier 2	QL (1 kit per 30 days)
<i>lidoheal-90 external kit</i>	Tier 2	

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REAL HEAL-I EXTERNAL KIT (<i>lidocaine-prilocaine-dressing</i>)	Tier 2	
<i>reliever external patch</i>	Tier 1	OTC
SYNERA EXTERNAL PATCH (<i>lidocaine-tetracaine</i>)	Tier 2	PA; QL (2 patches per 30 days)
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT (<i>lidocaine hcl-blood collection</i>)	Tier 2	
*TOPICAL ANESTHETIC GASES*** - DRUGS FOR THE SKIN		
CRYODOSE TA EXTERNAL AEROSOL (<i>pentafluoroprop-tetrafluoroeth</i>)	Tier 2	
*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR THE SKIN		
TARGRETIN EXTERNAL GEL (<i>bexarotene</i>)	Tier 2	PA; SP; QL (60 grams per 30 days)
*TOPICAL STEROID COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>calcipotriene-betameth diprop external ointment</i>	Tier 2	PA; QL (400 grams per 28 days)
<i>calcipotriene-betameth diprop external suspension</i>	Tier 2	PA; QL (420 grams per 28 days)
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM (<i>hydrocortisone-aloe vera</i>)	Tier 1	PA; OTC; QL (30 grams per 30 days)
CORTIZONE-10 PLUS EXTERNAL CREAM (<i>hydrocortisone-aloe vera</i>)	Tier 1	PA; OTC; QL (30 grams per 30 days)
CORTIZONE-10/ALOE EXTERNAL CREAM (<i>hydrocortisone-aloe vera</i>)	Tier 1	PA; OTC; QL (30 grams per 30 days)
DUOBRII EXTERNAL LOTION (<i>halobetasol prop-tazarotene</i>)	Tier 2	PA; QL (200 grams per 30 days)
ENSTILAR EXTERNAL FOAM (<i>calcipotriene-betameth diprop</i>)	Tier 2	PA; QL (420 grams per 28 days)
<i>gnp hydrocortisonelaloe external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)

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<i>hm hydrocortisone plus external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>hm hydrocortisone-aloe max st external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>hydrocortisone/aloe max str external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>hydrocortisone-aloe external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>ra hydrocortisone plus external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>sm hydrocortisone plus external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
<i>sm hydrocortisone-aloe max st external cream</i>	Tier 1	OTC; QL (30 grams per 30 days)
TACLONEX EXTERNAL OINTMENT (<i>calcipotriene-betameth diprop</i>)	Tier 2	PA; QL (400 grams per 28 days)
TACLONEX EXTERNAL SUSPENSION (<i>calcipotriene-betameth diprop</i>)	Tier 2	PA; QL (420 grams per 28 days)
WYNZORA EXTERNAL CREAM (<i>calcipotriene-betameth diprop</i>)	Tier 2	PA; QL (420 grams per 28 days)
*WOUND CARE - GROWTH FACTOR AGENTS*** - DRUGS FOR THE SKIN		
REGRANEX EXTERNAL GEL (<i>becaplermin</i>)	Tier 2	PA; QL (15 grams per 30 days)
*WOUND DRESSINGS*** - DRUGS FOR THE SKIN		
KENDALL HYDROGEL WOUND DRESS EXTERNAL (<i>hydroactive dressings</i>)	Tier 2	
TEGADERM AG MESH EXTERNAL PAD (<i>silver</i>)	Tier 2	
WOUNDGELHA MATRIX EXTERNAL GEL (<i>hyaluronate sodium</i>)	Tier 2	
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC BIOLOGICALS***		
<i>almond (diagnostic) injection solution</i>	Tier 2	MB
APLISOL INTRADERMAL SOLUTION (<i>tuberculin ppd</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>apple (diagnostic) injection solution</i>	Tier 2	MB
<i>aspergillus fumigatus intradermal solution</i>	Tier 2	MB
<i>aureobasidium pullulans intradermal solution</i>	Tier 2	MB
<i>avocado (diagnostic) injection solution</i>	Tier 2	MB
<i>banana (diagnostic) injection solution</i>	Tier 2	MB
<i>beef (diagnostic) injection solution</i>	Tier 2	MB
<i>botrytis cinerea intradermal solution</i>	Tier 2	MB
<i>candida albicans skn tst antgn injection solution</i>	Tier 2	MB
<i>candida albicans skn tst antgn intradermal solution</i>	Tier 2	MB
CANDIN INTRADERMAL SOLUTION (<i>candida albicans skn tst antgn</i>)	Tier 2	MB
<i>cantaloupe (diagnostic) injection solution</i>	Tier 2	MB
<i>casein (diagnostic) injection solution</i>	Tier 2	MB
<i>chicken meat (diagnostic) injection solution</i>	Tier 2	MB
<i>cocoa bean (diagnostic) injection solution</i>	Tier 2	MB
<i>crab (diagnostic) injection solution</i>	Tier 2	MB
<i>egg white (diagnostic) injection solution</i>	Tier 2	MB
<i>mosquito (diagnostic) intradermal solution</i>	Tier 2	MB
<i>oat grain (diagnostic) injection solution</i>	Tier 2	MB
<i>orange (diagnostic) injection solution</i>	Tier 2	MB
<i>peanut (diagnostic) injection solution</i>	Tier 2	MB
<i>pecan nut (diagnostic) injection solution</i>	Tier 2	MB
<i>penicillium notatum intradermal solution</i>	Tier 2	MB
<i>pistachio nut (diagnostic) injection solution</i>	Tier 2	MB
<i>pork (diagnostic) injection solution</i>	Tier 2	MB
<i>rice (diagnostic) injection solution</i>	Tier 2	MB
<i>saccharomyces cerevisiae intradermal solution</i>	Tier 2	MB
<i>sesame seed (diagnostic) injection solution</i>	Tier 2	MB
<i>shrimp (diagnostic) injection solution</i>	Tier 2	MB
<i>soybean (diagnostic) injection solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPHERUSOL INTRADERMAL SOLUTION (<i>coccidioides immitis</i>)	Tier 2	MB
<i>strawberry (diagnostic) injection solution</i>	Tier 2	MB
<i>sweet corn (diagnostic) injection solution</i>	Tier 2	MB
<i>tomato (diagnostic) injection solution</i>	Tier 2	
<i>trichophyton mentag (diagnost) subcutaneous solution</i>	Tier 2	
TUBERSOL INTRADERMAL SOLUTION (<i>tuberculin ppd</i>)	Tier 2	MB
<i>whole egg (diagnostic) injection solution</i>	Tier 2	MB
*DIAGNOSTIC DRUGS***		
<i>adenosine (diagnostic) intravenous solution</i>	Tier 2	MB
<i>adenosine intravenous solution</i>	Tier 2	MB
ARIDOL INHALATION KIT (<i>mannitol</i>)	Tier 2	
CHIRHOSTIM INTRAVENOUS SOLUTION RECONSTITUTED (<i>secretin acetate (human)</i>)	Tier 2	MB
CORTROSYN INJECTION SOLUTION RECONSTITUTED (<i>cosyntropin</i>)	Tier 2	MB; QL (1 injection per 1 year)
<i>cosyntropin injection solution reconstituted</i>	Tier 1	MB; QL (1 injection per 1 year)
CYSVIEW INTRAVESICAL SOLUTION RECONSTITUTED (<i>hexaminolevulinate hcl</i>)	Tier 2	MB
<i>dipyridamole intravenous solution</i>	Tier 2	MB
GLEOLAN ORAL SOLUTION RECONSTITUTED (<i>aminolevulinic acid hcl</i>)	Tier 2	
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED (<i>glucagon hcl rdna (diagnostic)</i>)	Tier 1	
<i>glucagon hcl (diagnostic) injection solution reconstituted</i>	Tier 2	MB
HISTATROL INJECTION SOLUTION (<i>histamine phosphate</i>)	Tier 2	MB
HISTATROL INTRADERMAL SOLUTION (<i>histamine phosphate</i>)	Tier 2	MB
IC GREEN INTRAVENOUS SOLUTION RECONSTITUTED (<i>indocyanine green</i>)	Tier 2	MB

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<i>indocyanine green intravenous solution reconstituted</i>	Tier 2	MB
<i>isosulfan blue subcutaneous solution</i>	Tier 2	MB
KINEVAC INJECTION SOLUTION RECONSTITUTED (<i>sincalide</i>)	Tier 2	MB
LEXISCAN INTRAVENOUS SOLUTION (<i>regadenoson</i>)	Tier 2	MB
MACRILEN ORAL PACKET (<i>macimorelin acetate</i>)	Tier 2	
METOPIRONE ORAL CAPSULE (<i>metyrapone</i>)	Tier 2	
PRE-PEN INTRADERMAL SOLUTION (<i>benzylpenicilloyl polylysine</i>)	Tier 2	MB
PROVOCHOLINE INHALATION SOLUTION RECONSTITUTED (<i>methacholine chloride</i>)	Tier 2	MB
R-GENE 10 INTRAVENOUS SOLUTION (<i>arginine hcl (diagnostic)</i>)	Tier 2	MB
SECREFLO INTRAVENOUS SOLUTION RECONSTITUTED (<i>secretin acetate</i>)	Tier 2	
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>thyrotropin alfa</i>)	Tier 2	MB
*DIAGNOSTIC INFECTION TEST COMBINATIONS***		
SOFLA2 FLU+SARS ANTIGEN FIA IN VITRO KIT (<i>influenza-sars antigen test</i>)	Tier 2	MB
*DIAGNOSTIC RADIOPHARMACEUTICALS - BRAIN***		
AMYVID INTRAVENOUS SOLUTION (<i>florbetapir f 18</i>)	Tier 2	MB
DATSCAN INTRAVENOUS SOLUTION (<i>ioflupane i 123</i>)	Tier 2	MB
NEURACEQ INTRAVENOUS SOLUTION (<i>florbetaben f 18</i>)	Tier 2	MB
VIZAMYL INTRAVENOUS SOLUTION (<i>flutemetamol f 18</i>)	Tier 2	MB
*DIAGNOSTIC RADIOPHARMACEUTICALS - CARDIAC***		
<i>ammonia n 13 intravenous solution</i>	Tier 2	
MYOVIEV 30ML INTRAVENOUS KIT (<i>technetium tc 99m tetrofosmin</i>)	Tier 2	MB
<i>technetium tc 99m sestamibi intravenous kit</i>	Tier 2	MB

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<i>thallous chloride tl 201 intravenous solution</i>	Tier 2	MB
*DIAGNOSTIC RADIOPHARMACEUTICALS - ENDOCRINE***		
ADREVIEW INTRAVENOUS SOLUTION (<i>iobenguane sulfate i 123</i>)	Tier 2	MB
DETECTNET INTRAVENOUS SOLUTION (<i>copper cu 64 dotatate</i>)	Tier 2	MB
DOTATOC GA 68 INTRAVENOUS SOLUTION (<i>gallium ga 68 dotatoc</i>)	Tier 2	MB
<i>indium in 111 dtpa intrathecal solution</i>	Tier 2	MB
NETSPOT INTRAVENOUS KIT (<i>gallium ga 68 dotatate</i>)	Tier 2	MB
<i>sodium iodide i-123 oral capsule</i>	Tier 2	
*DIAGNOSTIC RADIOPHARMACEUTICALS - GASES***		
<i>xenon xe 133 inhalation gas</i>	Tier 2	
*DIAGNOSTIC RADIOPHARMACEUTICALS - HEPATOBILIARY***		
CHOLETEC INTRAVENOUS KIT (<i>technetium tc 99m mebrofenin</i>)	Tier 2	MB
<i>technetium tc 99m mebrofenin intravenous kit</i>	Tier 2	MB
*DIAGNOSTIC RADIOPHARMACEUTICALS - MISCELLANEOUS***		
CERIANNA INTRAVENOUS SOLUTION (<i>fluoroestradiol f 18</i>)	Tier 2	MB
<i>fludeoxyglucose f 18 intravenous solution 20-300 mc/ml</i>	Tier 2	
<i>fludeoxyglucose f 18 intravenous solution 20-500 mc/ml</i>	Tier 2	MB
<i>gallium citrate ga 67 intravenous solution</i>	Tier 2	
LEU TECHNELITE COMBINATION KIT (<i>technet tc 99m pertechnetate</i>)	Tier 2	
TECHNELITE COMBINATION KIT (<i>technet tc 99m pertechnetate</i>)	Tier 2	

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<i>technet tc 99m sulfur colloid combination kit</i>	Tier 2	
<i>technetium tc 99m pyrophos intravenous kit</i>	Tier 2	MB
<i>volumex intravenous solution prefilled syringe</i>	Tier 2	
*DIAGNOSTIC RADIOPHARMACEUTICALS - PROSTATIC***		
AXUMIN INTRAVENOUS SOLUTION (<i>fluciclovine f 18</i>)	Tier 2	MB
<i>gallium ga 68 psma-11 intravenous solution</i>	Tier 2	MB
PYLARIFY INTRAVENOUS SOLUTION PREFILLED SYRINGE (<i>piflufolastat f 18</i>)	Tier 2	MB
*DIAGNOSTIC RADIOPHARMACEUTICALS - RENAL***		
<i>dmsa intravenous kit</i>	Tier 2	
*DIAGNOSTIC RADIOPHARMACEUTICALS - SKELETAL***		
<i>technetium tc 99m medronate intravenous kit</i>	Tier 2	MB
*DIAGNOSTIC RADIOPHARMACEUTICALS- IMMUNE CELL RADIOLABELING**		
CERETEC INTRAVENOUS KIT (<i>technetium tc 99m exametazime</i>)	Tier 2	MB
<i>indium in 111 oxyquinoline intravenous solution</i>	Tier 2	MB
*DIAGNOSTIC TESTS***		
12-PANEL POC TOXICOLOGY SYSTEM IN VITRO KIT (<i>drug assay (urine)</i>)	Tier 2	
D-CARE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	Tier 2	PA; QL (50 strips per 30 days)
DX1 ORAGENOMIC DNA SCREEN COMBINATION KIT (<i>dna collection product</i>)	Tier 2	
DX2 ORAGENOMIC DNA SCREEN COMBINATION KIT (<i>dna collection product</i>)	Tier 2	
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP (<i>glucose blood</i>)	Tier 1	OTC; QL (50 strips per 30 days)
<i>home pap kit in vitro kit</i>	Tier 2	
<i>medicated dna collection 2 combination kit</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>medicated dna collection combination kit</i>	Tier 2	
<i>ph strips in vitro diagnostic test</i>	Tier 2	
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (<i>glucose blood</i>)	Tier 2	PA; MB
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	Tier 1	OTC; QL (50 strips per 30 days)
TOXICOLOGY MED COLLECTION SYS IN VITRO KIT (<i>drug assay (urine)</i>)	Tier 2	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	Tier 1	OTC; QL (50 strips per 30 days)
*INFECTION TESTS***		
AZO TEST IN VITRO STRIP (<i>urinary tract infection test</i>)	Tier 1	OTC
BD VERITOR SYSTEM SARS-COV-2 IN VITRO KIT (<i>covid-19 antigen test</i>)	Tier 2	MB
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	Tier 2	MB
ECOTEST COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 antibody test</i>)	Tier 2	MB
FASTEP COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 antibody test</i>)	Tier 2	MB
LUCIRA COVID-19 ALL-IN-ONE IN VITRO KIT (<i>covid-19 at home test</i>)	Tier 2	MB
QUICKVUE SARS ANTIGEN TEST IN VITRO KIT (<i>covid-19 antigen test</i>)	Tier 2	MB
SOFIA SARS ANTIGEN FIA IN VITRO KIT (<i>covid-19 antigen test</i>)	Tier 2	MB
XPERT XPRESS SARS-COV-2 IN VITRO KIT (<i>covid-19 test</i>)	Tier 2	MB
*MISCELLANEOUS CONTRAST MEDIA***		
<i>gadoterate meglumine</i> (Clariscan Intravenous Solution)	Tier 2	MB
<i>gadoterate meglumine</i> (Clariscan Intravenous Solution Prefilled Syringe)	Tier 2	MB
DEFINITY INTRAVENOUS SUSPENSION (<i>perflutren lipid microsphere</i>)	Tier 2	MB

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DOTAREM INTRAVENOUS SOLUTION (<i>gadoterate meglumine</i>)	Tier 2	MB
DOTAREM INTRAVENOUS SOLUTION PREFILLED SYRINGE (<i>gadoterate meglumine</i>)	Tier 2	MB
EOVIST INTRAVENOUS SOLUTION (<i>gadoxetate disodium</i>)	Tier 2	MB
EXEM INTRAUTERINE FOAM (<i>air polymer-type a</i>)	Tier 2	
GADAVIST INTRAVENOUS SOLUTION (<i>gadobutrol</i>)	Tier 2	MB
LUMASON INTRAVENOUS SUSPENSION RECONSTITUTED (<i>sulfur hexafluoride microsph</i>)	Tier 2	MB
MULTIHANCE INTRAVENOUS SOLUTION (<i>gadobenate dimeglumine</i>)	Tier 2	MB
OMNISCAN INJECTION INJECTABLE (<i>gadodiamide</i>)	Tier 2	MB
OMNISCAN INTRAVENOUS SOLUTION (<i>gadodiamide</i>)	Tier 2	MB
OPTISON INTRAVENOUS SUSPENSION (<i>perflutren protein a microsph</i>)	Tier 2	MB
PROHANCE INTRAVENOUS SOLUTION (<i>gadoteridol</i>)	Tier 2	MB
*MULTIPLE SKIN TESTS***		
T.R.U.E. TEST EXTERNAL DIAGNOSTIC TEST (<i>dermatitis antigens</i>)	Tier 2	
*MULTIPLE URINE TESTS***		
CHEMSTRIP UGK IN VITRO STRIP (<i>urine glucose-ketones test</i>)	Tier 1	OTC
CVS KETONE CARE IN VITRO STRIP (<i>urine glucose-ketones test</i>)	Tier 1	OTC
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	Tier 1	OTC
*RADIOGRAPHIC CONTRAST MEDIA - BARIUM***		
<i>barium sulfate powder</i>	Tier 2	
E-Z-HD ORAL SUSPENSION RECONSTITUTED (<i>barium sulfate</i>)	Tier 2	
LIQUID E-Z-PAQUE ORAL SUSPENSION (<i>barium sulfate</i>)	Tier 2	

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NEULUMEX ORAL SUSPENSION (<i>barium sulfate</i>)	Tier 2	
READI-CAT 2 ORAL SUSPENSION (<i>barium sulfate</i>)	Tier 2	
TAGITOL V ORAL SUSPENSION (<i>barium sulfate</i>)	Tier 2	
VARIBAR NECTAR ORAL SUSPENSION (<i>barium sulfate</i>)	Tier 2	
*RADIOGRAPHIC CONTRAST MEDIA - IODINATED***		
CONRAY INJECTION SOLUTION (<i>iothalamate meglumine</i>)	Tier 2	MB
CYSTO-CONRAY II URETHRAL SOLUTION (<i>iothalamate meglumine</i>)	Tier 2	
CYSTOGRAFIN URETHRAL SOLUTION (<i>diatrizoate meglumine</i>)	Tier 2	
CYSTOGRAFIN-DILUTE URETHRAL SOLUTION (<i>diatrizoate meglumine</i>)	Tier 2	
GASTROGRAFIN ORAL SOLUTION (<i>diatrizoate meglumine & sodium</i>)	Tier 2	
ISOVUE-200 INTRAVENOUS SOLUTION (<i>iopamidol</i>)	Tier 2	MB
ISOVUE-250 INTRAVENOUS SOLUTION (<i>iopamidol</i>)	Tier 2	MB
ISOVUE-300 INTRAVENOUS SOLUTION (<i>iopamidol</i>)	Tier 2	MB
ISOVUE-370 INTRAVENOUS SOLUTION (<i>iopamidol</i>)	Tier 2	MB
ISOVUE-M 200 INJECTION SOLUTION (<i>iopamidol</i>)	Tier 2	MB
ISOVUE-M 300 INJECTION SOLUTION (<i>iopamidol</i>)	Tier 2	MB
LIPIODOL INJECTION OIL (<i>ethiodized oil</i>)	Tier 2	MB
OMNIPAQUE COMBINATION SOLUTION (<i>iohexol</i>)	Tier 2	
OMNIPAQUE INJECTION SOLUTION (<i>iohexol</i>)	Tier 2	MB
OMNIPAQUE INTRAVENOUS SOLUTION (<i>iohexol</i>)	Tier 2	MB
OMNIPAQUE ORAL SOLUTION (<i>iohexol</i>)	Tier 2	
ULTRAVIST INJECTION SOLUTION (<i>iopromide</i>)	Tier 2	MB
VISIPAQUE INTRAVENOUS SOLUTION (<i>iodixanol</i>)	Tier 2	MB

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DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION		
*DIETARY MANAGEMENT PRODUCT COMBINATIONS*** - DRUGS FOR NUTRITION		
LIMBREL250 ORAL CAPSULE (<i>flavocoxid-cit zn bisglcinate</i>)	Tier 2	
LIMBREL500 ORAL CAPSULE (<i>flavocoxid-cit zn bisglcinate</i>)	Tier 2	
*DIETARY MANAGEMENT PRODUCTS*** - DRUGS FOR NUTRITION		
AVAILNEX ORAL TABLET CHEWABLE (<i>carbocysteine</i>)	Tier 2	
ENTERAGAM ORAL PACKET (<i>sbilprotein isolate</i>)	Tier 2	
LIMBREL ORAL CAPSULE (<i>flavocoxid</i>)	Tier 2	
*NUTRITIONAL SUPPLEMENTS*** - DRUGS FOR NUTRITION		
AMINOPMRMS ORAL CAPSULE (<i>nutritional supplements</i>)	Tier 2	
<i>nutritional supplements</i> (Asilnasalrms Oral Capsule)	Tier 2	
CAMINO PRO COMPLETE/GLYTACTIN ORAL BAR (<i>nutritional supplements</i>)	Tier 2	
GLYTACTIN BETTERMILK DE-LITE ORAL PACKET (<i>nutritional supplements</i>)	Tier 2	
GLYTACTIN BUILD 10PE ORAL PACKET (<i>nutritional supplements</i>)	Tier 2	
GLYTACTIN BUILD 20/20 PKU ORAL PACKET (<i>nutritional supplements</i>)	Tier 2	
GLYTACTIN COMPLETE 10PE ORAL BAR (<i>nutritional supplements</i>)	Tier 2	
GLYTACTIN RESTORE 5 ORAL PACKET (<i>nutritional supplements</i>)	Tier 2	
GLYTACTIN RESTORE LITE 10PE ORAL PACKET (<i>nutritional supplements</i>)	Tier 2	
GLYTACTIN RTD LITE 15 ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	

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GLYACTIN SWIRL 15PE ORAL PACKET (<i>nutritional supplements</i>)	Tier 2	
HCU EASY ORAL TABLET (<i>nutritional supplements</i>)	Tier 2	
HOMACTIN AA PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
HOMACTIN AA PLUS ORAL PACKET (<i>nutritional supplements</i>)	Tier 2	
KATE FARMS PEPTIDE 1.5 ENTERAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
KATE FARMS STANDARD 1.4 ENTERAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
KETOVIE 4:1 ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
KETOVIE ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
KETOVIE PEPTIDE ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
MSUD EASY ORAL TABLET (<i>nutritional supplements</i>)	Tier 2	
NOURISH ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
PKU EASY MICROTABS ORAL TABLET DELAYED RELEASE (<i>nutritional supplements</i>)	Tier 2	OTC
PKU EASY ORAL TABLET (<i>nutritional supplements</i>)	Tier 2	
PKU GO ORAL PACKET (<i>nutritional supplements</i>)	Tier 2	
TYLACTIN BUILD 20PE TYR ORAL PACKET (<i>nutritional supplements</i>)	Tier 2	
TYLACTIN RESTORE 10 ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
TYLACTIN RESTORE 5PE ORAL PACKET (<i>nutritional supplements</i>)	Tier 2	
TYLACTIN RTD 15 ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	
TYR EASY ORAL TABLET (<i>nutritional supplements</i>)	Tier 2	
VILACTIN AA PLUS ORAL LIQUID (<i>nutritional supplements</i>)	Tier 2	

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DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
*DIGESTIVE ENZYMES*** - DRUGS FOR THE STOMACH		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 1	PA; QL (25 capsules per 1 day)
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 3000-9500 UNIT, 36000-114000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 1	PA
<i>cvs dairy relief oral tablet</i>	Tier 1	OTC
<i>cvs lactase enzyme ultra str oral tablet</i>	Tier 1	OTC
<i>dairy digestive oral tablet</i>	Tier 1	OTC
<i>dairy digestive supplement oral tablet</i>	Tier 1	OTC
<i>dairy digestive ultra oral tablet</i>	Tier 1	OTC
<i>dairy-digestive oral tablet chewable</i>	Tier 1	OTC
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2	PA; QL (25 capsules per 1 day)
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2	PA; QL (25 capsules per 1 day)
<i>ra dairy relief fast acting oral tablet</i>	Tier 1	OTC
<i>sb lactase oral tablet</i>	Tier 1	OTC
SUCRAID ORAL SOLUTION (<i>sacrosidase</i>)	Tier 2	PA; SP; QL (4 bottles per 30 days)
<i>surelac oral tablet</i>	Tier 1	OTC
VIOKACE ORAL TABLET (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2	PA; QL (25 tablets per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	Tier 2	PA; 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>	Tier 1	
<i>acetazolamide oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acetazolamide sodium injection solution reconstituted</i>	Tier 2	MB
KEVEYIS ORAL TABLET (<i>dichlorphenamide</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
<i>methazolamide oral tablet</i>	Tier 1	
*DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ALDACTAZIDE ORAL TABLET 25-25 MG (<i>spironolactone-hctz</i>)	Tier 2	DO; QL (2 tablets per 1 day)
ALDACTAZIDE ORAL TABLET 50-50 MG (<i>spironolactone-hctz</i>)	Tier 2	QL (4 tablets per 1 day)
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier 1	
MAXZIDE ORAL TABLET (<i>triamterene-hctz</i>)	Tier 2	
MAXZIDE-25 ORAL TABLET (<i>triamterene-hctz</i>)	Tier 2	
<i>spironolactone-hctz oral tablet</i>	Tier 1	DO; QL (2 tablets per 1 day)
<i>triamterene-hctz oral capsule</i>	Tier 1	
<i>triamterene-hctz oral tablet</i>	Tier 1	
*LOOP DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>bumetanide injection solution</i>	Tier 2	MB
<i>bumetanide oral tablet</i>	Tier 1	
BUMEX ORAL TABLET (<i>bumetanide</i>)	Tier 2	
EDECIN ORAL TABLET (<i>ethacrynic acid</i>)	Tier 2	
<i>ethacrynate sodium intravenous solution reconstituted</i>	Tier 2	MB
<i>ethacrynic acid oral tablet</i>	Tier 2	
<i>furosemide in sodium chloride intravenous solution</i>	Tier 2	MB
<i>furosemide injection solution</i>	Tier 2	MB
<i>furosemide oral solution</i>	Tier 1	
<i>furosemide oral tablet</i>	Tier 1	
LASIX ORAL TABLET (<i>furosemide</i>)	Tier 2	
SODIUM EDECIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>ethacrynate sodium</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>torseamide oral tablet</i>	Tier 1	
*OSMOTIC DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>mannitol intravenous solution</i>	Tier 2	MB
<i>mannitol</i> (Osmitrol Intravenous Solution)	Tier 2	MB
*POTASSIUM SPARING DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ALDACTONE ORAL TABLET 100 MG (<i>spironolactone</i>)	Tier 2	QL (4 tablets per 1 day)
ALDACTONE ORAL TABLET 25 MG, 50 MG (<i>spironolactone</i>)	Tier 2	QL (2 tablets per 1 day)
<i>amiloride hcl oral tablet</i>	Tier 1	
CAROSPIR ORAL SUSPENSION (<i>spironolactone</i>)	Tier 2	PA; QL (20 mL per 1 day)
DYRENIUM ORAL CAPSULE (<i>triamterene</i>)	Tier 2	
<i>spironolactone oral tablet 100 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>spironolactone oral tablet 25 mg, 50 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>triamterene oral capsule</i>	Tier 2	
*THIAZIDES AND THIAZIDE-LIKE DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>chlorothiazide sodium intravenous solution reconstituted</i>	Tier 2	MB
<i>chlorthalidone oral tablet</i>	Tier 1	
DIURIL ORAL SUSPENSION (<i>chlorothiazide</i>)	Tier 2	
<i>hydrochlorothiazide oral capsule</i>	Tier 1	
<i>hydrochlorothiazide oral tablet</i>	Tier 1	
<i>indapamide oral tablet</i>	Tier 1	
<i>metolazone oral tablet</i>	Tier 1	
SODIUM DIURIL INTRAVENOUS SOLUTION RECONSTITUTED (<i>chlorothiazide sodium</i>)	Tier 2	MB
THALITONE ORAL TABLET (<i>chlorthalidone</i>)	Tier 2	

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ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR WOMEN		
MIFEPREX ORAL TABLET (<i>mifepristone</i>)	Tier 2	
<i>mifepristone oral tablet</i>	Tier 2	
*ADENOSINE DEAMINASE SCID TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
REVCovi INTRAMUSCULAR SOLUTION (<i>elapegademase-lvlr</i>)	Tier 2	PA; MB
*BISPHOSPHONATES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>)	Tier 2	QL (1 tablet per 28 days)
ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>)	Tier 2	QL (4 tablets per 30 days)
<i>alendronate sodium oral solution</i>	Tier 1	QL (300 mL per 30 days)
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	QL (4 tablets per 30 days)
AELVIA ORAL TABLET DELAYED RELEASE (<i>risedronate sodium</i>)	Tier 2	
BINOSTO ORAL TABLET EFFERVESCENT (<i>alendronate sodium</i>)	Tier 2	
BONIVA ORAL TABLET (<i>ibandronate sodium</i>)	Tier 2	
FOSAMAX ORAL TABLET (<i>alendronate sodium</i>)	Tier 2	QL (4 tablets per 30 days)
FOSAMAX PLUS D ORAL TABLET (<i>alendronate-cholecalciferol</i>)	Tier 2	QL (4 tablets per 30 days)
<i>ibandronate sodium intravenous solution</i>	Tier 2	MB
<i>ibandronate sodium oral tablet</i>	Tier 2	
<i>pamidronate disodium intravenous solution</i>	Tier 2	MB
RECLAST INTRAVENOUS SOLUTION (<i>zoledronic acid</i>)	Tier 2	MB; QL (100 mL per 273 days)
<i>risedronate sodium oral tablet 150 mg</i>	Tier 2	QL (1 tablet per 28 days)

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<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Tier 2	QL (4 tablets per 30 days)
<i>risedronate sodium oral tablet delayed release</i>	Tier 2	
<i>zoledronic acid intravenous concentrate</i>	Tier 2	MB
<i>zoledronic acid intravenous solution 4 mg/100ml</i>	Tier 2	MB
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	Tier 2	MB; QL (100 mL per 273 days)
*CALCIMIMETIC AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Tier 2	PA; SP; QL (2 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	Tier 2	PA; SP; QL (4 tablets per 1 day)
PARSABIV INTRAVENOUS SOLUTION (<i>etelcalcetide hcl</i>)	Tier 2	MB
SENSIPAR ORAL TABLET 30 MG, 60 MG (<i>cinacalcet hcl</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
SENSIPAR ORAL TABLET 90 MG (<i>cinacalcet hcl</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
*CALCITONINS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitonin (salmon) injection solution</i>	Tier 2	MB
<i>calcitonin (salmon) nasal solution</i>	Tier 1	
MIACALCIN INJECTION SOLUTION (<i>calcitonin (salmon)</i>)	Tier 2	MB
*CARNITINE REPLENISHER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CARNITOR INTRAVENOUS SOLUTION (<i>levocarnitine</i>)	Tier 2	MB
CARNITOR ORAL SOLUTION (<i>levocarnitine</i>)	Tier 2	
CARNITOR ORAL TABLET (<i>levocarnitine</i>)	Tier 2	
CARNITOR SF ORAL SOLUTION (<i>levocarnitine</i>)	Tier 2	
<i>levocarnitine oral tablet</i>	Tier 1	
<i>levocarnitine sf oral solution</i>	Tier 2	

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*CORTICOTROPIN*** - HORMONES		
ACTHAR INJECTION GEL (<i>corticotropin</i>)	Tier 2	PA; MB
*CORTISOL SYNTHESIS INHIBITORS*** - HORMONES		
ISTURISA ORAL TABLET 1 MG, 5 MG (<i>osilodrostat phosphate</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
ISTURISA ORAL TABLET 10 MG (<i>osilodrostat phosphate</i>)	Tier 2	PA; SP; QL (6 tablets per 1 day)
*DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR WOMEN		
<i>cabergoline oral tablet</i>	Tier 1	QL (16 tablets per 28 days)
*FABRY DISEASE - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>agalsidase beta</i>)	Tier 2	MB
GALAFOLD ORAL CAPSULE (<i>migalastat hcl</i>)	Tier 2	PA; SP; QL (14 capsules per 28 days)
*GAA DEFICIENCY TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>alglucosidase alfa</i>)	Tier 2	MB
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>avalglucosidase alfa-ngpt</i>)	Tier 2	MB
*GNRH/LHRH ANTAGONISTS*** - DRUGS FOR WOMEN		
ORILISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	Tier 2	PA; QL (1 tablet per 1 day)
ORILISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	Tier 2	PA; QL (2 tablets per 1 day)
*GROWTH HORMONE RECEPTOR ANTAGONISTS*** - DRUGS FOR GROWTH		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	Tier 2	PA; SP; QL (1 injection per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 15 MG (<i>pegvisomant</i>)	Tier 2	PA; SP; QL (1 vials per 1 day)
*GROWTH HORMONE RELEASING HORMONES (GHRH)** - DRUGS FOR GROWTH		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>tesamorelin acetate</i>)	Tier 2	PA; SP; QL (1 vial per 1 day)
*GROWTH HORMONES*** - DRUGS FOR GROWTH		
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 12 MG (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG (<i>somatropin</i>)	Tier 2	PA; SP; QL (2 vials per 1 day)
HUMATROPE INJECTION SOLUTION RECONSTITUTED (<i>somatropin</i>)	Tier 1	PA; SP; QL (28 injections per 28 days)
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
SAIZEN INJECTION SOLUTION RECONSTITUTED (<i>somatropin (non-refrigerated)</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
SAIZENPREP INJECTION SOLUTION RECONSTITUTED (<i>somatropin (non-refrigerated)</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin (non-refrigerated)</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)

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SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	Tier 2	PA; SP; QL (8 cartridges per 28 days)
SKYTROFA SUBCUTANEOUS CARTRIDGE 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG (<i>lonapegsomatropin-tcgd</i>)	Tier 2	PA; SP; QL (4 cartridges per 28 days)
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG (<i>somatropin</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG (<i>somatropin</i>)	Tier 2	PA; SP; QL (2 vials per 1 day)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin (non-refrigerated)</i>)	Tier 2	PA; SP; QL (28 injections per 28 days)
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS FOR MENOPAUSE AND BONE LOSS		
XURIDEN ORAL PACKET (<i>uridine triacetate</i>)	Tier 2	PA; SP; QL (4 packets per 1 day)
*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>nitisinone oral capsule</i>	Tier 2	PA; SP
NITYR ORAL TABLET (<i>nitisinone</i>)	Tier 2	PA; SP
ORFADIN ORAL CAPSULE (<i>nitisinone</i>)	Tier 2	PA; SP
ORFADIN ORAL SUSPENSION (<i>nitisinone</i>)	Tier 2	PA; SP
*HOMOCYSTINURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CYSTADANE ORAL POWDER (<i>betaine</i>)	Tier 2	SP
*HYPERAMMONEMIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CARBAGLU ORAL TABLET (<i>carglumic acid</i>)	Tier 2	PA; SP

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*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitriol intravenous solution</i>	Tier 2	PA; MB
<i>calcitriol oral capsule</i>	Tier 1	PA
<i>calcitriol oral solution</i>	Tier 1	PA
<i>doxercalciferol intravenous solution</i>	Tier 2	PA; MB
<i>doxercalciferol oral capsule</i>	Tier 2	PA
HECTOROL INTRAVENOUS SOLUTION (<i>doxercalciferol</i>)	Tier 2	PA; MB
<i>paricalcitol intravenous solution</i>	Tier 2	PA; MB
<i>paricalcitol oral capsule</i>	Tier 2	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE (<i>calcifediol</i>)	Tier 2	PA; QL (2 capsules per 1 day)
ROCALTROL ORAL CAPSULE (<i>calcitriol</i>)	Tier 2	PA
ROCALTROL ORAL SOLUTION (<i>calcitriol</i>)	Tier 2	PA
ZEMPLAR INTRAVENOUS SOLUTION (<i>paricalcitol</i>)	Tier 2	PA; MB
ZEMPLAR ORAL CAPSULE (<i>paricalcitol</i>)	Tier 2	PA
*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
STRENSIQ SUBCUTANEOUS SOLUTION (<i>asfotase alfa</i>)	Tier 2	PA; SP
*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)*** - DRUGS FOR THYROID		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED (<i>teprotumumab-trbw</i>)	Tier 2	PA; MB
*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)*** - HORMONES		
INCRELEX SUBCUTANEOUS SOLUTION (<i>mecasermin</i>)	Tier 2	PA; SP
*LEPTIN ANALOGUES*** - HORMONES		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>metreleptin</i>)	Tier 2	PA; MB

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*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** - DRUGS FOR WOMEN		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT (<i>leuprolide acetate (6 month)</i>)	Tier 2	PA; SP; QL (1 injection per 24 weekss)
SUPPRELIN LA SUBCUTANEOUS KIT (<i>histrelin acetate (cpp)</i>)	Tier 2	MB; QL (1 implant per 1 year)
SYNAREL NASAL SOLUTION (<i>nafarelin acetate</i>)	Tier 2	PA; SP; QL (5 bottles per 30 days)
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>triptorelin pamoate</i>)	Tier 2	MB; QL (1 kit per 24 weeks)
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
KANUMA INTRAVENOUS SOLUTION (<i>sebelipase alfa</i>)	Tier 2	MB
*MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED (<i>fosdenopterin hydrobromide</i>)	Tier 2	MB
*MUCOPOLYSACCHARIDOSIS I (MPS I) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ALDURAZYME INTRAVENOUS SOLUTION (<i>laronidase</i>)	Tier 2	MB
*MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ELAPRASE INTRAVENOUS SOLUTION (<i>idursulfase</i>)	Tier 2	MB
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
VIMIZIM INTRAVENOUS SOLUTION (<i>elosulfase alfa</i>)	Tier 2	MB

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*MUCOPOLYSACCHARIDOSIS VI (MPS VI) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
NAGLAZYME INTRAVENOUS SOLUTION (<i>galsulfase</i>)	Tier 2	MB
*MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
MEPSEVII INTRAVENOUS SOLUTION (<i>vestronidase alfa-vjbk</i>)	Tier 2	MB
*NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS*** - HORMONES		
KERENDIA ORAL TABLET (<i>finerenone</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*PARATHYROID HORMONE AND DERIVATIVES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>teriparatide (recombinant)</i>)	Tier 2	PA; SP; QL (1 pen per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE (<i>parathyroid hormone (recomb)</i>)	Tier 2	PA; SP; QL (2 cartridges per 28 days)
<i>teriparatide (recombinant) subcutaneous solution pen-injector</i>	Tier 2	SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>abaloparatide</i>)	Tier 2	PA; SP; QL (1 pen per 30 days)
*PHENYLKETONURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
KUVAN ORAL PACKET (<i>sapropterin dihydrochloride</i>)	Tier 2	PA; SP
KUVAN ORAL TABLET (<i>sapropterin dihydrochloride</i>)	Tier 2	PA; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML (<i>pegvaliase-pqpz</i>)	Tier 2	PA; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>pegvaliase-pqpz</i>)	Tier 2	PA; SP; QL (1 syringe per 1 day)
<i>sapropterin dihydrochloride oral packet</i>	Tier 2	PA; SP
<i>sapropterin dihydrochloride oral tablet</i>	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*RANK LIGAND (RANKL) INHIBITORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>denosumab</i>)	Tier 2	PA; SP; QL (1 syringe per 6 monthss)
XGEVA SUBCUTANEOUS SOLUTION (<i>denosumab</i>)	Tier 2	PA; SP; QL (1 vial per 28 days)
*SCLEROSTIN INHIBITORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>romosozumab-aqqg</i>)	Tier 2	PA; MB; QL (2 syringes per 30 days)
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
EVISTA ORAL TABLET (<i>raloxifene hcl</i>)	Tier 2	
OSPHENA ORAL TABLET (<i>ospemifene</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>raloxifene hcl oral tablet</i>	Tier 1	
*SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS*** - HORMONES		
JYNARQUE ORAL TABLET (<i>tolvaptan</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG (<i>tolvaptan</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
SAMSCA ORAL TABLET 15 MG (<i>tolvaptan</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
SAMSCA ORAL TABLET 30 MG (<i>tolvaptan</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
<i>tolvaptan oral tablet 15 mg</i>	Tier 2	SP; QL (1 tablet per 1 day)
<i>tolvaptan oral tablet 30 mg</i>	Tier 2	PA; SP; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SOMATOSTATIC AGENTS*** - DRUGS FOR GROWTH		
MYCAPSSA ORAL CAPSULE DELAYED RELEASE (<i>octreotide acetate</i>)	Tier 2	PA; SP; QL (1 blister pack per 7 days)
<i>octreotide acetate subcutaneous solution prefilled syringe</i>	Tier 2	PA; SP
SANDOSTATIN INJECTION SOLUTION (<i>octreotide acetate</i>)	Tier 2	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>pasireotide pamoate</i>)	Tier 2	MB; QL (1 kit per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION (<i>pasireotide diaspartate</i>)	Tier 2	PA; SP; QL (2 ampules per 1 day)
*TRIPEPTIDYL PEPTIDASE 1 DEFICIENCY TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
BRINEURA KIT (<i>cerliponase alfa</i>)	Tier 2	MB
*UREA CYCLE DISORDER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
AMMONUL INTRAVENOUS SOLUTION (<i>sod benz-sod phenylacet</i>)	Tier 2	MB
BUPHENYL ORAL POWDER (<i>sodium phenylbutyrate</i>)	Tier 2	PA; SP; QL (750 grams per 30 days)
BUPHENYL ORAL TABLET (<i>sodium phenylbutyrate</i>)	Tier 2	PA; SP; QL (40 tablets per 1 day)
<i>citrulline easy oral tablet extended release</i>	Tier 2	
RAVICTI ORAL LIQUID (<i>glycerol phenylbutyrate</i>)	Tier 2	PA; SP; QL (17.5 mL per 1 day)
<i>sod benz-sod phenylacet intravenous solution</i>	Tier 2	MB
<i>sodium phenylbutyrate oral powder</i>	Tier 1	PA; SP; QL (750 grams per 30 days)
<i>sodium phenylbutyrate oral tablet</i>	Tier 1	PA; SP; QL (40 tablets per 1 day)

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*V1A/V2-ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS*** - HORMONES		
VAPRISOL INTRAVENOUS SOLUTION (<i>conivaptan hcl in dextrose</i>)	Tier 2	MB
*VASOPRESSIN*** - HORMONES		
DDAVP INJECTION SOLUTION (<i>desmopressin acetate</i>)	Tier 2	MB
DDAVP ORAL TABLET 0.1 MG (<i>desmopressin acetate</i>)	Tier 2	QL (3 tablets per 1 day)
DDAVP ORAL TABLET 0.2 MG (<i>desmopressin acetate</i>)	Tier 2	QL (6 tablets per 1 day)
DDAVP PF INJECTION SOLUTION (<i>desmopressin acetate</i>)	Tier 2	MB
<i>desmopressin ace spray refrig nasal solution</i>	Tier 1	
<i>desmopressin acetate injection solution</i>	Tier 2	MB
<i>desmopressin acetate oral tablet 0.1 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>desmopressin acetate pf injection solution</i>	Tier 2	MB
<i>desmopressin acetate spray nasal solution</i>	Tier 1	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL (<i>desmopressin acetate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
STIMATE NASAL SOLUTION (<i>desmopressin acetate</i>)	Tier 2	PA; QL (5 mL per 30 days)
VASOSTRICT INTRAVENOUS SOLUTION (<i>vasopressin</i>)	Tier 2	MB
*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CRYSVITA SUBCUTANEOUS SOLUTION (<i>burosumab-twza</i>)	Tier 2	MB
ESTROGENS - HORMONES		
*ESTROGEN & PROGESTIN*** - DRUGS FOR WOMEN		
ACTIVELLA ORAL TABLET (<i>estradiol-norethindrone acet</i>)	Tier 2	
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet)	Tier 1	
ANGELIQ ORAL TABLET (<i>drospirenone-estradiol</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIJUVA ORAL CAPSULE (<i>estradiol-progesterone</i>)	Tier 2	PA; QL (1 capsule per 1 day)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY (<i>estradiol-levonorgestrel</i>)	Tier 2	QL (4 patches per 30 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol-norethindrone acet</i>)	Tier 2	QL (8 patches per 30 days)
<i>estradiol-norethindrone acet oral tablet</i>	Tier 1	
FEMHRT ORAL TABLET (<i>norethindrone-eth estradiol</i>)	Tier 2	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet)	Tier 1	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet)	Tier 1	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet)	Tier 1	
<i>norethindrone-eth estradiol oral tablet</i>	Tier 1	
PREFEST ORAL TABLET (<i>estradiol-norgestimate</i>)	Tier 2	
PREMPHASE ORAL TABLET (<i>conj estrogen-medroxyprogesterone acet</i>)	Tier 2	
PREMPRO ORAL TABLET (<i>conj estrogen-medroxyprogesterone acet</i>)	Tier 2	
*ESTROGEN-PROGESTIN-GNRH ANTAGONIST*** - DRUGS FOR WOMAN		
MYFEMBREE ORAL TABLET (<i>relugolix-estradiol-norethindrone</i>)	Tier 2	PA; QL (1 tablet per 1 day)
ORIAHNN ORAL CAPSULE THERAPY PACK (<i>elagolix-estradiol-norethindrone</i>)	Tier 2	PA; QL (1 carton per 28 days)
*ESTROGENS*** - DRUGS FOR WOMEN		
ALORA TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol</i>)	Tier 2	PA; QL (8 patches per 28 days)
CLIMARA TRANSDERMAL PATCH WEEKLY (<i>estradiol</i>)	Tier 2	PA; QL (4 patches per 30 days)
DELESTROGEN INTRAMUSCULAR OIL (<i>estradiol valerate</i>)	Tier 2	
DEPO-ESTRADIOL INTRAMUSCULAR OIL (<i>estradiol cypionate</i>)	Tier 2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	Tier 2	PA; QL (1 packet per 1 day)
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM (<i>estradiol</i>)	Tier 2	PA; QL (30 packets per 30 days)
<i>estradiol</i> (Dotti Transdermal Patch Twice Weekly)	Tier 2	PA; QL (8 patches per 28 days)
ELESTRIN TRANSDERMAL GEL (<i>estradiol</i>)	Tier 2	PA; QL (1 bottle per 30 days)
ESTRACE ORAL TABLET (<i>estradiol</i>)	Tier 2	
<i>estradiol oral tablet</i>	Tier 1	
<i>estradiol transdermal patch twice weekly</i>	Tier 2	PA; QL (8 patches per 28 days)
<i>estradiol transdermal patch weekly</i>	Tier 1	QL (4 patches per 30 days)
<i>estradiol valerate intramuscular oil</i>	Tier 1	
ESTROGEL TRANSDERMAL GEL (<i>estradiol</i>)	Tier 2	PA; QL (1 bottle per 30 days)
EVAMIST TRANSDERMAL SOLUTION (<i>estradiol</i>)	Tier 2	PA
<i>estradiol</i> (Lyllana Transdermal Patch Twice Weekly)	Tier 2	PA; QL (8 patches per 28 days)
MENEST ORAL TABLET (<i>esterified estrogens</i>)	Tier 2	
MENOSTAR TRANSDERMAL PATCH WEEKLY (<i>estradiol</i>)	Tier 2	PA; QL (4 patches per 30 days)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol</i>)	Tier 2	PA; QL (8 patches per 28 days)
PREMARIN INJECTION SOLUTION RECONSTITUTED (<i>estrogens conjugated</i>)	Tier 2	MB
PREMARIN ORAL TABLET (<i>estrogens conjugated</i>)	Tier 2	QL (1 tablet per 1 day)
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol</i>)	Tier 2	PA; QL (8 patches per 28 days)
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - DRUGS FOR WOMEN		
DUAVEE ORAL TABLET (<i>conj estrogens-bazedoxifene</i>)	Tier 2	PA

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FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
*FLUOROQUINOLONES*** - ANTIBIOTICS		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED (<i>delafloxacin meglumine</i>)	Tier 2	PA; MB; QL (28 tablets per 1 fill)
BAXDELA ORAL TABLET (<i>delafloxacin meglumine</i>)	Tier 2	PA; QL (28 tablets per 1 fill)
CIPRO ORAL SUSPENSION RECONSTITUTED (<i>ciprofloxacin</i>)	Tier 2	QL (3 bottles per 30 days)
CIPRO ORAL TABLET (<i>ciprofloxacin hcl</i>)	Tier 2	QL (28 tablets per 30 days)
<i>ciprofloxacin hcl oral tablet</i>	Tier 1	QL (28 tablets per 30 days)
<i>ciprofloxacin in d5w intravenous solution</i>	Tier 2	MB
<i>levofloxacin in d5w intravenous solution</i>	Tier 2	MB
<i>levofloxacin intravenous solution</i>	Tier 2	MB; QL (480 mL per 1 fill)
<i>levofloxacin oral solution</i>	Tier 1	QL (480 mL per 30 days)
<i>levofloxacin oral tablet</i>	Tier 1	QL (14 tablets per 30 days)
<i>moxifloxacin hcl in nacl intravenous solution</i>	Tier 2	MB
<i>moxifloxacin hcl intravenous solution</i>	Tier 2	MB
<i>moxifloxacin hcl oral tablet</i>	Tier 2	QL (21 tablets per 1 fill)
<i>ofloxacin oral tablet</i>	Tier 1	QL (28 tablets per 1 fill)
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
*5-HT4 RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
MOTTEGRITY ORAL TABLET (<i>prucalopride succinate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*ANTIFLATULENTS*** - DRUGS FOR THE STOMACH		
<i>cvs gas relief oral tablet chewable</i>	Tier 1	OTC
<i>drxchoice gas relief oral tablet chewable</i>	Tier 1	OTC
<i>eq gas relief extra strength oral tablet chewable</i>	Tier 1	OTC
<i>eq infants gas relief oral suspension</i>	Tier 1	OTC
<i>eql gas gone oral tablet chewable</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gas relief drops infants oral suspension</i>	Tier 1	OTC
<i>gas relief infants oral liquid</i>	Tier 1	OTC
<i>gas relief oral tablet chewable</i>	Tier 1	OTC
GAS-X INFANT DROPS ORAL LIQUID (<i>simethicone</i>)	Tier 1	OTC
<i>gnp anti-gas oral capsule</i>	Tier 1	OTC
<i>gnp infant gas relief oral suspension</i>	Tier 1	OTC
<i>hm gas relief extra strength oral capsule</i>	Tier 1	OTC
<i>hm gas relief oral tablet chewable</i>	Tier 1	OTC
<i>infants gas relief oral suspension</i>	Tier 1	OTC
MOMMY'S BLISS GAS RELIEF DROPS ORAL SUSPENSION (<i>simethicone</i>)	Tier 1	OTC
PEDIACARE INFANTS GAS RELIEF ORAL SUSPENSION (<i>simethicone</i>)	Tier 1	OTC
PHAZYME ORAL TABLET CHEWABLE (<i>simethicone</i>)	Tier 1	OTC
<i>qc gas relief extra strength oral capsule</i>	Tier 1	OTC
<i>qc gas relief extra strength oral tablet chewable</i>	Tier 1	OTC
<i>qc gas relief oral tablet chewable</i>	Tier 1	OTC
<i>ra gas relief oral tablet chewable</i>	Tier 1	OTC
<i>ra gas relief ultra strength oral capsule</i>	Tier 1	OTC
<i>sb anti-gas oral capsule</i>	Tier 1	OTC
<i>sb gas relief oral suspension</i>	Tier 1	OTC
<i>sb gas relief oral tablet chewable</i>	Tier 1	OTC
<i>simeped oral suspension</i>	Tier 1	OTC
<i>simethicone drops infants oral suspension</i>	Tier 1	OTC
<i>simethicone extra strength oral capsule</i>	Tier 1	OTC
<i>simethicone ultra strength oral capsule</i>	Tier 1	OTC
<i>sm gas relief oral capsule</i>	Tier 1	OTC
*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH		
CHOLBAM ORAL CAPSULE (<i>cholic acid</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR CONSTIPATION		
TRULANCE ORAL TABLET (<i>plecanatide</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*FARNESOID X RECEPTOR (FXR) AGONISTS*** - DRUGS FOR THE STOMACH		
OCALIVA ORAL TABLET (<i>obeticholic acid</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
*GALLSTONE SOLUBILIZING AGENTS*** - DRUGS FOR THE STOMACH		
CHENODAL ORAL TABLET (<i>chenodiol</i>)	Tier 2	PA; SP; QL (7 tablets per 1 day)
RELTONE ORAL CAPSULE (<i>ursodiol</i>)	Tier 2	PA
URSO 250 ORAL TABLET (<i>ursodiol</i>)	Tier 2	
URSO FORTE ORAL TABLET (<i>ursodiol</i>)	Tier 2	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	Tier 2	PA
<i>ursodiol oral capsule 300 mg</i>	Tier 1	
<i>ursodiol oral tablet</i>	Tier 1	
*GASTROINTESTINAL ANTIALLERGY AGENTS*** - DRUGS FOR THE STOMACH		
<i>cromolyn sodium oral concentrate</i>	Tier 2	
GASTROCROM ORAL CONCENTRATE (<i>cromolyn sodium</i>)	Tier 2	
*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
AMITIZA ORAL CAPSULE (<i>lubiprostone</i>)	Tier 2	PA; QL (2 capsules per 1 day)
<i>lubiprostone oral capsule</i>	Tier 2	PA; QL (2 capsules per 1 day)
*GASTROINTESTINAL STIMULANTS*** - DRUGS FOR THE STOMACH		
<i>dexpanthenol injection solution</i>	Tier 2	

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GIMOTI NASAL SOLUTION (<i>metoclopramide hcl</i>)	Tier 2	PA; QL (1 bottle per 4 weekss)
<i>metoclopramide hcl injection solution</i>	Tier 2	MB
<i>metoclopramide hcl oral solution</i>	Tier 1	QL (60 mL per 1 day)
<i>metoclopramide hcl oral tablet 10 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>metoclopramide hcl oral tablet 5 mg</i>	Tier 1	QL (12 tablets per 1 day)
<i>metoclopramide hcl oral tablet dispersible 10 mg</i>	Tier 2	PA; QL (6 tablets per 1 day)
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	Tier 2	PA; QL (12 tablets per 1 day)
REGLAN ORAL TABLET 10 MG (<i>metoclopramide hcl</i>)	Tier 2	QL (6 tablets per 1 day)
REGLAN ORAL TABLET 5 MG (<i>metoclopramide hcl</i>)	Tier 2	QL (12 tablets per 1 day)
*GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS*** - DRUGS FOR THE STOMACH		
GATTEX SUBCUTANEOUS KIT (<i>teduglutide (rdna)</i>)	Tier 2	PA; SP
*IBS AGENT - 5-HT4 RECEPTOR PARTIAL AGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
ZELNORM ORAL TABLET (<i>tegaserod maleate</i>)	Tier 2	PA
*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR CONSTIPATION		
LINZESS ORAL CAPSULE (<i>linaclotide</i>)	Tier 2	PA; QL (1 capsule per 1 day)
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
VIBERZI ORAL TABLET (<i>eluxadoline</i>)	Tier 2	PA; QL (2 tablets per 1 day)
*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
<i>alosetron hcl oral tablet</i>	Tier 2	PA; QL (2 tablets per 1 day)

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LOTRONEX ORAL TABLET (<i>alosetron hcl</i>)	Tier 2	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>)	Tier 2	PA; SP; QL (30 capsules per 1 day)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (<i>odevixibat</i>)	Tier 2	PA; SP; QL (10 capsules per 1 day)
BYLVAY ORAL CAPSULE 1200 MCG (<i>odevixibat</i>)	Tier 2	PA; SP; QL (5 capsules per 1 day)
BYLVAY ORAL CAPSULE 400 MCG (<i>odevixibat</i>)	Tier 2	PA; SP; QL (15 capsules per 1 day)
LIVMARLI ORAL SOLUTION (<i>maralixibat chloride</i>)	Tier 2	PA; SP; QL (3 bottles per 30 days)
*INFLAMMATORY BOWEL AGENTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>mesalamine</i>)	Tier 2	QL (4 capsules per 1 day)
ASACOL HD ORAL TABLET DELAYED RELEASE (<i>mesalamine</i>)	Tier 2	PA; QL (6 tablets per 1 day)
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE (<i>sulfasalazine</i>)	Tier 2	PA; QL (8 tablets per 1 day)
AZULFIDINE ORAL TABLET (<i>sulfasalazine</i>)	Tier 2	PA; QL (8 tablets per 1 day)
<i>balsalazide disodium oral capsule</i>	Tier 1	QL (9 capsules per 1 day)
CANASA RECTAL SUPPOSITORY (<i>mesalamine</i>)	Tier 2	QL (1 suppository per 1 day)
COLAZAL ORAL CAPSULE (<i>balsalazide disodium</i>)	Tier 2	PA; QL (9 capsules per 1 day)
DELZICOL ORAL CAPSULE DELAYED RELEASE (<i>mesalamine</i>)	Tier 2	PA; QL (6 capsules per 1 day)
DIPENTUM ORAL CAPSULE (<i>olsalazine sodium</i>)	Tier 2	PA; QL (4 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIALDA ORAL TABLET DELAYED RELEASE (<i>mesalamine</i>)	Tier 2	PA; QL (4 tablets per 1 day)
<i>mesalamine er oral capsule extended release 24 hour</i>	Tier 1	QL (4 capsules per 1 day)
<i>mesalamine oral capsule delayed release</i>	Tier 2	PA; QL (6 capsules per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	Tier 2	PA; QL (4 tablets per 1 day)
<i>mesalamine oral tablet delayed release 800 mg</i>	Tier 2	PA; QL (6 tablets per 1 day)
<i>mesalamine rectal enema</i>	Tier 1	QL (1680 mL per 28 days)
<i>mesalamine rectal suppository</i>	Tier 2	QL (1 suppository per 1 day)
<i>mesalamine-cleanser rectal kit</i>	Tier 1	QL (1680 mL per 28 days)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	Tier 2	PA; QL (16 capsules per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (<i>mesalamine</i>)	Tier 2	PA; QL (8 capsules per 1 day)
ROWASA RECTAL KIT (<i>mesalamine-cleanser</i>)	Tier 2	QL (1680 mL per 28 days)
SFROWASA RECTAL ENEMA (<i>mesalamine</i>)	Tier 2	QL (1680 mL per 28 days)
<i>sulfasalazine oral tablet</i>	Tier 1	QL (8 tablets per 1 day)
<i>sulfasalazine oral tablet delayed release</i>	Tier 1	QL (8 tablets per 1 day)
*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED (<i>vedolizumab</i>)	Tier 2	MB; QL (1 vial per 56 days)
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
STELARA INTRAVENOUS SOLUTION (<i>ustekinumab</i>)	Tier 2	PA; SP; QL (4 vials per 1 time fill)
*INTESTINAL ACIDIFIERS*** - DRUGS FOR THE STOMACH		
<i>enulose oral solution</i>	Tier 1	QL (4800 mL per 30 days)
<i>generlac oral solution</i>	Tier 1	QL (4800 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lactulose encephalopathy oral solution</i>	Tier 1	QL (4800 mL per 30 days)
*PERIPHERAL OPIOID RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH		
<i>alvimopan oral capsule</i>	Tier 2	
ENTEREG ORAL CAPSULE (<i>alvimopan</i>)	Tier 2	
MOVANTIK ORAL TABLET (<i>naloxegol oxalate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
RELISTOR ORAL TABLET (<i>methylnaltrexone bromide</i>)	Tier 2	PA; QL (3 tablets per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION (<i>methylnaltrexone bromide</i>)	Tier 2	PA; QL (1 vial per 1 day)
SYMPROIC ORAL TABLET (<i>naldemedine tosylate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*PHOSPHATE BINDER AGENTS*** - DRUGS FOR THE STOMACH		
AURYXIA ORAL TABLET (<i>ferric citrate</i>)	Tier 2	PA; QL (5 tablets per 1 day)
<i>calcium acetate (phos binder) oral capsule</i>	Tier 1	
<i>calcium acetate (phos binder) oral tablet</i>	Tier 1	
<i>calcium acetate oral tablet</i>	Tier 1	
CALPHRON ORAL TABLET (<i>calcium acetate (phos binder)</i>)	Tier 1	PA; OTC
FOSRENOL ORAL PACKET (<i>lanthanum carbonate</i>)	Tier 2	PA
FOSRENOL ORAL TABLET CHEWABLE (<i>lanthanum carbonate</i>)	Tier 2	PA
<i>lanthanum carbonate oral tablet chewable</i>	Tier 1	
PHOSLYRA ORAL SOLUTION (<i>calcium acetate (phos binder)</i>)	Tier 2	PA; QL (60 mL per 1 day)
RENAGEL ORAL TABLET (<i>sevelamer hcl</i>)	Tier 2	PA; QL (17 tablets per 1 day)
RENVELA ORAL PACKET (<i>sevelamer carbonate</i>)	Tier 2	PA
RENVELA ORAL TABLET (<i>sevelamer carbonate</i>)	Tier 2	PA; QL (9 tablets per 1 day)
<i>sevelamer carbonate oral packet</i>	Tier 1	
<i>sevelamer carbonate oral tablet</i>	Tier 1	QL (9 tablets per 1 day)

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<i>sevelamer hcl oral tablet 400 mg</i>	Tier 2	QL (15 tablets per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>	Tier 2	QL (17 tablets per 1 day)
VELPHORO ORAL TABLET CHEWABLE (<i>sucroferric oxyhydroxide</i>)	Tier 2	PA
*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR DIARRHEA		
XERMELO ORAL TABLET (<i>telotristat etiprate</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
*TUMOR NECROSIS FACTOR ALPHA BLOCKERS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab-axxq</i>)	Tier 1	PA; MB
CIMZIA PREFILLED SUBCUTANEOUS KIT (<i>certolizumab pegol</i>)	Tier 2	PA; SP; QL (1 kit per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS KIT (<i>certolizumab pegol</i>)	Tier 2	PA; SP; QL (1 kit per 28 days)
CIMZIA SUBCUTANEOUS KIT (<i>certolizumab pegol</i>)	Tier 2	PA; SP; QL (1 kit per 30 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab-dyyb</i>)	Tier 2	MB
<i>infliximab intravenous solution reconstituted</i>	Tier 2	MB
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab</i>)	Tier 2	MB
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab-abda</i>)	Tier 2	MB
GENERAL ANESTHETICS - DRUGS FOR PAIN AND FEVER		
*ANESTHETICS - MISC.*** - DRUGS FOR SEDATION		
AMIDATE INTRAVENOUS SOLUTION (<i>etomidate</i>)	Tier 2	MB
<i>anesthesia sli-40a intravenous kit</i>	Tier 2	MB
<i>anesthesia sli-40h intravenous kit</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>anesthesia sli-40s intravenous kit</i>	Tier 2	MB
DIPRIVAN INTRAVENOUS EMULSION (<i>propofol</i>)	Tier 2	MB
<i>etomidate intravenous solution</i>	Tier 2	MB
<i>fresenius propoven intravenous emulsion</i>	Tier 2	MB
KETALAR INJECTION SOLUTION (<i>ketamine hcl</i>)	Tier 2	MB
<i>ketamine hcl injection solution</i>	Tier 2	MB
<i>ketamine hcl intravenous solution prefilled syringe</i>	Tier 2	MB
<i>ketamine hcl-sodium chloride intravenous solution prefilled syringe</i>	Tier 2	MB
<i>propofol intravenous emulsion</i>	Tier 2	MB
<i>propofol-lipuro intravenous emulsion</i>	Tier 2	MB
*BARBITURATE ANESTHETICS*** - DRUGS FOR SEDATION		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED (<i>methohexital sodium</i>)	Tier 2	MB
<i>methohexital sodium intravenous solution prefilled syringe</i>	Tier 2	MB
*VOLATILE ANESTHETICS*** - DRUGS FOR SEDATION		
<i>desflurane inhalation solution</i>	Tier 2	
FORANE INHALATION SOLUTION (<i>isoflurane</i>)	Tier 2	
<i>isoflurane inhalation solution</i>	Tier 2	
<i>sevoflurane inhalation solution</i>	Tier 2	
SUPRANE INHALATION SOLUTION (<i>desflurane</i>)	Tier 2	
<i>isoflurane</i> (Terrell Inhalation Solution)	Tier 2	
ULTANE INHALATION SOLUTION (<i>sevoflurane</i>)	Tier 2	
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
*5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE PROSTATE		
AVODART ORAL CAPSULE (<i>dutasteride</i>)	Tier 2	QL (1 capsule per 1 day)
<i>dutasteride oral capsule</i>	Tier 2	QL (1 capsule per 1 day)

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<i>finasteride oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
PROSCAR ORAL TABLET (<i>finasteride</i>)	Tier 2	QL (1 tablet per 1 day)
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** - DRUGS FOR THE PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier 1	QL (1 tablet per 1 day)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>doxazosin mesylate</i>)	Tier 2	QL (1 tablet per 1 day)
FLOMAX ORAL CAPSULE (<i>tamsulosin hcl</i>)	Tier 2	QL (2 capsules per 1 day)
RAPAFLO ORAL CAPSULE (<i>silodosin</i>)	Tier 2	QL (1 tablet per 1 day)
<i>silodosin oral capsule</i>	Tier 2	QL (1 tablet per 1 day)
<i>tamsulosin hcl oral capsule</i>	Tier 1	QL (2 capsules per 1 day)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>alfuzosin hcl</i>)	Tier 2	QL (1 tablet per 1 day)
*ANTI-INFECTIVE GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>neomycin-polymyxin b gu irrigation solution</i>	Tier 2	MB
*CITRATES*** - DRUGS FOR INFECTIONS		
<i>pot & sod cit-cit ac oral solution</i>	Tier 1	
<i>potassium citrate er oral tablet extended release</i>	Tier 1	
<i>potassium citrate-citric acid oral solution</i>	Tier 1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE (<i>potassium citrate</i>)	Tier 2	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE (<i>potassium citrate</i>)	Tier 2	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE (<i>potassium citrate</i>)	Tier 2	
*CYSTINOSIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
CYSTAGON ORAL CAPSULE (<i>cysteamine bitartrate</i>)	Tier 2	SP
PROCYSBI ORAL CAPSULE DELAYED RELEASE (<i>cysteamine bitartrate</i>)	Tier 2	PA; SP
PROCYSBI ORAL PACKET (<i>cysteamine bitartrate</i>)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>acetic acid irrigation solution</i>	Tier 2	
<i>sodium chloride (gu irrigant)</i> (Argyle Sterile Saline Irrigation Solution)	Tier 1	
<i>sodium chloride (gu irrigant)</i> (Curity Sterile Saline Irrigation Solution)	Tier 1	
<i>glycine irrigation solution</i>	Tier 2	
<i>glycine urologic irrigation solution</i>	Tier 2	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	Tier 2	
<i>sodium chloride irrigation solution</i>	Tier 1	
<i>sorbitol irrigation solution</i>	Tier 2	
<i>sorbitol-mannitol irrigation solution</i>	Tier 2	
*INTERSTITIAL CYSTITIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
ELMIRON ORAL CAPSULE (<i>pentosan polysulfate sodium</i>)	Tier 2	QL (3 capsules per 1 day)
RIMSO-50 INTRAVESICAL SOLUTION (<i>dimethyl sulfoxide</i>)	Tier 2	
*PHOSPHATES*** - DRUGS FOR INFECTIONS		
K-PHOS NO 2 ORAL TABLET (<i>pot & sod ac phosphates</i>)	Tier 2	
*PROSTATIC HYPERTROPHY AGENT COMBINATIONS*** - DRUGS FOR THE PROSTATE		
<i>dutasteride-tamsulosin hcl oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
JALYN ORAL CAPSULE (<i>dutasteride-tamsulosin hcl</i>)	Tier 2	QL (1 capsule per 1 day)
*SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)*** - DRUGS FOR THE URINARY SYSTEM		
OXLUMO SUBCUTANEOUS SOLUTION (<i>lumasiran sodium</i>)	Tier 2	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*URINARY ANALGESICS*** - DRUGS FOR INFECTIONS		
<i>azo tabs oral tablet</i>	Tier 1	OTC
<i>cvs urinary pain relief max st oral tablet</i>	Tier 1	OTC
<i>eq urinary pain relief max st oral tablet</i>	Tier 1	OTC
<i>gnp urinary pain relief oral tablet</i>	Tier 1	OTC
PHENAZO ORAL TABLET (<i>phenazopyridine hcl</i>)	Tier 1	OTC
<i>qc azo oral tablet</i>	Tier 1	OTC
<i>qc urinary pain relief max st oral tablet</i>	Tier 1	OTC
<i>qc urinary pain relief oral tablet</i>	Tier 1	OTC
<i>sb urinary pain relief max st oral tablet</i>	Tier 1	OTC
<i>sb urinary pain relief oral tablet</i>	Tier 1	OTC
<i>sm urinary pain relief max st oral tablet</i>	Tier 1	OTC
<i>urinary pain relief max st oral tablet</i>	Tier 1	OTC
*URINARY STONE AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
LITHOSTAT ORAL TABLET (<i>acetohydroxamic acid</i>)	Tier 2	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG (<i>tiopronin</i>)	Tier 2	PA; SP; QL (10 tablets per 1 day)
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG (<i>tiopronin</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
THIOLA ORAL TABLET (<i>tiopronin</i>)	Tier 2	PA; SP; QL (10 tablets per 1 day)
<i>tiopronin oral tablet</i>	Tier 2	PA; SP; QL (10 tablets per 1 day)
*VESICoureTERAL REFLUX (VUR) AGENT COMBINATIONS*** - DRUGS FOR THE URINARY SYSTEM		
DEFLUX INJECTION PREFILLED SYRINGE (<i>dextranomer-hyaluronic acid</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
*GOUT AGENT COMBINATIONS*** - GOUT DRUGS		
<i>colchicine-probenecid oral tablet</i>	Tier 1	
*GOUT AGENTS*** - GOUT DRUGS		
<i>allopurinol oral tablet</i>	Tier 1	
<i>allopurinol sodium intravenous solution reconstituted</i>	Tier 2	MB
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED (<i>allopurinol sodium</i>)	Tier 2	MB
<i>colchicine oral capsule</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>colchicine oral tablet</i>	Tier 2	PA; QL (69 tablets per 30 days)
COLCRYS ORAL TABLET (<i>colchicine</i>)	Tier 2	PA; QL (69 tablets per 30 days)
<i>febuxostat oral tablet</i>	Tier 2	PA; QL (1 tablet per 1 day)
GLOPERBA ORAL SOLUTION (<i>colchicine</i>)	Tier 2	PA; QL (2 bottles per 30 days)
KRYSTEXXA INTRAVENOUS SOLUTION (<i>pegloticase</i>)	Tier 2	MB; QL (2 vials per 30 days)
MITIGARE ORAL CAPSULE (<i>colchicine</i>)	Tier 2	PA; QL (2 capsules per 1 day)
ULORIC ORAL TABLET (<i>febuxostat</i>)	Tier 2	PA; QL (1 tablet per 1 day)
ZYLOPRIM ORAL TABLET (<i>allopurinol</i>)	Tier 2	
*URICOSURICS*** - GOUT DRUGS		
<i>probenecid oral tablet</i>	Tier 1	
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA*** - DRUGS FOR THE BLOOD		
GIVLAARI SUBCUTANEOUS SOLUTION (<i>givosiran sodium</i>)	Tier 2	PA; SP

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*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
HEMLIBRA SUBCUTANEOUS SOLUTION (<i>emicizumab-kxwh</i>)	State Carve-out	SCO
*ANTIHEMOPHILIC PRODUCTS*** - DRUGS TO PREVENT BLEEDING		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophil factor (rahf-pfm)</i>)	State Carve-out	SCO
<i>adynovate intravenous solution reconstituted</i>	State Carve-out	SCO
AFSTYLA INTRAVENOUS KIT (<i>antihemophil fact single chain</i>)	State Carve-out	SCO
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor-vwf</i>)	State Carve-out	SCO
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix</i>)	State Carve-out	SCO
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix (rfixfc)</i>)	State Carve-out	SCO
BENEFIX INTRAVENOUS KIT (<i>coagulation factor ix (recomb)</i>)	State Carve-out	SCO
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor x (human)</i>)	State Carve-out	SCO
CORIFACT INTRAVENOUS KIT (<i>factor xiii concentrate human</i>)	State Carve-out	SCO
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem fact (bdd-rfviiiifc)</i>)	State Carve-out	SCO
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemoph fact rcmb gpeg-exei</i>)	State Carve-out	SCO
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED (<i>antiinhibitor coagulant cmplx</i>)	State Carve-out	SCO
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	Tier 2	MB
HEMOPIL M INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor</i>)	State Carve-out	SCO

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HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor-vwf</i>)	State Carve-out	SCO
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix (rix-fp)</i>)	State Carve-out	SCO
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix (recomb)</i>)	State Carve-out	SCO
JIVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>ahf (bdd-rfviii peg-aucl)</i>)	State Carve-out	SCO
KCENTRA INTRAVENOUS KIT (<i>prothrombin complex conc human</i>)	Tier 2	MB
KOATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor</i>)	State Carve-out	SCO
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor</i>)	State Carve-out	SCO
KOGENATE FS INTRAVENOUS KIT (<i>antihem factor recomb (rfviii)</i>)	State Carve-out	SCO
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophil factor (rahf-pfm)</i>)	State Carve-out	SCO
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix</i>)	State Carve-out	SCO
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophil fact bd truncated</i>)	State Carve-out	SCO
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor viia recomb</i>)	State Carve-out	SCO
NUWIQ INTRAVENOUS KIT (<i>antihem fact (bdd-rfviii,sim)</i>)	State Carve-out	SCO
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem fact (bdd-rfviii,sim)</i>)	State Carve-out	SCO
<i>obizur intravenous solution reconstituted</i>	State Carve-out	SCO
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED (<i>factor ix complex</i>)	State Carve-out	SCO
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix glycopeg</i>)	State Carve-out	SCO

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RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem factor recomb (rfviii)</i>)	State Carve-out	SCO
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	Tier 2	MB
<i>rixubis intravenous solution reconstituted</i>	State Carve-out	SCO
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor viia-jncw</i>)	Tier 2	MB
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor xiii a-sub</i>)	State Carve-out	SCO
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED (<i>von willebrand factor (recomb)</i>)	State Carve-out	SCO
WILATE INTRAVENOUS KIT (<i>antihemophilic factor-vwf</i>)	State Carve-out	SCO
XYNTHA INTRAVENOUS KIT (<i>antihem fact (bdd-rfviii,mor)</i>)	State Carve-out	SCO
XYNTHA SOLOFUSE INTRAVENOUS KIT (<i>antihem fact (bdd-rfviii,mor)</i>)	State Carve-out	SCO
*ANTI-VON WILLEBRAND FACTOR AGENTS*** - DRUGS FOR THE BLOOD		
CABLIVI INJECTION KIT (<i>caplacizumab-yhdp</i>)	Tier 2	PA; SP
*BRADYKININ B2 RECEPTOR ANTAGONISTS*** - DRUGS FOR THE BLOOD		
FIRAZYR SUBCUTANEOUS SOLUTION (<i>icatibant acetate</i>)	Tier 2	MB
<i>icatibant acetate subcutaneous solution</i>	Tier 1	MB
<i>icatibant acetate</i> (Sajazir Subcutaneous Solution)	Tier 1	MB
*C1 INHIBITORS*** - DRUGS FOR THE BLOOD		
BERINERT INTRAVENOUS KIT (<i>c1 esterase inhibitor (human)</i>)	Tier 1	MB
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED (<i>c1 esterase inhibitor (human)</i>)	Tier 2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (<i>c1 esterase inhibitor (human)</i>)	Tier 1	PA; SP; QL (24 vials per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	Tier 1	PA; SP; QL (16 vials per 30 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED (<i>c1 esterase inhibitor (recomb)</i>)	Tier 1	MB
*COMPLEMENT INHIBITORS*** - DRUGS FOR THE BLOOD		
EMPAVELI SUBCUTANEOUS SOLUTION (<i>pegcetacoplan</i>)	Tier 2	PA; SP; QL (9 vials per 28 days)
SOLIRIS INTRAVENOUS SOLUTION (<i>eculizumab</i>)	Tier 2	MB
TAVNEOS ORAL CAPSULE (<i>avacopan</i>)	Tier 2	PA; SP; QL (6 capsules per 1 day)
ULTOMIRIS INTRAVENOUS SOLUTION (<i>ravulizumab-cwvz</i>)	Tier 2	MB
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD		
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED (<i>cangrelor tetrasodium</i>)	Tier 2	MB
*GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS*** - DRUGS FOR THE BLOOD		
AGGRASTAT INTRAVENOUS CONCENTRATE (<i>tirofiban hcl</i>)	Tier 2	MB
AGGRASTAT INTRAVENOUS SOLUTION (<i>tirofiban hcl in nacl</i>)	Tier 2	MB
<i>eptifibatide intravenous solution</i>	Tier 2	MB
*HEMATORHEOLOGIC AGENTS*** - DRUGS FOR THE BLOOD		
<i>pentoxifylline er oral tablet extended release</i>	Tier 1	
*HEMIN*** - DRUGS FOR THE BLOOD		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>hemin</i>)	Tier 2	MB

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*HUMAN PROTEIN C*** - DRUGS FOR THE BLOOD		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>protein c concentrate (human)</i>)	Tier 2	MB
*PHOSPHODIESTERASE III INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>cilostazol oral tablet</i>	Tier 1	
*PLASMA EXPANDERS*** - DRUGS FOR THE BLOOD		
HESPAN INTRAVENOUS SOLUTION (<i>hetastarch-nacl</i>)	Tier 2	MB
<i>hetastarch-nacl intravenous solution</i>	Tier 2	MB
HEXTEND INTRAVENOUS SOLUTION (<i>hetastarch in lact electrolyte</i>)	Tier 2	MB
LMD IN D5W INTRAVENOUS SOLUTION (<i>dextran 40 in d5w</i>)	Tier 2	MB
LMD IN NAACL INTRAVENOUS SOLUTION (<i>dextran 40 in saline</i>)	Tier 2	MB
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
TAKHZYRO SUBCUTANEOUS SOLUTION (<i>lanadelumab-flyo</i>)	Tier 1	PA; SP; QL (1 syringes per 28 days)
*PLASMA KALLIKREIN INHIBITORS*** - DRUGS FOR THE BLOOD		
KALBITOR SUBCUTANEOUS SOLUTION (<i>ecallantide</i>)	Tier 1	MB
ORLADEYO ORAL CAPSULE (<i>berotralstat hcl</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
*PLASMA PROTEINS*** - DRUGS FOR THE BLOOD		
ALBUKED 25 INTRAVENOUS SOLUTION (<i>albumin human</i>)	Tier 2	MB
ALBUKED 5 INTRAVENOUS SOLUTION (<i>albumin human</i>)	Tier 2	MB
<i>albumin human intravenous solution</i>	Tier 2	MB

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ALBUMINEX INTRAVENOUS SOLUTION (<i>albumin human-kjda</i>)	Tier 2	MB
<i>albumin-zlb intravenous solution</i>	Tier 2	MB
<i>alburx intravenous solution</i>	Tier 2	MB
ALBUTEIN INTRAVENOUS SOLUTION (<i>albumin human</i>)	Tier 2	MB
FLEXBUMIN INTRAVENOUS SOLUTION (<i>albumin human</i>)	Tier 2	MB
HUMAN ALBUMIN GRIFOLS INTRAVENOUS SOLUTION (<i>albumin human</i>)	Tier 2	MB
<i>kedbumin intravenous solution</i>	Tier 2	MB
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION (<i>plasma human</i>)	Tier 2	MB
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION (<i>plasma human</i>)	Tier 2	MB
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION (<i>plasma human</i>)	Tier 2	MB
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (<i>plasma human</i>)	Tier 2	MB
PLASBUMIN-25 INTRAVENOUS SOLUTION (<i>albumin human</i>)	Tier 2	MB
PLASBUMIN-5 INTRAVENOUS SOLUTION (<i>albumin human</i>)	Tier 2	MB
PLASMANATE INTRAVENOUS SOLUTION (<i>plasma protein fraction</i>)	Tier 2	MB
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>antithrombin iii (human)</i>)	Tier 2	
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>antithrombin iii (human)</i>)	State Carve-out	SCO
*PLATELET AGGREGATION INHIBITOR COMBINATIONS*** - DRUGS FOR THE BLOOD		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>aspirin-omeprazole oral tablet delayed release</i>	Tier 2	PA; QL (1 tablet per 1 day)

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*PLATELET AGGREGATION INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>dipyridamole oral tablet</i>	Tier 1	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>aspirin</i>)	Tier 2	PA; QL (1 capsule per 1 day)
*PROTAMINE*** - DRUGS FOR THE BLOOD		
<i>protamine sulfate intravenous solution</i>	Tier 2	MB
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** - DRUGS FOR THE BLOOD		
ZONTIVITY ORAL TABLET (<i>vorapaxar sulfate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*QUINAZOLINE AGENTS*** - DRUGS FOR THE BLOOD		
AGRYLIN ORAL CAPSULE (<i>anagrelide hcl</i>)	Tier 2	QL (20 capsules per 1 day)
<i>anagrelide hcl oral capsule 0.5 mg</i>	Tier 1	QL (20 capsules per 1 day)
<i>anagrelide hcl oral capsule 1 mg</i>	Tier 1	
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** - DRUGS FOR THE BLOOD		
TAVALISSE ORAL TABLET (<i>fostamatinib disodium</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
*THIENOPYRIDINE DERIVATIVES*** - DRUGS FOR THE BLOOD		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 1	QL (1 tablet per 30 days)
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 1	QL (1 tablet per 1 day)
EFFIENT ORAL TABLET 10 MG (<i>prasugrel hcl</i>)	Tier 2	
EFFIENT ORAL TABLET 5 MG (<i>prasugrel hcl</i>)	Tier 2	DO
PLAVIX ORAL TABLET (<i>clopidogrel bisulfate</i>)	Tier 2	QL (1 tablet per 1 day)
*THROMBOLYTIC AGENT - MISC*** - DRUGS FOR THE BLOOD		
DEFITELIO INTRAVENOUS SOLUTION (<i>defibrotide sodium</i>)	Tier 2	MB

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*TISSUE PLASMINOGEN ACTIVATORS*** - DRUGS FOR THE BLOOD		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED (<i>alteplase</i>)	Tier 2	MB
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED (<i>alteplase</i>)	Tier 2	MB
RETAVASE HALF-KIT INTRAVENOUS KIT (<i>reteplase</i>)	Tier 2	MB
RETAVASE INTRAVENOUS KIT (<i>reteplase</i>)	Tier 2	MB
TNKASE INTRAVENOUS KIT (<i>tenecteplase</i>)	Tier 2	MB
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
*AGENTS FOR GAUCHER DISEASE*** - DRUGS FOR NUTRITION		
CERDELGA ORAL CAPSULE (<i>eliglustat tartrate</i>)	Tier 2	PA; SP; QL (2 capsules per 1 day)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>imiglucerase</i>)	Tier 2	MB
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED (<i>taliglucerase alfa</i>)	Tier 2	MB
<i>miglustat oral capsule</i>	Tier 2	PA; SP; QL (3 capsules per 1 day)
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED (<i>velaglucerase alfa</i>)	Tier 2	MB
ZAVESCA ORAL CAPSULE (<i>miglustat</i>)	Tier 2	PA; SP; QL (3 capsules per 1 day)
*AMINO ACIDS*** - DRUGS FOR NUTRITION		
ENDARI ORAL PACKET (<i>glutamine (sickle cell)</i>)	Tier 2	PA; SP
*COBALAMIN COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>lipo-b intramuscular solution</i>	Tier 2	
<i>neurin-sl sublingual tablet sublingual</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*COBALAMINS*** - DRUGS FOR NUTRITION		
B-12 MICROLOZENGE SUBLINGUAL TABLET SUBLINGUAL (<i>cyanocobalamin</i>)	Tier 1	OTC
<i>b-12 oral tablet</i>	Tier 1	OTC
<i>b-12-sl sublingual tablet sublingual</i>	Tier 1	OTC
<i>cvs b12 quick dissolve oral lozenge</i>	Tier 1	OTC
<i>cvs b-12 sublingual tablet sublingual</i>	Tier 1	OTC
<i>cvs vitamin b-12 sublingual tablet sublingual</i>	Tier 1	OTC
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	Tier 1	
<i>cyanocobalamin injection solution 2000 mcg/ml</i>	Tier 2	
<i>eql b-12 oral tablet</i>	Tier 1	OTC
<i>hydroxocobalamin acetate intramuscular solution</i>	Tier 1	MB
<i>methylcobalamin injection solution reconstituted</i>	Tier 2	
NASCOBAL NASAL SOLUTION (<i>cyanocobalamin</i>)	Tier 2	
<i>qc vitamin b12 oral tablet</i>	Tier 1	OTC
<i>qc vitamin b12 oral tablet extended release</i>	Tier 1	OTC
<i>qc vitamin b12 sublingual tablet sublingual</i>	Tier 1	OTC
<i>sv vitamin b-12 er oral tablet extended release</i>	Tier 1	OTC
<i>vitamin b 12 oral tablet</i>	Tier 1	OTC
<i>vitamin b-12 oral tablet</i>	Tier 1	OTC
<i>vitamin b12 oral tablet extended release</i>	Tier 1	OTC
<i>vitamin b12 sublingual liquid</i>	Tier 1	OTC
<i>vitamin b-12 sublingual liquid</i>	Tier 1	OTC
<i>vitamin b-12 sublingual tablet sublingual</i>	Tier 1	OTC
<i>vitamin b12 tr oral tablet extended release</i>	Tier 1	OTC
*CXCR4 RECEPTOR ANTAGONIST*** - DRUGS FOR NUTRITION		
MOZOBIL SUBCUTANEOUS SOLUTION (<i>plerixafor</i>)	Tier 2	PA; SP
*CYTOTOXIC AGENTS*** - DRUGS FOR NUTRITION		
DROXIA ORAL CAPSULE (<i>hydroxyurea</i>)	Tier 1	
SIKLOS ORAL TABLET (<i>hydroxyurea</i>)	Tier 2	PA; SP

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*ERYTHROID MATURATION AGENTS*** - DRUGS FOR NUTRITION		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>luspatercept-aamt</i>)	Tier 2	PA; SP
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION (<i>darbepoetin alfa</i>)	Tier 1	PA; SP; QL (4 mL per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 200 MCG/0.4ML, 40 MCG/0.4ML (<i>darbepoetin alfa</i>)	Tier 1	PA; SP; QL (1.6 mL per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML (<i>darbepoetin alfa</i>)	Tier 1	PA; SP; QL (2 mL per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	Tier 1	PA; SP; QL (1.2 mL per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.42ML (<i>darbepoetin alfa</i>)	Tier 1	PA; SP; QL (1.68 mL per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML (<i>darbepoetin alfa</i>)	Tier 1	PA; SP; QL (2.4 mL per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	Tier 1	PA; SP; QL (4 mL per 28 days)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	Tier 1	PA; SP; QL (12 mL per 28 days)
EPOGEN INJECTION SOLUTION 20000 UNIT/ML (<i>epoetin alfa</i>)	Tier 1	PA; SP; QL (12 vials per 28 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE (<i>methoxy peg-epoetin beta</i>)	Tier 2	PA; SP; QL (0.6 mL per 28 days)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	Tier 2	PA; SP; QL (12 mL per 28 days)
PROCRIT INJECTION SOLUTION 20000 UNIT/ML (<i>epoetin alfa</i>)	Tier 2	PA; SP; QL (12 vials per 28 days)

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RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	Tier 1	PA; SP; QL (12 mL per 28 days)
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (<i>epoetin alfa-epbx</i>)	Tier 1	PA; MB; QL (12 mL per 28 days)
*FOLIC ACID/FOLATE COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>fa-vitamin b-6-vitamin b-12 oral tablet</i>	Tier 1	
FOLGARD RX ORAL TABLET (<i>folic acid-vit b6-vit b12</i>)	Tier 2	
FOLTABS 800 ORAL TABLET (<i>folic acid-vit b6-vit b12</i>)	Tier 1	OTC
MILLGUARD ORAL TABLET (<i>folic acid-vit b6-vit b12</i>)	Tier 1	OTC
*FOLIC ACID/FOLATES*** - DRUGS FOR NUTRITION		
<i>folate oral tablet</i>	Tier 1	OTC
<i>folic acid injection solution</i>	Tier 1	MB
<i>folic acid oral tablet 1 mg</i>	Tier 1	
<i>folic acid oral tablet 400 mcg</i>	Tier 1	OTC
<i>gnp folic acid oral tablet</i>	Tier 1	OTC
<i>hm folic acid oral tablet</i>	Tier 1	OTC
<i>px folic acid oral tablet</i>	Tier 1	OTC
<i>qc folic acid oral tablet</i>	Tier 1	OTC
<i>ra folic acid oral tablet</i>	Tier 1	OTC
<i>sm folic acid oral tablet</i>	Tier 1	OTC
<i>yl folic acid oral tablet</i>	Tier 1	OTC
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** - DRUGS FOR NUTRITION		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim-jmdb</i>)	Tier 2	PA; SP; QL (2 syringes per 28 days)
GRANIX SUBCUTANEOUS SOLUTION (<i>tbo-filgrastim</i>)	Tier 2	PA; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tbo-filgrastim</i>)	Tier 2	PA; SP

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NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>pegfilgrastim</i>)	Tier 1	PA; SP; QL (2 injectors per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim</i>)	Tier 1	PA; SP; QL (2 syringes per 28 days)
NEUPOGEN INJECTION SOLUTION (<i>filgrastim</i>)	Tier 2	PA; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE (<i>filgrastim</i>)	Tier 2	PA; SP
NIVESTYM INJECTION SOLUTION (<i>filgrastim-aafi</i>)	Tier 2	PA; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE (<i>filgrastim-aafi</i>)	Tier 2	PA; SP
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim-apgf</i>)	Tier 2	PA; SP; QL (2 syringes per 28 days)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim-cbqv</i>)	Tier 1	PA; SP; QL (2 syringes per 28 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE (<i>filgrastim-sndz</i>)	Tier 1	PA; SP
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim-bmez</i>)	Tier 2	PA; SP; QL (2 syringes per 28 days)
*GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)*** - DRUGS FOR NUTRITION		
LEUKINE INJECTION SOLUTION RECONSTITUTED (<i>sargramostim</i>)	Tier 2	PA; SP
*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS*** - DRUGS FOR NUTRITION		
OXBRYTA ORAL TABLET (<i>voxelotor</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
*IRON COMBINATIONS*** - DRUGS FOR NUTRITION		
ABATRON AF ORAL TABLET (<i>iron-dss-b12-fa-c-e-cu-biotin</i>)	Tier 1	OTC
<i>foltrin oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>gentle iron oral capsule</i>	Tier 1	OTC

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HEMATOGEN FORTE ORAL CAPSULE (<i>fe fum-vit c-vit b12-fa</i>)	Tier 2	
HEMATOGEN ORAL CAPSULE (<i>iron combinations</i>)	Tier 1	
HEMAX ORAL TABLET (<i>iron-dss-b12-fa-c-e-cu-biotin</i>)	Tier 1	OTC
<i>iron complex oral capsule</i>	Tier 1	OTC
<i>iron-vitamin c oral tablet</i>	Tier 1	OTC
*IRON*** - DRUGS FOR NUTRITION		
ACCRUFER ORAL CAPSULE (<i>ferric maltol</i>)	Tier 2	
BPROTECTED PEDIA IRON ORAL SOLUTION (<i>ferrous sulfate</i>)	Tier 1	OTC
<i>cvs iron oral tablet</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>cvs slow release iron oral tablet extended release</i>	Tier 1	OTC
<i>easy iron oral capsule</i>	Tier 1	OTC
<i>eql carbonyl iron oral tablet</i>	Tier 1	OTC
<i>eql iron supplement therapy oral tablet</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>fe tabs oral tablet delayed release</i>	Tier 1	OTC; QL (3 tablets per 1 day)
FERAHEME INTRAVENOUS SOLUTION (<i>ferumoxytol</i>)	Tier 2	MB
FERGON ORAL TABLET (<i>ferrous gluconate</i>)	Tier 1	OTC; QL (4 tablets per 1 day)
FEROSUL ORAL TABLET (<i>ferrous sulfate</i>)	Tier 1	OTC; QL (3 tablets per 1 day)
FERRLECIT INTRAVENOUS SOLUTION (<i>na ferric gluc cplx in sucrose</i>)	Tier 2	MB
<i>ferrotabs oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>ferrous gluconate oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>ferrous sulfate er oral tablet extended release</i>	Tier 1	OTC
<i>ferrous sulfate oral solution</i>	Tier 1	OTC
<i>ferrous sulfate oral syrup</i>	Tier 1	OTC

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<i>ferrous sulfate oral tablet 27 mg</i>	Tier 1	OTC
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>ferrous sulfate oral tablet delayed release</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>ferumoxytol intravenous solution</i>	Tier 2	MB
<i>fe-vite iron oral solution</i>	Tier 1	OTC
<i>gnp iron oral tablet</i>	Tier 1	OTC; QL (3 tablets per 1 day)
GOODSENSE IRON ORAL TABLET (<i>ferrous sulfate</i>)	Tier 1	OTC; QL (3 tablets per 1 day)
INFED INJECTION SOLUTION (<i>iron dextran</i>)	Tier 1	MB
INJECTAFER INTRAVENOUS SOLUTION (<i>ferric carboxymaltose</i>)	Tier 2	MB
<i>iron (ferrous sulfate) oral tablet</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>iron high-potency oral tablet</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>iron high-potency oral tablet extended release</i>	Tier 1	OTC
<i>iron oral tablet</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>iron slow release oral tablet extended release</i>	Tier 1	OTC
<i>iron supplement childrens oral solution</i>	Tier 1	OTC
<i>iron supplement oral elixir</i>	Tier 1	OTC
<i>kp ferrous gluconate oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>kp ferrous sulfate oral tablet</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>meijer ferrous sulfate oral tablet</i>	Tier 1	OTC; QL (3 tablets per 1 day)
MONOFERRIC INTRAVENOUS SOLUTION (<i>ferric derisomaltose</i>)	Tier 2	MB
<i>na ferric gluc cplx in sucrose intravenous solution</i>	Tier 1	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nat-rul iron oral tablet</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>pc pediatric iron drops oral solution</i>	Tier 1	OTC
<i>polysaccharide iron complex oral capsule</i>	Tier 1	OTC
<i>polysaccharide-iron complex oral capsule</i>	Tier 1	OTC
<i>px iron oral tablet 200 (65 fe) mg</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>px iron oral tablet 27 mg</i>	Tier 1	OTC
<i>qc ferrous sulfate oral tablet</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>ra iron oral tablet 27 mg</i>	Tier 1	OTC
<i>ra iron oral tablet 325 (65 fe) mg</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>slow release iron oral tablet extended release</i>	Tier 1	OTC
<i>sm iron oral tablet</i>	Tier 1	OTC; QL (3 tablets per 1 day)
<i>sm slow release iron oral tablet extended release</i>	Tier 1	OTC
TRIFERIC AVNU INTRAVENOUS SOLUTION (<i>ferric pyrophosphate citrate</i>)	Tier 2	MB
TRIFERIC HEMODIALYSIS PACKET (<i>ferric pyrophosphate citrate</i>)	Tier 2	
TRIFERIC HEMODIALYSIS SOLUTION (<i>ferric pyrophosphate citrate</i>)	Tier 2	
VENOFER INTRAVENOUS SOLUTION (<i>iron sucrose</i>)	Tier 1	MB
*SELECTIN BLOCKERS*** - DRUGS FOR NUTRITION		
ADAKVEO INTRAVENOUS SOLUTION (<i>crizanlizumab-tmca</i>)	Tier 2	MB
*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS*** - DRUGS FOR NUTRITION		
DOPTELET ORAL TABLET (<i>avatrombopag maleate</i>)	Tier 2	PA; SP; QL (60 tablets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULPLETA ORAL TABLET (<i>lusutrombopag</i>)	Tier 2	PA; SP; QL (7 tablets per 1 fill)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>romiplostim</i>)	Tier 2	PA; SP
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	Tier 2	PA; SP; QL (1 pack per 1 day)
PROMACTA ORAL PACKET 25 MG (<i>eltrombopag olamine</i>)	Tier 2	PA; SP; QL (3 packs per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	Tier 2	PA; SP; DO; QL (1 tablet per 1 day)
PROMACTA ORAL TABLET 50 MG (<i>eltrombopag olamine</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
PROMACTA ORAL TABLET 75 MG (<i>eltrombopag olamine</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
HEMOSTATICS - DRUGS FOR THE BLOOD		
*HEMOSTATIC COMBINATIONS - TOPICAL*** - DRUGS TO PREVENT BLEEDING		
ARTISS EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	Tier 2	
THROMBI-GEL 10 EXTERNAL PAD (<i>thrombin-cmc-cacl-gelatin</i>)	Tier 2	
THROMBI-GEL 100 EXTERNAL PAD (<i>thrombin-cmc-cacl-gelatin</i>)	Tier 2	
THROMBI-GEL 40 EXTERNAL PAD (<i>thrombin-cmc-cacl-gelatin</i>)	Tier 2	
THROMBI-PAD EXTERNAL PAD (<i>thrombin-cmc-cacl</i>)	Tier 2	
TISSEEL EXTERNAL KIT (<i>fibrin sealant component</i>)	Tier 2	
TISSEEL EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	Tier 2	
*HEMOSTATICS - SYSTEMIC*** - DRUGS TO PREVENT BLEEDING		
AMICAR ORAL SOLUTION (<i>aminocaproic acid</i>)	Tier 2	QL (120 mL per 1 day)
AMICAR ORAL TABLET 1000 MG (<i>aminocaproic acid</i>)	Tier 2	
AMICAR ORAL TABLET 500 MG (<i>aminocaproic acid</i>)	Tier 2	QL (60 tablets per 1 day)

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<i>aminocaproic acid intravenous solution</i>	Tier 2	MB
<i>aminocaproic acid oral solution</i>	Tier 2	QL (120 ML per 1 day)
<i>aminocaproic acid oral tablet 1000 mg</i>	Tier 2	
<i>aminocaproic acid oral tablet 500 mg</i>	Tier 1	QL (60 tablets per 1 day)
CYKLOKAPRON INTRAVENOUS SOLUTION (<i>tranexamic acid</i>)	Tier 2	MB
LYSTEDA ORAL TABLET (<i>tranexamic acid</i>)	Tier 2	QL (6 tablets per 1 day)
<i>tranexamic acid intravenous solution</i>	Tier 2	MB
<i>tranexamic acid oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>tranexamic acid-nacl intravenous solution</i>	Tier 2	MB
*HEMOSTATICS - TOPICAL*** - DRUGS TO PREVENT BLEEDING		
ACTIFOAM COLLAGEN SPONGE EXTERNAL (<i>absorbable collagen hemostat</i>)	Tier 2	
AVITENE EXTERNAL PAD (<i>microfibrillar coll hemostat</i>)	Tier 2	
AVITENE FLOUR EXTERNAL POWDER (<i>microfibrillar coll hemostat</i>)	Tier 2	
ENDO AVITENE EXTERNAL (<i>absorbable collagen hemostat</i>)	Tier 2	
GEL-FLOW NT EXTERNAL PREFILLED SYRINGE (<i>gelatin absorbable</i>)	Tier 2	
GELFOAM COMPRESSED SIZE 100 EXTERNAL (<i>gelatin absorbable</i>)	Tier 2	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL (<i>gelatin absorbable</i>)	Tier 2	
GELFOAM MOUTH/THROAT POWDER (<i>gelatin absorbable</i>)	Tier 2	
GELFOAM SPONGE EXTERNAL (<i>gelatin absorbable</i>)	Tier 2	
GELFOAM SPONGE SIZE 100 EXTERNAL (<i>gelatin absorbable</i>)	Tier 2	
GELFOAM SPONGE SIZE 200 EXTERNAL (<i>gelatin absorbable</i>)	Tier 2	

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GELFOAM SPONGE SIZE 50 EXTERNAL (<i>gelatin absorbable</i>)	Tier 2	
INSTAT EXTERNAL PAD (<i>absorbable collagen hemostat</i>)	Tier 2	
INTERCEED (TC7) EXTERNAL PAD (<i>oxidized cellulose</i>)	Tier 2	
INTERCEED EXTERNAL PAD (<i>oxidized cellulose</i>)	Tier 2	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin (recombinant)</i>)	Tier 2	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin (recombinant)</i>)	Tier 2	
SURGICEL FIBRILLAR EXTERNAL PAD (<i>oxidized cellulose</i>)	Tier 2	
SURGICEL NU-KNIT EXTERNAL PAD (<i>oxidized cellulose</i>)	Tier 2	
SYRINGE AVITENE EXTERNAL (<i>absorbable collagen hemostat</i>)	Tier 2	
TACHOSIL EXTERNAL PATCH (<i>absorbable fibrin sealant</i>)	Tier 2	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT (<i>thrombin</i>)	Tier 2	
THROMBIN-JMI EXTERNAL KIT (<i>thrombin</i>)	Tier 2	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin</i>)	Tier 2	
THROMBOGEN EXTERNAL KIT (<i>thrombin</i>)	Tier 2	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin</i>)	Tier 2	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	Tier 2	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	Tier 2	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	Tier 2	
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	Tier 2	

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ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	Tier 2	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIHISTAMINE HYPNOTIC COMBINATIONS*** - DRUGS FOR INSOMNIA		
<i>cvs acetaminophen pm ext st oral tablet</i>	Tier 1	OTC
<i>cvs non-aspirin headache pm oral tablet</i>	Tier 1	OTC
<i>gnp pain relief pm ex st oral tablet</i>	Tier 1	OTC
<i>hm ibuprofen pm oral tablet</i>	Tier 1	OTC
<i>kls rapid release apap pm oral tablet</i>	Tier 1	OTC
MEDI-TABS PM EXTRA STRENGTH ORAL TABLET (<i>diphenhydramine-apap (sleep)</i>)	Tier 1	OTC
MOTRIN PM ORAL TABLET (<i>ibuprofen-diphenhydramine cit</i>)	Tier 1	OTC
<i>non-aspirin pm extra strength oral tablet</i>	Tier 1	OTC
<i>non-aspirin pm oral tablet</i>	Tier 1	OTC
<i>pain reliever pm oral tablet</i>	Tier 1	OTC
PANDOL PM EXTRA STRENGTH ORAL TABLET (<i>diphenhydramine-apap (sleep)</i>)	Tier 1	OTC
<i>qc headache relief pm oral tablet</i>	Tier 1	OTC
<i>sb non-asa night time oral tablet</i>	Tier 1	OTC
<i>sb pain reliever pm oral tablet</i>	Tier 1	OTC
<i>sm headache relief pm oral tablet</i>	Tier 1	OTC
*ANTIHISTAMINE HYPNOTICS*** - DRUGS FOR INSOMNIA		
<i>cvs sleepaid (diphenhydramine) oral tablet</i>	Tier 1	OTC
<i>cvs sleep-aid nighttime oral capsule</i>	Tier 1	OTC
<i>diphenhydramine hcl (sleep) oral tablet</i>	Tier 1	OTC
<i>gnp sleep aid nighttime oral tablet</i>	Tier 1	OTC
<i>goodsense sleep aid oral capsule</i>	Tier 1	OTC
<i>hm nighttime sleep aid oral tablet</i>	Tier 1	OTC

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<i>kls sleep aid oral tablet</i>	Tier 1	OTC
<i>qc sleep-aid max st oral capsule</i>	Tier 1	OTC
<i>ra night sleep aid oral tablet</i>	Tier 1	OTC
<i>sleep tabs oral tablet</i>	Tier 1	OTC
<i>sleep-aid oral capsule</i>	Tier 1	OTC
<i>sleep-aid oral tablet</i>	Tier 1	OTC
<i>sleep-tabs oral tablet</i>	Tier 1	OTC
*BARBITURATE HYPNOTICS*** - DRUGS FOR INSOMNIA		
NEMBUTAL INJECTION SOLUTION (<i>pentobarbital sodium</i>)	Tier 2	MB
<i>pentobarbital sodium injection solution</i>	Tier 2	MB
<i>phenobarbital oral elixir</i>	Tier 1	
<i>phenobarbital oral tablet 100 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>phenobarbital oral tablet 15 mg</i>	Tier 1	QL (800 tablets per 30 days)
<i>phenobarbital oral tablet 16.2 mg, 30 mg, 64.8 mg, 97.2 mg</i>	Tier 1	
<i>phenobarbital oral tablet 32.4 mg</i>	Tier 1	QL (370 tablets per 30 days)
<i>phenobarbital oral tablet 60 mg</i>	Tier 1	QL (200 tablets per 30 days)
<i>phenobarbital sodium injection solution</i>	Tier 2	MB
*BENZODIAZEPINE HYPNOTICS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED (<i>remimazolam besylate</i>)	Tier 2	MB
DORAL ORAL TABLET (<i>quazepam</i>)	Tier 2	DO; QL (1 tablet per 1 day)
<i>estazolam oral tablet</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>flurazepam hcl oral capsule</i>	Tier 1	DO; QL (1 capsule per 1 day)
HALCION ORAL TABLET (<i>triazolam</i>)	Tier 2	DO; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>midazolam hcl (pf) injection solution</i>	Tier 2	MB
<i>midazolam hcl injection solution</i>	Tier 2	MB
<i>midazolam hcl oral syrup</i>	Tier 2	
<i>midazolam hcl-sodium chloride intravenous solution</i>	Tier 2	MB
<i>midazolam hcl-sodium chloride intravenous solution prefilled syringe</i>	Tier 2	MB
<i>midazolam intravenous solution prefilled syringe</i>	Tier 2	MB
<i>midazolam-sodium chloride intravenous solution</i>	Tier 2	MB
<i>midazolam-sodium chloride intravenous solution prefilled syringe</i>	Tier 2	MB
RESTORIL ORAL CAPSULE (<i>temazepam</i>)	Tier 2	DO; QL (1 capsule per 1 day)
<i>temazepam oral capsule</i>	Tier 1	DO; QL (1 capsule per 1 day)
<i>triazolam oral tablet</i>	Tier 1	DO; QL (1 tablet per 1 day)
*HYPNOTICS - TRICYCLIC AGENTS*** - DRUGS FOR INSOMNIA		
<i>doxepin hcl oral tablet 3 mg</i>	Tier 2	PA; QL (6 tablets per 1 day)
<i>doxepin hcl oral tablet 6 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
SILENOR ORAL TABLET 3 MG (<i>doxepin hcl</i>)	Tier 2	PA; QL (6 tablets per 1 day)
SILENOR ORAL TABLET 6 MG (<i>doxepin hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** - DRUGS FOR INSOMNIA		
AMBIEN CR ORAL TABLET EXTENDED RELEASE (<i>zolpidem tartrate</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
AMBIEN ORAL TABLET (<i>zolpidem tartrate</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL (<i>zolpidem tartrate</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>eszopiclone oral tablet</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)

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LUNESTA ORAL TABLET (<i>eszopiclone</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>zaleplon oral capsule</i>	Tier 1	DO; QL (1 capsule per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>zolpidem tartrate oral tablet</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual</i>	Tier 2	PA
ZOLPIMIST ORAL SOLUTION (<i>zolpidem tartrate</i>)	Tier 2	PA; QL (1 bottle per 30 days)
*OREXIN RECEPTOR ANTAGONISTS*** - DRUGS FOR INSOMNIA		
BELSOMRA ORAL TABLET (<i>suvorexant</i>)	Tier 2	PA; QL (1 tablet per 1 day)
DAYVIGO ORAL TABLET (<i>lemborexant</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES*** - DRUGS FOR INSOMNIA		
<i>dexmedetomidine hcl in nacl intravenous solution</i>	Tier 2	MB
<i>dexmedetomidine hcl in nacl intravenous solution prefilled syringe</i>	Tier 2	MB
<i>dexmedetomidine hcl intravenous solution</i>	Tier 2	MB
<i>dexmedetomidine hcl-dextrose intravenous solution</i>	Tier 2	MB
PRECEDEX INTRAVENOUS SOLUTION (<i>dexmedetomidine hcl in nacl</i>)	Tier 2	MB
*SELECTIVE MELATONIN RECEPTOR AGONISTS*** - DRUGS FOR INSOMNIA		
HETLIOZ LQ ORAL SUSPENSION (<i>tasimelteon</i>)	Tier 2	PA; QL (5 mL per 1 day)
HETLIOZ ORAL CAPSULE (<i>tasimelteon</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
<i>ramelteon oral tablet</i>	Tier 2	PA; DO; QL (1 tablet per 1 day)
ROZEREM ORAL TABLET (<i>ramelteon</i>)	Tier 2	PA; DO; QL (1 tablet per 1 day)

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LAXATIVES - DRUGS FOR THE STOMACH		
*BOWEL EVACUANT COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION		
CLENPIQ ORAL SOLUTION (<i>sod picosulfate-mag ox-cit acd</i>)	Tier 2	QL (320 mL per 30 days)
GAVILYTE-C ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	Tier 1	QL (4000 mL per 30 days)
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted)	Tier 1	QL (4000 mL per 30 days)
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)	Tier 1	QL (4000 mL per 30 days)
GOLYTELY ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	Tier 2	QL (4000 mL per 30 days)
MOVIPREP ORAL SOLUTION RECONSTITUTED (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	Tier 2	QL (1 kit per 30 days)
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-na bicarb-nacl</i>)	Tier 2	QL (4000 mL per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Tier 1	QL (4000 mL per 30 days)
<i>peg-3350/electrolytes oral solution reconstituted</i>	Tier 1	QL (4000 mL per 30 days)
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	Tier 2	QL (1 kit per 30 days)
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	Tier 2	QL (1 kit per 30 days)
PEG-PREP ORAL KIT (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	Tier 2	QL (1 kit per 30 days)
PLENVU ORAL SOLUTION RECONSTITUTED (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	Tier 2	QL (1 kit per 30 days)
SUPREP BOWEL PREP KIT ORAL SOLUTION (<i>na sulfate-k sulfate-mg sulf</i>)	Tier 2	QL (1 kit per 30 days)
SUTAB ORAL TABLET (<i>sodium sulfate-mag sulfate-kcl</i>)	Tier 2	QL (24 tablets per 30 days)
*BULK LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>clear fiber powder oral powder</i>	Tier 1	OTC
<i>cvs daily fiber oral packet</i>	Tier 1	OTC
<i>daily fiber oral powder</i>	Tier 1	OTC

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<i>eq daily fiber oral powder</i>	Tier 1	OTC
<i>eq fiber therapy oral tablet 500 mg</i>	Tier 1	OTC
<i>eq fiber therapy oral tablet 625 mg</i>	Tier 1	OTC; QL (8 tablets per 1 day)
<i>eq fiber laxative oral tablet</i>	Tier 1	OTC; QL (8 tablets per 1 day)
<i>eq fiber supplement oral powder</i>	Tier 1	OTC
<i>eq fiber therapy oral powder</i>	Tier 1	OTC
<i>eq natural fiber oral powder</i>	Tier 1	OTC
<i>eq smooth texture fiber oral powder</i>	Tier 1	OTC
<i>fiber laxative + calcium oral tablet</i>	Tier 1	OTC; QL (8 tablets per 1 day)
<i>fiber oral powder</i>	Tier 1	OTC
<i>fiber therapy oral powder</i>	Tier 1	OTC
FIBERCON ORAL TABLET (<i>calcium polycarbophil</i>)	Tier 1	OTC; QL (8 tablets per 1 day)
<i>goodsense fiber oral tablet</i>	Tier 1	OTC
<i>goodsense psyllium fiber oral powder</i>	Tier 1	OTC
<i>hm fiber oral capsule</i>	Tier 1	OTC
<i>hm fiber oral powder</i>	Tier 1	OTC
<i>hm fiber powder oral powder</i>	Tier 1	OTC
MEDI-MUCIL ORAL CAPSULE (<i>psyllium</i>)	Tier 1	OTC
<i>natural fiber laxative oral powder</i>	Tier 1	OTC
<i>natural fiber oral powder</i>	Tier 1	OTC
<i>natural vegetable fiber oral powder</i>	Tier 1	OTC
<i>psyllium fiber oral capsule</i>	Tier 1	OTC
<i>qc fiber therapy oral tablet</i>	Tier 1	OTC
REGULOID ORAL CAPSULE (<i>psyllium</i>)	Tier 1	
REGULOID ORAL POWDER (<i>psyllium</i>)	Tier 1	OTC
<i>sb fiber laxative oral powder</i>	Tier 1	OTC
<i>sb fiber laxative oral tablet</i>	Tier 1	OTC; QL (8 tablets per 1 day)

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Effective 01/01/2022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sm fiber oral powder</i>	Tier 1	OTC
WAL-MUCIL ORAL POWDER (<i>psyllium</i>)	Tier 1	OTC
*LAXATIVES - MISCELLANEOUS*** - DRUGS TO PREVENT CONSTIPATION		
AVEDANA GLYCERIN (ADULT) RECTAL SUPPOSITORY (<i>glycerin (laxative)</i>)	Tier 1	OTC
CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (2 packets per 1 day)
<i>constulose oral solution</i>	Tier 1	QL (4800 mL per 30 days)
<i>cvs glycerin adult rectal suppository</i>	Tier 1	OTC
CVS PURELAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
CVS PURELAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (2 packets per 1 day)
EQ CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (2 packets per 1 day)
EQL CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (2 packets per 1 day)
<i>gavilax oral powder</i>	Tier 1	OTC; QL (2 packets per 1 day)
<i>gentlelax oral powder</i>	Tier 1	OTC; QL (2 packets per 1 day)
<i>glycerin (child) rectal suppository</i>	Tier 1	OTC
<i>glycerin (pediatric) rectal suppository</i>	Tier 1	OTC
<i>glycerin adult rectal suppository</i>	Tier 1	OTC
<i>glycerin childrens rectal suppository</i>	Tier 1	OTC
GLYCOLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (2 packets per 1 day)
GNP CLEARLAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
GNP CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (2 packets per 1 day)
GOODSENSE CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (2 packets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEALTHYLAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
HM CLEARLAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)
HM CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (2 packets per 1 day)
KLS LAXACLEAR ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (2 packets per 1 day)
KRISTALOSE ORAL PACKET (<i>lactulose</i>)	Tier 2	
<i>lactulose oral solution</i>	Tier 1	QL (4800 mL per 30 days)
MM CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (2 packets per 1 day)
<i>peg 3350 oral packet</i>	Tier 1	OTC; QL (34 grams per 1 day)
<i>peg 3350 oral powder</i>	Tier 1	OTC; QL (2 packets per 1 day)
<i>polyethylene glycol 3350 oral packet</i>	Tier 1	OTC; QL (34 grams per 1 day)
<i>polyethylene glycol 3350 oral powder</i>	Tier 1	OTC; QL (2 packets per 1 day)
<i>px glycerin rectal suppository</i>	Tier 1	OTC
<i>qc natura-lax oral powder</i>	Tier 1	OTC; QL (2 packets per 1 day)
<i>ra laxative oral powder</i>	Tier 1	OTC; QL (2 packets per 1 day)
<i>sb glycerin adult rectal suppository</i>	Tier 1	OTC
<i>sb glycerin pediatric rectal suppository</i>	Tier 1	OTC
<i>sb polyethylene glycol 3350 oral powder</i>	Tier 1	OTC; QL (2 packets per 1 day)
SM CLEARLAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (2 packets per 1 day)
SMOOTH LAX ORAL PACKET (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (34 grams per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SMOOTH LAX ORAL POWDER (<i>polyethylene glycol 3350</i>)	Tier 1	OTC; QL (2 packets per 1 day)
*LAXATIVES & DSS*** - DRUGS TO PREVENT CONSTIPATION		
<i>eq senna-s oral tablet</i>	Tier 1	OTC
<i>eql stool softener/stimulant oral tablet</i>	Tier 1	OTC
<i>gnp senna plus oral tablet</i>	Tier 1	OTC
<i>medi-natural plus oral tablet</i>	Tier 1	OTC
<i>qc stool softener pls laxative oral tablet</i>	Tier 1	OTC
<i>ra 2-in-1 lax/stool softener oral tablet</i>	Tier 1	OTC
<i>sb docusate sodium/senna oral tablet</i>	Tier 1	OTC
SENEXON-S ORAL TABLET (<i>sennosides-docusate sodium</i>)	Tier 1	OTC
<i>senna plus oral capsule</i>	Tier 1	OTC
<i>senna-docusate sodium oral tablet</i>	Tier 1	OTC
<i>stimulant laxative oral tablet</i>	Tier 1	OTC
<i>stool softener laxative oral tablet</i>	Tier 1	OTC
<i>stool softener plus laxative oral tablet</i>	Tier 1	OTC
<i>stool softener/laxative oral capsule</i>	Tier 1	OTC
<i>stool softener/laxative oral tablet</i>	Tier 1	OTC
<i>vegetable lax+stool softener oral tablet</i>	Tier 1	OTC
*LUBRICANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>gnp mineral oil oral oil</i>	Tier 1	OTC
<i>hm mineral oil oral oil</i>	Tier 1	OTC
*SALINE LAXATIVE MIXTURES*** - DRUGS TO PREVENT CONSTIPATION		
<i>enema pediatric rectal enema</i>	Tier 1	OTC
<i>enema rectal enema</i>	Tier 1	OTC
<i>eq enema rectal enema</i>	Tier 1	OTC
<i>eql ready-to-use enema rectal enema</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>goodsense enema rectal enema</i>	Tier 1	OTC
OSMOPREP ORAL TABLET (<i>sod phos mono-sod phos dibasic</i>)	Tier 2	QL (32 tablets per 30 days)
<i>ra saline enema rectal enema</i>	Tier 1	OTC
<i>sm enema rectal enema</i>	Tier 1	OTC
*SALINE LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>citrate of magnesia oral solution</i>	Tier 1	OTC
CITROMA ORAL SOLUTION (<i>magnesium citrate</i>)	Tier 1	OTC
<i>cvs epsom salt oral granules</i>	Tier 1	OTC
<i>cvs magnesium citrate oral solution</i>	Tier 1	OTC
DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION (<i>magnesium hydroxide</i>)	Tier 1	OTC
DULCOLAX ORAL SUSPENSION (<i>magnesium hydroxide</i>)	Tier 1	OTC
<i>gnp epsom salt oral granules</i>	Tier 1	OTC
<i>goodsense epsom salt oral granules</i>	Tier 1	OTC
<i>goodsense magnesium citrate oral solution</i>	Tier 1	OTC
<i>hm magnesium citrate oral solution</i>	Tier 1	OTC
<i>milk of magnesia oral suspension</i>	Tier 1	OTC
<i>qc epsom salt oral granules</i>	Tier 1	OTC
<i>sb magnesium citrate oral solution</i>	Tier 1	OTC
*STIMULANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>bisacodyl laxative rectal suppository</i>	Tier 1	OTC
<i>bisacodyl rectal suppository</i>	Tier 1	OTC
<i>cascara sagrada oral fluid extract</i>	Tier 2	
<i>cvs c-lax laxative oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>cvs gentle laxative rectal suppository</i>	Tier 1	OTC
<i>cvs laxative pills max st oral tablet</i>	Tier 1	OTC; QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eq laxative maximum strength oral tablet</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>eq natural vegetable laxative oral tablet</i>	Tier 1	OTC
<i>eql laxative maximum strength oral tablet</i>	Tier 1	OTC; QL (3 capsules per 1 day)
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE (<i>bisacodyl</i>)	Tier 1	OTC; QL (100 tablets per 90 days)
FEENAMINT ORAL TABLET DELAYED RELEASE (<i>bisacodyl</i>)	Tier 1	OTC; QL (100 tablets per 90 days)
<i>gentle laxative rectal suppository</i>	Tier 1	OTC
<i>gnp gentle laxative oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>gnp gentle laxative rectal suppository</i>	Tier 1	OTC
<i>goodsense bisacodyl ec oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>goodsense laxative pills oral tablet</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>goodsense womens laxative oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>hm senna oral tablet</i>	Tier 1	OTC
<i>laxative oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>laxative rectal suppository</i>	Tier 1	OTC
<i>laxative regular strength oral tablet</i>	Tier 1	OTC
MEDI-LAX ORAL TABLET (<i>sennosides</i>)	Tier 1	OTC
<i>medi-natural oral tablet</i>	Tier 1	OTC
ONELAX RECTAL SUPPOSITORY (<i>bisacodyl</i>)	Tier 1	OTC
PERDIEM OVERNIGHT RELIEF ORAL TABLET (<i>sennosides</i>)	Tier 1	OTC
<i>px vegetable laxative oral tablet</i>	Tier 1	OTC
<i>qc gentle laxative oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>qc gentle laxative rectal suppository</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra fast relief laxative rectal suppository</i>	Tier 1	OTC
<i>ra laxative oral tablet chewable</i>	Tier 1	OTC
<i>sb gentle lax-women oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>sb laxative rectal suppository</i>	Tier 1	OTC
<i>senna oral capsule</i>	Tier 1	OTC
<i>senna oral liquid</i>	Tier 1	OTC
SENNA SMOOTH ORAL TABLET (<i>sennosides</i>)	Tier 1	OTC
<i>sennazon oral syrup</i>	Tier 1	OTC
<i>sm laxative rectal suppository</i>	Tier 1	OTC
THE MAGIC BULLET RECTAL SUPPOSITORY (<i>bisacodyl</i>)	Tier 1	OTC
<i>womans laxative oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
<i>womens laxative oral tablet delayed release</i>	Tier 1	OTC; QL (100 tablets per 90 days)
*SURFACTANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
CORRECTOL EXTRA GENTLE ORAL CAPSULE (<i>docusate sodium</i>)	Tier 1	OTC; QL (3 capsules per 1 day)
<i>cvs stool softener oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>cvs stool softener oral capsule 240 mg, 250 mg</i>	Tier 1	OTC
DOCU LIQUID ORAL LIQUID (<i>docusate sodium</i>)	Tier 1	OTC
<i>docusate sodium oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>docusate sodium oral capsule 250 mg</i>	Tier 1	OTC
<i>docusate sodium oral syrup</i>	Tier 1	OTC
DOK ORAL CAPSULE (<i>docusate sodium</i>)	Tier 1	OTC; QL (3 capsules per 1 day)
<i>dss oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>dss oral capsule 250 mg</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DULCOLAX PINK STOOL SOFTENER ORAL CAPSULE (<i>docusate sodium</i>)	Tier 1	OTC; QL (3 capsules per 1 day)
DULCOLAX STOOL SOFTENER ORAL CAPSULE (<i>docusate sodium</i>)	Tier 1	OTC; QL (3 capsules per 1 day)
<i>easy-lax oral capsule</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>eq stool softener oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>eq stool softener oral capsule 250 mg</i>	Tier 1	OTC
<i>eql stool softener oral capsule</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>gnp stool softener oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>gnp stool softener oral capsule 240 mg, 250 mg</i>	Tier 1	OTC
<i>hm stool softener oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>hm stool softener oral capsule 250 mg</i>	Tier 1	OTC
<i>mm stool softener laxative oral capsule</i>	Tier 1	OTC; QL (3 capsules per 1 day)
PHILLIPS STOOL SOFTENER ORAL CAPSULE (<i>docusate sodium</i>)	Tier 1	OTC; QL (3 capsules per 1 day)
<i>px docusate sodium oral capsule</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>qc docusate calcium oral capsule</i>	Tier 1	OTC
<i>qc stool softener oral capsule</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>ra col-rite oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>ra col-rite oral capsule 250 mg</i>	Tier 1	OTC
<i>ra stool softener oral capsule</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>sb docusate sodium oral capsule</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>sb stool softener oral capsule</i>	Tier 1	OTC

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<i>sm stool softener oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>sm stool softener oral capsule 250 mg</i>	Tier 1	OTC
<i>sm stool softener oral tablet</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>stool softener laxative oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>stool softener laxative oral capsule 250 mg</i>	Tier 1	OTC
<i>stool softener oral capsule 100 mg</i>	Tier 1	OTC; QL (3 capsules per 1 day)
<i>stool softener oral capsule 250 mg</i>	Tier 1	OTC
<i>stool softener oral liquid</i>	Tier 1	OTC
LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR PAIN AND FEVER		
*LOCAL ANESTHETIC & SYMPATHOMIMETIC*** - DRUGS FOR SEDATION		
<i>articaine-epinephrine</i> (Articadent Dental Injection Solution Cartridge)	Tier 2	MB
<i>bupivacaine-epinephrine (pf) injection solution</i>	Tier 2	MB
<i>bupivacaine-epinephrine injection solution</i>	Tier 2	MB
<i>lidocaine-epinephrine injection solution</i>	Tier 2	MB
MARCAINE/EPINEPHRINE INJECTION SOLUTION (<i>bupivacaine-epinephrine</i>)	Tier 2	MB
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION (<i>bupivacaine-epinephrine</i>)	Tier 2	MB
ORABLOC INJECTION SOLUTION CARTRIDGE (<i>articaine-epinephrine</i>)	Tier 2	MB
<i>bupivacaine-epinephrine</i> (Sensorcaine/Epinephrine Injection Solution)	Tier 2	MB
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION (<i>bupivacaine-epinephrine</i>)	Tier 2	MB
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION (<i>lidocaine-epinephrine</i>)	Tier 2	MB

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XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION (<i>lidocaine-epinephrine</i>)	Tier 2	MB
*LOCAL ANESTHETIC COMBINATIONS*** - DRUGS FOR SEDATION		
<i>lidocaine-sodium bicarbonate injection solution prefilled syringe</i>	Tier 2	MB
POINT OF CARE LM-2.5 INJECTION KIT (<i>lidocaine hcl-bupivacaine hcl</i>)	Tier 2	
*LOCAL ANESTHETICS - AMIDES*** - DRUGS FOR SEDATION		
<i>bupivacaine fisiopharma injection solution</i>	Tier 2	MB
<i>bupivacaine hcl (pf) injection solution</i>	Tier 2	MB
<i>bupivacaine hcl injection solution</i>	Tier 2	MB
<i>bupivacaine hcl-nacl epidural solution</i>	Tier 2	MB
<i>bupivacaine hcl-nacl epidural solution prefilled syringe</i>	Tier 2	MB
<i>bupivacaine in dextrose intrathecal solution</i>	Tier 2	MB
<i>bupivacaine spinal intrathecal solution</i>	Tier 2	MB
CARBOCAINE INJECTION SOLUTION (<i>mepivacaine hcl</i>)	Tier 2	MB
CARBOCAINE PRESERVATIVE-FREE INJECTION SOLUTION (<i>mepivacaine hcl</i>)	Tier 2	MB
EXPAREL INJECTION SUSPENSION (<i>bupivacaine liposome</i>)	Tier 2	MB
<i>lidocaine hcl (pf) injection solution</i>	Tier 2	MB
<i>lidocaine hcl injection solution</i>	Tier 2	MB
<i>lidocaine hcl injection solution prefilled syringe</i>	Tier 2	MB
<i>lidocaine in dextrose solution</i>	Tier 2	MB
MARCAINE INJECTION SOLUTION (<i>bupivacaine hcl</i>)	Tier 2	MB
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION (<i>bupivacaine hcl</i>)	Tier 2	MB
MARCAINE SPINAL INTRATHECAL SOLUTION (<i>bupivacaine in dextrose</i>)	Tier 2	MB
MONOJECT BONE MARROW BIOPSY INJECTION KIT (<i>lidocaine hcl</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NAROPIN INJECTION SOLUTION (<i>ropivacaine hcl</i>)	Tier 2	MB
POLOCAINE INJECTION SOLUTION (<i>mepivacaine hcl</i>)	Tier 2	MB
<i>mepivacaine hcl</i> (Polocaine-Mpf Injection Solution)	Tier 2	MB
<i>ropivacaine hcl injection solution</i>	Tier 2	MB
<i>ropivacaine hcl injection solution prefilled syringe</i>	Tier 2	MB
<i>ropivacaine hcl-nacl epidural solution</i>	Tier 2	MB
<i>bupivacaine hcl</i> (Sensorcaine Injection Solution)	Tier 2	MB
<i>bupivacaine hcl</i> (Sensorcaine-Mpf Injection Solution)	Tier 2	MB
XARACOLL IMPLANT IMPLANT (<i>bupivacaine hcl</i>)	Tier 2	MB
XYLOCAINE INJECTION SOLUTION (<i>lidocaine hcl</i>)	Tier 2	MB
XYLOCAINE-MPF INJECTION SOLUTION (<i>lidocaine hcl</i>)	Tier 2	MB
ZINGO INTRADERMAL JET-INJECTOR (<i>lidocaine hcl</i>)	Tier 2	MB
*LOCAL ANESTHETICS - ESTERS*** - DRUGS FOR SEDATION		
<i>chloroprocaine hcl (pf) injection solution</i>	Tier 2	MB
CLOTOTEKAL INTRATHECAL SOLUTION (<i>chloroprocaine hcl</i>)	Tier 2	MB
NESACAINE INJECTION SOLUTION (<i>chloroprocaine hcl</i>)	Tier 2	MB
NESACAINE-MPF INJECTION SOLUTION (<i>chloroprocaine hcl</i>)	Tier 2	MB
<i>procaine hcl powder</i>	Tier 2	
MACROLIDES - DRUGS FOR INFECTIONS		
*AZITHROMYCIN*** - ANTIBIOTICS		
<i>azithromycin intravenous solution reconstituted</i>	Tier 2	MB
<i>azithromycin oral packet</i>	Tier 1	QL (2 packets per 1 fill)
<i>azithromycin oral suspension reconstituted</i>	Tier 1	QL (15 mL per 1 fill)
<i>azithromycin oral tablet 250 mg</i>	Tier 1	QL (6 tablets per 30 days)
<i>azithromycin oral tablet 500 mg</i>	Tier 1	QL (3 tablets per 1 fill)
<i>azithromycin oral tablet 600 mg</i>	Tier 1	QL (8 tablets per 1 fill)
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED (<i>azithromycin</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZITHROMAX ORAL PACKET (<i>azithromycin</i>)	Tier 2	QL (2 packets per 1 fill)
ZITHROMAX ORAL SUSPENSION RECONSTITUTED (<i>azithromycin</i>)	Tier 2	QL (15 mL per 1 fill)
ZITHROMAX ORAL TABLET 250 MG (<i>azithromycin</i>)	Tier 2	QL (6 tablets per 30 days)
ZITHROMAX ORAL TABLET 500 MG (<i>azithromycin</i>)	Tier 2	QL (3 tablets per 1 fill)
ZITHROMAX TRI-PAK ORAL TABLET (<i>azithromycin</i>)	Tier 2	QL (3 tablets per 1 fill)
ZITHROMAX Z-PAK ORAL TABLET (<i>azithromycin</i>)	Tier 2	QL (6 tablets per 30 days)
*CLARITHROMYCIN*** - ANTIBIOTICS		
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier 1	
<i>clarithromycin oral suspension reconstituted</i>	Tier 1	QL (300 mL per 1 fill)
<i>clarithromycin oral tablet 250 mg</i>	Tier 1	QL (28 tabs per 1 fill)
<i>clarithromycin oral tablet 500 mg</i>	Tier 1	QL (28 tablets per 1 fill)
*ERYTHROMYCINS*** - ANTIBIOTICS		
E.E.S. 400 ORAL TABLET (<i>erythromycin ethylsuccinate</i>)	Tier 1	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED (<i>erythromycin ethylsuccinate</i>)	Tier 2	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED (<i>erythromycin ethylsuccinate</i>)	Tier 2	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED (<i>erythromycin ethylsuccinate</i>)	Tier 2	
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release)	Tier 1	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>erythromycin lactobionate</i>)	Tier 2	MB
ERYTHROCIN STEARATE ORAL TABLET (<i>erythromycin stearate</i>)	Tier 1	
<i>erythromycin base oral capsule delayed release particles</i>	Tier 1	
<i>erythromycin base oral tablet</i>	Tier 1	
<i>erythromycin base oral tablet delayed release</i>	Tier 1	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	Tier 2	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 1	

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<i>erythromycin oral tablet delayed release</i>	Tier 1	
*FIDAXOMICIN*** - ANTIBIOTICS		
DIFICID ORAL SUSPENSION RECONSTITUTED (<i>fidaxomicin</i>)	Tier 2	PA
DIFICID ORAL TABLET (<i>fidaxomicin</i>)	Tier 2	PA; QL (20 tablets per 1 fill)
MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
*APPLICATORS,COTTON BALLS,ETC*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>alcohol prep pad</i>	Tier 1	OTC
<i>alcohol swabs pad</i>	Tier 1	OTC
BD SWAB SINGLE USE REGULAR PAD (<i>alcohol swabs</i>)	Tier 1	OTC
BD SWABS SINGLE USE BUTTERFLY PAD (<i>alcohol swabs</i>)	Tier 1	OTC
CURITY ALCOHOL PREPS PAD (<i>alcohol swabs</i>)	Tier 1	OTC
<i>cvs alcohol prep pads pad</i>	Tier 1	OTC
<i>cvs prep pad</i>	Tier 1	OTC
EASY TOUCH ALCOHOL PREP MEDIUM PAD (<i>alcohol swabs</i>)	Tier 1	OTC
<i>essentra wipes 9x9" sheet</i>	Tier 2	
FIFTY50 ALCOHOL PREP PAD (<i>alcohol swabs</i>)	Tier 1	OTC
<i>gnp alcohol swabs pad</i>	Tier 1	OTC
<i>hm sterile alcohol prep pad</i>	Tier 1	OTC
<i>qc alcohol swabs pad</i>	Tier 1	OTC
RELION ALCOHOL SWABS PAD (<i>alcohol swabs</i>)	Tier 1	OTC
<i>sm alcohol prep pad</i>	Tier 1	OTC
<i>true comfort alcohol prep pads pad</i>	Tier 1	OTC
ULTICARE ALCOHOL SWABS PAD (<i>alcohol swabs</i>)	Tier 1	OTC
WEBCOL ALCOHOL PREP LARGE PAD (<i>alcohol swabs</i>)	Tier 1	OTC

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WEBCOL ALCOHOL PREP MEDIUM PAD (<i>alcohol swabs</i>)	Tier 1	OTC
*BLOOD COAGULATION TEST SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
COAGUCHEK XS SYSTEM KIT (<i>ptlinr testing monitor</i>)	Tier 2	
*CERVICAL CAPS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FEMCAP VAGINAL DEVICE (<i>cervical caps</i>)	Tier 2	
*CONCEPTION ASSISTANCE SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>conception kit kit</i>	Tier 2	
*CONDOMS - FEMALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FC FEMALE CONDOM (<i>condoms - female</i>)	Tier 1	OTC; QL (12 units per 1 fill)
FC2 FEMALE CONDOM (<i>condoms - female</i>)	Tier 1	OTC; QL (12 units per 1 fill)
*CONDOMS - MALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>aimsco lubricated</i>	Tier 1	OTC
<i>condoms</i>	Tier 1	OTC
DUREX EXTRA SENSITIVE DEVICE (<i>condoms latex lubricated</i>)	Tier 1	OTC
DUREX REALFEEL DEVICE (<i>condoms non-latex lubricated</i>)	Tier 1	OTC
FANTASY LUBRICATED (<i>condoms latex lubricated</i>)	Tier 1	OTC
FANTASY LUBRICATED/SPERMICIDE (<i>condoms latex lubricated</i>)	Tier 1	OTC
KAMELEON LUBRICATED (<i>condoms latex lubricated</i>)	Tier 1	OTC
<i>kimono</i>	Tier 1	OTC
KIMONO COLORS DEVICE (<i>condoms latex lubricated</i>)	Tier 1	OTC
<i>kimono micro thin</i>	Tier 1	OTC

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<i>kimono micro thin plus</i>	Tier 1	OTC
<i>kimono plus</i>	Tier 1	OTC
<i>kimono ps</i>	Tier 1	OTC
<i>kimono ps plus</i>	Tier 1	OTC
<i>kimono sensation</i>	Tier 1	OTC
<i>kimono sensation plus</i>	Tier 1	OTC
KIMONO SPECIAL DEVICE (<i>condoms latex lubricated</i>)	Tier 1	OTC
K-Y ME & YOU EXTRA LUBRICATED DEVICE (<i>condoms latex lubricated</i>)	Tier 1	OTC
K-Y ME & YOU INTENSE DEVICE (<i>condoms latex lubricated</i>)	Tier 1	OTC
<i>maxx</i>	Tier 1	OTC
<i>maxx plus</i>	Tier 1	OTC
<i>premium condoms lubricated</i>	Tier 1	OTC
REALITY LATEX CONDOMS (<i>condoms latex lubricated</i>)	Tier 1	OTC
REALITY LATEX/ULTRA TEXTURED DEVICE (<i>condoms latex lubricated</i>)	Tier 1	OTC
REALITY LATEX/ULTRA THIN DEVICE (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX COLOR CONDOMS + LUBE (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX LUB/RIBBED/STUDED (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX LUB/SPERMICIDE EX ST (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX LUB/SPERMICIDE XL (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX LUBRICATED (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX LUBRICATED EX LARGE (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX LUBRICATED EXTRA ST (<i>condoms latex lubricated</i>)	Tier 1	OTC

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TRUSTEX LUBRICATED/SPERMICIDE (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX NATURAL CONDOMS + LUBE (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX NON-LUBRICATED (<i>condoms latex non-lubricated</i>)	Tier 1	OTC
TRUSTEX RIA LUB/SPERMICIDE (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX RIA LUBRICATED (<i>condoms latex lubricated</i>)	Tier 1	OTC
TRUSTEX RIA NON-LUBRICATED (<i>condoms latex non-lubricated</i>)	Tier 1	OTC
TRUSTEX-NONOXYNOL-9/RIB/STUD (<i>condoms latex lubricated</i>)	Tier 1	OTC
*DENTAL DESENSITIZING PRODUCTS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
REMESENSE DENTAL (<i>dental desensitizing product</i>)	Tier 2	
*DENTAL SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>dental needle</i>	Tier 2	
*DENTIFRICES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
MI PASTE DENTAL PASTE (<i>dentifrices</i>)	Tier 2	
MI PASTE PLUS DENTAL PASTE (<i>dentifrices</i>)	Tier 2	
*DIAPHRAGMS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	Tier 1	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	Tier 1	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 1	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 1	

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WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 1	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 1	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 1	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 1	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 1	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	Tier 1	
*ENTERAL NUTRITION SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
KANGAROO STOMA MEASURING DEV (<i>enteral nutrition supplies</i>)	Tier 2	
MONOJECT ENTERAL SYRINGE CAP (<i>enteral nutrition supplies</i>)	Tier 2	
*FEEDING TUBES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ENTRISTAR PEG ENTERAL CONNECT (<i>feeding tubes</i>)	Tier 2	
KANGAROO MULTI-FUNCTIONAL PORT (<i>feeding tubes</i>)	Tier 2	
*FOOT CARE PRODUCTS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
JOHNSONS FOOT SPRAY EXTERNAL AEROSOL (<i>foot care products</i>)	Tier 1	OTC
*GAUZE PADS & DRESSINGS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
AMD FOAM DRESSING TOPSHEET PAD (<i>gauze pads & dressings</i>)	Tier 2	

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*GLUCOSE MONITORING TEST SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>1st tier unilet comfortouch</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>acti-lance 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>acti-lance lite lancets 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>acti-lance special lancets 17g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>acti-lance universal 23g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>adjustable lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>advanced mobile lancet</i>	Tier 1	OTC; QL (102 units per 30 days)
ADVOCATE LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>aimsco twist lancets 32g</i>	Tier 1	OTC; QL (102 units per 30 days)
AIMSCO TWIST LANCETS 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ASSURE HAEMOLANCE PLUS HIGH (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ASSURE HAEMOLANCE PLUS LOW (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ASSURE HAEMOLANCE PLUS MICRO (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ASSURE HAEMOLANCE PLUS NORMAL (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ASSURE HAEMOLANCE PLUS PED (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)

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ASSURE LANCE LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ASSURE LANCE LANCETS 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ASSURE LANCE PLUS SAFETY 25G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ASSURE LANCE PLUS SAFETY 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ASSURE LANCE SAFETY LANCET 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>aurora lancet super thin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>aurora lancet thin 23g</i>	Tier 1	OTC; QL (102 units per 30 days)
AUTO-LANCET (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
AUTO-LANCET MINI (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
AUTOLET II CLINISAFE KIT (<i>lancets misc.</i>)	Tier 1	OTC
AUTOLET LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
AUTOLET LITE CLINISAFE KIT (<i>lancets misc.</i>)	Tier 1	OTC
AUTOLET LITE STARTER PACK KIT (<i>lancets misc.</i>)	Tier 1	OTC
AUTOLET MINI (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
AUTOLET PLATFORMS (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
AUTOLET PLUS (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
CARDIOCOM LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
<i>careone advanced lancing dev</i>	Tier 1	OTC; QL (1 unit per 135 days)

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CAREONE LANCET SUPER THIN 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>careone lancet thin 23g</i>	Tier 1	OTC; QL (102 units per 30 days)
CARESENS LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
CLEANLET LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>comfort assured lancets 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>comfort assured lancets 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>comfort lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>cvs lancets 21g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>cvs lancets micro thin 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>cvs lancets original</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>cvs lancets thin 26g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>cvs lancets ultra thin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>cvs lancets ultra-thin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>cvs lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>cvs ultra thin lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
D-CARE GLUCOMETER KIT (<i>blood glucose monitoring suppl</i>)	Tier 2	PA
DEXCOM G4 PLAT PED RCV/SHARE DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; MB; QL (1 receiver per 1 year)

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DEXCOM G4 PLAT PED RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; MB; QL (1 receiver per 1 year)
DEXCOM G4 PLATINUM RCV/SHARE DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; MB; QL (1 receiver per 1 year)
DEXCOM G4 PLATINUM RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; MB; QL (1 receiver per 1 year)
DEXCOM G4 PLATINUM TRANSMITTER (<i>continuous blood gluc transmit</i>)	Tier 2	PA; MB; QL (1 transmitter per 90 days)
DEXCOM G4 SENSOR (<i>continuous blood gluc sensor</i>)	Tier 2	PA; MB; QL (5 sensors per 30 days)
DEXCOM G5 MOB/G4 PLAT SENSOR (<i>continuous blood gluc sensor</i>)	Tier 2	PA; MB; QL (4 sensors per 28 days)
DEXCOM G5 MOBILE RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; MB; QL (1 receiver per 1 year)
DEXCOM G5 MOBILE TRANSMITTER (<i>continuous blood gluc transmit</i>)	Tier 2	PA; MB; QL (1 transmitter per 90 days)
DEXCOM G5 RECEIVER KIT DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; MB; QL (1 receiver per 1 year)
DEXCOM G6 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; MB; QL (1 receiver per 1 year)
DEXCOM G6 SENSOR (<i>continuous blood gluc sensor</i>)	Tier 2	PA; MB; QL (3 sensors per 30 days)
DEXCOM G6 TRANSMITTER (<i>continuous blood gluc transmit</i>)	Tier 2	PA; MB; QL (1 transmitter per 90 days)
DIATHRIVE LANCET ULTRA THIN 30 (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
DIATHRIVE LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
DIATHRIVE LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
DROPLET LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)

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DROPLET PERSONAL LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>drug mart lancets thin 26g</i>	Tier 1	OTC; QL (102 units per 30 days)
DRUG MART LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
DRUG MART ON-THE-GO LANCET 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
DRUG MART UNILET LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
DRUG MART UNILET LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
DRUG MART UNILET LANCETS 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 23G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 28G/TWIST (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 30G/TWIST (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 32G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 32G/TWIST (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH LANCETS 33G/TWIST (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)

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EASY TOUCH LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
EASY TOUCH SAFETY LANCETS 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH SAFETY LANCETS 23G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH SAFETY LANCETS 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ENLITE GLUCOSE SENSOR (<i>continuous blood gluc sensor</i>)	Tier 2	PA; MB; QL (5 sensors per 30 days)
<i>eql color lancets 21g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>eql color lancets micro 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>eql super thin lancets 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>eql thin lancets 26g</i>	Tier 1	OTC; QL (102 units per 30 days)
EVERSENSE SENSOR/HOLDER (<i>continuous blood gluc sensor</i>)	Tier 2	PA; MB; QL (5 sensors per 30 days)
EVERSENSE SMART TRANSMITTER (<i>continuous blood gluc transmit</i>)	Tier 2	PA; MB; QL (1 transmitter per 365 years)
E-Z JECT LANCET MICRO-THIN 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
E-Z JECT LANCET SUPER THIN 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
E-Z JECT LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
E-Z JECT LANCETS 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
E-Z JECT LANCETS THIN 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EZ-LETS LANCETS 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EZ-LETS LANCETS 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EZ-LETS LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
EZ-LETS LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
FIFTY50 SAFETY SEAL LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
FIFTY50 UNILET LANCETS 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
FINE 30 (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
FORA LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
FORA LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
<i>freds pharmacy autolet lancing</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>freds pharmacy unilet lanc 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>freds pharmacy unilet lanc 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; MB; QL (1 receiver per 1 year)
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous blood gluc sensor</i>)	Tier 2	PA; MB; QL (2 sensors per 28 days)
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; MB; QL (1 receiver per 1 year)
FREESTYLE LIBRE 2 SENSOR (<i>continuous blood gluc sensor</i>)	Tier 2	PA; MB; QL (2 sensors per 28 days)
FREESTYLE LIBRE READER DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; MB; QL (1 receiver per 1 year)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	Tier 2	OTC; QL (102 units per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTEEL CONTACT TIPS (BLUE) (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTEEL CONTACT TIPS (CLEAR) (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTEEL CONTACT TIPS (GREEN) (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTEEL CONTACT TIPS (ORANGE) (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTEEL CONTACT TIPS (RAINBOW) (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTEEL CONTACT TIPS (VIOLET) (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTEEL CONTACT TIPS (YELLOW) (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTEEL LANCING KIT (BLUE) KIT (<i>lancets misc.</i>)	Tier 1	OTC
GENTEEL NOZZLES (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTEEL PLUS LANCING (BLACK) (<i>lancet devices</i>)	Tier 1	OTC
GENTEEL PLUS LANCING (PURPLE) (<i>lancet devices</i>)	Tier 1	OTC
GENTEEL PLUS LANCING (WHITE) (<i>lancet devices</i>)	Tier 1	OTC
GENTEEL PLUS LANCING DEV(BLUE) (<i>lancet devices</i>)	Tier 1	OTC
GENTEEL PLUS LANCING DEV(PINK) (<i>lancet devices</i>)	Tier 1	OTC
GENTLE-LET GP LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTLE-LET LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
GENTLE-LET PLATFORMS (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
GLUCOCOM LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCOM LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
GLUCOCOM LANCETS 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>gnp lancets 21g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>gnp lancets micro thin 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>gnp lancets super thin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>gnp lancets thin 26g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>gnp sterile lancets 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>gnp sterile lancets 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>gnp sterile lancets 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
GNP TRUE METRIX AIR METER KIT (<i>blood glucose monitoring suppl</i>)	Tier 1	OTC
GNP TRUE METRIX GLUCOSE METER KIT (<i>blood glucose monitoring suppl</i>)	Tier 1	OTC
<i>goodsense color lancets 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>goodsense lancets 26g univ</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>goodsense lancets 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>goodsense lancets 30g univ</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>goodsense lancets 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>goodsense lancets 33g univ</i>	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>goodsense lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
GUARDIAN LINK 3 TRANSMITTER (<i>continuous blood gluc transmit</i>)	Tier 2	PA; MB; QL (1 transmitter per 90 days)
GUARDIAN REAL-TIME CHARGER (<i>continuous glucose monitor sup</i>)	Tier 2	PA; MB
GUARDIAN REAL-TIME REPLACE PED DEVICE (<i>continuous blood gluc receiver</i>)	Tier 2	PA; MB; QL (1 receiver per 1 year)
GUARDIAN REAL-TIME TEST PLUG (<i>continuous glucose monitor sup</i>)	Tier 2	PA; MB
GUARDIAN SENSOR (3) (<i>continuous blood gluc sensor</i>)	Tier 2	PA; MB; QL (5 sensors per 30 days)
<i>guardian sensor 3</i>	Tier 2	PA; MB; QL (5 sensors per 30 days)
HAEMOLANCE (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
HAEMOLANCE LOW FLOW LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
HAEMOLANCE PLUS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
HAEMOLANCE PLUS HIGH FLOW (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
HAEMOLANCE PLUS LOW FLOW (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
HAEMOLANCE PLUS MAX FLOW (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
HEALTH CARE LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
<i>healthy accents lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>healthy accents unilet lancets</i>	Tier 1	OTC; QL (102 units per 30 days)

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<i>h-e-b incontrol adv lancing</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>h-e-b incontrol lancets 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>h-e-b incontrol lancets 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>h-e-b incontrol lancets 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
HYPOLANCE AST LANCING KIT (<i>lancets misc.</i>)	Tier 1	OTC
HY-VEE LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>hy-vee thin lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
IN TOUCH LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
IN TOUCH STERILE LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>kinney lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>kinney thin lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
KROGER AUTOLET LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
KROGER HEALTHPRO LANCET 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>kroger lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>kroger lancets 21g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>kroger lancets micro thin 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>kroger lancets super thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>kroger lancets thin</i>	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>kroger lancets thin 26g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>kroger lancets ultrathin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>kroger lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>lancet device</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>lancet transporter case</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>lancets 33g</i>	Tier 1	OTC; QL (102 lancets per 30 days)
<i>lancets micro thin 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>lancets super thin 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>lancets thin</i>	Tier 1	OTC; QL (102 units per 30 days)
LANCETS ULTRA THIN (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>lancets ultra thin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
LANZO (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
<i>leader advanced lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
LIBERTY MINI LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
<i>lite touch lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
LITE TOUCH LANCING PEN (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)

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LITETOUCH LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>live better adv lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>live better lancet super thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>live better lancet ultra thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>longs lancets standard</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>longs lancets thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>longs lancets ultra thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>medichoice safety lancet</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>medichoice safety lancet extra</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>medichoice safety lancet norm</i>	Tier 1	OTC; QL (102 units per 30 days)
MEDLANCE EXTRA 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEDLANCE LITE 25G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEDLANCE PLUS EXTRA 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEDLANCE PLUS LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEDLANCE PLUS LITE 25G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEDLANCE PLUS SPECIAL 0.8MM (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEDLANCE PLUS SUPERLITE 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)

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MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEDLANCE UNIVERSAL 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEIJER LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEIJER LANCETS THIN (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEIJER LANCETS UNIVERSAL 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEIJER LANCETS UNIVERSAL 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEIJER LANCETS UNIVERSAL 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MEIJER SUPER THIN LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>mini lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
MINILINK REAL-TIME TRANSMITTER (<i>continuous blood gluc transmit</i>)	Tier 2	PA; MB; QL (1 transmitter per 90 days)
MINIMED 630G GUARDIAN PRESS (<i>continuous blood gluc transmit</i>)	Tier 2	PA; MB; QL (1 transmitter per 90 days)
MINIMED GUARDIAN LINK 3 (<i>continuous blood gluc transmit</i>)	Tier 2	PA; MB; QL (1 transmitter per 90 days)
MM LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
MM TWIST LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MONOLET LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MONOLET OPD LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
MONOLETTOR SAFETY LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)

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<i>mpd safety lancet 21g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>mpd safety lancet 23g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>mpd safety lancet 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>mpd safety lancet 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>multi-lancet device</i>	Tier 1	OTC; QL (1 unit per 135 days)
MULTI-LANCET DEVICE 2 KIT (<i>lancets misc.</i>)	Tier 1	OTC
MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
NOVA SAFETY LANCETS 23G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
NOVA SAFETY LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
NOVA SUREFLEX LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
NOVA SUREFLEX LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
PARADIGM REAL-TIME TRANSMITTER (<i>continuous blood gluc transmit</i>)	Tier 2	PA; MB; QL (1 transmitter per 90 days)
<i>pc lancets super thin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
PERFECT LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
PERFECT LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
PHARMACY COUNTER LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>pip lancets 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>pip lancets 30g</i>	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POGO AUTOMATIC BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	Tier 2	PA
PRECISION THINS GP LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>preferred plus lancets colored</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>preferred plus lancets thin</i>	Tier 1	OTC; QL (102 units per 30 days)
PSS SELECT GP LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
PSS SELECT PLATFORMS (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
PSS SELECT SAFETY LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>px advanced lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>px lancets microthin 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>px lancets ultra thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>px lancets ultra thin 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>qc advanced lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>qc lancets super thin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>qc lancets ultra thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>qc unilet lancets 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>qc unilet lancets micro thin</i>	Tier 1	OTC; QL (102 units per 30 days)
RA E-ZJECT LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)

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RA E-ZJECT LANCETS THIN 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
RA E-ZJECT LANCETS THIN 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
RA E-ZJECT LANCETS ULTRA THIN (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
READYLANCER SAFETY LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>reality lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>reality trigger lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
RELION LANCET DEVICES 30G (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
RELION LANCETS MICRO-THIN 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
RELION LANCETS THIN 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
RELION LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
RELION LANCING DEVICE KIT (<i>lancets misc.</i>)	Tier 1	OTC
RELION TRUE MET AIR GLUC METER KIT (<i>blood glucose monitoring suppl</i>)	Tier 1	OTC
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
REXALL LANCETS ULTRA THIN 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
RIGHTEST ALTERNATE SITE ADAPT (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
RIGHTEST GD500 LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHTEST GL300 LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SAFE-T-LANCE (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SAFE-T-LANCE PLUS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SAFETY LANCETS 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>sb lancets thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>sb lancets ultra thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>select-lite devicellancets kit</i>	Tier 1	OTC
<i>select-lite lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
SHOPKO AUTOLET LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
SHOPKO ON-THE-GO LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SHOPKO UNILET LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SHOPKO UNILET LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>sm lancets 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
SMART SENSE COLOR LANCETS 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SMART SENSE STANDARD LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SMART SENSE SUPER THIN LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SMART SENSE THIN LANCETS 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
SMARTEST LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STERILANCE PA (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
STERILANCE TL (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>super thin lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>sure comfort lancets 18g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>sure comfort lancets 21g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>sure comfort lancets 23g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>sure comfort lancets 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>sure comfort lancets 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>sure comfort lancing pen</i>	Tier 1	OTC; QL (1 unit per 135 days)
SURELITE LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
TECHLITE AST LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
TECHLITE LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
TECHLITE LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>tgt lancet micro thin 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>tgt lancet thin 26g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>tgt lancet ultra thin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>tgt lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THINLETS GP LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>todays health lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>todays health thin lancets 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>todays health thin lancets 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>topcare lancets micro-thin 33g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>travel lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
TRAVEL LANCETS ADVANCED 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
TRUE METRIX AIR GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	Tier 1	OTC
TRUE METRIX AIR GLUCOSE METER KIT (<i>blood glucose monitoring suppl</i>)	Tier 1	OTC
TRUE METRIX GO GLUCOSE METER KIT (<i>blood glucose monitoring suppl</i>)	Tier 1	OTC
TRUE METRIX LEVEL 1 IN VITRO SOLUTION (<i>blood glucose calibration</i>)	Tier 1	OTC
TRUE METRIX LEVEL 2 IN VITRO SOLUTION (<i>blood glucose calibration</i>)	Tier 1	OTC
TRUE METRIX LEVEL 3 IN VITRO SOLUTION (<i>blood glucose calibration</i>)	Tier 1	OTC
TRUE METRIX METER DEVICE (<i>blood glucose monitoring suppl</i>)	Tier 1	OTC
TRUE METRIX METER KIT (<i>blood glucose monitoring suppl</i>)	Tier 1	OTC
TRUEDRAW LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
TRUEPLUS LANCETS 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUEPLUS LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
TRUEPLUS LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
TRUEPLUS LANCETS 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
TRUEPLUS SAFETY LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ULTRA-THIN II AUTO LANCET (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
ULTRA-THIN II LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET EXCELITE (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET EXCELITE II (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET G.P. LANCET (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET G.P. SUPERLITE LANCET (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET GP 28 ULTRA THIN (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET LANCET (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET MICRO-THIN 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET SUPERLITE LANCET (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET SUPER-THIN 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNILET ULTRA-THIN 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK 1 (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 2 (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 2 COMFORT (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 2 EXTRA (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 2 NEONATAL (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 2 NORMAL (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 2 SUPER (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 3 (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 3 COMFORT (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 3 EXTRA (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 3 GENTLE (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 3 NEONATAL (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK 3 NORMAL (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK CZT COMFORT (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK CZT NORMAL (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK NORMAL (<i>lancets misc.</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK PRO SAFETY LANCET (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK SAFETY LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK SAFETY LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK TOUCH SAFETY LANC 21G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK TOUCH SAFETY LANC 23G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK TOUCH SAFETY LANC 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNISTIK TOUCH SAFETY LANC 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNIVERSAL 1 LANCETS THIN 26G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNIVERSAL 1 LANCETS THIN 33G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
UNIVERSAL 1 LANCETS ULTRA THIN (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>value plus lancet standard 21g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>value plus lancets super thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>value plus lancets thin 26g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>value plus lancing device</i>	Tier 1	OTC; QL (1 unit per 135 days)
<i>valumark lancet super thin 30g</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>valumark lancet ultra thin 28g</i>	Tier 1	OTC; QL (102 units per 30 days)
VIDA MIA AUTOLET LANCING DEV (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
VIDA MIA UNILET LANCETS 28G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIDA MIA UNILET LANCETS 30G (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
VIVAGUARD LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
VIVAGUARD LANCING DEVICE (<i>lancet devices</i>)	Tier 1	OTC; QL (1 unit per 135 days)
<i>walgreens adv travel lancets</i>	Tier 1	OTC; QL (102 units per 30 days)
WALGREENS LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
<i>walgreens lancets micro thin</i>	Tier 1	OTC; QL (102 units per 30 days)
<i>walgreens lancets super thin</i>	Tier 1	OTC; QL (102 units per 30 days)
WALGREENS THIN LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
WALGREENS ULTRA THIN LANCETS (<i>lancets</i>)	Tier 1	OTC; QL (102 units per 30 days)
*IMPOTENCE AIDS - MALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
RAPPORT RLS KIT (<i>impotence aid device</i>)	Tier 2	
RAPPORT VTD KIT (<i>impotence aid device</i>)	Tier 2	
*INSULIN ADMINISTRATION SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ACCU-CHEK LINKASSIST (<i>insulin pump accessories</i>)	Tier 2	MB
ACCU-CHEK PLASTIC CARTRIDGE (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
ACCU-CHEK SPIRIT CARTRIDGE (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
ACCU-CHEK TENDER I SET 24" (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
ACCU-CHEK TENDER I SET 31" (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)

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ACCU-CHEK ULTRAFLEX-1 INF SET (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
AMIGO INSULIN PUMP DEVICE (<i>insulin infusion pump</i>)	Tier 2	MB
AUTOSOFT 30 INFUSION SET (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
AUTOSOFT 90 INFUSION SET (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
AUTOSOFT XC INFUSION SET (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
ENLITE SERTER (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
GLUCOPRO SYR RES 3ML 22GX3/8" (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
MINIMED 630G INSULIN PUMP KIT (<i>insulin infusion pump</i>)	Tier 2	MB; QL (1 pump per 720 days)
MINIMED 770G INSULIN PUMP SYS KIT (<i>insulin infusion pump</i>)	Tier 2	MB; QL (1 pump per 720 days)
MINIMED PUMP RESERVOIR 3ML (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
MINIMED RESERVOIR 1.8ML (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
MINIMED RESERVOIR 3ML (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
MINIMED SILHOUETTE INF SET 32" (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
MINIMED SILHOUETTE INF SET 43" (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
OMNIPOD 5 PACK (<i>insulin disposable pump</i>)	Tier 2	MB; QL (15 pods per 30 days)
OMNIPOD DASH 5 PACK PODS (<i>insulin disposable pump</i>)	Tier 2	MB; QL (15 pods per 30 days)
OMNIPOD STARTER KIT (<i>insulin disposable pump</i>)	Tier 2	MB; QL (1 pump per 4 yearss)
PARADIGM PUMP RESERVOIR 1.8ML (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PARADIGM PUMP RESERVOIR 3ML (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
PARADIGM SILHOUETTE COMBO 23" (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
PARADIGM SILHOUETTE COMBO 43" (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
T: SLIM X2 INS PMP/CONTROL 7.4 DEVICE (<i>insulin infusion pump</i>)	Tier 2	MB
T:FLEX T:LOCK CARTRIDGE 4.8ML (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
T:SLIM X2 3ML CARTRIDGE (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE (<i>insulin infusion pump</i>)	Tier 2	MB
TRUSTEEL INFUSION SET (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
VARISOFT INFUSION SET (<i>insulin infusion pump supplies</i>)	Tier 2	MB; QL (15 units per 30 days)
V-GO 20 KIT (<i>insulin disposable pump</i>)	Tier 2	MB; QL (1 pump per 4 years)
V-GO 30 KIT (<i>insulin disposable pump</i>)	Tier 2	MB; QL (1 pump per 4 years)
V-GO 40 KIT (<i>insulin disposable pump</i>)	Tier 2	MB; QL (1 pump per 4 years)
*IV SETS/TUBING*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ACCU-CHEK TENDER 1 INFUSION KIT (<i>iv sets-tubing</i>)	Tier 2	MB
*MASKS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>face mask resp n-100 part</i>	Tier 2	
<i>face mask respirator r-95 part</i>	Tier 2	
SAFE-SENSE EARLOOP FACE MASK (<i>masks</i>)	Tier 2	

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*MISC. DEVICES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>filter/millex-gp/50mm/clear</i>	Tier 2	
<i>folding paddle walker</i>	Tier 1	OTC
<i>luer tip cap tray</i>	Tier 2	
*NEEDLES & SYRINGES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ADVOCATE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
ALLERGIST PACKAGE KIT (<i>tuberculin-allergy syringes</i>)	Tier 2	
ALLERGIST TRAY KIT (<i>tuberculin-allergy syringes</i>)	Tier 2	
<i>allergy syringe</i>	Tier 2	
BD AUTOSHIELD (<i>insulin pen needle</i>)	Tier 1	OTC; QL (200 units per 30 days)
BD AUTOSHIELD DUO (<i>insulin pen needle</i>)	Tier 1	OTC; QL (200 units per 30 days)
BD INSULIN SYR ULTRAFINE II (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)
BD INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)
BD INSULIN SYRINGE HALF-UNIT (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F 1/2UNIT (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U-500 (<i>insulin syringelneedle u-500</i>)	Tier 1	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)
BD INTEGRA SYRINGE (<i>syringelneedle (disp)</i>)	Tier 2	

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Effective 01/01/2022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML, 20G X 1" 10 ML, 20G X 1" 3 ML, 20G X 1" 5 ML, 20G X 1-1/2" 10 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 3 ML, 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 10 ML, 22G X 1" 3 ML, 22G X 1" 5 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML, 26G X 5/8" 3 ML (<i>syringeneedle (disp)</i>)	Tier 2	
BD LUER-LOK SYRINGE 20G X 1" 1 ML, 25G X 5/8" 1 ML (<i>syringeneedle (disp)</i>)	Tier 1	QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO U/F (<i>insulin pen needle</i>)	Tier 1	OTC; QL (200 units per 30 days)
BD PEN NEEDLE MINI U/F (<i>insulin pen needle</i>)	Tier 1	OTC; QL (200 units per 30 days)
BD PEN NEEDLE NANO 2ND GEN (<i>insulin pen needle</i>)	Tier 1	OTC; QL (200 units per 30 days)
BD PEN NEEDLE NANO U/F (<i>insulin pen needle</i>)	Tier 1	OTC; QL (200 units per 30 days)
BD PEN NEEDLE ORIGINAL U/F (<i>insulin pen needle</i>)	Tier 1	OTC; QL (200 units per 30 days)
BD PEN NEEDLE SHORT U/F (<i>insulin pen needle</i>)	Tier 1	OTC; QL (200 units per 30 days)
BD PLASTIPAK SYRINGE (<i>syringeneedle (disp)</i>)	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)
BD SAFETYGLIDE SHIELDED NEEDLE (<i>syringeneedle (disp)</i>)	Tier 2	
BD SAFETY-LOK INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)
BD SYRINGE/NEEDLE (<i>syringeneedle (disp)</i>)	Tier 2	
BD TB SYRINGE 25G X 5/8" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	QL (200 syringes per 30 days)
BD TB SYRINGE 26G X 3/8" 1 ML, 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	

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Effective 01/01/2022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD VEO INSULIN SYR U/F 1/2UNIT (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	Tier 1	QL (200 syringes per 30 days)
<i>careone insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 1 ML, 25G X 1" 1 ML (<i>syringelneedle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringelneedle (disp)</i>)	Tier 2	
CARETOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
CARETOUCH LUER LOCK (<i>syringelneedle (disp)</i>)	Tier 2	
CARETOUCH LUER LOCK SYR/NEEDLE (<i>syringelneedle (disp)</i>)	Tier 2	
CEQUR SIMPLICITY 2U DEVICE (<i>injection device for insulin</i>)	Tier 2	
CEQUR SIMPLICITY INSERTER (<i>injection device for insulin</i>)	Tier 2	
CEQUR SIMPLICITY STARTER KIT (<i>injection device for insulin</i>)	Tier 2	
COMFORT ASSIST INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>crono syringe</i>	Tier 2	
DEFLUX METAL NEEDLE (<i>needle (disp)</i>)	Tier 2	
<i>dialysis safety syringelneedle 22g x 1-1/2" 1 ml</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>dialysis safety syringelneedle 22g x 1-1/2" 3 ml</i>	Tier 2	
DROPLET INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
DROPLET PEN NEEDLES (<i>insulin pen needle</i>)	Tier 2	PA; QL (200 units per 30 days)

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Effective 01/01/2022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>easy comfort insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH ALLERGY SYRINGE (<i>tuberculin-allergy syringes</i>)	Tier 2	
EASY TOUCH FLIPLOCK INSULIN SY (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH FLIPLOCK SAFETY SYR 18G X 1" 10 ML, 18G X 1" 3 ML, 18G X 1" 5 ML, 18G X 1-1/2" 3 ML, 18G X 1.5" 10 ML, 19G X 1" 3 ML, 19G X 1.5" 3 ML, 20G X 1" 10 ML, 20G X 1" 3 ML, 20G X 1" 5 ML, 20G X 1-1/2" 10 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 3 ML, 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 10 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 10 ML, 25G X 1" 3 ML, 25G X 1" 5 ML, 25G X 5/8" 3 ML, 25G X 5/8" 5 ML (<i>syringeneedle (disp)</i>)	Tier 2	
EASY TOUCH FLIPLOCK SAFETY SYR 25G X 1" 1 ML, 26G X 3/8" 1 ML, 27G X 1/2" 1 ML (<i>syringeneedle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH FLURINGE (<i>syringeneedle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH FLURINGE FLIPLOCK (<i>syringeneedle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH FLURINGE SHEATHLOCK (<i>syringeneedle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH SAFETY SYRINGE 20G X 1" 3 ML, 21G X 1" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringeneedle (disp)</i>)	Tier 2	
EASY TOUCH SAFETY SYRINGE 25G X 1" 1 ML, 25G X 5/8" 1 ML (<i>syringeneedle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SHEATHLOCK SYRINGE 21G X 1" 3 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 10 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 25G X 1" 10 ML, 25G X 1" 3 ML, 25G X 1" 5 ML, 25G X 5/8" 3 ML <i>(syringeneedle (disp))</i>	Tier 2	
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>	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH TB FLIPLOCK SYRINGE <i>(tuberculin-allergy syringes)</i>	Tier 2	
EASY TOUCH TB SHEATHLOCK SYR 25G X 5/8" 1 ML <i>(tuberculin-allergy syringes)</i>	Tier 2	QL (200 syringes per 30 days)
EASY TOUCH TB SHEATHLOCK SYR 26G X 5/8" 1 ML <i>(syringeneedle (disp))</i>	Tier 2	PA; QL (200 syringes per 30 days)
EASY TOUCH TB SHEATHLOCK SYR 27G X 1/2" 1 ML, 28G X 1/2" 1 ML <i>(tuberculin-allergy syringes)</i>	Tier 2	
EASYPOINT NEEDLE/SYRINGE <i>(syringeneedle (disp))</i>	Tier 2	
<i>eql insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
EXEL COMFORT POINT INSULIN SYR <i>(insulin syringe-needle u-100)</i>	Tier 2	PA; QL (200 syringes per 30 days)
FIFTY50 SUPERIOR COMFORT SYR <i>(insulin syringe-needle u-100)</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>global easy glide insulin syr</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>global inject ease insulin syr</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>global insulin syringes</i>	Tier 2	PA; QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE <i>(insulin syringe-needle u-100)</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>gnp insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)

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<i>gnp insulin syringes</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>gnp insulin syringes 28gx1/2"</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>gnp insulin syringes 29gx1/2"</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>gnp insulin syringes 30gx5/16"</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>gnp insulin syringes 31gx5/16"</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>gnp ultra com insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>healthwise insulin syrlneedle</i>	Tier 2	PA; QL (200 syringes per 30 days)
HM ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
INPEN 100-BLUE-LILLY DEVICE (<i>injection device for insulin</i>)	Tier 2	
INPEN 100-BLUE-NOVO DEVICE (<i>injection device for insulin</i>)	Tier 2	
INPEN 100-GRAY-LILLY DEVICE (<i>injection device for insulin</i>)	Tier 2	
INPEN 100-GREY-NOVO DEVICE (<i>injection device for insulin</i>)	Tier 2	
INPEN 100-PINK-LILLY DEVICE (<i>injection device for insulin</i>)	Tier 2	
INPEN 100-PINK-NOVO DEVICE (<i>injection device for insulin</i>)	Tier 2	
<i>insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>insulin syringelneedle</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>insulin syringe-needle u-100</i>	Tier 2	PA; QL (200 syringes per 30 days)
J-TIP KIT W/VIAL ADAPTERS KIT (<i>injection device</i>)	Tier 2	

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<i>kinray insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 29g</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 30g</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>kroger insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>leader insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
LITETOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>longs insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
LUER LOCK SAFETY SYRINGES (<i>syringeneedle (disp)</i>)	Tier 2	
MAGELLAN INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
MAGELLAN SYRINGE-SAFETY NEEDLE (<i>syringeneedle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)
MAGELLAN TUBERCULIN SYRINGE (<i>tuberculin-allergy syringes</i>)	Tier 2	
MARATHON MEDICAL PENTIPS (<i>insulin pen needle</i>)	Tier 2	PA; QL (200 units per 30 days)
MAXI-COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
MAXICOMFORT SYR 27G X 1/2" (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>medic insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>mm insulin syringeneedle</i>	Tier 2	PA; QL (200 syringes per 30 days)
MONOJECT ALLERGIST TRAY KIT (<i>tuberculin-allergy syringes</i>)	Tier 2	
MONOJECT BLUNTIP CANNULA (<i>needle (disp)</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT BLUNTIP SYR/CANNULA (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT CONTROL SYRINGE (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT FILTER ASPIRATOR (<i>needles & syringes</i>)	Tier 2	
MONOJECT FILTER NEEDLE (<i>filter needles</i>)	Tier 2	
MONOJECT HYPODERMIC NEEDLE (<i>needle (disp)</i>)	Tier 2	
MONOJECT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
MONOJECT INTRODUCER NEEDLE (<i>needle (reusable)</i>)	Tier 2	
MONOJECT LIFESHIELD SYRINGE (<i>syringe/needle (disp)</i>)	Tier 2	
MONOJECT MAGELLAN SAFETY NDL (<i>needle (disp)</i>)	Tier 2	
MONOJECT MAGELLAN SYRINGE 18G X 1" 12 ML, 18G X 1" 6 ML, 20G X 1" 3 ML, 20G X 1-1/2" 12 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 21G X 1" 12 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 12 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 ML, 22G X 1" 3 ML, 22G X 1-1/2" 12 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Tier 2	
MONOJECT MAGELLAN SYRINGE 23G X 1" 1 ML, 25G X 1" 1 ML, 25G X 5/8" 1 ML (<i>syringe/needle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)
MONOJECT PHARMACY TRAY (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT PISTON SYRINGE (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE CATH TIP (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE ECC LUER (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE ECCENTRIC TIP (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE LUER LOCK (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE LUER-LOCK TIP (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE PHARMACY TRAY (<i>syringe (disposable)</i>)	Tier 2	

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MONOJECT SYRINGE REG LUER (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE REGULAR TIP (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT SYRINGE TOOMEY TYPE (<i>syringe (disposable)</i>)	Tier 2	
MONOJECT TB SAFETY SYRINGE 25G X 5/8" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	QL (200 syringes per 30 days)
MONOJECT TB SAFETY SYRINGE 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	
MONOJECT TB SYRINGE 25G X 5/8" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	QL (200 syringes per 30 days)
MONOJECT TB SYRINGE 26G X 3/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>ms insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>multi-draw needle</i>	Tier 2	
NORDIPEN 5 INJECTION DEVICE (<i>injection device</i>)	Tier 2	
NORM-JECT LUER SLIP SYRINGE (<i>syringe (disposable)</i>)	Tier 2	
NOVOPEN ECHO DEVICE (<i>injection device for insulin</i>)	Tier 2	
PRECISION SURE-DOSE SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>preferred plus insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
PRO COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>pro comfort pen needles</i>	Tier 2	PA; QL (200 units per 30 days)
PRODIGY INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)

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<i>px insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>ra insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>reality insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
RELION INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>safety insulin syringes</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>safety syringe/needle 21g x 1" 3 ml, 21g x 1-1/2" 3 ml, 22g x 1" 3 ml, 22g x 1-1/2" 3 ml, 23g x 1" 3 ml, 25g x 5/8" 3 ml</i>	Tier 2	
<i>safety syringe/needle 25g x 5/8" 1 ml, 27g x 1/2" 1 ml</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>safety syringes/needle</i>	Tier 2	
<i>sb insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
SECURE SAFE ALLERGY TRAY KIT (<i>tuberculin-allergy syringes</i>)	Tier 2	
SECURES SAFE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
SECURES SAFE SYRINGE/NEEDLE 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 5/8" 3 ML (<i>syringe/needle (disp)</i>)	Tier 2	
SECURES SAFE SYRINGE/NEEDLE 25G X 1" 1 ML, 25G X 1-1/2" 1 ML, 25G X 5/8" 1 ML, 27G X 1/2" 1 ML (<i>syringe/needle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)
SECURES SAFE TUBERCULIN SYRINGE 25G X 5/8" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	QL (200 syringes per 30 days)
SECURES SAFE TUBERCULIN SYRINGE 26G X 3/8" 1 ML, 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	

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<i>sure comfort insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
SURE-JECT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>syringe</i>	Tier 2	
<i>syringe luer lock</i>	Tier 2	
<i>syringe luer slip</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>syringelhypodermic safety</i>	Tier 2	
<i>tb syringe 1 ml</i>	Tier 2	
<i>techlite insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>toomey syringe</i>	Tier 2	
<i>topcare ultra comfort ins syr</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>true comfort insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>true comfort pro insulin syr</i>	Tier 2	PA; QL (200 syringes per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (<i>insulin pen needle</i>)	Tier 2	PA; QL (200 units per 30 days)
TRUEPLUS INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>tuberculin syringe 25g x 5/8" 1 ml</i>	Tier 2	QL (200 syringes per 30 days)
<i>tuberculin syringe 26g x 3/8" 1 ml, 27g x 1/2" 1 ml</i>	Tier 2	
ULTICARE INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
ULTICARE SAFETY SYRINGE (<i>syringelneedle (disp)</i>)	Tier 2	
ULTICARE SYRINGE 22G X 1-1/2" 1 ML (<i>syringelneedle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE SYRINGE 22G X 1-1/2" 3 ML (<i>syringelneedle (disp)</i>)	Tier 2	
ULTICARE TUBERCULIN SAFETY SYR 25G X 1" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	
ULTICARE TUBERCULIN SAFETY SYR 25G X 5/8" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	QL (200 syringes per 30 days)
ULTICARE TUBERCULIN SAFETY SYR 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 1 ML (<i>syringelneedle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)
ULTIGUARD SAFEPACK SYR/NEEDLE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>ultra comfort insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>ultracare insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
ULTRA-THIN II INS SYR SHORT (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
ULTRA-THIN II INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
<i>value health insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
VANISHPOINT ALLERGY TRAY KIT (<i>tuberculin-allergy syringes</i>)	Tier 2	
VANISHPOINT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	Tier 2	PA; QL (200 syringes per 30 days)
VANISHPOINT SAFETY SYRINGE (<i>syringelneedle (disp)</i>)	Tier 2	
VANISHPOINT SYRINGE 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 21G X 1" 3 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML (<i>syringelneedle (disp)</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANISHPOINT SYRINGE 25G X 1" 1 ML (<i>syringelneedle (disp)</i>)	Tier 2	PA; QL (200 syringes per 30 days)
VANISHPOINT TUBERCULIN SYRINGE 25G X 1" 1 ML, 27G X 1/2" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	
VANISHPOINT TUBERCULIN SYRINGE 25G X 5/8" 1 ML (<i>tuberculin-allergy syringes</i>)	Tier 2	QL (200 syringes per 30 days)
<i>vp insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
<i>zevrx insulin syringe</i>	Tier 2	PA; QL (200 syringes per 30 days)
*NERVE STIMULATORS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
GAMMACORE SAPPHIRE REFILL KIT (<i>nerve stimulator</i>)	Tier 2	
*OCULAR IMPLANTS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
SUSVIMO OCULAR IMPLANT INTRAVITREAL IMPLANT (<i>ocular implant</i>)	Tier 2	MB
*PARENTERAL THERAPY SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>clear glass vials 5ml</i>	Tier 2	
I-PORT ADVANCE 6MM (<i>parenteral therapy supplies</i>)	Tier 2	
I-PORT ADVANCE 9MM (<i>parenteral therapy supplies</i>)	Tier 2	
MONOJECT HYPODERMIC NEEDLE TIP (<i>parenteral therapy supplies</i>)	Tier 2	
MONOJECT LIFESHIELD CANNULA (<i>parenteral therapy supplies</i>)	Tier 2	
MONOJECT MED PREP CANNULA (<i>parenteral therapy supplies</i>)	Tier 2	
MONOJECT SMARTIP SYR/CANNULA (<i>parenteral therapy supplies</i>)	Tier 2	
MONOJECT VIAL ACCESS CANNULA (<i>parenteral therapy supplies</i>)	Tier 2	
<i>needleless prn connectors</i>	Tier 2	
<i>needleless prn port converter</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHASEAL CAP FOR INJECTOR (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL CONNECTOR LUER LOCK (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL INFUSION ADAPTER (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL INFUSION CLAMP (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL INJECTOR LUER LOCK (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL IV BAG HANGER (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL PROTECTOR 14 (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL PROTECTOR 21 (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL PROTECTOR 28 (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL PROTECTOR 50 (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL SECONDARY SET (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL SYRINGE TRAY (<i>parenteral therapy supplies</i>)	Tier 2	
PHASEAL Y-SITE CONNECTOR (<i>parenteral therapy supplies</i>)	Tier 2	
<i>syringe filter 0.2 micron/32mm</i>	Tier 2	
<i>syringe filter 0.45 micron</i>	Tier 2	
<i>syringe filter/0.2 micron/25mm</i>	Tier 2	
<i>syringe filter/0.2 micron/30mm</i>	Tier 2	
<i>syringe filter/d65r/pes/65mm</i>	Tier 2	
<i>syringe filter/d65r/ptfe/65mm</i>	Tier 2	
<i>syringe filter/d90r/pes/90mm</i>	Tier 2	
<i>syringe filter/d90r/ptfe/90mm</i>	Tier 2	
<i>syringe filter/millex/25mm</i>	Tier 2	
<i>syringe filter/millex-gs/25mm</i>	Tier 2	
<i>syringe filter/millex-gv/33mm</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vacuum filter 0.20um/150ml</i>	Tier 2	
<i>vial stopper</i>	Tier 2	
*PEAK FLOW METERS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
AEROGEAR ACTION ASTHMA KIT KIT (<i>peak flow meter-inh assist dev</i>)	Tier 2	
AIRZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	OTC
ASSESS PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	OTC
<i>breathe ease peak flow meter device</i>	Tier 1	OTC
CLEVER CHOICE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	OTC
<i>lung perform peak flow meter device</i>	Tier 1	OTC
MICROLIFE DIGITAL PEAK FLOW DEVICE (<i>peak flow meter</i>)	Tier 1	PA; OTC
MINI WRIGHT PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	OTC
<i>peak a-i-r flow meter device</i>	Tier 1	OTC
PEAK AIR PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	OTC
<i>peak flow meter universal rang device</i>	Tier 1	OTC
PERSONAL BEST FULL RANGE DEVICE (<i>peak flow meter</i>)	Tier 1	OTC
PIKO 1 DEVICE (<i>peak flow meter</i>)	Tier 1	PA; OTC
POCKET PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	PA; OTC
POCKETPEAK PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	OTC
<i>pure comfort flow meter adult device</i>	Tier 1	OTC
<i>pure comfort flow meter child device</i>	Tier 1	OTC
TRUZONE PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*RESPIRATORY THERAPY SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>adult mask device</i>	Tier 2	QL (2 units per 365 days)
AEROBIKA DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	QL (2 units per 365 days)
AEROTRACH PLUS (<i>respiratory therapy supplies</i>)	Tier 1	
ALL FLOW 1000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	QL (2 units per 365 days)
ALL FLOW 2000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	QL (2 units per 365 days)
ALL FLOW 3000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	QL (2 units per 365 days)
ALL FLOW 4000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	QL (2 units per 365 days)
ALL FLOW 5000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	QL (2 units per 365 days)
ALL FLOW 6000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	QL (2 units per 365 days)
ALL FLOW 7000 PFT FILTER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	QL (2 units per 365 days)
BREATHERITE VALVED MDI CHAMBER DEVICE (<i>respiratory therapy supplies</i>)	Tier 1	QL (2 units per 365 days)
<i>co monitor device</i>	Tier 2	QL (2 units per 365 days)
IN-CHECK DIAL FLOW TRAINER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	QL (2 units per 365 days)
IN-CHECK INSPIRATORY FLOW MTR DEVICE (<i>respiratory therapy supplies</i>)	Tier 1	QL (2 units per 365 days)
OMBRA TABLE TOP COMPRESSOR DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	QL (2 units per 365 days)
ONE FLOW SPIROMETER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	QL (2 units per 365 days)
PARI MANUAL INTERRUPTER DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	QL (2 units per 365 days)

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PARI TREK S COMBO PACK DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	QL (2 units per 365 days)
SIDESTREAM PEDIATRIC FACE MASK (<i>respiratory therapy supplies</i>)	Tier 1	MB; OTC; QL (2 units per 365 days)
<i>spiro pd device</i>	Tier 2	QL (2 units per 365 days)
THRESHOLD PEP DEVICE (<i>respiratory therapy supplies</i>)	Tier 2	QL (2 units per 365 days)
VORTEX HOLD CHMBR/MASK/CHILD DEVICE (<i>respiratory therapy supplies</i>)	Tier 1	QL (2 units per 365 days)
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE (<i>respiratory therapy supplies</i>)	Tier 1	QL (2 units per 365 days)
*SEIZURE MONITORING PRODUCTS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
EMBRACE SEIZURE MONITORING SYS KIT (<i>seizure monitoring device</i>)	Tier 2	
*SPACER/AEROSOL-HOLDING CHAMBERS & SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
AEROCHAMBER MINI CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
AEROCHAMBER MV (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU MEDIUM (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
AEROCHAMBER PLUS FLO-VU W/MASK (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
AEROCHAMBER PLUS FLOW VU (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)

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AEROCHAMBER W/FLOWSIGNAL (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
AEROCHAMBER Z-STAT PLUS (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
AEROCHAMBER Z-STAT PLUS CHAMBR (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
AEROCHAMBER Z-STAT PLUS/LARGE (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
AEROCHAMBER Z-STAT PLUS/MEDIUM (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
AEROCHAMBER Z-STAT PLUS/SMALL (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
AEROVENT PLUS DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 1	QL (2 units per 365 days)
<i>breathe ease large device</i>	Tier 2	QL (2 units per 365 days)
<i>breathe ease medium device</i>	Tier 2	QL (2 units per 365 days)
<i>breathe ease small device</i>	Tier 2	QL (2 units per 365 days)
CLEVER CHOICE HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
COMPACT SPACE CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 1	QL (2 units per 365 days)
COMPACT SPACE CHAMBER/LG MASK DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 1	QL (2 units per 365 days)
COMPACT SPACE CHAMBER/MED MASK DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 1	QL (2 units per 365 days)
EASIVENT (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
EASIVENT MASK LARGE (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
EASIVENT MASK MEDIUM (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
EASIVENT MASK SMALL (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
FLEXICHAMBER ADULT MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	Tier 2	QL (2 units per 365 days)

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FLEXICHAMBER CHILD MASK/LARGE (<i>spacer/aero-hold chamber mask</i>)	Tier 2	QL (2 units per 365 days)
FLEXICHAMBER CHILD MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	Tier 2	QL (2 units per 365 days)
FLEXICHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
INSPIRACHAMBER/LARGE DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
INSPIRACHAMBER/MEDIUM DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
INSPIRACHAMBER/MOUTHPIECE DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
INSPIRACHAMBER/SMALL DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
INSPIREASE (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
INSPIREASE RESERVOIR BAGS (<i>spacer/aero-hold chamber bags</i>)	Tier 2	
MICROCHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 1	QL (2 units per 365 days)
OPTICHAMBER DIAMOND (<i>spacer/aero-holding chambers</i>)	Tier 1	QL (2 units per 365 days)
OPTICHAMBER DIAMOND-LG MASK DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 1	QL (2 units per 365 days)
OPTICHAMBER DIAMOND-MD MASK (<i>spacer/aero-holding chambers</i>)	Tier 1	QL (2 units per 365 days)
OPTICHAMBER DIAMOND-SM MASK (<i>spacer/aero-holding chambers</i>)	Tier 1	QL (2 units per 365 days)
POCKET CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 1	QL (2 units per 365 days)
POCKET SPACER DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 2	QL (2 units per 365 days)
RITFLO DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 1	QL (2 units per 365 days)
VORTEX VALVED HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	Tier 1	QL (2 units per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SUBCUTANEOUS ADMINISTRATION SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
INSUFLON (<i>subcutaneous soft cannula</i>)	Tier 2	
*TRACHEOSTOMY CARE & SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
ARGYLE TRACHEOSTOMY CARE TRAY KIT (<i>tracheostomy care</i>)	Tier 2	
*TRANSCRANIAL MAGNETIC STIMULATORS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
SAVI DEVICE (<i>transcran magnetic stimulator</i>)	Tier 2	
*URINARY DRAINAGE & IRRIGATION SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
BARD IRRIGATION SYRINGE/BULB (<i>irrigation supplies</i>)	Tier 2	
KANGAROO IRRIGATION KIT (<i>irrigation supplies</i>)	Tier 2	
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>)	Tier 1	PA; QL (8 tablets per 30 days)
QULIPTA ORAL TABLET (<i>atogepant</i>)	Tier 2	PA; QL (1 tablet per 1 day)
UBRELVY ORAL TABLET (<i>ubrogepant</i>)	Tier 2	PA; QL (16 tablets per 30 days)
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MIGRAINE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>erenumab-aooe</i>)	Tier 1	PA; QL (1 autoinjector per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	Tier 1	PA; QL (1 injection per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>fremanezumab-vfrm</i>)	Tier 2	PA; QL (3 units per 90 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>fremanezumab-vfrm</i>)	Tier 2	PA; QL (3 syringes per 90 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>galcanezumab-gnlm</i>)	Tier 1	PA; QL (3 syringes per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>galcanezumab-gnlm</i>)	Tier 1	PA; QL (1 syringe per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>galcanezumab-gnlm</i>)	Tier 1	PA; QL (1 syringe per 28 days)
VYEPTI INTRAVENOUS SOLUTION (<i>eptinezumab-jjmr</i>)	Tier 2	MB
*ERGOT COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
CAFERGOT ORAL TABLET (<i>ergotamine-caffeine</i>)	Tier 2	
<i>ergotamine-caffeine oral tablet</i>	Tier 1	
MIGERGOT RECTAL SUPPOSITORY (<i>ergotamine-caffeine</i>)	Tier 1	
*MIGRAINE PRODUCTS - NSAIDS*** - DRUGS FOR MIGRAINE HEADACHES		
CAMBIA ORAL PACKET (<i>diclofenac potassium(migraine)</i>)	Tier 2	PA; QL (9 packets per 30 days)
*MIGRAINE PRODUCTS*** - DRUGS FOR MIGRAINE HEADACHES		
D.H.E. 45 INJECTION SOLUTION (<i>dihydroergotamine mesylate</i>)	Tier 2	PA; QL (24 mL per 28 days)
<i>dihydroergotamine mesylate injection solution</i>	Tier 2	PA; QL (24 mL per 28 days)
<i>dihydroergotamine mesylate nasal solution</i>	Tier 2	PA; QL (1 kit per 30 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL (<i>ergotamine tartrate</i>)	Tier 2	
MIGRANAL NASAL SOLUTION (<i>dihydroergotamine mesylate</i>)	Tier 2	PA; QL (1 kit per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUDHESA NASAL AEROSOL SOLUTION (<i>dihydroergotamine mesylate hfa</i>)	Tier 2	PA
*SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>sumatriptan-naproxen sodium oral tablet</i>	Tier 2	PA; QL (9 tablets per 30 days)
TREXIMET ORAL TABLET (<i>sumatriptan-naproxen sodium</i>)	Tier 2	PA; QL (9 tablets per 30 days)
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** - DRUGS FOR MIGRAINE HEADACHES		
<i>almotriptan malate oral tablet</i>	Tier 2	PA; QL (9 tablets per 30 days)
AMERGE ORAL TABLET (<i>naratriptan hcl</i>)	Tier 2	PA; QL (9 tablets per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	Tier 2	PA; QL (9 tablets per 30 days)
FROVA ORAL TABLET (<i>frovatriptan succinate</i>)	Tier 2	PA; QL (9 tablets per 30 days)
<i>frovatriptan succinate oral tablet</i>	Tier 2	PA; QL (9 tablets per 30 days)
IMITREX NASAL SOLUTION (<i>sumatriptan</i>)	Tier 2	PA; QL (6 bottles per 30 days)
IMITREX ORAL TABLET (<i>sumatriptan succinate</i>)	Tier 2	PA; QL (9 tablets per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>sumatriptan succinate</i>)	Tier 2	PA; QL (6 injections per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>sumatriptan succinate</i>)	Tier 2	PA; QL (6 injections per 30 days)
MAXALT ORAL TABLET (<i>rizatriptan benzoate</i>)	Tier 2	PA; QL (9 tablets per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE (<i>rizatriptan benzoate</i>)	Tier 2	PA; QL (9 tablets per 30 days)
<i>naratriptan hcl oral tablet</i>	Tier 1	QL (9 tablets per 30 days)

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ONZETRA XSAIL NASAL EXHALER POWDER (<i>sumatriptan succinate</i>)	Tier 2	PA; QL (16 units per 30 days)
RELPAK ORAL TABLET (<i>eletriptan hydrobromide</i>)	Tier 2	PA; QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet</i>	Tier 2	PA; QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier 2	PA; QL (9 tablets per 30 days)
<i>sumatriptan nasal solution</i>	Tier 1	PA; QL (6 bottles per 30 days)
<i>sumatriptan succinate oral tablet</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	Tier 1	PA; QL (6 injections per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	Tier 1	PA; QL (6 injections per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector</i>	Tier 1	PA; QL (6 injections per 30 days)
TOSYMRA NASAL SOLUTION (<i>sumatriptan</i>)	Tier 2	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>sumatriptan succinate</i>)	Tier 2	PA; QL (8 syringes per 30 days)
<i>zolmitriptan nasal solution</i>	Tier 2	PA; QL (6 bottles per 30 days)
<i>zolmitriptan oral tablet</i>	Tier 2	PA; QL (9 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	Tier 2	PA; QL (9 tablets per 30 days)
ZOMIG NASAL SOLUTION (<i>zolmitriptan</i>)	Tier 2	PA; QL (6 bottles per 30 days)
ZOMIG ORAL TABLET (<i>zolmitriptan</i>)	Tier 2	PA; QL (9 tablets per 30 days)
*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)*** - DRUGS FOR MIGRAINE HEADACHES		
REYVOW ORAL TABLET 100 MG (<i>lasmiditan succinate</i>)	Tier 2	PA; QL (8 tablets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REYVOW ORAL TABLET 50 MG (<i>lasmiditan succinate</i>)	Tier 2	PA; QL (4 tablets per 30 days)
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
*BICARBONATES*** - DRUGS FOR NUTRITION		
<i>sodium acetate intravenous solution</i>	Tier 2	MB
<i>sodium bicarbonate intravenous solution</i>	Tier 2	MB
THAM INTRAVENOUS SOLUTION (<i>tromethamine</i>)	Tier 2	MB
*CALCIUM COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>calcitrate plus d oral tablet</i>	Tier 1	OTC
<i>calcium + d oral tablet</i>	Tier 1	OTC
<i>calcium + d3 oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>calcium + vitamin d3 oral tablet 600-10 mg-mcg</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>calcium + vitamin d3 oral tablet 600-5 mg-mcg</i>	Tier 1	OTC
<i>calcium 500 + d oral tablet</i>	Tier 1	OTC
<i>calcium 500 + d3 oral tablet</i>	Tier 1	OTC
<i>calcium 500 +d oral tablet</i>	Tier 1	OTC
<i>calcium 500/vitamin d oral tablet</i>	Tier 1	OTC
<i>calcium 600 + d oral tablet</i>	Tier 1	OTC
<i>calcium 600 + minerals oral tablet</i>	Tier 1	OTC
<i>calcium 600/vitamin d oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>calcium 600+d plus minerals oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>calcium 600+d3 plus minerals oral tablet</i>	Tier 1	OTC
<i>calcium 600+d3 plus minerals oral tablet chewable</i>	Tier 1	OTC
<i>calcium carb-cholecalciferol oral tablet</i>	Tier 1	OTC
<i>calcium carb-cholecalciferol oral tablet chewable</i>	Tier 1	OTC

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<i>calcium carbonate-vitamin d oral capsule</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>calcium carbonate-vitamin d3 oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>calcium citrate + d3 oral tablet</i>	Tier 1	OTC
<i>calcium citrate + oral tablet</i>	Tier 1	OTC
<i>calcium citrate +d oral tablet</i>	Tier 1	OTC
<i>calcium citrate-vitamin d oral tablet</i>	Tier 1	OTC
<i>calcium creamies oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>calcium extra d3 oral tablet</i>	Tier 1	OTC
<i>calcium gluconate-nacl intravenous solution</i>	Tier 2	MB
<i>calcium magnesium zinc oral tablet</i>	Tier 1	OTC
<i>calcium plus vitamin d oral tablet</i>	Tier 1	OTC
<i>calcium plus vitamin d3 oral capsule</i>	Tier 1	OTC
<i>calcium/lcid oral tablet chewable</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>calcium+d3 gradual release oral tablet extended release 24 hour</i>	Tier 1	OTC
<i>calcium+d3 oral tablet 500-10 mg-mcg, 500-15 mg-mcg</i>	Tier 1	OTC
<i>calcium+d3 oral tablet 600-20 mg-mcg</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>calcium-magnesium-zinc oral tablet</i>	Tier 1	OTC
<i>calcium-vitamin d3 oral capsule 600-400 mg-unit</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>calcium-vitamin d3 oral capsule 600-500 mg-unit</i>	Tier 1	OTC
<i>calcium-vitamin d3 oral tablet</i>	Tier 1	OTC
<i>calcium-vitamin d-minerals oral tablet chewable 600-400 mg-unit</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>calcium-vitamin d-minerals oral tablet chewable 600-800 mg-unit</i>	Tier 1	OTC
CAL-MAG ORAL TABLET (<i>calcium-magnesium</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cvs calcium + d3 oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>cvs calcium 600 + d/minerals oral tablet</i>	Tier 1	OTC
<i>cvs calcium 600 + d/minerals oral tablet chewable</i>	Tier 1	OTC
<i>cvs calcium citrate+d3 oral tablet</i>	Tier 1	OTC
<i>cvs calcium citrate+d3 petites oral tablet</i>	Tier 1	OTC
<i>cvs calcium-magnesium-zinc oral tablet</i>	Tier 1	OTC
<i>cvs oyster shell calcium-vit d oral tablet</i>	Tier 1	OTC
<i>eq calcium 600+d+minerals oral tablet</i>	Tier 1	OTC
<i>eq calcium citrate+d3 oral tablet</i>	Tier 1	OTC
<i>eq calcium citrate+d3 petites oral tablet</i>	Tier 1	OTC
<i>finest nutrition calcium/vit d oral capsule</i>	Tier 1	OTC
<i>gnp calcium 500 +d3 oral tablet</i>	Tier 1	OTC
<i>gnp calcium 600 +d/minerals oral tablet</i>	Tier 1	OTC
<i>gnp calcium 600 +d3/minerals oral tablet chewable</i>	Tier 1	OTC
<i>kp calcium 600+d oral capsule</i>	Tier 1	OTC
<i>kp calcium 600+d oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>kp calcium 600+d3 oral capsule</i>	Tier 1	OTC
<i>kp calcium-magnesium-zinc oral tablet</i>	Tier 1	OTC
<i>liquid calcium with d3 oral capsule</i>	Tier 1	OTC
<i>liquid calcium/vitamin d oral capsule</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>nat-rul oyster calcium+vit d oral tablet</i>	Tier 1	OTC
OS-CAL EXTRA D3 ORAL TABLET (<i>calcium carb-cholecalciferol</i>)	Tier 1	OTC
<i>oyster calcium/d3 oral tablet</i>	Tier 1	OTC
<i>oyster shell calcium oral tablet</i>	Tier 1	OTC
<i>oyster shell calcium plus d oral tablet</i>	Tier 1	OTC
<i>oyster shell calcium/vit d3 oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)

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PRONUTRIENTS CALCIUM+D3 ORAL TABLET (<i>calcium carb-cholecalciferol</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
<i>px calcium&d oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>qc calcium 600 +d3/minerals oral tablet chewable</i>	Tier 1	OTC
<i>ra calcium 600/vit d/minerals oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>ra calcium citrate plus vit d oral tablet</i>	Tier 1	OTC
<i>ra calcium plus vitamin d oral tablet 600-200 mg-unit</i>	Tier 1	OTC
<i>ra calcium plus vitamin d oral tablet 600-400 mg-unit</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>ra calcium plus vitamin d3 oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>ra calcium/vitamin d/minerals oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>sb calcium + d oral tablet</i>	Tier 1	OTC
<i>sm calcium 600+d plus minerals oral tablet chewable</i>	Tier 1	OTC
<i>sm calcium citrate+vit d3 max oral tablet</i>	Tier 1	OTC
<i>sm calcium citrate-vit d oral tablet</i>	Tier 1	OTC
<i>sm calcium soft chews oral tablet chewable</i>	Tier 1	OTC
<i>sm calcium/vitamin d3 oral tablet</i>	Tier 1	OTC
<i>sm calcium-magnesium-zinc oral tablet</i>	Tier 1	OTC
*CALCIUM*** - DRUGS FOR NUTRITION		
<i>calcium 600 oral tablet</i>	Tier 1	OTC
<i>calcium carbonate oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>calcium chloride intravenous solution</i>	Tier 2	MB
<i>calcium gluconate intravenous solution</i>	Tier 2	MB
<i>calcium oyster shell oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>cvs calcium carbonate oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>hm calcium oral tablet</i>	Tier 1	OTC

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<i>oyster shell calcium oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
OYSTERCAL ORAL TABLET (<i>oyster shell</i>)	Tier 1	OTC; QL (4 tablets per 1 day)
<i>pure calcium carbonate oral tablet</i>	Tier 1	OTC
<i>qc calcium fast dissolution oral tablet</i>	Tier 1	OTC
<i>ra calcium high potency oral tablet</i>	Tier 1	OTC
<i>sb oyster shell calcium oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
*ELECTROLYTES & DEXTROSE*** - DRUGS FOR NUTRITION		
<i>dextrose 5%/electrolyte #48 intravenous solution</i>	Tier 2	MB
<i>dextrose in lactated ringers intravenous solution</i>	Tier 2	MB
<i>dextrose-nacl intravenous solution</i>	Tier 2	MB
<i>dextrose-sodium chloride intravenous solution</i>	Tier 2	MB
ELLIOTTS B INTRATHECAL SOLUTION (<i>intrathecal elec-dextrose</i>)	Tier 2	MB
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-mb in dextrose</i>)	Tier 2	MB
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-p in dextrose</i>)	Tier 2	MB
<i>kcl in dextrose-nacl intravenous solution</i>	Tier 2	MB
<i>kcl-lactated ringers-d5w intravenous solution</i>	Tier 2	MB
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-m in dextrose</i>)	Tier 2	MB
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-r in dextrose</i>)	Tier 2	MB
<i>potassium chloride in dextrose intravenous solution</i>	Tier 2	MB
*ELECTROLYTES ORAL*** - DRUGS FOR NUTRITION		
ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION (<i>oral electrolytes</i>)	Tier 1	OTC; QL (6000 mL per 30 days)

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CERALYTE 70 ORAL SOLUTION (<i>oral electrolytes</i>)	Tier 1	OTC; QL (6000 mL per 30 days)
<i>cvs electrolyte solution oral solution</i>	Tier 1	OTC; QL (6000 mL per 30 days)
<i>cvs ped electrolyte freeze pop oral solution</i>	Tier 1	OTC; QL (6000 mL per 30 days)
<i>cvs pediatric electrolyte oral solution</i>	Tier 1	OTC; QL (6000 mL per 30 days)
<i>h-e-b oral electrolyte oral solution</i>	Tier 1	OTC; QL (6000 mL per 30 days)
<i>hm pediatric electrolyte oral solution</i>	Tier 1	OTC; QL (6000 mL per 30 days)
<i>oral electrolyte freezer pops oral solution</i>	Tier 1	OTC; QL (6000 mL per 30 days)
<i>oral electrolytes oral solution</i>	Tier 1	OTC; QL (6000 mL per 30 days)
ORALYTE FREEZER POPS ORAL SOLUTION (<i>oral electrolytes</i>)	Tier 1	OTC; QL (6000 mL per 30 days)
ORALYTE ORAL SOLUTION (<i>oral electrolytes</i>)	Tier 1	OTC; QL (6000 mL per 30 days)
<i>ped electrolyte freeze pops oral solution</i>	Tier 1	OTC; QL (6000 mL per 30 days)
<i>ped electrolyte freezer pops oral solution</i>	Tier 1	OTC; QL (6000 mL per 30 days)
PEDIA VANCE ORAL SOLUTION (<i>oral electrolytes</i>)	Tier 1	OTC; QL (6000 mL per 30 days)
<i>pediatric electrolyte oral solution</i>	Tier 1	OTC; QL (6000 mL per 30 days)
<i>pediatric electrolyte-zinc oral solution</i>	Tier 1	OTC; QL (6000 mL per 30 days)
<i>ra pediatric electrolyte oral solution</i>	Tier 1	OTC; QL (6000 mL per 30 days)
REHYDRALYTE ORAL SOLUTION (<i>oral electrolytes</i>)	Tier 1	OTC; QL (6000 mL per 30 days)

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<i>sb pediatric electrolyte oral solution</i>	Tier 1	OTC; QL (6000 mL per 30 days)
<i>sm pediatric electrolyte oral solution</i>	Tier 1	OTC; QL (6000 mL per 30 days)
*ELECTROLYTES PARENTERAL*** - DRUGS FOR NUTRITION		
ISOLYTE-S INTRAVENOUS SOLUTION (<i>electrolyte-s</i>)	Tier 2	MB
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION (<i>electrolyte-s (ph 7.4)</i>)	Tier 2	MB
<i>kcl (in nacl 0.9%) intravenous solution</i>	Tier 2	
<i>kcl-lidocaine-nacl intravenous solution</i>	Tier 2	MB
<i>lactated ringers intravenous solution</i>	Tier 2	MB
NORMOSOL-R INTRAVENOUS SOLUTION (<i>electrolyte-r</i>)	Tier 2	MB
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION (<i>electrolyte-r (ph 7.4)</i>)	Tier 2	MB
PLASMA-LYTE 148 INTRAVENOUS SOLUTION (<i>electrolyte-148</i>)	Tier 2	MB
PLASMA-LYTE A INTRAVENOUS SOLUTION (<i>electrolyte-a</i>)	Tier 2	MB
<i>potassium chloride in nacl intravenous solution</i>	Tier 2	MB
<i>ringers intravenous solution</i>	Tier 2	MB
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE (<i>parenteral electrolytes</i>)	Tier 2	MB
*FLUORIDE COMBINATIONS*** - DRUGS FOR NUTRITION		
FLORIVA ORAL LIQUID (<i>sodium fluoride-vitamin d</i>)	Tier 2	
*FLUORIDE*** - DRUGS FOR NUTRITION		
<i>fluoritab oral solution</i>	Tier 2	
<i>sodium fluoride</i> (Nafrinse Drops Oral Solution)	Tier 2	
<i>sodium fluoride</i> (Nafrinse Oral Tablet Chewable)	Tier 1	
<i>sodium fluoride oral solution</i>	Tier 1	
<i>sodium fluoride oral tablet</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium fluoride oral tablet chewable</i>	Tier 1	
*MAGNESIUM*** - DRUGS FOR NUTRITION		
<i>cvs magnesium oral tablet</i>	Tier 1	OTC
<i>cvs magnesium oxide oral tablet</i>	Tier 1	OTC
<i>magnesium sulfate in d5w intravenous solution</i>	Tier 2	MB
<i>magnesium sulfate injection solution</i>	Tier 2	MB
<i>magnesium sulfate intravenous solution</i>	Tier 2	MB
<i>magnesium sulfate-nacl intravenous solution</i>	Tier 2	MB
MAGNESIUM-OXIDE ORAL TABLET (<i>magnesium oxide</i>)	Tier 1	OTC; QL (4 tablets per 1 day)
<i>natrul magnesium oral tablet</i>	Tier 1	OTC
<i>ra natural magnesium oral tablet</i>	Tier 1	OTC
<i>sm magnesium oral tablet</i>	Tier 1	OTC
<i>sm magnesium oxide oral tablet</i>	Tier 1	OTC
*MANGANESE*** - DRUGS FOR NUTRITION		
<i>manganese chloride intravenous solution</i>	Tier 2	MB
*MINERAL COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>calcium citrate + oral tablet</i>	Tier 1	OTC
<i>calcium citrate plus oral tablet</i>	Tier 1	OTC
<i>calcium citrate plus/magnesium oral tablet</i>	Tier 1	OTC
<i>calcium citrate-mag-minerals oral tablet</i>	Tier 1	OTC
<i>gnp cal mag zinc +d3 oral tablet</i>	Tier 1	OTC
*PHOSPHATE*** - DRUGS FOR NUTRITION		
K-PHOS ORAL TABLET (<i>potassium phosphate monobasic</i>)	Tier 2	
K-PHOS-NEUTRAL ORAL TABLET (<i>k phos mono-sod phos di & mono</i>)	Tier 2	
<i>k phos mono-sod phos di & mono</i> (Phospha 250 Neutral Oral Tablet)	Tier 1	
<i>phosphorous oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>k phos mono-sod phos di & mono</i> (Phospho-Trin 250 Neutral Oral Tablet)	Tier 1	
<i>potassium phosphates intravenous solution</i>	Tier 2	MB
<i>potassium phosphates(66 meq k) intravenous solution</i>	Tier 2	MB
<i>potassium phosphates(71 meq k) intravenous solution</i>	Tier 2	MB
<i>sodium phosphates intravenous solution</i>	Tier 2	MB
<i>virt-phos 250 neutral oral tablet</i>	Tier 1	
*POTASSIUM*** - DRUGS FOR NUTRITION		
<i>cvs potassium gluconate oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>gnp potassium gluconate oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride crys er</i> (Klor-Con M15 Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride</i> (Klor-Con Oral Packet)	Tier 1	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release)	Tier 1	
K-TAB ORAL TABLET EXTENDED RELEASE (<i>potassium chloride</i>)	Tier 2	
<i>potassium acetate intravenous solution</i>	Tier 2	MB
<i>potassium chloride crys er oral tablet extended release</i>	Tier 1	
<i>potassium chloride er oral capsule extended release</i>	Tier 1	
<i>potassium chloride er oral tablet extended release</i>	Tier 1	
<i>potassium chloride intravenous solution</i>	Tier 2	MB
<i>potassium chloride oral packet</i>	Tier 1	
<i>potassium chloride oral solution</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium gluconate oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>qc potassium oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>ra potassium gluconate oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>sd potassium gluconate oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>sm potassium oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
*SODIUM*** - DRUGS FOR NUTRITION		
<i>sodium chloride flush</i> (Monoject Flush Syringe Intravenous Solution)	Tier 2	MB
<i>sodium chloride flush</i> (Monoject Sodium Chloride Flush Intravenous Solution)	Tier 2	MB
<i>normal saline flush intravenous solution</i>	Tier 2	MB
<i>sodium chloride (pf) injection solution</i>	Tier 2	MB
<i>sodium chloride flush intravenous solution</i>	Tier 2	MB
<i>sodium chloride injection solution</i>	Tier 2	MB
<i>sodium chloride intravenous solution</i>	Tier 2	MB
*TRACE MINERAL COMBINATIONS*** - DRUGS FOR NUTRITION		
MULTRY'S INTRAVENOUS SOLUTION (<i>trace minerals cu-mn-se-zn</i>)	Tier 2	MB
THE LIQUILIFT TRACE INTRAVENOUS KIT (<i>trace minerals cr-cu-mn-se-zn</i>)	Tier 2	
TRALEMENT INTRAVENOUS SOLUTION (<i>trace minerals cu-mn-se-zn</i>)	Tier 2	MB
*TRACE MINERALS*** - DRUGS FOR NUTRITION		
<i>chromic chloride intravenous solution</i>	Tier 2	MB
<i>cupric chloride intravenous solution</i>	Tier 2	MB
<i>selenious acid intravenous solution</i>	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ZINC*** - DRUGS FOR NUTRITION		
GALZIN ORAL CAPSULE (<i>zinc acetate (oral)</i>)	Tier 2	
IS-ZC 50 ORAL TABLET (<i>zinc</i>)	Tier 1	OTC; QL (4 tablets per 1 day)
<i>qc zinc oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
WILZIN ORAL CAPSULE (<i>zinc acetate (oral)</i>)	Tier 2	
<i>zinc chloride intravenous solution</i>	Tier 2	MB
<i>zinc oral capsule</i>	Tier 1	OTC
<i>zinc sulfate intravenous solution</i>	Tier 2	MB
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS		
*ALLOGENEIC THYMUS TISSUE*** - VITAMINS AND MINERALS		
RETHYMIC INTRAMUSCULAR IMPLANT (<i>allogeneic thymus tissue-agdc</i>)	Tier 2	MB
*ANTILEPTOTICS*** - VITAMINS AND MINERALS		
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG (<i>thalidomide</i>)	Tier 2	PA; SP; QL (2 capsules per 1 day)
*B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS*** - VITAMINS AND MINERALS		
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>belimumab</i>)	Tier 2	PA; SP; QL (4 injections per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>belimumab</i>)	Tier 2	PA; SP; QL (4 injections per 28 days)
*CHELATING AGENTS*** - VITAMINS AND MINERALS		
CUPRIMINE ORAL CAPSULE (<i>penicillamine</i>)	Tier 2	PA; SP; QL (8 tablets per 1 day)
DEPEN TITRATABS ORAL TABLET (<i>penicillamine</i>)	Tier 2	PA; SP; QL (8 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>edetate disodium intravenous solution</i>	Tier 2	
<i>penicillamine oral capsule</i>	Tier 2	PA; SP; QL (8 tablets per 1 day)
<i>penicillamine oral tablet</i>	Tier 1	PA; SP; QL (8 tablets per 1 day)
SYPRINE ORAL CAPSULE (<i>trientine hcl</i>)	Tier 2	PA; SP; QL (8 capsules per 1 day)
<i>trientine hcl oral capsule</i>	Tier 1	PA; SP; QL (8 capsules per 1 day)
*CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS*** - VITAMINS AND MINERALS		
<i>phoxillum b22k4/0 extracorporeal solution</i>	Tier 2	
<i>phoxillum bk4/2.5 extracorporeal solution</i>	Tier 2	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION (<i>bicarb-dextrose-k (crtt)</i>)	Tier 2	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION (<i>bicarb-dextrose-ca (crtt)</i>)	Tier 2	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION (<i>bicarb-dextrose-k (crtt)</i>)	Tier 2	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION (<i>bicarb-dextrose-k-ca (crtt)</i>)	Tier 2	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION (<i>bicarb-dextrose-k-mg (crtt)</i>)	Tier 2	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION (<i>bicarb-dextrose-k-ca (crtt)</i>)	Tier 2	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION (<i>bicarb-mg (crtt)</i>)	Tier 2	
*CYCLOSPORINE ANALOGS*** - VITAMINS AND MINERALS		
<i>cyclosporine intravenous solution</i>	Tier 2	MB
<i>cyclosporine modified oral capsule</i>	Tier 1	SP
<i>cyclosporine modified oral solution</i>	Tier 1	SP
<i>cyclosporine oral capsule</i>	Tier 1	SP

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<i>cyclosporine modified</i> (Gengraf Oral Capsule)	Tier 1	SP
<i>cyclosporine modified</i> (Gengraf Oral Solution)	Tier 1	SP
LUPKYNIS ORAL CAPSULE (<i>voclosporin</i>)	Tier 2	PA; SP; QL (6 capsules per 1 day)
NEORAL ORAL CAPSULE (<i>cyclosporine modified</i>)	Tier 2	SP
NEORAL ORAL SOLUTION (<i>cyclosporine modified</i>)	Tier 2	SP
SANDIMMUNE INTRAVENOUS SOLUTION (<i>cyclosporine</i>)	Tier 2	MB
SANDIMMUNE ORAL CAPSULE (<i>cyclosporine</i>)	Tier 2	SP
SANDIMMUNE ORAL SOLUTION (<i>cyclosporine</i>)	Tier 1	SP
*ENZYMES*** - VITAMINS AND MINERALS		
AMPHADASE INJECTION SOLUTION (<i>hyaluronidase bovine</i>)	Tier 2	MB
HYLENEX INJECTION SOLUTION (<i>hyaluronidase human</i>)	Tier 2	MB
VITRASE INJECTION SOLUTION (<i>hyaluronidase ovine</i>)	Tier 2	MB
XIAFLEX INJECTION SOLUTION RECONSTITUTED (<i>collagenase clostrid histolyt</i>)	Tier 2	MB
*FARNESYLTRANSFERASE INHIBITORS*** - VITAMINS AND MINERALS		
ZOKINVY ORAL CAPSULE (<i>lonafarnib</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
*FECAL INCONTINENCE BULKING AGENT - COMBINATIONS*** - VITAMINS AND MINERALS		
SOLESTA INJECTION GEL (<i>dextranomer-sodium hyaluronate</i>)	Tier 2	MB
*IMMUNE GLOBULIN IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS		
ATGAM INTRAVENOUS INJECTABLE (<i>lymphocyte, anti-thymo imm glob</i>)	Tier 2	MB
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>anti-thymocyte glob (rabbit)</i>)	Tier 2	MB

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*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES*** - VITAMINS AND MINERALS		
REVLIMID ORAL CAPSULE (<i>lenalidomide</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** - VITAMINS AND MINERALS		
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED (<i>mycophenolate mofetil hcl</i>)	Tier 2	MB
CELLCEPT ORAL CAPSULE (<i>mycophenolate mofetil</i>)	Tier 2	SP
CELLCEPT ORAL SUSPENSION RECONSTITUTED (<i>mycophenolate mofetil</i>)	Tier 2	SP
CELLCEPT ORAL TABLET (<i>mycophenolate mofetil</i>)	Tier 2	SP
<i>mycophenolate mofetil hcl intravenous solution reconstituted</i>	Tier 2	MB
<i>mycophenolate mofetil intravenous solution reconstituted</i>	Tier 2	MB
<i>mycophenolate mofetil oral capsule</i>	Tier 1	SP
<i>mycophenolate mofetil oral suspension reconstituted</i>	Tier 1	SP
<i>mycophenolate mofetil oral tablet</i>	Tier 1	SP
<i>mycophenolate sodium oral tablet delayed release</i>	Tier 1	SP
MYFORTIC ORAL TABLET DELAYED RELEASE (<i>mycophenolate sodium</i>)	Tier 2	SP
*INTERLEUKIN-6 (IL-6) ANTAGONISTS*** - VITAMINS AND MINERALS		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED (<i>siltuximab</i>)	Tier 2	MB
*IRRIGATION SOLUTIONS*** - VITAMINS AND MINERALS		
<i>water for irrigation, sterile</i> (Argyle Sterile Water Irrigation Solution)	Tier 2	
<i>lactated ringers irrigation solution</i>	Tier 2	
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	Tier 2	

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<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	Tier 2	
<i>ringers irrigation irrigation solution</i>	Tier 2	
<i>sterile water for irrigation irrigation solution</i>	Tier 2	
<i>ringers irrigation</i> (Tis-U-Sol Irrigation Solution)	Tier 2	
<i>water for irrigation, sterile irrigation solution</i>	Tier 2	
*MACROLIDE IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>tacrolimus</i>)	Tier 2	SP
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>tacrolimus</i>)	Tier 2	SP
<i>everolimus oral tablet</i>	Tier 2	SP
PROGRAF INTRAVENOUS SOLUTION (<i>tacrolimus</i>)	Tier 2	MB
PROGRAF ORAL CAPSULE (<i>tacrolimus</i>)	Tier 2	SP
PROGRAF ORAL PACKET (<i>tacrolimus</i>)	Tier 2	SP
RAPAMUNE ORAL SOLUTION (<i>sirolimus</i>)	Tier 2	SP
RAPAMUNE ORAL TABLET (<i>sirolimus</i>)	Tier 2	SP
<i>sirolimus oral solution</i>	Tier 1	SP
<i>sirolimus oral tablet</i>	Tier 1	SP
<i>tacrolimus oral capsule</i>	Tier 1	SP
ZORTRESS ORAL TABLET (<i>everolimus</i>)	Tier 2	SP
*MISCELLANEOUS THERAPEUTIC CLASSES*** - VITAMINS AND MINERALS		
NEXAVIR INJECTION SOLUTION (<i>liver derivative complex</i>)	Tier 2	MB
*MONOCLONAL ANTIBODIES*** - VITAMINS AND MINERALS		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>satralizumab-mwge</i>)	Tier 2	PA; SP; QL (1 syringe per 28 days)
GAMIFANT INTRAVENOUS SOLUTION (<i>emapalumab-lzsg</i>)	Tier 2	MB

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SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED (<i>basiliximab</i>)	Tier 2	MB
UPLIZNA INTRAVENOUS SOLUTION (<i>inebilizumab-cdon</i>)	Tier 2	MB
*PERITONEAL DIALYSIS SOLUTIONS*** - VITAMINS AND MINERALS		
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	
DELFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
EXTRANEAL INTRAPERITONEAL SOLUTION (<i>icodextrin-electrolytes</i>)	Tier 2	MB
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB

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ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
ULTRABAG/DIANEAL/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	Tier 2	MB
*POTASSIUM REMOVING AGENTS*** - VITAMINS AND MINERALS		
LOKELMA ORAL PACKET (<i>sodium zirconium cyclosilicate</i>)	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
SPS ORAL SUSPENSION (<i>sodium polystyrene sulfonate</i>)	Tier 1	
VELTASSA ORAL PACKET (<i>patiromer sorbitex calcium</i>)	Tier 2	SP
*PROSTAGLANDINS*** - VITAMINS AND MINERALS		
<i>alprostadil injection solution</i>	Tier 2	MB
PROSTIN VR INJECTION SOLUTION (<i>alprostadil</i>)	Tier 2	MB
*PURINE ANALOGS*** - VITAMINS AND MINERALS		
<i>azathioprine</i> (Azasan Oral Tablet)	Tier 1	
<i>azathioprine oral tablet</i>	Tier 1	
<i>azathioprine sodium injection solution reconstituted</i>	Tier 2	MB
IMURAN ORAL TABLET (<i>azathioprine</i>)	Tier 2	
*ROCK INHIBITORS*** - VITAMINS AND MINERALS		
REZUROCK ORAL TABLET (<i>belumosudil mesylate</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)

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*SCLEROSING AGENTS*** - VITAMINS AND MINERALS		
ASCLERA INTRAVENOUS SOLUTION (<i>polidocanol</i>)	Tier 2	MB
ETHAMOLIN INTRAVENOUS SOLUTION (<i>ethanolamine oleate</i>)	Tier 2	MB
<i>sodium tetradecyl sulfate intravenous solution</i>	Tier 2	MB
SOTRADECOL INTRAVENOUS SOLUTION (<i>sodium tetradecyl sulfate</i>)	Tier 2	MB
VARITHENA INTRAVENOUS FOAM (<i>polidocanol</i>)	Tier 2	MB
*SELECTIVE T-CELL COSTIMULATION BLOCKERS*** - VITAMINS AND MINERALS		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>belatacept</i>)	Tier 2	MB
*TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS*** - VITAMINS AND MINERALS		
SAPHNELO INTRAVENOUS SOLUTION (<i>anifrolumab-fnia</i>)	Tier 2	MB
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
*ANESTHETICS TOPICAL ORAL - COMBINATIONS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>sore throat mouth/throat lozenge</i>	Tier 1	OTC
<i>ultra throat mouth/throat lozenge</i>	Tier 1	OTC
*ANESTHETICS TOPICAL ORAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>lidocaine hcl mouth/throat solution</i>	Tier 1	QL (10 mL per 1 day)
<i>lidocaine viscous hcl mouth/throat solution</i>	Tier 1	QL (300 mL per 30 days)
*ANTI-INFECTIVES - THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>clotrimazole mouth/throat troche</i>	Tier 1	QL (5 tablets per 1 day)
<i>nystatin mouth/throat suspension</i>	Tier 1	QL (750 mL per 30 days)

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ORAVIG BUCCAL TABLET (<i>miconazole</i>)	Tier 2	
*ANTISEPTICS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier 1	QL (480 mL per 30 days)
<i>cvs sore throat spray mouth/throat liquid</i>	Tier 1	OTC
DIABETIC TUSSIN SORE THROAT MOUTH/THROAT LIQUID (<i>phenol</i>)	Tier 1	OTC
<i>hm sore throat spray mouth/throat liquid</i>	Tier 1	OTC
<i>oralseptic mouth/throat liquid</i>	Tier 1	OTC
PERIDEX MOUTH/THROAT SOLUTION (<i>chlorhexidine gluconate</i>)	Tier 2	QL (480 mL per 30 days)
<i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution)	Tier 1	QL (480 mL per 30 days)
<i>phenaseptic mouth/throat liquid</i>	Tier 1	OTC
<i>ra sore throat mouth/throat liquid</i>	Tier 1	OTC
<i>sb sore throat spray mouth/throat liquid</i>	Tier 1	OTC
<i>sore throat mouth/throat liquid</i>	Tier 1	OTC
*DENTAL PRODUCTS - COMBINATIONS*** - DRUGS FOR THE MOUTH AND THROAT		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE (<i>sod fluoride-potassium nitrate</i>)	Tier 2	
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED (<i>sodium fluoride-phosphoric acid</i>)	Tier 2	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL (<i>sod fluoride-potassium nitrate</i>)	Tier 2	
PREVIDENT 5000 SENSITIVE DENTAL GEL (<i>sod fluoride-potassium nitrate</i>)	Tier 2	
<i>sodium fluoride 5000 enamel dental gel</i>	Tier 2	
<i>sodium fluoride 5000 sensitive dental gel</i>	Tier 2	
*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>sodium fluoride</i> (Cavarest Dental Gel)	Tier 1	

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<i>sodium fluoride</i> (Clinpro 5000 Dental Paste)	Tier 2	QL (113 ml/gms per 30 days)
<i>sodium fluoride</i> (Denta 5000 Plus Dental Cream)	Tier 1	
<i>sodium fluoride</i> (Dentagel Dental Gel)	Tier 1	
EASYGEL DENTAL GEL (<i>stannous fluoride</i>)	Tier 2	
<i>stannous fluoride</i> (Fluoridex Daily Renewal Mouth/Throat Concentrate)	Tier 2	
<i>sodium fluoride</i> (Fluoridex Dental Paste)	Tier 2	QL (113 ml/gms per 30 days)
<i>sodium fluoride</i> (Fluoridex Enhanced Whitening Dental Paste)	Tier 2	QL (113 ml/gms per 30 days)
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED (<i>sodium fluoride</i>)	Tier 2	
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED (<i>sodium fluoride</i>)	Tier 2	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE (<i>sodium fluoride</i>)	Tier 2	QL (113 ml/gms per 30 days)
PREVIDENT 5000 DRY MOUTH DENTAL GEL (<i>sodium fluoride</i>)	Tier 2	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE (<i>sodium fluoride</i>)	Tier 2	QL (113 ml/gms per 30 days)
PREVIDENT 5000 PLUS DENTAL CREAM (<i>sodium fluoride</i>)	Tier 2	
PREVIDENT DENTAL GEL (<i>sodium fluoride</i>)	Tier 2	
PREVIDENT MOUTH/THROAT SOLUTION (<i>sodium fluoride</i>)	Tier 2	
<i>sf 5000 plus dental cream</i>	Tier 1	
<i>sf dental gel</i>	Tier 1	
<i>sodium fluoride 5000 plus dental cream</i>	Tier 1	
<i>sodium fluoride 5000 ppm dental cream</i>	Tier 1	
<i>sodium fluoride 5000 ppm dental gel</i>	Tier 1	QL (300 ML per 81 days)
<i>sodium fluoride 5000 ppm dental paste</i>	Tier 2	QL (113 ml/gms per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium fluoride dental cream</i>	Tier 1	
<i>sodium fluoride dental gel</i>	Tier 1	
<i>sodium fluoride mouth/throat solution</i>	Tier 2	
*LOZENGES*** - DRUGS FOR THE MOUTH AND THROAT		
<i>cough drops menthol mouth/throat lozenge</i>	Tier 1	OTC
<i>cough drops mouth/throat lozenge</i>	Tier 1	OTC
<i>cvs cough drops sugar free mouth/throat lozenge</i>	Tier 1	OTC
<i>eql cough drops mouth/throat lozenge</i>	Tier 1	OTC
<i>menthol cough drops mouth/throat lozenge</i>	Tier 1	OTC
<i>natural herb cough drops mouth/throat lozenge</i>	Tier 1	OTC
<i>qc sore throat mouth/throat lozenge</i>	Tier 1	OTC
<i>sm cough drops mouth/throat lozenge</i>	Tier 1	OTC
<i>throat discs mouth/throat lozenge</i>	Tier 1	OTC
*PERIODONTAL ANTI-INFECTIVES*** - DRUGS FOR THE MOUTH AND THROAT		
ARESTIN DENTAL (<i>minocycline hcl</i>)	Tier 2	
*SALIVA STIMULANTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>cevimeline hcl oral capsule</i>	Tier 2	
EVOXAC ORAL CAPSULE (<i>cevimeline hcl</i>)	Tier 2	
<i>pilocarpine hcl oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
SALAGEN ORAL TABLET (<i>pilocarpine hcl</i>)	Tier 2	QL (4 tablets per 1 day)
*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide</i> (Oralone Mouth/Throat Paste)	Tier 1	
<i>triamcinolone acetonide mouth/throat paste</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTIVITAMINS - DRUGS FOR NUTRITION		
*B-COMPLEX VITAMINS*** - DRUGS FOR NUTRITION		
<i>b complex-b12 oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>b-complex injection injectable</i>	Tier 2	MB
<i>b-complex plus b-12 oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vitamin-b complex oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*B-COMPLEX W/ C & CALCIUM*** - DRUGS FOR NUTRITION		
<i>gnp b-complex plus vitamin c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc b-complex/vitamin c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*B-COMPLEX W/ C & E + ZN*** - DRUGS FOR NUTRITION		
<i>advanced stress formulazinc oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>bec/zinc oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvs stress formulazinc oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eql stress b-complex c/zinc oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>stress b/zinc oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>stress b-complex/vit c/zinc oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>stress formulazinc (b-compl) oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>stress plus zinc oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>zinc-vites oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*B-COMPLEX W/ C & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex-c-folic acid oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>kp b complex-c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>nephro vitamins oral tablet</i>	Tier 1	OTC
<i>px b complex/vitamin c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
RENAL MULTIVITAMIN FORMULA ORAL TABLET (<i>b complex-c-folic acid</i>)	Tier 1	OTC
<i>rena-vite rx oral tablet</i>	Tier 1	OTC
<i>reno caps oral capsule</i>	Tier 1	OTC
<i>stress formula (folic acid) oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*B-COMPLEX W/ C*** - DRUGS FOR NUTRITION		
ALLBEE/C ORAL TABLET (<i>b complex-c</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>b complex-c oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>b complex-c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>b complex-vitamin c oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>better b complex oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvs b complex plus c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>hm b complex/c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm super b complex/c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>sm vitamin b complex/vitamin c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super b complex/vitamin c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super b/c oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super b-complex + vitamin c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vitamin b + c complex oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vitamin b complex-c oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*B-COMPLEX W/ FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex formula 1 (w/ fa) oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>b complex plus oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>benfotiamine multi-b oral capsule</i>	Tier 1	OTC
BIG 100 ORAL TABLET (<i>b complex-folic acid</i>)	Tier 1	OTC
*B-COMPLEX W/ IRON*** - DRUGS FOR NUTRITION		
APETIGEN-PLUS ORAL SOLUTION (<i>b complex-c-iron</i>)	Tier 1	OTC
*B-COMPLEX W/ MINERALS*** - DRUGS FOR NUTRITION		
ELDERTONIC ORAL LIQUID (<i>b complex-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>senior tonic oral liquid</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*B-COMPLEX W/BIOTIN & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex 100 tr oral tablet extended release</i>	Tier 1	OTC
<i>b complex-biotin-fa oral tablet</i>	Tier 1	OTC
<i>b-100 b-complex oral tablet</i>	Tier 1	OTC

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<i>b-100 complex cr oral tablet extended release</i>	Tier 1	OTC
<i>b-50 complex oral tablet extended release</i>	Tier 1	OTC
<i>balanced b complex oral tablet</i>	Tier 1	OTC
<i>balanced b-100 oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>balanced b-50/fa oral tablet</i>	Tier 1	OTC
<i>b-compleet-100 oral tablet</i>	Tier 1	OTC
<i>b-compleet-50 oral tablet</i>	Tier 1	OTC
<i>b-complex oral tablet</i>	Tier 1	OTC
BIG 100 (BIOTIN) ORAL TABLET (<i>b complex-biotin-fa</i>)	Tier 1	OTC
<i>complex b-100 oral tablet extended release</i>	Tier 1	OTC
<i>complex b-50 prolonged release oral tablet extended release</i>	Tier 1	OTC
ENDUR-B ORAL TABLET EXTENDED RELEASE (<i>b complex-biotin-fa</i>)	Tier 1	OTC
<i>gnp b-50 complex oral tablet extended release</i>	Tier 1	OTC
<i>qc b50 prolonged release oral tablet extended release</i>	Tier 1	OTC
<i>quin b strong b-25 oral tablet</i>	Tier 1	OTC
<i>ra balanced b-100 cr oral tablet extended release</i>	Tier 1	OTC
<i>ra balanced b-50 tr oral tablet extended release</i>	Tier 1	OTC
<i>super b-100 oral tablet</i>	Tier 1	OTC
<i>super b-50 oral tablet</i>	Tier 1	OTC
<i>super b-complex oral tablet</i>	Tier 1	OTC
SUPER DEC B-100 ORAL TABLET (<i>b complex-biotin-fa</i>)	Tier 1	OTC
<i>yl balanced b-100 oral tablet</i>	Tier 1	OTC
*BIOFLAVONOID PRODUCTS*** - DRUGS FOR NUTRITION		
ADRENAL C FORMULA ORAL TABLET (<i>bioflavonoid products</i>)	Tier 2	QL (1 tablet per 1 day)
<i>c1000 tr/rose hiplbioflavonoid oral tablet extended release</i>	Tier 1	OTC

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<i>c1500 trlose hips/bioflavonoid oral tablet extended release</i>	Tier 1	OTC
<i>c1500/rose hips/bioflavonoid oral tablet extended release</i>	Tier 1	OTC
ESTER-C ORAL TABLET EXTENDED RELEASE (<i>bioflavonoid products</i>)	Tier 1	OTC
<i>vitamin c-bioflavonoids oral tablet extended release</i>	Tier 1	OTC
*MULTIPLE VITAMINS W/ CALCIUM*** - DRUGS FOR NUTRITION		
<i>eql one daily womens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>essential one daily multivit oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp one daily womens health oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi-day/calcium/extra iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>signacal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*MULTIPLE VITAMINS W/ IRON*** - DRUGS FOR NUTRITION		
<i>daily multiple vitamins/liron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily vitamin formula+iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily vite multivitamin/liron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily-vitamin/liron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi-day plus iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multiple vitamins/liron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>multivitamin plus iron adult oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi-vitamin/iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>nat-rul daily-vite+iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily multivitamin/iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one-daily multi-vitamin/iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one-daily/iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc daily multivitamins/iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm multiple vitamins/iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>stress b complex/iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>tab-a-vite/iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID*** - DRUGS FOR NUTRITION		
FOLGARD OS ORAL TABLET (<i>multiple vit-min-calcium-fa</i>)	Tier 2	
*MULTIPLE VITAMINS W/ MINERALS*** - DRUGS FOR NUTRITION		
<i>50+ adult eye health oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>a thru z advanced adult oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>a thru z advanced oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>a thru z high potency oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>a thru z select 50+ advanced oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>a thru z select 50+ mens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>a thru z select advanced oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>a thru z select oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>a thru z select ultimate women oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>a thru z ultimate mens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>abc plus oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
ABC PLUS SENIOR ADULTS 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
ABC PLUS SENIOR ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>advanced eye health oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
AMORYN MOOD BOOSTER ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>antioxidant alcelselenium oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>anti-oxidant formula oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>antioxidant formula/minerals oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>antioxidant oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>antioxidant protection formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>antioxidant vitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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ANTIOXIN 4000 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>body/hair/skin/nails oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
BPROTECTED MULTI-VITE ORAL LIQUID (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>centavite a-z complete-mineral oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>centravites 50 plus oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>centravites oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>century mature oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>century oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
CEROVITE SENIOR ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>certa plus oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
CERTAVITE/ANTIOXIDANTS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>companion oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
COMPETE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>complete daily/lutein oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>complete energy oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>complete multivitamin/mineral oral liquid</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>complete pms support complex oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>complete womens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>coral calcium plus oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvx daily multiple for men oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvx daily multiple women 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvx one daily essential oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvx one daily mens formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvx one daily womens formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvx spectravite advanced oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvx spectravite men 50+ oral tablet</i>	Tier 1	OTC
<i>cvx spectravite men oral tablet</i>	Tier 1	OTC
<i>cvx spectravite senior oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvx spectravite ultra mens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvx spectravite women 50+ oral tablet</i>	Tier 1	OTC
<i>cvx spectravite women oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvx spectravite womens senior oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvx womens active daily oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily betic oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily combo multi vitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>daily mens health formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily multi 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily multi oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily multiple vitamins/min oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily multivitamin oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily vitamin formula+minerals oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily vitamin plus oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily womens health formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily-vitamin maximum formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>diabetes health formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>dialyvite 800ultra d oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
DOCTORS CHOICE MEN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
DRY EYE FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eq complete multivit adult 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eq vision formula 50+ oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eql century mature men 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eql century mature oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eql century mature women 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eql century oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eql one daily mens 50+ advance oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eql one daily mens health oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eql one daily womens 50+ adv oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
ESSENTIA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>essential balance oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
EYE VITAMINS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>eyeprotect oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
EYE-VITES ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gerivite complete oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>glucoten oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp century adults 50+ senior oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp century mature women's 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp century oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp century ultimate mens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp century ultimate womens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gnp hair/skin/nails oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp healthy eyes supervision 2 oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp healthy eyes supervision oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp mega multi for men oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp mega multi for women oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp one daily mens health 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp one daily mens/lycopene oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp one daily womens 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp one daily womens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp therapeutic-m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>hair formula extra strength oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>hair skin and nails formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>hair skin nails oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>hair vitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>hair/skin/nails oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>healthy eyes/lutein-zeaxanthin oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>hi-kovite 2-part formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hi-potency multi-vitamin oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>hm complete women oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>hm womens 50+ advanced daily oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
ICAPS MV ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
ICAPS ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>kp adults 50+ daily formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>kp adults daily formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>kp mens 50+ daily formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>kp mens daily formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
KP VISION FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>kp womens 50+ daily formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>kp womens daily formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
LYSIPLEX PLUS ORAL LIQUID (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
MACULAR HEALTH FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
MACUVITE EYE CARE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
MACUVITE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MACUVITE/LUTEIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>magnum-75 oral tablet extended release</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>maximum daily green oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>mega vm-80 oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>mega-marathon 100 tr oral tablet extended release</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>meijer advanced formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>mens daily formulallycopene oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
MENS HAIR FORMULA ULTRA MAN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
MENS LIFE PACK ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
MILLTRIUM ADVANCED FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
MILLTRIUM CARDIO ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
MILLTRIUM SENIOR ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
MULTI COMPLETE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi completeliron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi for her 50+ oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi for her 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi for her oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>multi for her oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi for him 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
MULTI FOR HIM ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
MULTI FOR HIM ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi vitamin/minerals oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi-day plus minerals oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
MULTI-DAY WEIGHT TRIM ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
MULTI-LEAN ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multiple vit/minerals/no iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multiple vitamins/womens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multivitamin & mineral oral liquid</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multivitamin adults 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multivitamin adults oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multivitamin men 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi-vitamin menopausal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multivitamin oral liquid</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multivitamin women 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>multivitamin women oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multivitamin womens 50+ adv oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi-vitamin/minerals oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multivitamins/minerals adult oral liquid</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>myamulti oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ocutabs oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ocutabs-lutein oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
OCUVITE EXTRA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
OCUVITE EYE + MULTI ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
OCUVITE EYE HEALTH FORMULA ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily 50 plus oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily adults 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily calcium/iron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily complete for men oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily complete oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily for men 50+ advanced oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily for men/lycopene oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>one daily for women 50+ adv oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily for women oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily healthy weight adv oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily healthy weight oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily maximum oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily mens 50+ multivit oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily mens 50+llycopene oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily mens health oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily mens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily multivitliron-free oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily multivitamin men oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily multivitamin women oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily multivit-min adult oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
ONE DAILY PLUS IRON ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily plus minerals oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily womens 50 plus oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily womens 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>one daily/minerals oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
ONE-A-DAY TEEN ADVANTAGE/HER ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>optic-vites oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>optic-vites with lutein oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>optimum pms oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
OSTEOPRIME ULTRA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
PROSIGHT ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>px advanced formula multivits oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>px complete senior multivits oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>px mens multivitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc daily multivit/multimineral oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc hair skin & nails oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc mens daily multivitamin oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc multi-vite 50 & over oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc therin-m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc womens daily multivitamin oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra central-vite mens mature oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra central-vite womens mature oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra one daily maximum oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra one daily mens 50+ wlvit d3 oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra one daily mens multi oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra one daily menslvit d-3 oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
RENAPLEX ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>senior tabs oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sentry adult oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sentry oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sentry senior oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm complete 50+ oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm complete 50+ ultimate mens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm complete 50+ ultimate women oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm complete advanced formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm complete oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm complete senior formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm daily diet support oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>sm hair/skin/nails oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>stress b-complex/c/zinc oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>stress formula (w/ minerals) oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>stress formulazinc oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
STRESSTABS ADVANCED ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
SUNVITE ACTIVE ADULT 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
SUNVITE ADVANCED ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super antioxidants protector oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super aytinal 50 plus oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super aytinal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super multiple oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super multiple oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super natrul-100 oral tablet extended release</i>	Tier 1	OTC; QL (1 tablet per 1 day)
SUPER NU-THERA ORAL LIQUID (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
SUPER NU-THERA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super thera vite m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super vita-mins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>superior 35 oral tablet extended release</i>	Tier 1	OTC; QL (1 tablet per 1 day)
SYSTANE ICAPS AREDS2 ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>thera vital m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>thera vital-m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>therabasic-m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
THERADEX M ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
THERADEX M/BETA CAROTENE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>thera-m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
THERA-MILL M ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>therapeutic formulahematinics oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>therapeutic m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>therapeutic-m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>therapeutic-mlutein oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
THERATRUM COMPLETE 50 PLUS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
THERATRUM COMPLETE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>theravim-m oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
THRIVE FOR LIFE WOMENS ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>totalday multiple oral tablet extended release</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>tropical liquid nutrition oral liquid</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ultra antioxidant formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ultra freeda oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ultra freedaliron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ultra multi formulaliron oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
ULTRA VITA-TIME ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
ULTRACHOICE ADV FORMULA MATURE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
ULTRACHOICE ADVANCED FORMULA ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ultra-mega oral tablet extended release</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vision formula 2 oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vision formula eye health oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vision plus oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vision vitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>visivites oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>visivitesllutein oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vita hair oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vitabasic complete oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vitabasic senior oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vita-min oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vitamins a-d-e/selenium oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
VITATRUM COMPLETE ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
VITEYES COMPLETE ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
VITRUM SENIOR ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>womens 50+ advanced oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>womens daily form/falcalfe oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>womens daily formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
WOMENS LIFE PACK ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>womens multi oral capsule</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>womens multivitamin oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>womens one daily oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
YOUR LIFE MULTI MENS 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
YOUR LIFE MULTI WOMENS 50+ ORAL TABLET (<i>multiple vitamins-minerals</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
*MULTIVITAMINS*** - DRUGS FOR NUTRITION		
<i>anti-oxidant oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>daily multiple vitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily value multivitamin oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily vitamin oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily vitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily vite oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily vites oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily-vitamin oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily-vite multivitamin oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>daily-vite oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>gnp essential one daily oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>healthy hair/skin/nails oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
INFUVITE ADULT INTRAVENOUS INJECTABLE (<i>multiple vitamin</i>)	Tier 2	MB
<i>multi vitamin daily oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi-day oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multiple vitamin-folic acid oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multiple vitamins essential oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multiple vitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>multi-vitamin daily oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multivitamin iron-free oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>multi-vitamin oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>once daily oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
ONE DAILY ESSENTIAL ORAL TABLET (<i>multiple vitamin</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily multivitamin adult oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one daily oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one-daily multi vitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one-daily multi-vitamin oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc essentials oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>sm multiple vitamins essential oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>stress formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
STRESSTABS ENERGY ORAL TABLET (<i>multiple vitamin</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
TAB-A-VITE ORAL TABLET (<i>multiple vitamin</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
TAB-A-VITE/BETA CAROTENE ORAL TABLET (<i>multiple vitamin</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>thera-mill oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>thera-tabs oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>vit e-vit c-beta carotene oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vitalee oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*NIACIN W/ INOSITOL *** - DRUGS FOR NUTRITION		
<i>cvs niacin flush free oral capsule</i>	Tier 1	OTC
<i>gnp niacin flush free oral capsule</i>	Tier 1	OTC
<i>niacin flush free oral capsule</i>	Tier 1	OTC
<i>no flush niacin oral capsule</i>	Tier 1	OTC
*PED MULTI VITAMINS W/FL & FE*** - DRUGS FOR NUTRITION		
<i>multi-vitliron/fluoride oral solution</i>	Tier 2	
<i>multivitamin/fluorideliron oral solution</i>	Tier 2	
<i>multi-vitamin/fluorideliron oral solution</i>	Tier 1	
POLY-VI-FLOR/IRON ORAL SUSPENSION (<i>ped multivitamins-fl-iron</i>)	Tier 2	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE (<i>ped multivitamins-fl-iron</i>)	Tier 2	
QUFLORA FE PEDIATRIC ORAL LIQUID (<i>ped multivitamins-fl-iron</i>)	Tier 2	
*PED MULTIPLE VITAMINS W/ MINERALS & C*** - DRUGS FOR NUTRITION		
ALIVE GUMMIES FOR CHILDREN ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals-c</i>)	Tier 1	OTC
ALIVE MULTI-VITAMIN CHILDRENS ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals-c</i>)	Tier 1	OTC
<i>childrens gummies oral tablet chewable</i>	Tier 1	OTC
<i>complete multi-vitamin oral tablet chewable</i>	Tier 1	OTC
<i>cvs gummy dinos oral tablet chewable</i>	Tier 1	OTC
<i>cvs gummy multivitamin kids oral tablet chewable</i>	Tier 1	OTC
<i>disney cars gummies oral tablet chewable</i>	Tier 1	OTC
<i>disney princess gummies oral tablet chewable</i>	Tier 1	OTC

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<i>eq multivitamin gummies oral tablet chewable</i>	Tier 1	OTC
<i>eq multivitamins gummy child oral tablet chewable</i>	Tier 1	OTC
<i>eq1 gummies childrens oral tablet chewable</i>	Tier 1	OTC
FLINTSTONES GUMMIES BONE BUILD ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals-c</i>)	Tier 1	OTC
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals-c</i>)	Tier 1	OTC
HEALTHY KIDS OVERALL HEALTH ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals-c</i>)	Tier 1	OTC
<i>multivit-min gummies childrens oral tablet chewable</i>	Tier 1	OTC
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals-c</i>)	Tier 1	OTC
MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals-c</i>)	Tier 1	OTC
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals-c</i>)	Tier 1	OTC
SEA BUDDIES DAILY MULTIPLE ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals-c</i>)	Tier 1	OTC
SMARTY PANTS KIDS COMPLETE ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals-c</i>)	Tier 1	OTC
SPIDER-MAN COMPLETE MULTI-VIT ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals-c</i>)	Tier 1	OTC
SPONGEBOB SQUAREPANTS GUMMIES ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals-c</i>)	Tier 1	OTC
<i>vitachew multiple vitamin oral tablet chewable</i>	Tier 1	OTC
<i>zoo friends gummies (w/ min) oral tablet chewable</i>	Tier 1	OTC
<i>zoo friends gummies plus d oral tablet chewable</i>	Tier 1	OTC
ZOO FRIENDS MULTI GUMMIES ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals-c</i>)	Tier 1	OTC
<i>zoo friends oral tablet chewable</i>	Tier 1	OTC
*PED MV W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>multi-vitamin/fluoride oral solution</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>multivitamin/fluoride oral solution 0.25 mg/ml</i>	Tier 1	
<i>multivitamin/fluoride oral solution 0.5 mg/ml</i>	Tier 2	
<i>multivitamin/fluoride oral tablet chewable</i>	Tier 1	
POLY-VI-FLOR ORAL SUSPENSION (<i>pediatric multivitamins-fl</i>)	Tier 2	
POLY-VI-FLOR ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	Tier 2	
QUFLORA GUMMIES ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	Tier 2	
QUFLORA PEDIATRIC ORAL SOLUTION (<i>pediatric multivitamins-fl</i>)	Tier 2	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	Tier 2	
*PED MV W/ IRON*** - DRUGS FOR NUTRITION		
<i>bite-a-mins/iron oral tablet chewable</i>	Tier 1	OTC
BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION (<i>pediatric multivitamins-iron</i>)	Tier 1	OTC; QL (50 mL per 45 days)
CEROVITE JR ORAL TABLET CHEWABLE (<i>pediatric multivitamins-iron</i>)	Tier 1	OTC
<i>childrens animal shapes oral tablet chewable</i>	Tier 1	OTC
<i>childrens multivitamin/iron oral tablet chewable</i>	Tier 1	OTC
<i>childrens vitamins/iron oral tablet chewable</i>	Tier 1	OTC
<i>cvs chewable childrens vitamin oral tablet chewable</i>	Tier 1	OTC
<i>cvs childrens complete oral tablet chewable</i>	Tier 1	OTC
<i>eq complete multivitamin child oral tablet chewable</i>	Tier 1	OTC
<i>eq1 child multivitamin/minerals oral tablet chewable</i>	Tier 1	OTC
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (<i>pediatric multivitamins-iron</i>)	Tier 1	OTC
FLINTSTONES W/IRON ORAL TABLET CHEWABLE (<i>pediatric multivitamins-iron</i>)	Tier 1	OTC
<i>fruity chews/iron oral tablet chewable</i>	Tier 1	OTC
<i>gnp childrens chewables/iron oral tablet chewable</i>	Tier 1	OTC

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LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE (<i>pediatric multivitamins-iron</i>)	Tier 1	OTC
<i>little animals plus iron oral tablet chewable</i>	Tier 1	OTC
<i>pc pediatric poly-vitalfe drop oral solution</i>	Tier 1	OTC; QL (50 mL per 45 days)
POLY-VI-SOL/IRON ORAL SOLUTION (<i>pediatric multivitamins-iron</i>)	Tier 1	OTC; QL (50 mL per 45 days)
<i>poly-vitaliron oral solution</i>	Tier 1	OTC; QL (50 mL per 45 days)
<i>poly-viteliron oral solution</i>	Tier 1	OTC; QL (50 mL per 45 days)
PX CHILDRENS VITAMIN ORAL TABLET CHEWABLE (<i>pediatric multivitamins-iron</i>)	Tier 1	OTC
<i>qc childrens complete oral tablet chewable</i>	Tier 1	OTC
<i>qc childrens vitamins/iron oral tablet chewable</i>	Tier 1	OTC
<i>ra vitamins complete childrens oral tablet chewable</i>	Tier 1	OTC
<i>sm animal shapes complete oral tablet chewable</i>	Tier 1	OTC
ULTRA CHOICE MULTIVITAMIN KIDS ORAL TABLET CHEWABLE (<i>pediatric multivitamins-iron</i>)	Tier 1	OTC
<i>zoo friends plus iron oral tablet chewable</i>	Tier 1	OTC
*PED VITAMINS ACD & FA W/ FLUORIDE*** - DRUGS FOR NUTRITION		
TRI-VI-FLOR ORAL SUSPENSION (<i>ped vit a-c-d-methylfolate-fl</i>)	Tier 2	
<i>tri-vi-floro oral suspension</i>	Tier 2	
*PED VITAMINS ACD W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>adclf (0.5mg/ml) oral solution</i>	Tier 1	
<i>tri-vitel fluoride oral solution</i>	Tier 1	
<i>vitamins acd-fluoride oral solution</i>	Tier 1	

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*PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE*** - DRUGS FOR NUTRITION		
FLORIVA ORAL TABLET CHEWABLE (<i>ped multiple vit-minerals-fl</i>)	Tier 2	
*PEDIATRIC MULTIPLE VITAMINS W/ C & FA*** - DRUGS FOR NUTRITION		
<i>animal chews oral tablet chewable</i>	Tier 1	OTC
<i>bite-a-mins oral tablet chewable</i>	Tier 1	OTC
BOUNTY BEARS/C ORAL TABLET CHEWABLE (<i>pediatric multiple vit-c-fa</i>)	Tier 1	OTC
<i>childrens chew multivitamin oral tablet chewable</i>	Tier 1	OTC
<i>childrens chewable multi vits oral tablet chewable</i>	Tier 1	OTC
<i>childrens chewable vitamins oral tablet chewable</i>	Tier 1	OTC
<i>childrens multivitamin oral tablet chewable</i>	Tier 1	OTC
DINO-LIFE ORAL TABLET CHEWABLE (<i>pediatric multiple vit-c-fa</i>)	Tier 1	OTC
FLINSTONES GUMMIES OMEGA-3 DHA ORAL TABLET CHEWABLE (<i>pediatric multiple vit-c-fa</i>)	Tier 1	OTC
FLINTSTONES PLUS CALCIUM ORAL TABLET CHEWABLE (<i>pediatric multiple vit-c-fa</i>)	Tier 1	OTC
FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE (<i>pediatric multiple vit-c-fa</i>)	Tier 1	OTC
<i>fruity chews oral tablet chewable</i>	Tier 1	OTC
GERBER GROW MIGHTY ORAL TABLET CHEWABLE (<i>pediatric multiple vit-c-fa</i>)	Tier 1	OTC
<i>gnp little ones childrens oral tablet chewable</i>	Tier 1	OTC
<i>little animals oral tablet chewable</i>	Tier 1	OTC
<i>multivitamin childrens (w/ fa) oral tablet chewable</i>	Tier 1	OTC
<i>sm animal shapes kids first oral tablet chewable</i>	Tier 1	OTC
<i>zoo friends gummies oral tablet chewable</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PEDIATRIC MULTIPLE VITAMINS W/ EXTRA C & FA*** - DRUGS FOR NUTRITION		
DINO-LIFE W/EXTRA C ORAL TABLET CHEWABLE (<i>pediatric multi vit-extra c-fa</i>)	Tier 1	OTC
FLINTSTONES/EXTRA C ORAL TABLET CHEWABLE (<i>pediatric multi vit-extra c-fa</i>)	Tier 1	OTC
<i>gnp childrens chewables/lex c oral tablet chewable</i>	Tier 1	OTC
LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE (<i>pediatric multi vit-extra c-fa</i>)	Tier 1	OTC
<i>qc childrens vitamins/extra c oral tablet chewable</i>	Tier 1	OTC
<i>zoo friends plus extra c oral tablet chewable</i>	Tier 1	OTC
ZOO FRIENDS/EXTRA C ORAL TABLET CHEWABLE (<i>pediatric multi vit-extra c-fa</i>)	Tier 1	OTC
*PEDIATRIC MULTIPLE VITAMINS*** - DRUGS FOR NUTRITION		
BPROTECTED PEDIA POLY-VITE ORAL SOLUTION (<i>pediatric multiple vitamins</i>)	Tier 1	OTC
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (<i>pediatric multiple vitamins</i>)	Tier 2	MB
<i>pc pediatric poly-vitamin drop oral solution</i>	Tier 1	OTC
POLY-VI-SOL ORAL SOLUTION (<i>pediatric multiple vitamins</i>)	Tier 1	OTC
<i>poly-vita oral solution</i>	Tier 1	OTC
<i>poly-vite pediatric oral solution</i>	Tier 1	OTC
*PEDIATRIC VITAMINS A & D W/ C*** - DRUGS FOR NUTRITION		
BPROTECTED PEDIA TRI-VITE ORAL SOLUTION (<i>pediatric vitamins adc</i>)	Tier 1	OTC
<i>pc pediatric tri-vitamin drops oral solution</i>	Tier 1	OTC
<i>tri-vite pediatric oral solution</i>	Tier 1	OTC

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*PRENATAL MV & MIN W/FE-FA & COENZYME Q10*** - DRUGS FOR NUTRITION		
THERANATAL OVAVITE ORAL THERAPY PACK (<i>prenat fefum-fa & coenzyme q10</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
*PRENATAL MV & MIN W/FE-FA*** - DRUGS FOR NUTRITION		
ATABEX EC ORAL TABLET DELAYED RELEASE (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 2	QL (1 tablet per 1 day)
ATABEX OB ORAL TABLET (<i>prenatal vit w/ fe bisg-fa</i>)	Tier 2	QL (1 tablet per 1 day)
ATABEX ORAL TABLET CHEWABLE (<i>prenatal w/o a vit-fe cbn-fa</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>azesco oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
CITRANATAL B-CALM ORAL (<i>prenat w/o a fecbnfeglu-fa & b6</i>)	Tier 2	QL (1 tablet per 1 day)
CITRANATAL BLOOM ORAL TABLET (<i>prenatal-dss-fecb-fegl-fa</i>)	Tier 2	QL (1 tablet per 1 day)
CITRANATAL RX ORAL TABLET (<i>prenat w/o a-fecb-fegl-dss-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>classic prenatal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
CLINICAL NUTRIENTS PRENATAL ORAL TABLET (<i>prenatal vit-fe succinate-fa</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>c-nate dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>completenate oral tablet chewable</i>	Tier 2	QL (1 tablet per 1 day)
CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
CONCEPT DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	Tier 2	QL (1 capsule per 1 day)
CONCEPT OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Tier 2	QL (1 capsule per 1 day)
<i>cvs prenatal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
DUET DHA 400 ORAL (<i>prenat-fepoly-fered-fa-omega 3</i>)	Tier 2	QL (2 EA per 1 day)

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Effective 01/01/2022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUET DHA BALANCED ORAL (<i>prenat-fepoly-fered-fa-omega 3</i>)	Tier 2	QL (2 EA per 1 day)
ELITE-OB ORAL TABLET (<i>prenatal vit-iron carbonyl-fa</i>)	Tier 2	QL (1 tablet per 1 day)
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	Tier 2	QL (1 capsule per 1 day)
<i>eql prenatal formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
FOLIVANE-OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Tier 2	QL (1 capsule per 1 day)
<i>gnp prenatal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
HEALTHY MAMA BE WELL ROUNDED ORAL THERAPY PACK (<i>prenatal-fe bisgly-fa-omega 3</i>)	Tier 1	OTC; QL (1 pack per 1 day)
INATAL GT ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>kosher prenatal plus iron oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>kp prenatal multivitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>kpn prenatal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>m-natal plus oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>multi prenatal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
NATACHEW ORAL TABLET CHEWABLE (<i>prenatal vit-fe fum-fe bisg-fa</i>)	Tier 2	QL (1 tablet per 1 day)
NATALVIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	
NEEVO DHA ORAL CAPSULE (<i>prenat w/oa-fefum-methf-omegas</i>)	Tier 2	QL (1 capsule per 1 day)
<i>neonatal complete oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>neonatal fe oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
NEONATAL PLUS ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
NEONATAL VITAMIN ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
NESTABS DHA ORAL (<i>prenat-w/oa-fe bisgly-fa-omega</i>)	Tier 2	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NESTABS ORAL TABLET (<i>prenat-fe bisgly-fa-wlo vit a</i>)	Tier 1	QL (1 tablet per 1 day)
NIVA-PLUS ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
OB COMPLETE ONE ORAL CAPSULE (<i>prenat-fe cbn-feaspgl-fa-fish</i>)	Tier 2	QL (1 capsule per 1 day)
OB COMPLETE ORAL TABLET (<i>prenatal vit-iron carbonyl-fa</i>)	Tier 2	QL (1 tablet per 1 day)
OB COMPLETE PETITE ORAL CAPSULE (<i>prenat-fe cbn-feaspgl-fa-omega</i>)	Tier 2	QL (1 capsule per 1 day)
OB COMPLETE PREMIER ORAL TABLET (<i>prenatal-fe cbn-fe asp gly-fa</i>)	Tier 2	QL (1 capsule per 1 day)
OB COMPLETE/DHA ORAL CAPSULE (<i>prenat-fe cbn-feaspgl-fa-omega</i>)	Tier 2	QL (1 capsule per 1 day)
OBSTETRIX DHA ORAL (<i>prenatal-fe cbn-fa-dss-omega 3</i>)	Tier 2	
OBSTETRIX EC ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 2	QL (1 tablet per 1 day)
OBTREX ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one vite womens oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>one vite womens plus oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE (<i>prenat-fe carbonyl-fa-omega 3</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
ONE-A-DAY WOMENS PRENATAL ORAL (<i>prenatal vit-fe fum-fa-omega</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
PERRY PRENATAL ORAL CAPSULE (<i>prenatal vit-fe fumarate-fa</i>)	Tier 1	OTC; QL (1 capsule per 1 day)
<i>pnv tabs 20-1 oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>pnv tabs 29-1 oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>pnv-omega oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>pnv-select oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>pregenna oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>prena1 pearl oral capsule extended release</i>	Tier 2	QL (1 capsule per 1 day)
<i>prenara oral capsule</i>	Tier 2	QL (1 capsule per 1 day)

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<i>prenatabs fa oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
PRENATABS RX ORAL TABLET (<i>prenatal vit-iron carbonyl-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>prenatal (w/iron & fa) oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet 29-1 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal complete oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal formula a-free oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal formula oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>pre-natal formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal forte oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal multi +dha oral capsule</i>	Tier 1	OTC
<i>prenatal one daily oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg, 6.75-0.2 mg</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal oral tablet 27-1 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal plus iron oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal vitamin and mineral oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal vitamin oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatal vitamin plus low iron oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>prenatal vitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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<i>prenatalliron oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>prenatallomega-3/faliron oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
PRENATAL-U ORAL CAPSULE (<i>prenatal w/o a vit-fe fum-fa</i>)	Tier 2	QL (1 capsule per 1 day)
PRENATE ELITE ORAL TABLET (<i>prenatal-feaspgly-methylfol-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>prenatvite complete oral tablet</i>	Tier 2	QL (1 capsule per 1 day)
<i>prenatvite plus oral tablet</i>	Tier 2	QL (1 capsule per 1 day)
<i>prenatvite rx oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>preplus oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>pretab oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
PRIMACARE ORAL CAPSULE (<i>pren-fe-meth-fa-omeg w/o a</i>)	Tier 2	QL (1 capsule per 1 day)
PROVIDA OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	Tier 2	QL (1 capsule per 1 day)
<i>px prenatal multivitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc prenatal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra prenatal formula oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ra prenatal oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>relnate dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
SELECT-OB ORAL TABLET CHEWABLE (<i>prenatal vit-fe psac cmplx-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>se-natal 19 oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
<i>se-natal 19 oral tablet chewable</i>	Tier 2	QL (1 tablet per 1 day)
<i>sm one daily prenatal oral</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>sm prenatal vitamins oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TARON-C DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	Tier 2	QL (1 capsule per 1 day)
THERANATAL CORE NUTRITION ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>thrivite rx oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
TRICARE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
TRICARE PRENATAL DHA ONE ORAL CAPSULE (<i>prenatal-fefum-fa-dss-fish oil</i>)	Tier 2	
<i>trinatal rx 1 oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>trinaz oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
UPSPRING PRENATAL COMPLETE ORAL CAPSULE (<i>prenat-fe bisg-l-meth-fish oil</i>)	Tier 1	OTC; QL (1 capsule per 1 day)
VINATE CARE ORAL TABLET CHEWABLE (<i>prenatal w/oa vit-fe fum-fa</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
VINATE DHA RF ORAL CAPSULE (<i>prenat w/oa-fefum-methf-omegas</i>)	Tier 2	QL (1 capsule per 1 day)
VINATE II ORAL TABLET (<i>prenatal vit w/ fe bisg-fa</i>)	Tier 2	QL (1 tablet per 1 day)
VINATE ONE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
<i>virt-c dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>virt-nate dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>virt-pn plus oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
VITAFOL GUMMIES ORAL TABLET CHEWABLE (<i>prenatal vit-fe phos-fa-omega</i>)	Tier 2	QL (1 tablet per 1 day)
VITAFOL-NANO ORAL TABLET (<i>prenatal-fe fum-methf-fa w/oa</i>)	Tier 2	QL (1 tablet per 1 day)
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
VITAPEARL ORAL CAPSULE EXTENDED RELEASE (<i>prenat-fefum-fered-fa-dha w/oa</i>)	Tier 2	QL (1 capsule per 1 day)
VITATHELY WITH GINGER ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
VIVA DHA ORAL CAPSULE (<i>prenatal vit-fe fum-fa-omega</i>)	Tier 2	QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>vp-pnv-dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>westab plus oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
YOUR LIFE MULTI PRENATAL ORAL CAPSULE (<i>prenat vit-fe fum-fa-fish oil</i>)	Tier 1	OTC; QL (1 capsule per 1 day)
<i>zalvit oral tablet</i>	Tier 2	QL (1 tablet per 1 day)
ZATEAN-PN PLUS ORAL CAPSULE (<i>prenat w/o a-fe-methf-fa-omega</i>)	Tier 2	QL (1 capsule per 1 day)
*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL *** - DRUGS FOR NUTRITION		
<i>complete natal dha oral</i>	Tier 2	
<i>prenatal + complete multi oral therapy pack</i>	Tier 1	OTC; QL (2 capsules per 1 day)
*PRENATAL MV & MIN W/FE-FA-DHA *** - DRUGS FOR NUTRITION		
BRAINSTRONG PRENATAL ORAL (<i>prenatal mv-min-fe cbn-fa-dha</i>)	Tier 1	OTC; QL (2 units per 1 day)
<i>cadeau dha oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
CENTRUM SPECIALIST PRENATAL ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
CITRANATAL 90 DHA ORAL (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	Tier 2	QL (2 EA per 1 day)
CITRANATAL ASSURE ORAL (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	Tier 2	QL (2 EA per 1 day)
CITRANATAL BLOOM DHA ORAL (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	Tier 2	
CITRANATAL DHA ORAL (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	Tier 2	QL (2 EA per 1 day)
CITRANATAL ESSENCE ORAL THERAPY PACK (<i>prenat w/o a-fecbgl-fa-dha</i>)	Tier 2	QL (2 EA per 1 day)
CITRANATAL HARMONY ORAL CAPSULE (<i>prenat-fefmcb-dss-fa-dha w/o a</i>)	Tier 2	QL (1 capsule per 1 day)
CITRANATAL MEDLEY ORAL CAPSULE (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	Tier 2	QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cvs prenatal multi+dha oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>cvs womens prenatal+dha oral</i>	Tier 1	OTC; QL (2 tablets per 1 day)
ENFAMIL EXPECTA ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
<i>neonatal + dha oral</i>	Tier 2	QL (1 unit per 1 day)
NESTABS ONE ORAL CAPSULE (<i>prenat-fe-methylfol-dha w/o a</i>)	Tier 2	QL (1 capsule per 1 day)
OBSTETRIX ONE ORAL CAPSULE (<i>prenat-fe-methyl-dss-dha w/o a</i>)	Tier 2	QL (1 capsule per 1 day)
<i>pnv-dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>pnv-dha+docusate oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>pregen dha oral capsule</i>	Tier 2	QL (1 tablet per 1 day)
<i>prena 1 true oral</i>	Tier 2	QL (2 tablets per 1 day)
<i>prenaissance oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>prenaissance plus oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
<i>prenatal multi +dha oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
PRENATAL MULTIVITAMIN + DHA ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
<i>prenatal multivitamin plus dha oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>prenatal vitamin/min +dha oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>prenatal+dha oral</i>	Tier 1	OTC; QL (2 tablets per 1 day)
PRENATE DHA ORAL CAPSULE (<i>prenat-feasp-meth-fa-dha w/o a</i>)	Tier 2	QL (1 capsule per 1 day)
PRENATE ENHANCE ORAL CAPSULE (<i>prenat w/o a-fe-methfol-fa-dha</i>)	Tier 2	QL (1 capsule per 1 day)
PRENATE ESSENTIAL ORAL CAPSULE (<i>prenat-feasp-meth-fa-dha w/o a</i>)	Tier 2	QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATE MINI ORAL CAPSULE (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	Tier 2	QL (1 capsule per 1 day)
PRENATE PIXIE ORAL CAPSULE (<i>prenat-feasp-meth-fa-dha w/o a</i>)	Tier 2	QL (1 capsule per 1 day)
PRENATE RESTORE ORAL CAPSULE (<i>prenat w/o a-fe-methfol-fa-dha</i>)	Tier 2	QL (1 capsule per 1 day)
SELECT-OB+DHA ORAL (<i>prenatal vit-fepoly-fa-dha</i>)	Tier 2	QL (2 EA per 1 day)
SIMILAC PRENATAL EARLY SHIELD ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
STUART ONE ORAL CAPSULE (<i>prenatal mv-min-fe cbn-fa-dha</i>)	Tier 1	OTC; QL (1 capsule per 1 day)
TARON-PREX ORAL CAPSULE (<i>prenat-fefum-dss-fa-dha w/o a</i>)	Tier 2	QL (1 capsule per 1 day)
THERANATAL COMPLETE ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	Tier 1	OTC; QL (3 units per 1 day)
THERANATAL ONE ORAL CAPSULE (<i>prenatal-fefum-fa-dha w/o a</i>)	Tier 1	OTC; QL (1 capsule per 1 day)
<i>tristart dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
TRISTART FREE ORAL CAPSULE (<i>prenat w/o a-fecbn-meth-fa-dha</i>)	Tier 2	QL (1 capsule per 1 day)
TRISTART ONE ORAL CAPSULE (<i>prenat w/o a-fecbn-meth-fa-dha</i>)	Tier 2	QL (1 capsule per 1 day)
<i>ultra prenatal + dha oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>virt-pn dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
VITAFOL FE+ ORAL CAPSULE (<i>prenat-fe poly-methfol-fa-dha</i>)	Tier 2	QL (2 capsules per 1 day)
VITAFOL ULTRA ORAL CAPSULE (<i>prenat-fe poly-methfol-fa-dha</i>)	Tier 2	QL (1 capsule per 1 day)
VITAFOL-OB+DHA ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	Tier 2	QL (2 tablets per 1 day)
VITAFOL-ONE ORAL CAPSULE (<i>prenatal vit-fepoly-fa-dha</i>)	Tier 2	QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE (<i>prenat w/o a-fe-methfol-fa-dha</i>)	Tier 2	QL (1 capsule per 1 day)
VITATRUE ORAL (<i>prenat-fechel-fa-dha w/o vit a</i>)	Tier 2	QL (2 tablets per 1 day)
<i>westgel dha oral capsule</i>	Tier 2	QL (1 capsule per 1 day)
ZATEAN-PN DHA ORAL CAPSULE (<i>prenat w/o a-fe-methfol-fa-dha</i>)	Tier 2	QL (1 capsule per 1 day)
*PRENATAL MV & MINERALS W/ FA WITHOUT IRON*** - DRUGS FOR NUTRITION		
<i>cvs prenatal gummy oral tablet chewable</i>	Tier 1	OTC
*PRENATAL MV & MINERALS W/ FA-OMEGA FATTY ACIDS W/O IRON*** - DRUGS FOR NUTRITION		
<i>cvs prenatal gummy oral tablet chewable</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*PRENATAL MV & MINERALS W/FA WITHOUT IRON*** - DRUGS FOR NUTRITION		
ALIVE PRENATAL ORAL TABLET CHEWABLE (<i>prenatal mv & min w/fa-dha</i>)	Tier 1	OTC
<i>cvs prenatal gummy oral tablet chewable</i>	Tier 1	OTC
GOOD START PRENATAL NOURISH ORAL TABLET CHEWABLE (<i>prenatal mv & min w/fa-dha</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
ONE A DAY PRENATAL ORAL TABLET CHEWABLE (<i>prenatal mv & min w/fa-dha</i>)	Tier 1	OTC
<i>prenatal + complete multi oral therapy pack</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>prenatal adult gummy/dhalfa oral tablet chewable</i>	Tier 1	OTC
<i>prenatal gummies/dha & fa oral tablet chewable</i>	Tier 1	OTC; QL (1 tablet per 1 day)
PRENATE ORAL TABLET CHEWABLE (<i>prenat mv-min-methylfolate-fa</i>)	Tier 2	QL (1 tablet per 1 day)
*PRENATAL VITAMINS*** - DRUGS FOR NUTRITION		
<i>neonatal 19 oral tablet</i>	Tier 2	QL (1 tablet per 1 day)

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PREMESISRX ORAL TABLET (<i>prenatal ca-b6-b12-fa-ginger</i>)	Tier 2	QL (1 tablet per 1 day)
<i>prena1 oral tablet chewable</i>	Tier 2	QL (1 tablet per 1 day)
PRENATE AM ORAL TABLET (<i>prenatal ca-b6-b12-fa-ginger</i>)	Tier 2	QL (1 tablet per 1 day)
VITAFOL STRIPS ORAL FILM (<i>prenatal-b6-b12-d3-folic acid</i>)	Tier 2	QL (1 capsule per 1 day)
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE (<i>prenat-b2-b6-b12-d3-fa</i>)	Tier 2	QL (1 tablet per 1 day)
*SPECIALTY VITAMINS PRODUCTS*** - DRUGS FOR NUTRITION		
<i>a thru z advantage oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvs menopause support oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
MILLTRIUM STAMINA PLUS ORAL TABLET (<i>specialty vitamins products</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>ultimate fat burner oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>varisan vitality oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vitamins for hair oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>weight loss daily multi oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*VITAMINS W/ LIPOTROPICS*** - DRUGS FOR NUTRITION		
<i>b complex (lipotropics) oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>b-100 complex oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>b-100 cr oral tablet extended release</i>	Tier 1	OTC
<i>b-100 oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>b-50 oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>balanced b-100 complex cr oral tablet extended release</i>	Tier 1	OTC
<i>balanced b-50 complex oral capsule</i>	Tier 1	OTC
<i>b-stress oral capsule</i>	Tier 1	OTC
CVS BALANCED B50 ORAL TABLET (<i>vitamins-lipotropics</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvs inner ear plus oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>inner ear plus oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
LIPO FLAVONOID PLUS ORAL TABLET (<i>vitamins-lipotropics</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
LIPOFLAVOVIT ORAL TABLET (<i>vitamins-lipotropics</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>mega multiple/chelated mineral oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>methacholinelliver oral capsule</i>	Tier 1	OTC
<i>multi-vitamin hp/minerals oral capsule</i>	Tier 1	OTC
<i>nat-rul b-50 oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
PX B-50 ORAL TABLET (<i>vitamins-lipotropics</i>)	Tier 1	OTC; QL (1 tablet per 1 day)
<i>risanoid plus oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>super stress b-complex cr oral tablet extended release</i>	Tier 1	OTC
<i>ultra b-100 complex oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
*ARTICULAR CARTILAGE REPAIR THERAPY*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
CARTICEL INTRA-ARTICULAR IMPLANT (<i>autologous culture chondrocyte</i>)	Tier 2	
MACI INTRA-ARTICULAR SHEET (<i>autolog cult chond coll membr</i>)	Tier 2	
*CENTRAL MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>cyclobenzaprine hcl</i>)	Tier 2	PA; QL (1 capsule per 1 day)
<i>baclofen intrathecal solution</i>	Tier 2	MB
<i>baclofen intrathecal solution prefilled syringe</i>	Tier 2	MB
<i>baclofen oral tablet 10 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>baclofen oral tablet 20 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>baclofen oral tablet 5 mg</i>	Tier 2	QL (3 tablets per 1 day)
<i>carisoprodol oral tablet 250 mg</i>	Tier 1	QL (4 tablets per 30 days)
<i>carisoprodol oral tablet 350 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	Tier 2	PA; QL (4 tablets per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	Tier 2	PA; QL (3 tablets per 1 day)
FEXMID ORAL TABLET (<i>cyclobenzaprine hcl</i>)	Tier 2	PA; QL (3 tablets per 1 day)
GABLOFEN INTRATHECAL SOLUTION (<i>baclofen</i>)	Tier 2	MB

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GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE (<i>baclofen</i>)	Tier 2	MB
LIORESAL INTRATHECAL SOLUTION (<i>baclofen</i>)	Tier 2	MB
<i>chlorzoxazone</i> (Lorzone Oral Tablet)	Tier 2	PA; QL (4 tablets per 1 day)
<i>metaxalone oral tablet</i>	Tier 2	PA; QL (4 tablets per 1 day)
<i>methocarbamol injection solution</i>	Tier 2	MB
<i>methocarbamol oral tablet 500 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>methocarbamol oral tablet 750 mg</i>	Tier 1	QL (6 tablets per 1 day)
<i>orphenadrine citrate er oral tablet extended release 12 hour</i>	Tier 1	QL (2 tablets per 1 day)
<i>orphenadrine citrate injection solution</i>	Tier 2	MB
OZOBAX ORAL SOLUTION (<i>baclofen</i>)	Tier 2	QL (80 mL per 1 day)
ROBAXIN INJECTION SOLUTION (<i>methocarbamol</i>)	Tier 2	MB
SKELAXIN ORAL TABLET (<i>metaxalone</i>)	Tier 2	PA; QL (4 tablets per 1 day)
SOMA ORAL TABLET (<i>carisoprodol</i>)	Tier 2	PA; QL (4 tablets per 1 day)
<i>tizanidine hcl oral capsule 2 mg</i>	Tier 2	PA; QL (4 capsules per 1 day)
<i>tizanidine hcl oral capsule 4 mg</i>	Tier 2	PA; QL (9 capsules per 1 day)
<i>tizanidine hcl oral capsule 6 mg</i>	Tier 2	PA; QL (6 capsules per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>	Tier 1	QL (9 tablets per 1 day)
ZANAFLEX ORAL CAPSULE 2 MG (<i>tizanidine hcl</i>)	Tier 2	PA; QL (4 capsules per 1 day)
ZANAFLEX ORAL CAPSULE 4 MG (<i>tizanidine hcl</i>)	Tier 2	PA; QL (9 capsules per 1 day)
ZANAFLEX ORAL CAPSULE 6 MG (<i>tizanidine hcl</i>)	Tier 2	PA; QL (6 capsules per 1 day)

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ZANAFLEX ORAL TABLET (<i>tizanidine hcl</i>)	Tier 2	PA; QL (9 tablets per 1 day)
*DIRECT MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED (<i>dantrolene sodium</i>)	Tier 2	MB
DANTRIUM ORAL CAPSULE (<i>dantrolene sodium</i>)	Tier 2	
<i>dantrolene sodium intravenous solution reconstituted</i>	Tier 2	MB
<i>dantrolene sodium oral capsule</i>	Tier 1	
<i>dantrolene sodium</i> (Revonto Intravenous Solution Reconstituted)	Tier 2	MB
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED (<i>dantrolene sodium</i>)	Tier 2	MB
*MUSCLE RELAXANT COMBINATIONS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
<i>carisoprodol-aspirin-codeine oral tablet</i>	Tier 1	AL; QL (40 tablets per 30 days)
<i>orphenadrine-aspirin-caffeine</i> (Orphengesic Forte Oral Tablet)	Tier 2	PA
*VISCOSUPPLEMENTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	Tier 2	MB
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	Tier 2	MB
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE (<i>cross-linked hyaluronate</i>)	Tier 2	MB
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	Tier 2	MB
HYALGAN INTRA-ARTICULAR SOLUTION (<i>sodium hyaluronate (viscosup)</i>)	Tier 2	MB
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	Tier 2	MB

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HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hyaluronan</i>)	Tier 2	MB
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hyaluronan</i>)	Tier 2	MB
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hyaluronan</i>)	Tier 2	MB
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	Tier 2	MB
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hylan</i>)	Tier 2	MB
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>hylan</i>)	Tier 2	MB
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	Tier 2	MB
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate (viscosup)</i>)	Tier 2	MB
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
*ANTI-HISTAMINE-STEROID*** - ALLERGY		
<i>azelastine-fluticasone nasal suspension</i>	Tier 2	QL (1 bottle per 30 days)
DYMISTA NASAL SUSPENSION (<i>azelastine-fluticasone</i>)	Tier 2	QL (1 bottle per 30 days)
*NASAL AGENTS - MISC.*** - ALLERGY		
AFRIN SALINE NASAL MIST NASAL SOLUTION (<i>saline</i>)	Tier 1	OTC; QL (2 fills per 30 days)
<i>meijer saline nasal spray nasal solution</i>	Tier 1	OTC; QL (2 fills per 30 days)
NASAL MOIST NASAL SOLUTION (<i>saline</i>)	Tier 1	OTC; QL (2 fills per 30 days)
NOZIN NASAL SANITIZER NASAL KIT (<i>alcohol</i>)	Tier 1	OTC
<i>qc saline nasal relief nasal solution</i>	Tier 1	OTC; QL (2 fills per 30 days)
*NASAL ANESTHETICS*** - ALLERGY		
<i>goprelto nasal solution</i>	Tier 2	

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NUMBRINO NASAL SOLUTION (<i>cocaine hcl (nasal anesthetic)</i>)	Tier 2	
*NASAL ANTICHOLINERGICS*** - ALLERGY		
<i>ipratropium bromide nasal solution</i>	Tier 1	
*NASAL ANTIHISTAMINES*** - ALLERGY		
<i>azelastine hcl nasal solution</i>	Tier 1	QL (1 bottle per 25 days)
<i>olopatadine hcl nasal solution</i>	Tier 2	
PATANASE NASAL SOLUTION (<i>olopatadine hcl</i>)	Tier 2	
*NASAL STEROIDS*** - ALLERGY		
<i>allergy relief nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>allergy spray 24 hour nasal aerosol</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>allergy spray 24 hour nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
BECONASE AQ NASAL SUSPENSION (<i>beclomethasone diprop monohyd</i>)	Tier 2	PA; QL (2 bottles per 30 days)
<i>budesonide nasal suspension</i>	Tier 1	OTC; QL (2 inhalers per 30 days)
CLARISPRAY NASAL SUSPENSION (<i>fluticasone propionate</i>)	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>cvs budesonide nasal suspension</i>	Tier 1	OTC; QL (2 inhalers per 30 days)
<i>cvs fluticasone propionate nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>cvs nasal allergy spray nasal aerosol</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>eq allergy relief nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>eq budesonide nasal nasal suspension</i>	Tier 1	PA; OTC; QL (2 inhalers per 30 days)
<i>eq nasal allergy nasal aerosol</i>	Tier 1	OTC; QL (1 inhaler per 30 days)

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<i>eql fluticasone childrens nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>eql fluticasone propionate nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>flunisolide nasal solution</i>	Tier 2	PA; QL (3 bottles per 30 days)
<i>fluticasone propionate suspension 50 mcglact nasal (otc)</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>fluticasone propionate suspension 50 mcglact nasal (rx)</i>	Tier 2	PA; QL (1 inhaler per 30 days)
<i>gnp 24 hour nasal allergy nasal aerosol</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>gnp budesonide nasal spray nasal suspension</i>	Tier 1	OTC; QL (2 inhalers per 30 days)
<i>gnp fluticasone propionate nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>goodsense nasal allergy spray nasal aerosol</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>hm 24 hour nasal allergy nasal aerosol</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>hm allergy relief nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
KLS ALLER-CORT NASAL AEROSOL (<i>triamcinolone acetonide</i>)	Tier 1	OTC; QL (1 inhaler per 30 days)
KLS ALLER-FLO NASAL SUSPENSION (<i>fluticasone propionate</i>)	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>mometasone furoate nasal suspension</i>	Tier 2	PA; QL (1 bottle per 30 days)
<i>nasal allergy 24 hour nasal aerosol</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
OMNARIS NASAL SUSPENSION (<i>ciclesonide</i>)	Tier 2	PA; QL (1 bottle per 30 days)
PROPEL MINI NASAL IMPLANT (<i>mometasone furoate</i>)	Tier 2	
PROPEL NASAL IMPLANT (<i>mometasone furoate</i>)	Tier 2	

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<i>qc allergy relief nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
QNASL CHILDRENS NASAL AEROSOL SOLUTION (<i>beclomethasone diprop (nasal)</i>)	Tier 2	PA; QL (5 grams per 30 days)
QNASL NASAL AEROSOL SOLUTION (<i>beclomethasone diprop (nasal)</i>)	Tier 2	PA; QL (1 bottle per 30 days)
<i>ra budesonide nasal suspension</i>	Tier 1	OTC; QL (2 inhalers per 30 days)
<i>ra nasal allergy nasal aerosol</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
SINUVA NASAL IMPLANT (<i>mometasone furoate</i>)	Tier 2	
<i>sm allergy relief nasal suspension</i>	Tier 1	OTC; QL (1 inhaler per 30 days)
<i>triamcinolone acetonide nasal aerosol</i>	Tier 1	OTC; QL (1 bottle per 30 days)
XHANCE NASAL EXHALER SUSPENSION (<i>fluticasone propionate</i>)	Tier 2	PA; QL (2 inhalers per 30 days)
ZETONNA NASAL AEROSOL SOLUTION (<i>ciclesonide</i>)	Tier 2	PA; QL (1 inhaler per 30 days)
*SYSTEMIC DECONGESTANTS*** - ALLERGY		
<i>12 hour nasal decongestant oral tablet extended release 12 hour</i>	Tier 1	OTC
<i>cvs nasal decongestant oral capsule</i>	Tier 1	OTC
<i>cvs nasal decongestant oral tablet</i>	Tier 1	OTC
<i>decongestant oral tablet</i>	Tier 1	OTC
<i>eql nasal decongestant oral tablet</i>	Tier 1	OTC
<i>gnp nasal decongestant oral tablet</i>	Tier 1	OTC
<i>hm nasal decongestant oral tablet</i>	Tier 1	OTC
<i>kp pseudoephedrine hcl oral tablet 30 mg</i>	Tier 1	OTC
<i>kp pseudoephedrine hcl oral tablet 60 mg</i>	Tier 1	AL; OTC
<i>meijer nasal decongestant oral tablet</i>	Tier 1	OTC
<i>nasal decongestant 12hr oral tablet extended release 12 hour</i>	Tier 1	OTC

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<i>nasal decongestant max st oral tablet</i>	Tier 1	OTC
<i>nasal decongestant oral tablet</i>	Tier 1	OTC
<i>pseudoephedrine hcl oral tablet 30 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl oral tablet 60 mg</i>	Tier 1	AL; OTC
<i>px nasal decongestant oral tablet</i>	Tier 1	OTC
<i>ra sinus/congestion relief oral tablet</i>	Tier 1	OTC
<i>ra sinus/congestion relief oral tablet extended release 12 hour</i>	Tier 1	OTC
<i>ra suphedrine oral tablet</i>	Tier 1	OTC
<i>sinus 12 hour oral tablet extended release 12 hour</i>	Tier 1	OTC
<i>sinus congestion max strength oral tablet</i>	Tier 1	OTC
<i>sm nasal decongestant max st oral tablet</i>	Tier 1	OTC
<i>sudogest 12 hour oral tablet extended release 12 hour</i>	Tier 1	OTC
SUDOGEST MAXIMUM STRENGTH ORAL TABLET (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
SUDOGEST ORAL TABLET 30 MG (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
SUDOGEST ORAL TABLET 60 MG (<i>pseudoephedrine hcl</i>)	Tier 1	AL; OTC
WAL-PHED ORAL TABLET (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ALS AGENTS - MISCELLANEOUS*** - DRUGS FOR NERVES AND MUSCLES		
RADICAVA INTRAVENOUS SOLUTION (<i>edaravone</i>)	Tier 2	MB
*BENZATHIAZOLES*** - DRUGS FOR NERVES AND MUSCLES		
EXSERVAN ORAL FILM (<i>riluzole</i>)	Tier 2	PA; SP; QL (4 flms per 1 day)
RILUTEK ORAL TABLET (<i>riluzole</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
<i>riluzole oral tablet</i>	Tier 1	PA; SP; QL (4 tablets per 1 day)

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TIGLUTIK ORAL SUSPENSION (<i>riluzole</i>)	Tier 2	PA; SP
*DEPOLARIZING MUSCLE RELAXANTS*** - DRUGS FOR NERVES AND MUSCLES		
ANECTINE INJECTION SOLUTION (<i>succinylcholine chloride</i>)	Tier 2	MB
QUELICIN INJECTION SOLUTION (<i>succinylcholine chloride</i>)	Tier 2	MB
<i>succinylcholine chloride injection solution</i>	Tier 2	MB
<i>succinylcholine chloride intravenous solution prefilled syringe</i>	Tier 2	MB
*MUSCULAR DYSTROPHY AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
<i>amondys 45 intravenous solution</i>	Tier 2	MB
EXONDYS 51 INTRAVENOUS SOLUTION (<i>eteplirsen</i>)	Tier 2	MB
VILTEPSO INTRAVENOUS SOLUTION (<i>viltolarsen</i>)	Tier 2	MB
VYONDYS 53 INTRAVENOUS SOLUTION (<i>golodirsen</i>)	Tier 2	MB
*NONDEPOLARIZING MUSCLE RELAXANTS*** - DRUGS FOR NERVES AND MUSCLES		
<i>atracurium besylate intravenous solution</i>	Tier 2	MB
<i>cisatracurium besylate (pf) intravenous solution</i>	Tier 2	MB
<i>cisatracurium besylate intravenous solution</i>	Tier 2	MB
NIMBEX INTRAVENOUS SOLUTION (<i>cisatracurium besylate</i>)	Tier 2	MB
<i>pancuronium bromide intravenous solution</i>	Tier 2	MB
<i>rocuronium bromide intravenous solution</i>	Tier 2	MB
<i>rocuronium bromide intravenous solution prefilled syringe</i>	Tier 2	MB
<i>vecuronium bromide intravenous solution prefilled syringe</i>	Tier 2	MB
<i>vecuronium bromide intravenous solution reconstituted</i>	Tier 2	MB

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Effective 01/01/2022

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SPINAL MUSCULAR ATROPHY-ANTISENSE OLIGONUCLEOTIDES*** - DRUGS FOR NERVES AND MUSCLES		
SPINRAZA INTRATHECAL SOLUTION (<i>nusinersen</i>)	Tier 2	MB
*SPINAL MUSCULAR ATROPHY-GENE THERAPY AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
ZOLGENSMA 10.1-10.5 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 10.6-11.0 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 11.1-11.5 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 11.6-12.0 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 12.1-12.5 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 12.6-13.0 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 13.1-13.5 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 2.6-3.0 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 3.1-3.5 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 3.6-4.0 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 4.1-4.5 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 4.6-5.0 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 5.1-5.5 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 5.6-6.0 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOLGENSMA 6.1-6.5 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 6.6-7.0 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 7.1-7.5 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 7.6-8.0 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 8.1-8.5 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 8.6-9.0 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 9.1-9.5 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
ZOLGENSMA 9.6-10.0 KG INTRAVENOUS KIT (<i>onasemnogene abeparvovec-xioi</i>)	Tier 2	MB
*SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS*** - DRUGS FOR NERVES AND MUSCLES		
EVRYSDI ORAL SOLUTION RECONSTITUTED (<i>risdiplam</i>)	Tier 2	PA; SP; QL (5 mg per 1 day)
NUTRIENTS - DRUGS FOR NUTRITION		
*AMINO ACID MIXTURES*** - DRUGS FOR NUTRITION		
AMINOPROTECT INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	Tier 2	MB
<i>amino acid infusion</i> (Aminosyn Ii Intravenous Solution)	Tier 2	MB
AMINOSYN-PF INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	Tier 2	MB
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d5w</i>)	Tier 2	MB
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d10w</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d5w</i>)	Tier 2	MB
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d15w</i>)	Tier 2	MB
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d20w</i>)	Tier 2	MB
<i>clinimix eldextrose (8/10) intravenous solution</i>	Tier 2	MB
<i>clinimix eldextrose (8/14) intravenous solution</i>	Tier 2	MB
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION (<i>amino acid infusion in d10w</i>)	Tier 2	MB
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION (<i>amino acid infusion in d5w</i>)	Tier 2	MB
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION (<i>amino acid infusion in d15w</i>)	Tier 2	MB
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION (<i>amino acid infusion in d20w</i>)	Tier 2	MB
<i>clinimix/dextrose (6/5) intravenous solution</i>	Tier 2	MB
<i>clinimix/dextrose (8/10) intravenous solution</i>	Tier 2	MB
<i>clinimix/dextrose (8/14) intravenous solution</i>	Tier 2	MB
<i>amino acid infusion</i> (Clinisol Sf Intravenous Solution)	Tier 2	MB
FREAMINE III INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	Tier 2	MB
<i>amino acid infusion</i> (Plenamaine Intravenous Solution)	Tier 2	MB
PREMASOL INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	Tier 2	MB
PROCALAMINE INTRAVENOUS SOLUTION (<i>amino acid electrolyte infusion</i>)	Tier 2	MB
PROSOL INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	Tier 2	MB
TRAVASOL INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	Tier 2	MB
TROPHAMINE INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*AMINO ACIDS-SINGLE*** - DRUGS FOR NUTRITION		
<i>arginine hcl injection solution</i>	Tier 2	
ELCYS INTRAVENOUS SOLUTION (<i>cysteine hcl</i>)	Tier 2	MB
<i>glutathione injection solution</i>	Tier 2	
<i>glutathione intravenous solution</i>	Tier 2	
<i>glycine injection solution</i>	Tier 2	
<i>lysine hcl injection solution</i>	Tier 2	
<i>taurine injection solution</i>	Tier 2	
*CARBOHYDRATES*** - DRUGS FOR NUTRITION		
<i>dextrose intravenous solution</i>	Tier 2	MB
GOOD START 5% GLUCOSE WATER ORAL SOLUTION (<i>glucose</i>)	Tier 1	OTC
SIMILAC GLUCOSE WATER ORAL SOLUTION (<i>glucose</i>)	Tier 1	OTC
*LIPIDS*** - DRUGS FOR NUTRITION		
CLINOLIPID INTRAVENOUS EMULSION (<i>fat emuls plant base(soy/oliv)</i>)	Tier 2	MB
DOJOLVI ORAL LIQUID (<i>triheptanoin</i>)	Tier 2	PA; SP
INTRALIPID INTRAVENOUS EMULSION (<i>fat emulsion plant based (soy)</i>)	Tier 2	MB
NUTRILIPID INTRAVENOUS EMULSION (<i>fat emulsion plant based (soy)</i>)	Tier 2	MB
OMEGAIVEN INTRAVENOUS EMULSION (<i>fish oil triglyceride based</i>)	Tier 2	MB
SMOFLIPID INTRAVENOUS EMULSION (<i>fat emul fish oil/plant based</i>)	Tier 2	MB
*LIPOTROPIC COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>gram-o-leci oral tablet chewable</i>	Tier 1	OTC
<i>lipo intramuscular solution</i>	Tier 2	
<i>lipo-c intramuscular solution</i>	Tier 2	
<i>sm soya lecithin oral capsule</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MISC. NUTRITIONAL SUBSTANCES COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>kelp-b6-lecithin-vinegar oral capsule</i>	Tier 1	OTC
*MISC. NUTRITIONAL SUBSTANCES*** - DRUGS FOR NUTRITION		
<i>algal omega-3 dha oral capsule</i>	Tier 1	OTC
<i>atabex dha 200 oral capsule</i>	Tier 1	OTC
<i>dha complete oral capsule</i>	Tier 1	OTC
<i>dha natural omega-3 oral capsule</i>	Tier 1	OTC
<i>dha oral capsule</i>	Tier 1	OTC
<i>prenatal dha oral capsule</i>	Tier 1	OTC
*PROTEIN COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>tri-amino injection solution</i>	Tier 2	
*PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS*** - DRUGS FOR NUTRITION		
KABIVEN INTRAVENOUS EMULSION (<i>amino ac-dext-lipid-electrolyt</i>)	Tier 2	MB
PERIKABIVEN INTRAVENOUS EMULSION (<i>amino ac-dext-lipid-electrolyt</i>)	Tier 2	MB
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
*ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB*** - DRUGS FOR GLAUCOMA		
SIMBRINZA OPHTHALMIC SUSPENSION (<i>brinzolamide-brimonidine</i>)	Tier 2	QL (8 mL per 30 days)
*ARTIFICIAL TEAR AND LUBRICANT COMBINATIONS*** - DRUGS FOR THE EYE		
ALTALUBE OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
<i>artificial eye ophthalmic ointment</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>artificial tears ophthalmic solution</i>	Tier 1	OTC
<i>artificial tears pf ophthalmic solution</i>	Tier 1	OTC
<i>cvs artificial tears ophthalmic solution</i>	Tier 1	OTC
<i>cvs lubricant drops fast act ophthalmic solution</i>	Tier 1	OTC
<i>cvs lubricant drops long last ophthalmic solution</i>	Tier 1	OTC
<i>cvs lubricant eye drops (pf) ophthalmic solution</i>	Tier 1	OTC
<i>cvs lubricant eye drops ophthalmic solution</i>	Tier 1	OTC
<i>cvs lubricating eyelovernight ophthalmic ointment</i>	Tier 1	OTC
<i>cvs lubricating/dry eye ophthalmic solution</i>	Tier 1	OTC
<i>cvs natural tears pf ophthalmic solution</i>	Tier 1	OTC
<i>cvs nighttime dry-eye relief ophthalmic ointment</i>	Tier 1	OTC
<i>dry eye relief drops ophthalmic solution</i>	Tier 1	OTC
<i>eq lubricant eye drops ophthalmic solution</i>	Tier 1	OTC
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
<i>gnp artificial tears ophthalmic solution</i>	Tier 1	OTC
<i>gnp eye drops long lasting ophthalmic solution</i>	Tier 1	OTC
<i>gnp eye drops ophthalmic solution</i>	Tier 1	OTC
<i>goodsense artificial tears ophthalmic solution</i>	Tier 1	OTC
<i>goodsense lubricant eye drops ophthalmic solution</i>	Tier 1	OTC
<i>goodsense ultra lubricant drop ophthalmic solution</i>	Tier 1	OTC
<i>hm lubricating tears ophthalmic solution</i>	Tier 1	OTC
HYPOTEARs OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
<i>lubricant drops/dual-action ophthalmic solution</i>	Tier 1	OTC
<i>lubricant eye drops (pf) ophthalmic solution</i>	Tier 1	OTC
<i>lubricant eye drops ophthalmic solution</i>	Tier 1	OTC
<i>lubricant eye fast acting ophthalmic ointment</i>	Tier 1	OTC
<i>lubricant eye pm ophthalmic ointment</i>	Tier 1	OTC
<i>lubricant pm ophthalmic ointment</i>	Tier 1	OTC
<i>lubricating eye drops ophthalmic solution</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lubricating tears eye drops ophthalmic solution</i>	Tier 1	OTC
<i>px artificial tears ophthalmic solution</i>	Tier 1	OTC
<i>qc artificial tears ophthalmic solution</i>	Tier 1	OTC
<i>ra lubricant eye ophthalmic solution</i>	Tier 1	OTC
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
RETAIN PM OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
<i>sm lubricant eye drops ophthalmic solution</i>	Tier 1	OTC
<i>sm lubricating tears ophthalmic solution</i>	Tier 1	OTC
SOOTHE NIGHTTIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
STYE OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
<i>tears pure ophthalmic solution</i>	Tier 1	OTC
ULTRA FRESH PM OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	Tier 1	OTC
<i>ultra lubricating eye drops ophthalmic solution</i>	Tier 1	OTC
*ARTIFICIAL TEAR INSERTS*** - DRUGS FOR THE EYE		
LACRISERT OPHTHALMIC INSERT (<i>artificial tear insert</i>)	Tier 2	PA; QL (2 inserts per 1 day)
*ARTIFICIAL TEAR SOLUTIONS*** - DRUGS FOR THE EYE		
GENTEAL TEARS OPHTHALMIC SOLUTION (<i>artificial tear solution</i>)	Tier 1	OTC
<i>just tears eye drops ophthalmic solution</i>	Tier 1	OTC
<i>sm artificial tears ophthalmic solution</i>	Tier 1	OTC
SOOTHE HYDRATION OPHTHALMIC SOLUTION (<i>artificial tear solution</i>)	Tier 1	OTC

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SOOTHE XP OPHTHALMIC SOLUTION (<i>artificial tear solution</i>)	Tier 1	OTC
SOOTHE XP XTRA PROTECTION OPHTHALMIC SOLUTION (<i>artificial tear solution</i>)	Tier 1	OTC
SYSTANE CONTACTS OPHTHALMIC SOLUTION (<i>artificial tear solution</i>)	Tier 1	OTC
*ARTIFICIAL TEARS AND LUBRICANTS*** - DRUGS FOR THE EYE		
<i>artificial tears ophthalmic solution</i>	Tier 1	OTC
BIOLLE TEARS OPHTHALMIC SOLUTION (<i>carboxymethylcellulose sodium</i>)	Tier 1	OTC
<i>carboxymethylcellulose sodium ophthalmic solution</i>	Tier 1	OTC
<i>cvs lubricant drops ophthalmic solution</i>	Tier 1	OTC
<i>cvs lubricant eye drops (pf) ophthalmic solution</i>	Tier 1	OTC
<i>cvs lubricant eye drops ophthalmic solution</i>	Tier 1	OTC
<i>eq restore plus lubricant eye ophthalmic solution</i>	Tier 1	OTC
<i>eq restore tears ophthalmic solution</i>	Tier 1	OTC
<i>gnp lubricating plus eye drops ophthalmic solution</i>	Tier 1	OTC
<i>goodsense lubricating eye drop ophthalmic solution</i>	Tier 1	OTC
<i>hm lubricating plus ophthalmic solution</i>	Tier 1	OTC
<i>lubricant eye drops ophthalmic solution</i>	Tier 1	OTC
<i>lubricant eye drops pf ophthalmic solution</i>	Tier 1	OTC
<i>lubricating plus eye drops ophthalmic solution</i>	Tier 1	OTC
<i>moisturizing lubricant eye ophthalmic solution</i>	Tier 1	OTC
<i>ra lubricant eye drops ophthalmic solution</i>	Tier 1	OTC
RETAINÉ CMC OPHTHALMIC SOLUTION (<i>carboxymethylcellulose sodium</i>)	Tier 1	OTC
<i>sm lubricating plus ophthalmic solution</i>	Tier 1	OTC
ULTRA FRESH OPHTHALMIC SOLUTION (<i>carboxymethylcellulose sodium</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** - DRUGS FOR GLAUCOMA		
COMBIGAN OPHTHALMIC SOLUTION (<i>brimonidine tartrate-timolol</i>)	Tier 2	QL (15 mL per 30 days)
COSOPT OPHTHALMIC SOLUTION (<i>dorzolamide hcl-timolol mal</i>)	Tier 2	QL (10 mL per 30 days)
COSOPT PF OPHTHALMIC SOLUTION (<i>dorzolamide hcl-timolol mal</i>)	Tier 2	QL (60 vials per 30 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	Tier 2	QL (60 vials per 30 days)
*BETA-BLOCKERS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>betaxolol hcl ophthalmic solution</i>	Tier 1	QL (15 mL per 30 days)
BETIMOL OPHTHALMIC SOLUTION (<i>timolol hemihydrate</i>)	Tier 2	QL (15 mL per 30 days)
BETOPTIC-S OPHTHALMIC SUSPENSION (<i>betaxolol hcl</i>)	Tier 2	QL (15 mL per 30 days)
<i>carteolol hcl ophthalmic solution</i>	Tier 1	
ISTALOL OPHTHALMIC SOLUTION (<i>timolol maleate</i>)	Tier 2	QL (5 mL per 30 days)
<i>levobunolol hcl ophthalmic solution</i>	Tier 1	
<i>timolol maleate (once-daily) ophthalmic solution</i>	Tier 2	QL (5 mL per 30 days)
<i>timolol maleate ocudose ophthalmic solution</i>	Tier 2	QL (20 mL per 30 days)
<i>timolol maleate ophthalmic gel forming solution</i>	Tier 1	QL (5 mL per 30 days)
<i>timolol maleate ophthalmic solution 0.25 %</i>	Tier 1	QL (10 mL per 30 days)
<i>timolol maleate ophthalmic solution 0.5 %</i>	Tier 1	QL (20 mL per 30 days)
<i>timolol maleate pf ophthalmic solution</i>	Tier 2	QL (20 mL per 30 days)
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % (<i>timolol maleate</i>)	Tier 2	QL (18 mL per 30 days)
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	Tier 2	QL (20 mL per 30 days)
TIMOPTIC OPHTHALMIC SOLUTION 0.25 % (<i>timolol maleate</i>)	Tier 2	QL (10 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIMOPTIC OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	Tier 2	QL (20 mL per 30 days)
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION (<i>timolol maleate</i>)	Tier 2	QL (5 mL per 30 days)
*CHOLINERGIC AGONISTS*** - DRUGS FOR THE EYE		
TYRVAYA NASAL SOLUTION (<i>varenicline tartrate</i>)	Tier 2	PA; QL (2 bottles per 30 days)
*CYCLOPLEGIC MYDRIATIC COMBINATIONS*** - DRUGS FOR THE EYE		
CYCLOMYDRIL OPHTHALMIC SOLUTION (<i>cyclopentolate-phenylephrine</i>)	Tier 2	
*CYCLOPLEGIC MYDRIATICS*** - DRUGS FOR THE EYE		
<i>phenylephrine hcl</i> (Altafrin Ophthalmic Solution)	Tier 1	
<i>atropine sulfate ophthalmic ointment</i>	Tier 2	QL (4 grams per 30 days)
<i>atropine sulfate ophthalmic solution 0.01 %</i>	Tier 2	
<i>atropine sulfate ophthalmic solution 1 %</i>	Tier 1	QL (20 mL per 30 days)
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % (<i>cyclopentolate hcl</i>)	Tier 2	
CYCLOGYL OPHTHALMIC SOLUTION 1 % (<i>cyclopentolate hcl</i>)	Tier 2	QL (15 mL per 30 days)
<i>cyclopentolate hcl ophthalmic solution 0.5 %, 2 %</i>	Tier 2	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	Tier 2	QL (15 mL per 30 days)
ISOPTO ATROPINE OPHTHALMIC SOLUTION (<i>atropine sulfate</i>)	Tier 1	QL (20 mL per 30 days)
MYDRIACYL OPHTHALMIC SOLUTION (<i>tropicamide</i>)	Tier 2	
<i>phenylephrine hcl intraocular solution prefilled syringe</i>	Tier 2	MB
<i>phenylephrine hcl ophthalmic solution</i>	Tier 1	
<i>tropicamide ophthalmic solution</i>	Tier 2	
*GONIOSCOPIC SOLUTIONS*** - DRUGS FOR THE EYE		
GONIOTAIRE OPHTHALMIC SOLUTION (<i>hypromellose</i>)	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
XIIDRA OPHTHALMIC SOLUTION (<i>lifitegrast</i>)	Tier 1	PA; QL (2 vials per 1 day)
*MIOTICS - DIRECT ACTING*** - DRUGS FOR GLAUCOMA		
ISOPTO CARPINE OPHTHALMIC SOLUTION (<i>pilocarpine hcl</i>)	Tier 2	
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED (<i>acetylcholine chloride</i>)	Tier 2	
MIOSTAT INTRAOCULAR SOLUTION (<i>carbachol</i>)	Tier 2	MB
<i>pilocarpine hcl ophthalmic solution</i>	Tier 1	
*OPHTHALMIC ADRENERGIC AGENTS*** - DRUGS FOR THE EYE		
<i>epinephrine hcl intraocular solution prefilled syringe</i>	Tier 2	MB
*OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE		
ALOCRILOPHTHALMIC SOLUTION (<i>nedocromil sodium</i>)	Tier 2	PA; QL (5 mL per 30 days)
ALOMIDOPHTHALMIC SOLUTION (<i>lodoxamide tromethamine</i>)	Tier 2	PA; QL (10 mL per 30 days)
<i>azelastine hcl ophthalmic solution</i>	Tier 1	QL (1 bottle per 24 days)
<i>bepotastine besilate ophthalmic solution</i>	Tier 2	PA; QL (10 mL per 30 days)
BEPREVE OPHTHALMIC SOLUTION (<i>bepotastine besilate</i>)	Tier 2	PA; QL (10 mL per 30 days)
CLARITIN EYE OPHTHALMIC SOLUTION (<i>ketotifen fumarate</i>)	Tier 1	OTC; QL (1 bottle per 30 days)
<i>cromolyn sodium ophthalmic solution</i>	Tier 1	QL (1 bottle per 30 days)
<i>cvs olopatadine hcl ophthalmic solution 0.1 %</i>	Tier 1	OTC; QL (1 bottle per 30 days)
<i>cvs olopatadine hcl ophthalmic solution 0.2 %</i>	Tier 1	OTC; QL (1 bottle per 1 day)

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<i>epinastine hcl ophthalmic solution</i>	Tier 1	QL (1 bottle per 30 days)
<i>eq eye itch relief ophthalmic solution</i>	Tier 1	OTC; QL (1 bottle per 30 days)
<i>eye allergy itch relief ophthalmic solution</i>	Tier 1	OTC; QL (1 bottle per 1 day)
<i>eye allergy itchlredness rel ophthalmic solution</i>	Tier 1	OTC; QL (5 mL per 30 days)
<i>gnp olopatadine hcl ophthalmic solution 0.1 %</i>	Tier 1	OTC; QL (5 mL per 30 days)
<i>gnp olopatadine hcl ophthalmic solution 0.2 %</i>	Tier 1	OTC; QL (1 bottle per 1 day)
<i>hm eye allergy itchlred relief ophthalmic solution</i>	Tier 1	OTC; QL (5 mL per 30 days)
LASTACAFT OPHTHALMIC SOLUTION (<i>alcaftadine</i>)	Tier 2	PA; QL (3 mL per 30 days)
<i>olopatadine hcl solution 0.1 % ophthalmic (otc)</i>	Tier 1	OTC; QL (5 mL per 30 days)
<i>olopatadine hcl solution 0.1 % ophthalmic (rx)</i>	Tier 2	QL (5 mL per 30 days)
<i>olopatadine hcl solution 0.2 % ophthalmic (otc)</i>	Tier 1	OTC; QL (1 bottle per 1 day)
<i>olopatadine hcl solution 0.2 % ophthalmic (rx)</i>	Tier 2	QL (1 bottle per 1 day)
PATADAY OPHTHALMIC SOLUTION 0.1 % (<i>olopatadine hcl</i>)	Tier 1	PA; OTC; QL (1 bottle per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.2 % (<i>olopatadine hcl</i>)	Tier 1	PA; QL (1 bottle per 1 day)
PATADAY OPHTHALMIC SOLUTION 0.7 % (<i>olopatadine hcl</i>)	Tier 1	OTC; QL (1 bottle per 30 days)
<i>ra eye itch relief ophthalmic solution</i>	Tier 1	OTC; QL (1 bottle per 30 days)
ZERVIAE OPHTHALMIC SOLUTION (<i>cetirizine hcl</i>)	Tier 2	QL (1 bottle per 30 days)
*OPHTHALMIC ANTIBIOTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
AZASITE OPHTHALMIC SOLUTION (<i>azithromycin</i>)	Tier 2	
<i>bacitracin ophthalmic ointment</i>	Tier 1	QL (7 grams per 30 days)

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BESIVANCE OPHTHALMIC SUSPENSION (<i>besifloxacin hcl</i>)	Tier 2	PA
CILOXAN OPHTHALMIC OINTMENT (<i>ciprofloxacin hcl</i>)	Tier 2	QL (4 grams per 30 days)
CILOXAN OPHTHALMIC SOLUTION (<i>ciprofloxacin hcl</i>)	Tier 2	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier 1	
<i>erythromycin ophthalmic ointment</i>	Tier 1	QL (3.5 grams per 30 days)
<i>gatifloxacin ophthalmic solution</i>	Tier 1	
GENTAK OPHTHALMIC OINTMENT (<i>gentamicin sulfate</i>)	Tier 1	QL (8 grams per 30 days)
<i>gentamicin sulfate ophthalmic solution</i>	Tier 1	QL (8 mL per 30 days)
<i>levofloxacin ophthalmic solution</i>	Tier 1	
<i>mitomycin intraocular solution prefilled syringe</i>	Tier 2	MB
MITOSOL OPHTHALMIC KIT (<i>mitomycin</i>)	Tier 2	
MOXEZA OPHTHALMIC SOLUTION (<i>moxifloxacin hcl</i>)	Tier 2	PA; QL (3 mL per 30 days)
<i>moxifloxacin hcl (2x day) ophthalmic solution</i>	Tier 2	PA; QL (3 mL per 30 days)
<i>moxifloxacin hcl intraocular solution</i>	Tier 2	
<i>moxifloxacin hcl intraocular solution prefilled syringe 0.16 %</i>	Tier 2	MB
<i>moxifloxacin hcl intraocular solution prefilled syringe 0.3 mg/0.3ml</i>	Tier 2	
<i>moxifloxacin hcl ophthalmic solution</i>	Tier 1	QL (3 mL per 30 days)
OCUFLOX OPHTHALMIC SOLUTION (<i>ofloxacin</i>)	Tier 2	QL (10 mL per 30 days)
<i>ofloxacin ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<i>tobramycin ophthalmic solution</i>	Tier 1	QL (20 mL per 30 days)
TOBREX OPHTHALMIC OINTMENT (<i>tobramycin</i>)	Tier 2	QL (4 grams per 30 days)
TOBREX OPHTHALMIC SOLUTION (<i>tobramycin</i>)	Tier 2	QL (20 mL per 30 days)
VIGAMOX OPHTHALMIC SOLUTION (<i>moxifloxacin hcl</i>)	Tier 2	QL (3 mL per 30 days)
ZYMAXID OPHTHALMIC SOLUTION (<i>gatifloxacin</i>)	Tier 2	
*OPHTHALMIC ANTIFUNGAL*** - DRUGS FOR THE EYE		
NATACYN OPHTHALMIC SUSPENSION (<i>natamycin</i>)	Tier 2	

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*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>ak-poly-bac ophthalmic ointment</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	Tier 1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	Tier 1	QL (30 grams per 30 days)
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
<i>neomycin-bacitracin zn-polymyx</i> (Neo-Polycin Ophthalmic Ointment)	Tier 1	QL (30 grams per 30 days)
<i>bacitracin-polymyxin b</i> (Polycin Ophthalmic Ointment)	Tier 1	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
POLYTRIM OPHTHALMIC SOLUTION (<i>polymyxin b-trimethoprim</i>)	Tier 2	QL (10 mL per 30 days)
*OPHTHALMIC ANTISEPTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION (<i>povidone-iodine</i>)	Tier 2	
*OPHTHALMIC ANTIVIRALS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>trifluridine ophthalmic solution</i>	Tier 1	QL (8 mL per 30 days)
ZIRGAN OPHTHALMIC GEL (<i>ganciclovir</i>)	Tier 2	QL (5 grams per 6 days)
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
AZOPT OPHTHALMIC SUSPENSION (<i>brinzolamide</i>)	Tier 2	QL (15 mL per 30 days)
<i>brinzolamide ophthalmic suspension</i>	Tier 2	QL (15 mL per 30 days)
<i>dorzolamide hcl ophthalmic solution</i>	Tier 1	QL (10 mL per 30 days)
TRUSOPT OPHTHALMIC SOLUTION (<i>dorzolamide hcl</i>)	Tier 2	QL (10 mL per 30 days)
*OPHTHALMIC DECONGESTANT COMBINATIONS*** - DRUGS FOR ITCHY EYE		
<i>allergy eye ophthalmic solution</i>	Tier 1	OTC; QL (15 mL per 30 days)
<i>cvs eye allergy relief ophthalmic solution</i>	Tier 1	OTC

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<i>cvs eye drops ophthalmic solution</i>	Tier 1	OTC
<i>eq eye allergy relief ophthalmic solution</i>	Tier 1	OTC
<i>eql advanced relief ophthalmic solution</i>	Tier 1	OTC
<i>eql eye drops ac ophthalmic solution</i>	Tier 1	OTC; QL (15 mL per 30 days)
<i>eye allergy relief ophthalmic solution 0.025-0.3 %</i>	Tier 1	OTC; QL (15 mL per 30 days)
<i>eye allergy relief ophthalmic solution 0.027-0.315 %</i>	Tier 1	OTC
<i>eye drops advanced relief ophthalmic solution</i>	Tier 1	OTC
<i>eye drops ar ophthalmic solution</i>	Tier 1	OTC; QL (15 mL per 30 days)
<i>gnp eye drops ophthalmic solution</i>	Tier 1	OTC; QL (15 mL per 30 days)
<i>goodsense eye drops ophthalmic solution</i>	Tier 1	OTC
<i>goodsense relief eye drops ophthalmic solution</i>	Tier 1	OTC; QL (15 mL per 30 days)
<i>qc eye drops ophthalmic solution</i>	Tier 1	OTC
<i>ra eye allergy relief ophthalmic solution</i>	Tier 1	OTC
<i>relief drops ophthalmic solution</i>	Tier 1	OTC; QL (15 mL per 30 days)
<i>relief eye drops ophthalmic solution</i>	Tier 1	OTC; QL (15 mL per 30 days)
VISINE OPHTHALMIC SOLUTION (<i>naphazoline-pheniramine</i>)	Tier 1	OTC; QL (15 mL per 30 days)
*OPHTHALMIC DECONGESTANTS*** - DRUGS FOR ITCHY EYE		
<i>eql eye drops ophthalmic solution</i>	Tier 1	OTC; QL (15 mL per 30 days)
<i>eye drops ophthalmic solution</i>	Tier 1	OTC; QL (15 mL per 30 days)
<i>goodsense eye drops ophthalmic solution</i>	Tier 1	OTC; QL (15 mL per 30 days)
<i>qc eye drops ophthalmic solution</i>	Tier 1	OTC; QL (15 mL per 30 days)

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*OPHTHALMIC DIAGNOSTIC PRODUCTS*** - DRUGS FOR THE EYE		
<i>ak-fluor intravenous solution</i>	Tier 2	MB
<i>altafluor benox ophthalmic solution</i>	Tier 2	
<i>fluorescein sodium/benoxinate ophthalmic solution</i>	Tier 2	
<i>fluorescein-benoxinate ophthalmic solution</i>	Tier 2	
FLUORESCITE INTRAVENOUS SOLUTION (<i>fluorescein sodium</i>)	Tier 2	MB
<i>fluorescein sodium</i> (Fluor-I-Strips A.T. Ophthalmic Strip)	Tier 2	
FLURA-SAFE OPHTHALMIC SOLUTION (<i>fluorexon-benoxinate</i>)	Tier 2	
PAREMYD OPHTHALMIC SOLUTION (<i>hydroxyamphetamine-tropicamide</i>)	Tier 2	
<i>proparacaine-fluorescein ophthalmic solution</i>	Tier 2	
*OPHTHALMIC GENE THERAPY*** - DRUGS FOR THE EYE		
LUXTURNA INTRAOCULAR SUSPENSION (<i>voretigene neparvovec-rzyl</i>)	Tier 2	MB
*OPHTHALMIC IMMUNOMODULATORS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
CEQUA OPHTHALMIC SOLUTION (<i>cyclosporine</i>)	Tier 2	PA; QL (2 vials per 1 day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION (<i>cyclosporine</i>)	Tier 2	PA; QL (1 bottle per 28 days)
RESTASIS OPHTHALMIC EMULSION (<i>cyclosporine</i>)	Tier 2	PA; QL (1 bottle per 28 days)
*OPHTHALMIC IRRIGATION SOLUTIONS*** - DRUGS FOR THE EYE		
<i>balanced salt intraocular solution</i>	Tier 2	
BSS INTRAOCULAR SOLUTION (<i>ophth irr soln-intraocular</i>)	Tier 2	
BSS PLUS INTRAOCULAR SOLUTION (<i>ophth irr soln-intraocular</i>)	Tier 2	

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*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** - DRUGS FOR GLAUCOMA		
ROCKLATAN OPHTHALMIC SOLUTION (<i>netarsudil-latanoprost</i>)	Tier 2	QL (2.5 mL per 30 days)
*OPHTHALMIC LOCAL ANESTHETIC - COMBINATIONS*** - DRUGS FOR THE EYE		
<i>lidocaine-epinephrine intraocular solution</i>	Tier 2	
<i>lidocaine-phenylephrine intraocular solution</i>	Tier 2	
<i>lidocaine-phenylephrine-bss intraocular solution prefilled syringe</i>	Tier 2	
*OPHTHALMIC LOCAL ANESTHETICS*** - DRUGS FOR THE EYE		
AKTEN OPHTHALMIC GEL (<i>lidocaine hcl</i>)	Tier 2	
ALCAINE OPHTHALMIC SOLUTION (<i>proparacaine hcl</i>)	Tier 2	
<i>proparacaine hcl ophthalmic solution</i>	Tier 2	
<i>tetracaine hcl ophthalmic solution</i>	Tier 2	
*OPHTHALMIC NERVE GROWTH FACTORS*** - DRUGS FOR THE EYE		
OXERVATE OPHTHALMIC SOLUTION (<i>cenegermin-bkbj</i>)	Tier 2	PA; SP; QL (2 vials per 1 day)
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
ACULAR LS OPHTHALMIC SOLUTION (<i>ketorolac tromethamine</i>)	Tier 2	PA
ACULAR OPHTHALMIC SOLUTION (<i>ketorolac tromethamine</i>)	Tier 2	PA; QL (10 mL per 30 days)
ACUVAIL OPHTHALMIC SOLUTION (<i>ketorolac tromethamine</i>)	Tier 2	PA; QL (1 box per 30 days)
<i>bromfenac sodium (once-daily) ophthalmic solution</i>	Tier 2	QL (1.7 mL per 30 days)
BROMSITE OPHTHALMIC SOLUTION (<i>bromfenac sodium</i>)	Tier 2	PA; QL (5 mL per 30 days)
<i>diclofenac sodium ophthalmic solution</i>	Tier 1	QL (5 mL per 30 days)

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<i>flurbiprofen sodium ophthalmic solution</i>	Tier 1	QL (2.5 mL per 30 days)
ILEVRO OPHTHALMIC SUSPENSION (<i>nepafenac</i>)	Tier 2	PA; QL (3 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	Tier 2	PA
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	Tier 2	PA; QL (10 mL per 30 days)
NEVANAC OPHTHALMIC SUSPENSION (<i>nepafenac</i>)	Tier 2	PA; QL (3 mL per 30 days)
PROLENSA OPHTHALMIC SOLUTION (<i>bromfenac sodium</i>)	Tier 2	PA; QL (3 mL per 30 days)
*OPHTHALMIC PHOTOENHANCER COMBINATIONS*** - DRUGS FOR THE EYE		
PHOTREXA VISCOUS OPHTHALMIC SOLUTION PREFILLED SYRINGE (<i>riboflavin 5-phosphate-dextran</i>)	Tier 2	
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE (<i>riboflav5 & riboflav5-dextran</i>)	Tier 2	
*OPHTHALMIC RHO KINASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
RHOPRESSA OPHTHALMIC SOLUTION (<i>netarsudil dimesylate</i>)	Tier 2	QL (2.5 mL per 30 days)
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION (<i>brimonidine tartrate</i>)	Tier 2	QL (15 mL per 30 days)
<i>apraclonidine hcl ophthalmic solution</i>	Tier 1	
<i>brimonidine tartrate ophthalmic solution</i>	Tier 1	QL (15 mL per 30 days)
IOPIDINE OPHTHALMIC SOLUTION (<i>apraclonidine hcl</i>)	Tier 2	
*OPHTHALMIC STEROID COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier 1	
BLEPHAMIDE OPHTHALMIC SUSPENSION (<i>sulfacetamide-prednisolone</i>)	Tier 2	QL (15 mL per 30 days)
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT (<i>sulfacetamide-prednisolone</i>)	Tier 2	

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<i>dexamethasone-moxifloxacin intraocular solution</i>	Tier 2	
<i>dexameth-moxiflox-ketorolac intraocular solution</i>	Tier 2	
MAXITROL OPHTHALMIC OINTMENT (<i>neomycin-polymyxin-dexameth</i>)	Tier 2	
MAXITROL OPHTHALMIC SUSPENSION (<i>neomycin-polymyxin-dexameth</i>)	Tier 2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	Tier 1	
<i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ophthalmic Ointment)	Tier 1	
PRED-G OPHTHALMIC SUSPENSION (<i>gentamicin-prednisolone acet</i>)	Tier 2	
PRED-G S.O.P. OPHTHALMIC OINTMENT (<i>gentamicin-prednisolone acet</i>)	Tier 2	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier 1	QL (15 mL per 30 days)
TOBRADEX OPHTHALMIC OINTMENT (<i>tobramycin-dexamethasone</i>)	Tier 2	QL (4 grams per 30 days)
TOBRADEX OPHTHALMIC SUSPENSION (<i>tobramycin-dexamethasone</i>)	Tier 2	QL (10 mL per 30 days)
TOBRADEX ST OPHTHALMIC SUSPENSION (<i>tobramycin-dexamethasone</i>)	Tier 2	QL (10 mL per 30 days)
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier 1	QL (10 mL per 30 days)
<i>triamcinolone-moxifloxacin intraocular suspension</i>	Tier 2	
ZYLET OPHTHALMIC SUSPENSION (<i>loteprednol-tobramycin</i>)	Tier 2	
*OPHTHALMIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
ALREX OPHTHALMIC SUSPENSION (<i>loteprednol etabonate</i>)	Tier 2	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier 1	
DEXTENZA OPHTHALMIC INSERT (<i>dexamethasone</i>)	Tier 2	

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DEXYCU INTRAOCULAR SUSPENSION (<i>dexamethasone</i>)	Tier 2	
<i>difluprednate ophthalmic emulsion</i>	Tier 2	QL (10 mL per 30 days)
DUREZOL OPHTHALMIC EMULSION (<i>difluprednate</i>)	Tier 2	QL (10 mL per 30 days)
EYSUVIS OPHTHALMIC SUSPENSION (<i>loteprednol etabonate</i>)	Tier 2	PA; QL (2 bottles per 1 fill)
FLAREX OPHTHALMIC SUSPENSION (<i>fluorometholone acetate</i>)	Tier 2	
<i>fluorometholone ophthalmic suspension</i>	Tier 1	
FML FORTE OPHTHALMIC SUSPENSION (<i>fluorometholone</i>)	Tier 2	
FML LIQUIFILM OPHTHALMIC SUSPENSION (<i>fluorometholone</i>)	Tier 2	
FML OPHTHALMIC OINTMENT (<i>fluorometholone</i>)	Tier 2	
ILUVIEN INTRAVITREAL IMPLANT (<i>fluocinolone acetonide</i>)	Tier 2	SP
INVELTYS OPHTHALMIC SUSPENSION (<i>loteprednol etabonate</i>)	Tier 2	QL (5.6 mL per 30 days)
LOTEMAX OPHTHALMIC GEL (<i>loteprednol etabonate</i>)	Tier 2	QL (10 grams per 30 days)
LOTEMAX OPHTHALMIC OINTMENT (<i>loteprednol etabonate</i>)	Tier 2	QL (7 grams per 30 days)
LOTEMAX OPHTHALMIC SUSPENSION (<i>loteprednol etabonate</i>)	Tier 2	QL (30 mL per 30 days)
LOTEMAX SM OPHTHALMIC GEL (<i>loteprednol etabonate</i>)	Tier 2	QL (10 grams per 30 days)
<i>loteprednol etabonate ophthalmic gel</i>	Tier 2	QL (10 grams per 30 days)
<i>loteprednol etabonate ophthalmic suspension</i>	Tier 2	QL (30 mL per 30 days)
MAXIDEX OPHTHALMIC SUSPENSION (<i>dexamethasone</i>)	Tier 2	
OZURDEX INTRAVITREAL IMPLANT (<i>dexamethasone</i>)	Tier 2	SP
PRED FORTE OPHTHALMIC SUSPENSION (<i>prednisolone acetate</i>)	Tier 2	QL (20 mL per 30 days)
PRED MILD OPHTHALMIC SUSPENSION (<i>prednisolone acetate</i>)	Tier 2	

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<i>prednisolone acetate ophthalmic suspension</i>	Tier 1	QL (20 mL per 30 days)
<i>prednisolone sodium phosphate ophthalmic solution</i>	Tier 1	QL (20 mL per 30 days)
RETISERT INTRAVITREAL IMPLANT (<i>fluocinolone acetonide</i>)	Tier 2	SP
TRIESENCE INTRAOCULAR SUSPENSION (<i>triamcinolone acetonide</i>)	Tier 2	MB
XIPERE INTRAOCULAR SUSPENSION (<i>triamcinolone acetonide</i>)	Tier 2	MB
YUTIQ INTRAVITREAL IMPLANT (<i>fluocinolone acetonide</i>)	Tier 2	SP
*OPHTHALMIC SULFONAMIDES*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
BLEPH-10 OPHTHALMIC SOLUTION (<i>sulfacetamide sodium</i>)	Tier 2	QL (20 mL per 30 days)
<i>sulfacetamide sodium ophthalmic ointment</i>	Tier 1	QL (4 grams per 30 days)
<i>sulfacetamide sodium ophthalmic solution</i>	Tier 1	QL (20 mL per 30 days)
*OPHTHALMIC SURGICAL AIDS - COMBINATIONS*** - DRUGS FOR THE EYE		
DISCOVISC INTRAOCULAR SOLUTION (<i>na chondroit sulf-na hyaluron</i>)	Tier 2	MB
DUOVISC INTRAOCULAR KIT (<i>na hyalur & na chond-na hyalur</i>)	Tier 2	MB
OMIDRIA INTRAOCULAR SOLUTION (<i>phenylephrine-ketorolac</i>)	Tier 2	
VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>na chondroit sulf-na hyaluron</i>)	Tier 2	MB
*OPHTHALMIC SURGICAL AIDS*** - DRUGS FOR THE EYE		
AMVISC INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	Tier 2	MB
AMVISC PLUS INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	Tier 2	MB
CELLUGEL INTRAOCULAR SOLUTION (<i>hypromellose</i>)	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	Tier 2	MB
HEALON GV INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	Tier 2	MB
HEALON GV PRO INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	Tier 2	MB
HEALON INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	Tier 2	MB
HEALON PRO INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	Tier 2	MB
HEALON5 INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	Tier 2	MB
HEALON5 PRO INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	Tier 2	MB
MEMBRANEBLUE OPHTHALMIC SOLUTION (<i>trypan blue</i>)	Tier 2	MB
<i>hypromellose</i> (Ocucoat Viscoadherent Intraocular Solution)	Tier 2	
PROVISC INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	Tier 2	MB
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>brilliant blue g</i>)	Tier 2	MB
VISIONBLUE OPHTHALMIC SOLUTION (<i>trypan blue</i>)	Tier 2	MB
*OPHTHALMICS - BLEPHAROPTOSIS AGENTS** - DRUGS FOR THE EYE		
UPNEEQ OPHTHALMIC SOLUTION (<i>oxymetazoline hcl</i>)	Tier 2	PA; QL (30 containers per 30 days)
*OPHTHALMICS - CYSTINOSIS AGENTS** - DRUGS FOR THE EYE		
CYSTADROPS OPHTHALMIC SOLUTION (<i>cysteamine hcl</i>)	Tier 2	PA; QL (4 bottles per 28 days)
CYSTARAN OPHTHALMIC SOLUTION (<i>cysteamine hcl</i>)	Tier 2	PA; SP; QL (60 mL per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PROSTAGLANDINS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>bimatoprost ophthalmic solution</i>	Tier 2	
DURYSTA INTRAOCULAR IMPLANT (<i>bimatoprost</i>)	Tier 2	MB
<i>latanoprost ophthalmic solution</i>	Tier 1	QL (5 mL per 30 days)
LUMIGAN OPHTHALMIC SOLUTION (<i>bimatoprost</i>)	Tier 2	QL (7.5 mL per 30 days)
TRAVATAN Z OPHTHALMIC SOLUTION (<i>travoprost</i>)	Tier 2	QL (5 mL per 30 days)
<i>travoprost (bak free) ophthalmic solution</i>	Tier 2	QL (5 mL per 30 days)
VYZULTA OPHTHALMIC SOLUTION (<i>latanoprostene bunod</i>)	Tier 2	QL (5 mL per 30 days)
XALATAN OPHTHALMIC SOLUTION (<i>latanoprost</i>)	Tier 2	QL (5 mL per 30 days)
XELPROS OPHTHALMIC EMULSION (<i>latanoprost</i>)	Tier 2	QL (5 mL per 30 days)
ZIOPTAN OPHTHALMIC SOLUTION (<i>tafluprost</i>)	Tier 2	QL (9 mL per 30 days)
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS*** - DRUGS FOR THE EYE		
BEOVU INTRAVITREAL SOLUTION (<i>brolucizumab-dbll</i>)	Tier 2	MB
EYLEA INTRAVITREAL SOLUTION (<i>aflibercept</i>)	Tier 2	MB
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>aflibercept</i>)	Tier 2	MB
LUCENTIS INTRAVITREAL SOLUTION (<i>ranibizumab</i>)	Tier 2	MB
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>ranibizumab</i>)	Tier 2	SP
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION (<i>ranibizumab</i>)	Tier 2	MB
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION (<i>ranibizumab</i>)	Tier 2	MB
OTIC AGENTS - DRUGS FOR THE EAR		
*OTIC AGENTS - MISCELLANEOUS*** - WAX REMOVAL		
<i>acetic acid otic solution</i>	Tier 1	
CLEARCANAL EARWAX SOFTENER OTIC SOLUTION (<i>carbamide peroxide</i>)	Tier 1	OTC

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<i>ear wax removal system otic solution</i>	Tier 1	OTC
<i>earwax removal kit otic solution</i>	Tier 1	OTC
<i>earwax removal otic solution</i>	Tier 1	OTC
<i>eq ear drops otic solution</i>	Tier 1	OTC
<i>gnp earwax removal kit otic solution</i>	Tier 1	OTC
<i>goodsense ear wax kit otic solution</i>	Tier 1	OTC
<i>goodsense ear wax removal otic solution</i>	Tier 1	OTC
<i>qc ear wax removal otic solution</i>	Tier 1	OTC
<i>qc earwax removal kit otic solution</i>	Tier 1	OTC
<i>qc earwax removal otic solution</i>	Tier 1	OTC
<i>ra earwax removal kit otic solution</i>	Tier 1	OTC
*OTIC ANALGESIC COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
PRAMOTIC OTIC LIQUID (<i>pramoxine-chloroxylonol</i>)	Tier 2	
*OTIC ANTI-INFECTIVES*** - ANTIBIOTICS		
CETRAXAL OTIC SOLUTION (<i>ciprofloxacin hcl</i>)	Tier 2	PA; QL (28 doses per 30 days)
<i>ciprofloxacin hcl otic solution</i>	Tier 1	PA; QL (28 doses per 30 days)
<i>ofloxacin otic solution</i>	Tier 1	QL (10 mL per 30 days)
OTIPRIO INTRATYMPANIC SUSPENSION (<i>ciprofloxacin</i>)	Tier 2	
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
CIPRO HC OTIC SUSPENSION (<i>ciprofloxacin-hydrocortisone</i>)	Tier 2	PA; QL (10 mL per 30 days)
CIPRODEX OTIC SUSPENSION (<i>ciprofloxacin-dexamethasone</i>)	Tier 2	PA; QL (7.5 mL per 30 days)
<i>ciprofloxacin-dexamethasone otic suspension</i>	Tier 2	QL (7.5 mL per 30 days)
<i>ciprofloxacin-fluocinolone pf otic solution</i>	Tier 2	PA; QL (28 vials per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTISPORIN-TC OTIC SUSPENSION (<i>neomycin-colist-hc-thonzonium</i>)	Tier 2	
<i>neomycin-polymyxin-hc otic solution</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension</i>	Tier 1	
OTOVEL OTIC SOLUTION (<i>ciprofloxacin-fluocinolone</i>)	Tier 2	PA; QL (28 vials per 30 days)
*OTIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
DERMOTIC OTIC OIL (<i>fluocinolone acetonide</i>)	Tier 2	
<i>fluocinolone acetonide</i> (Flac Otic Oil)	Tier 2	
<i>fluocinolone acetonide otic oil</i>	Tier 2	
<i>hydrocortisone-acetic acid otic solution</i>	Tier 2	QL (15 mL per 30 days)
OXYTOCICS - HORMONES		
*ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS*** - DRUGS FOR WOMEN		
<i>carboprost tromethamine intramuscular solution</i>	Tier 2	MB
CERVIDIL VAGINAL INSERT (<i>dinoprostone</i>)	Tier 2	
HEMABATE INTRAMUSCULAR SOLUTION (<i>carboprost tromethamine</i>)	Tier 2	MB
PREPIDIL VAGINAL GEL (<i>dinoprostone</i>)	Tier 2	
*OXYTOCICS*** - DRUGS FOR WOMEN		
<i>methylergonovine maleate</i> (Methergine Oral Tablet)	Tier 1	
<i>methylergonovine maleate injection solution</i>	Tier 1	MB
<i>methylergonovine maleate oral tablet</i>	Tier 1	
<i>oxytocin injection solution</i>	Tier 2	MB
<i>oxytocin-lactated ringers intravenous solution</i>	Tier 2	MB
<i>oxytocin-sodium chloride intravenous solution</i>	Tier 2	MB
PITOCIN INJECTION SOLUTION (<i>oxytocin</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PASSIVE IMMUNIZING AND TREATMENT AGENTS - BIOLOGICAL AGENTS		
*ANTITOXINS-ANTIVENINS*** - BIOLOGICAL AGENTS		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (<i>centruroides (scorpion) im fab</i>)	Tier 2	MB
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae immune fab (equine)</i>)	Tier 2	MB
<i>antivenin latrodectus mactans injection kit</i>	Tier 2	MB
<i>antivenin micrurus fulvius intravenous solution reconstituted</i>	Tier 2	MB
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae polyval immune fab</i>)	Tier 2	MB
*ANTIVIRAL MONOCLONAL ANTIBODIES*** - BIOLOGICAL AGENTS		
<i>bamlanivimab intravenous solution</i>	Tier 2	MB
<i>etesevimab intravenous solution</i>	Tier 2	MB
SYNAGIS INTRAMUSCULAR SOLUTION (<i>palivizumab</i>)	Tier 2	MB
*BACTERIAL MONOCLONAL ANTIBODIES*** - BIOLOGICAL AGENTS		
ZINPLAVA INTRAVENOUS SOLUTION (<i>bezlotoxumab</i>)	Tier 2	MB
*IMMUNE SERUMS*** - BIOLOGICAL AGENTS		
ASCENIV INTRAVENOUS SOLUTION (<i>immune globulin (human)-slra</i>)	Tier 2	PA; MB
BIVIGAM INTRAVENOUS SOLUTION (<i>immune globulin (human)</i>)	Tier 2	PA; MB
CUTAQUIG SUBCUTANEOUS SOLUTION (<i>immune globulin (human)-hipp</i>)	Tier 2	PA; SP
CUVITRU SUBCUTANEOUS SOLUTION (<i>immune globulin (human)</i>)	Tier 2	PA; SP
CYTOGAM INTRAVENOUS INJECTABLE (<i>cytomegalovirus immune glob</i>)	Tier 2	MB

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	Tier 2	PA; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	Tier 2	PA; MB
GAMASTAN INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	Tier 2	SP
GAMMAGARD INJECTION SOLUTION (<i>immune globulin (human)</i>)	Tier 2	PA; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>immune globulin (human)</i>)	Tier 2	PA; SP
GAMMAKED INJECTION SOLUTION (<i>immune globulin (human)</i>)	Tier 2	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	Tier 2	PA; MB
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	Tier 2	PA; SP
GAMUNEX-C INJECTION SOLUTION (<i>immune globulin (human)</i>)	Tier 1	PA; SP
HEPAGAM B INJECTION SOLUTION (<i>hepatitis b immune globulin</i>)	Tier 2	MB
HIZENTRA SUBCUTANEOUS SOLUTION (<i>immune globulin (human)</i>)	Tier 2	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>immune globulin (human)</i>)	Tier 2	PA; SP
HYPERHEP B INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	Tier 2	MB
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>hepatitis b immune globulin</i>)	Tier 2	MB
HYPERRAB INJECTION SOLUTION (<i>rabies immune globulin</i>)	Tier 2	MB
HYPERTET S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>tetanus immune globulin</i>)	Tier 2	MB

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IMOGAM RABIES-HT INJECTION SOLUTION (<i>rabies immune globulin</i>)	Tier 2	MB
<i>kedrab injection solution</i>	Tier 2	MB
NABI-HB INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	Tier 2	MB
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 25 GM/500ML, 30 GM/300ML, 5 GM/100ML (<i>immune globulin (human)</i>)	Tier 1	PA; SP
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	Tier 1	PA; MB
PANZYGA INTRAVENOUS SOLUTION (<i>immune globulin (human)-ifas</i>)	Tier 2	PA; MB
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	Tier 2	PA; MB
PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML (<i>immune globulin (human)</i>)	Tier 2	PA; SP
VARIZIG INTRAMUSCULAR SOLUTION (<i>varicella-zoster immune glob</i>)	Tier 2	MB
XEMBIFY SUBCUTANEOUS SOLUTION (<i>immune globulin (human)-klhw</i>)	Tier 2	PA; SP
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS		
HYQVIA SUBCUTANEOUS KIT (<i>immune globulin-hyaluronidase</i>)	Tier 2	PA; SP
PENICILLINS - DRUGS FOR INFECTIONS		
*AMINOPENICILLINS*** - ANTIBIOTICS		
<i>amoxicillin oral capsule</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted</i>	Tier 1	QL (500 mL per 30 days)
<i>amoxicillin oral tablet</i>	Tier 1	
<i>amoxicillin oral tablet chewable</i>	Tier 1	
<i>ampicillin oral capsule</i>	Tier 1	
<i>ampicillin sodium injection solution reconstituted</i>	Tier 2	MB
<i>ampicillin sodium intravenous solution reconstituted</i>	Tier 2	MB

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*NATURAL PENICILLINS*** - ANTIBIOTICS		
BICILLIN L-A INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML, 2400000 UNIT/4ML (<i>penicillin g benzathine</i>)	Tier 1	
BICILLIN L-A INTRAMUSCULAR SUSPENSION 600000 UNIT/ML (<i>penicillin g benzathine</i>)	Tier 2	
<i>penicillin g pot in dextrose intravenous solution</i>	Tier 2	MB
<i>penicillin g potassium injection solution reconstituted</i>	Tier 2	MB
<i>penicillin g procaine intramuscular suspension</i>	Tier 2	MB
<i>penicillin g sodium injection solution reconstituted</i>	Tier 2	MB
<i>penicillin v potassium oral solution reconstituted</i>	Tier 1	
<i>penicillin v potassium oral tablet</i>	Tier 1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED (<i>penicillin g potassium</i>)	Tier 2	MB
*PENICILLIN COMBINATIONS*** - ANTIBIOTICS		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Tier 1	QL (40 tablets per 30 days)
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Tier 1	
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	Tier 2	MB
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	Tier 2	MB
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED (<i>amoxicillin-pot clavulanate</i>)	Tier 2	
AUGMENTIN ORAL TABLET (<i>amoxicillin-pot clavulanate</i>)	Tier 2	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION (<i>penicillin g benzathine & proc</i>)	Tier 2	MB
BICILLIN C-R INTRAMUSCULAR SUSPENSION (<i>penicillin g benzathine & proc</i>)	Tier 2	MB

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<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	Tier 2	MB
UNASYN INJECTION SOLUTION RECONSTITUTED (<i>ampicillin-sulbactam sodium</i>)	Tier 2	MB
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED (<i>ampicillin-sulbactam sodium</i>)	Tier 2	MB
ZOSYN INTRAVENOUS SOLUTION (<i>piperacillin-tazobactam in dex</i>)	Tier 2	MB
*PENICILLINASE-RESISTANT PENICILLINS*** - ANTIBIOTICS		
<i>dicloxacillin sodium oral capsule</i>	Tier 1	
<i>nafcillin sodium in dextrose intravenous solution</i>	Tier 2	MB
<i>nafcillin sodium injection solution reconstituted</i>	Tier 2	MB
<i>nafcillin sodium intravenous solution reconstituted</i>	Tier 2	MB
<i>oxacillin sodium in dextrose intravenous solution</i>	Tier 2	MB
<i>oxacillin sodium injection solution reconstituted</i>	Tier 2	MB
<i>oxacillin sodium intravenous solution reconstituted</i>	Tier 2	MB
PHARMACEUTICAL ADJUVANTS		
*COLORING AGENTS***		
<i>food color blue oral liquid</i>	Tier 2	
*EXTERNAL VEHICLES***		
ADA EXTERNAL SHAMPOO (<i>external vehicles</i>)	Tier 2	
FOAMIL EXTERNAL LIQUID (<i>external vehicles</i>)	Tier 2	
RHEOSPRAY EXTERNAL LIQUID (<i>external vehicles</i>)	Tier 2	
U-MILD EXTERNAL SHAMPOO (<i>external vehicles</i>)	Tier 2	
VERSAPRO EXTERNAL SHAMPOO (<i>external vehicles</i>)	Tier 2	
*GELATIN CAPSULES (EMPTY)***		
<i>capsule coni-snap #0 blulwhite capsule</i>	Tier 2	
<i>capsule coni-snap #0 clear capsule</i>	Tier 2	
<i>capsule coni-snap #0 dark blue capsule</i>	Tier 2	
<i>capsule coni-snap #0 green/clr capsule</i>	Tier 2	

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<i>capsule coni-snap #0 pink capsule</i>	Tier 2	
<i>capsule coni-snap #0 purple capsule</i>	Tier 2	
<i>capsule coni-snap #0 red/white capsule</i>	Tier 2	
<i>capsule coni-snap #0 white capsule</i>	Tier 2	
<i>capsule coni-snap #00 clear capsule</i>	Tier 2	
<i>capsule coni-snap #00 white capsule</i>	Tier 2	
<i>capsule coni-snap #000 clear capsule</i>	Tier 2	
<i>capsule coni-snap #1 aqua blue capsule</i>	Tier 2	
<i>capsule coni-snap #1 blue capsule</i>	Tier 2	
<i>capsule coni-snap #1 blue/pink capsule</i>	Tier 2	
<i>capsule coni-snap #1 blue/wht capsule</i>	Tier 2	
<i>capsule coni-snap #1 brown capsule</i>	Tier 2	
<i>capsule coni-snap #1 brwn/livry capsule</i>	Tier 2	
<i>capsule coni-snap #1 clear capsule</i>	Tier 2	
<i>capsule coni-snap #1 dk grn/or capsule</i>	Tier 2	
<i>capsule coni-snap #1 drk green capsule</i>	Tier 2	
<i>capsule coni-snap #1 grey/pink capsule</i>	Tier 2	
<i>capsule coni-snap #1 grn/ylw capsule</i>	Tier 2	
<i>capsule coni-snap #1 orange capsule</i>	Tier 2	
<i>capsule coni-snap #1 pink capsule</i>	Tier 2	
<i>capsule coni-snap #1 pink/blue capsule</i>	Tier 2	
<i>capsule coni-snap #1 pink/clr capsule</i>	Tier 2	
<i>capsule coni-snap #1 pink/whit capsule</i>	Tier 2	
<i>capsule coni-snap #1 pink/yllw capsule</i>	Tier 2	
<i>capsule coni-snap #1 purple capsule</i>	Tier 2	
<i>capsule coni-snap #1 red/blue capsule</i>	Tier 2	
<i>capsule coni-snap #1 red/white capsule</i>	Tier 2	
<i>capsule coni-snap #1 white capsule</i>	Tier 2	
<i>capsule coni-snap #1 white/grn capsule</i>	Tier 2	
<i>capsule coni-snap #1 wht/clr capsule</i>	Tier 2	
<i>capsule coni-snap #1 yellow capsule</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>capsule conisnap #1 yellowlgr capsule</i>	Tier 2	
<i>capsule conisnap #2 clear capsule</i>	Tier 2	
<i>capsule conisnap #2 white capsule</i>	Tier 2	
<i>capsule conisnap #3 blulclear capsule</i>	Tier 2	
<i>capsule conisnap #3 brnlblue capsule</i>	Tier 2	
<i>capsule conisnap #3 clear capsule</i>	Tier 2	
<i>capsule conisnap #3 graylylw capsule</i>	Tier 2	
<i>capsule conisnap #3 greenblu capsule</i>	Tier 2	
<i>capsule conisnap #3 greylpink capsule</i>	Tier 2	
<i>capsule conisnap #3 maronblu capsule</i>	Tier 2	
<i>capsule conisnap #3 mint grn capsule</i>	Tier 2	
<i>capsule conisnap #3 oliveclr capsule</i>	Tier 2	
<i>capsule conisnap #3 orange capsule</i>	Tier 2	
<i>capsule conisnap #3 pinkpink capsule</i>	Tier 2	
<i>capsule conisnap #3 pnkclear capsule</i>	Tier 2	
<i>capsule conisnap #3 redclear capsule</i>	Tier 2	
<i>capsule conisnap #3 redred capsule</i>	Tier 2	
<i>capsule conisnap #3 white capsule</i>	Tier 2	
<i>capsule conisnap #3 whtclr capsule</i>	Tier 2	
<i>capsule conisnap #3 yellow capsule</i>	Tier 2	
<i>capsule conisnap #4 blacklgrn capsule</i>	Tier 2	
<i>capsule conisnap #4 clear capsule</i>	Tier 2	
<i>capsule conisnap #4 white capsule</i>	Tier 2	
<i>capsule ezeefit #0 clear capsule</i>	Tier 2	
<i>capsule ezeefit #00 clear capsule</i>	Tier 2	
DRCAPS SIZE 00 CAPSULE (<i>gelatin capsules (empty)</i>)	Tier 2	
DRCAPS SIZE 1 CAPSULE (<i>gelatin capsules (empty)</i>)	Tier 2	
<i>empty capsule size 0 purplwht capsule</i>	Tier 2	
<i>empty capsule size 0 whitelopa capsule</i>	Tier 2	
<i>empty capsule size 00 blue opq capsule</i>	Tier 2	
<i>empty capsule size 1 drk green capsule</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>empty capsule size 1 grey/pink capsule</i>	Tier 2	
<i>empty capsule size 1 grn/orng capsule</i>	Tier 2	
<i>empty capsule size 1 grn/white capsule</i>	Tier 2	
<i>empty capsule size 1 ivory capsule</i>	Tier 2	
<i>empty capsule size 1 maroon/cl capsule</i>	Tier 2	
<i>empty capsule size 1 orgellylw capsule</i>	Tier 2	
<i>empty capsule size 1 pink/clr capsule</i>	Tier 2	
<i>empty capsule size 1 pinklyllw capsule</i>	Tier 2	
<i>empty capsule size 1 red/blue capsule</i>	Tier 2	
<i>empty capsule size 1 white/opa capsule</i>	Tier 2	
<i>empty capsule size 1 yellow capsule</i>	Tier 2	
<i>empty capsule size 3 black/grn capsule</i>	Tier 2	
<i>empty capsule size 3 blue opq capsule</i>	Tier 2	
<i>empty capsule size 3 blue/wht capsule</i>	Tier 2	
<i>empty capsule size 3 dark grn capsule</i>	Tier 2	
<i>empty capsule size 3 grey/pink capsule</i>	Tier 2	
<i>empty capsule size 3 greylyllw capsule</i>	Tier 2	
<i>empty capsule size 3 marn/blue capsule</i>	Tier 2	
<i>empty capsule size 3 marn/clr capsule</i>	Tier 2	
<i>empty capsule size 3 mint grn capsule</i>	Tier 2	
<i>empty capsule size 3 olivel/clr capsule</i>	Tier 2	
<i>empty capsule size 3 orangelwh capsule</i>	Tier 2	
<i>empty capsule size 3 pink/blue capsule</i>	Tier 2	
<i>empty capsule size 3 pink/lwh capsule</i>	Tier 2	
<i>empty capsule size 3 pinklyllw capsule</i>	Tier 2	
<i>empty capsule size 3 prple/clr capsule</i>	Tier 2	
<i>empty capsule size 3 purple capsule</i>	Tier 2	
<i>empty capsule size 3 pwdr blue capsule</i>	Tier 2	
<i>empty capsule size 3 red/white capsule</i>	Tier 2	
<i>empty capsule size 3 white/opa capsule</i>	Tier 2	
<i>empty capsule size 3 yellw/clr capsule</i>	Tier 2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>empty capsule size 4 red/white capsule</i>	Tier 2	
<i>empty capsule size 4 yellow capsule</i>	Tier 2	
*NON GELATIN CAPSULES (EMPTY)***		
<i>capsule #0 clear/clear veg capsule</i>	Tier 2	
<i>capsule #0 white/white opq veg capsule</i>	Tier 2	
<i>capsule #1 clear/clear veg capsule</i>	Tier 2	
<i>capsule #1 white/white opq veg capsule</i>	Tier 2	
<i>capsule #3 clear/clear veg capsule</i>	Tier 2	
<i>capsule #3 white/white opq veg capsule</i>	Tier 2	
<i>capsule 0 clear dr capsule</i>	Tier 2	
<i>capsule coni-snap #0 clear veg capsule</i>	Tier 2	
<i>capsule coni-snap #1 veggie capsule</i>	Tier 2	
<i>capsule coni-snap #3 clear veg capsule</i>	Tier 2	
<i>empty capsule size 1 veg clear capsule</i>	Tier 2	
<i>vegetable capsule #0 green capsule</i>	Tier 2	
<i>vegetable capsule #0 white capsule</i>	Tier 2	
<i>vegetable capsule #00 white capsule</i>	Tier 2	
<i>vegetable capsule #1 white capsule</i>	Tier 2	
<i>vegetable capsule #2 white capsule</i>	Tier 2	
<i>vegetable capsule #3 white capsule</i>	Tier 2	
<i>vegetable capsule #4 white capsule</i>	Tier 2	
*ORAL VEHICLES***		
<i>corn (syrup) oral syrup</i>	Tier 2	
FLAVOR BLEND ORAL SUSPENSION (<i>oral vehicles</i>)	Tier 2	
<i>flavor plus oral liquid</i>	Tier 2	
<i>flavor sweet oral syrup</i>	Tier 2	
<i>flavor sweet-sf oral syrup</i>	Tier 2	
LOZIBASE S (<i>lozibase</i>)	Tier 2	
ORA-BLEND ORAL SUSPENSION (<i>oral vehicles</i>)	Tier 2	
ORA-BLEND SF ORAL SUSPENSION (<i>oral vehicles</i>)	Tier 2	

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PCCA ACACIA SYRUP BASE ORAL SYRUP (<i>acacia syrup</i>)	Tier 2	
PCCA SWEET-SF ORAL SYRUP (<i>oral vehicles</i>)	Tier 2	
PCCA SYRUP VEHICLE ORAL SYRUP (<i>oral vehicles</i>)	Tier 2	
PCCA-PLUS ORAL SUSPENSION (<i>oral vehicles</i>)	Tier 2	
<i>purified water oral liquid</i>	Tier 2	
<i>simple syrup oral syrup</i>	Tier 2	
SUSPENDRX W/BITTERBLOC SWEET ORAL SUSPENSION (<i>oral vehicles</i>)	Tier 2	
SUSPENDRX W/BITTERBLOC UNSWEET ORAL SUSPENSION (<i>oral vehicles</i>)	Tier 2	
<i>suspension vehicle oral suspension</i>	Tier 2	
SYRPALTA (RED) ORAL SYRUP (<i>oral vehicles</i>)	Tier 2	
<i>syrpalta oral syrup</i>	Tier 2	
SYRSPEND SF PH4 ORAL SUSPENSION RECONSTITUTED (<i>oral vehicles</i>)	Tier 2	
<i>syrup vehicle oral syrup</i>	Tier 2	
<i>syrup vehicle sf oral syrup</i>	Tier 2	
VERSAFREE ORAL SYRUP (<i>oral vehicles</i>)	Tier 2	
VERSAPLUS ORAL SYRUP (<i>oral vehicles</i>)	Tier 2	
*PARENTERAL VEHICLES***		
<i>bacteriostatic water(benz alc) injection solution</i>	Tier 2	MB
<i>diluent for treprostinil intravenous solution</i>	Tier 2	MB
<i>saline bacteriostatic injection solution</i>	Tier 2	MB
<i>saline-phenol injection solution</i>	Tier 2	
<i>sodium chloride bacteriostatic injection solution</i>	Tier 2	MB
STERILE DILUENT FLOLAN PH 12 INTRAVENOUS SOLUTION (<i>glycine diluent</i>)	Tier 2	MB
<i>sterile diluentlepoprostenol intravenous solution</i>	Tier 2	MB
<i>sterile water for injection injection solution</i>	Tier 2	MB
<i>sterile water for injection intravenous solution</i>	Tier 2	MB

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*SEMI SOLID VEHICLES***		
<i>alcohol base gel gel</i>	Tier 2	
ALPAWASH EXTERNAL OINTMENT (<i>polyethylene glycol</i>)	Tier 2	
ANHYDROUS BASE CREAM (<i>anhydrous base</i>)	Tier 2	
<i>anhydrous base ointment</i>	Tier 2	
<i>anhydrous cream base cream</i>	Tier 2	
ATREVIS HYDROGEL EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
<i>carbomer aqueous gel</i>	Tier 2	
<i>carbomer hydroalcoholic gel</i>	Tier 2	
<i>cream base external cream</i>	Tier 2	
<i>cream base with liposome external cream</i>	Tier 2	
<i>cutis plus external cream</i>	Tier 2	
DURABASE ADVANCED EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
DURABASE EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
ESPUMIL FOAM (<i>foam base</i>)	Tier 2	
<i>fagron Is plus external cream</i>	Tier 2	
<i>freedom derma serum external cream</i>	Tier 2	
FREEDOM DERMA-D EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
FREEDOM DERMA-N EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
HYDROGEL GEL (<i>carbomer gel base</i>)	Tier 2	
<i>krisgel 100 external gel</i>	Tier 2	
<i>lanolin anhydrous external ointment</i>	Tier 2	
<i>lanolin oil</i>	Tier 2	
<i>lecithin organogel external gel</i>	Tier 2	
<i>lipo cream base external cream</i>	Tier 2	
LIPOCREAM BASE EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
<i>lipolayer external cream</i>	Tier 2	
<i>lipopen ultra base external cream</i>	Tier 2	
<i>liposomal heavy external cream</i>	Tier 2	

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<i>liposomal regular external cream</i>	Tier 2	
LIPOZYME EXTERNAL CREAM (<i>cream base liposomic</i>)	Tier 2	
MEDIDERM EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
MEDIHOL BASE GEL (<i>alcohol gel base</i>)	Tier 2	
MULTIBASE EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
OCCLUVAN EXTERNAL OINTMENT (<i>hydrophilic</i>)	Tier 2	
OMNIBASE EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
PCCA ANHYDROUS BASE OINTMENT (<i>anhydrous base</i>)	Tier 2	
PCCA COBASE #1 EXTERNAL OINTMENT (<i>cobase #1</i>)	Tier 2	
PCCA COSMETIC HRT BASE EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
PCCA CUSTOM LIPO-MAX EXTERNAL CREAM (<i>cream base liposomic</i>)	Tier 2	
PCCA LIPOSOMIC BASE DRY EXTERNAL CREAM (<i>cream base liposomic</i>)	Tier 2	
PCCA LIPOSOMIC BASE NORMAL EXTERNAL CREAM (<i>cream base liposomic</i>)	Tier 2	
PCCA LIPOSOMIC BASE OILY EXTERNAL CREAM (<i>cream base liposomic</i>)	Tier 2	
PCCA LIPOSOMIC BASE SENSITIVE EXTERNAL CREAM (<i>cream base liposomic</i>)	Tier 2	
<i>peg ointment base external ointment</i>	Tier 2	
PENCREAM EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
<i>penderm external cream</i>	Tier 2	
<i>pensomal external cream</i>	Tier 2	
<i>petrolatum white external ointment</i>	Tier 2	
<i>petroleum jelly external gel</i>	Tier 1	OTC
PLO GEL - MEDIFLO 30 PRE-MIXED EXTERNAL GEL (<i>premium lecith organogel base</i>)	Tier 2	
PLO GEL - MEDIFLO EXTERNAL KIT (<i>premium lecith organogel base</i>)	Tier 2	
PLO GEL - MEDIFLO PRE-MIXED EXTERNAL GEL (<i>premium lecith organogel base</i>)	Tier 2	

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<i>plo transdermal external cream</i>	Tier 2	
PLO20 FLOWABLE EXTERNAL GEL (<i>premium lecith organogel base</i>)	Tier 2	
<i>polyethylene glycol 8000 external ointment</i>	Tier 2	
<i>p-siloxan ds external cream</i>	Tier 2	
<i>qc petroleum jelly external gel</i>	Tier 1	OTC
<i>salt durable cream external cream</i>	Tier 2	
SALT STABLE LS ADVANCED EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
SALTSTABLE LO EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
<i>silprotex plus external cream</i>	Tier 2	
TDC MAX EXTERNAL CREAM (<i>transdermal base</i>)	Tier 2	
<i>transdermal pain base external cream</i>	Tier 2	
<i>universal water gel</i>	Tier 2	
<i>vanish-pen external cream</i>	Tier 2	
VERSAPRO FOAM (<i>foam base</i>)	Tier 2	
<i>versatile cream base external cream</i>	Tier 2	
VERSATILE RICH BASE EXTERNAL CREAM (<i>cream base</i>)	Tier 2	
<i>water base gel gel</i>	Tier 2	
<i>white petrolatum external ointment</i>	Tier 2	
PROGESTINS - HORMONES		
*PROGESTINS*** - DRUGS FOR WOMEN		
AYGESTIN ORAL TABLET (<i>norethindrone acetate</i>)	Tier 2	
<i>hydroxyprogesterone caproate intramuscular oil</i>	Tier 1	SP; QL (25 ML per 132 days)
MAKENA INTRAMUSCULAR OIL (<i>hydroxyprogesterone caproate</i>)	Tier 2	PA; SP; QL (25 ML per 132 days)
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>hydroxyprogesterone caproate</i>)	Tier 1	PA; SP; QL (4 auto-injectors per 28 days)
<i>medroxyprogesterone acetate oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>megestrol acetate oral suspension</i>	Tier 2	PA

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<i>norethindrone acetate oral tablet</i>	Tier 1	
<i>progesterone intramuscular oil</i>	Tier 2	MB
<i>progesterone oral capsule 100 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>progesterone oral capsule 200 mg</i>	Tier 1	QL (1 capsule per 1 day)
PROMETRIUM ORAL CAPSULE 100 MG (<i>progesterone</i>)	Tier 2	QL (2 capsules per 1 day)
PROMETRIUM ORAL CAPSULE 200 MG (<i>progesterone</i>)	Tier 2	QL (1 capsule per 1 day)
PROVERA ORAL TABLET (<i>medroxyprogesterone acetate</i>)	Tier 2	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		
LUCEMYRA ORAL TABLET (<i>lofexidine hcl</i>)	State Carve-out	SCO
*ALCOHOL DETERRENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release</i>	State Carve-out	SCO
<i>disulfiram oral tablet</i>	State Carve-out	SCO
*ALZHEIMER'S TREATMENT - ANTI-AMYLOID ANTIBODIES*** - DRUGS FOR ALZHEIMER'S DISEASE		
ADUHELM INTRAVENOUS SOLUTION (<i>aducanumab-avwa</i>)	Tier 2	MB
*ANTI-CATAPLECTIC AGENTS*** - DRUGS FOR SLEEP DISORDER		
XYREM ORAL SOLUTION (<i>sodium oxybate</i>)	Tier 2	PA; SP; QL (18 mL per 1 day)

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*ANTI-CATAPLECTIC COMBINATIONS*** - DRUGS FOR SLEEP DISORDER		
XYWAV ORAL SOLUTION (<i>ca, mg, k, and na oxybates</i>)	Tier 2	PA; SP; QL (18 mL per 1 day)
*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR ALZHEIMER'S DISEASE		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK (<i>memantine hcl-donepezil hcl</i>)	Tier 2	PA
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>memantine hcl-donepezil hcl</i>)	Tier 2	PA; 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>)	Tier 2	PA; MB; QL (4 syringes per 28 days)
*BENZODIAZEPINES & TRICYCLIC AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>chlordiazepoxide-amitriptyline oral tablet</i>	Tier 1	
*CHOLINOMIMETICS - ACHE INHIBITORS*** - DRUGS FOR ALZHEIMER'S DISEASE		
ARICEPT ORAL TABLET 10 MG, 5 MG (<i>donepezil hcl</i>)	Tier 2	DO; QL (1 tablet per 1 day)
ARICEPT ORAL TABLET 23 MG (<i>donepezil hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	Tier 1	DO; QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet 23 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet dispersible</i>	Tier 1	DO; QL (1 tablet per 1 day)
EXELON TRANSDERMAL PATCH 24 HOUR (<i>rivastigmine</i>)	Tier 2	PA; DO; QL (1 patch per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Tier 1	DO; QL (1 capsule per 1 day)
<i>galantamine hydrobromide oral solution</i>	Tier 1	DO; QL (6 mL per 1 day)
<i>galantamine hydrobromide oral tablet</i>	Tier 1	DO; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>galantamine hydrobromide</i>)	Tier 2	DO; QL (1 capsule per 1 day)
<i>rivastigmine tartrate oral capsule</i>	Tier 1	DO; QL (2 capsules per 1 day)
<i>rivastigmine transdermal patch 24 hour</i>	Tier 2	PA; DO; QL (1 patch per 1 day)
*FIBROMYALGIA AGENT - SNRIS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
SAVELLA ORAL TABLET 100 MG, 50 MG (<i>milnacipran hcl</i>)	Tier 2	PA; QL (60 tablets per 30 days)
SAVELLA ORAL TABLET 12.5 MG, 25 MG (<i>milnacipran hcl</i>)	Tier 2	PA; QL (2 tablets per 1 day)
SAVELLA TITRATION PACK ORAL (<i>milnacipran hcl</i>)	Tier 2	PA; QL (1 pack per 1 year)
*MELANOCORTIN RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>bremelanotide acetate</i>)	Tier 2	
*MOVEMENT DISORDER DRUG THERAPY*** - DRUGS FOR THE NERVOUS SYSTEM		
AUSTEDO ORAL TABLET (<i>deutetrabenazine</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
INGREZZA ORAL CAPSULE 40 MG (<i>valbenazine tosylate</i>)	Tier 2	PA; SP; DO; QL (1 capsules per 1 day)
INGREZZA ORAL CAPSULE 60 MG (<i>valbenazine tosylate</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE 80 MG (<i>valbenazine tosylate</i>)	Tier 2	PA; SP; QL (1 capsules per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK (<i>valbenazine tosylate</i>)	Tier 2	PA; SP; QL (1 pack per 1 year)
<i>tetrabenazine oral tablet 12.5 mg</i>	Tier 2	PA; SP; QL (8 tablets per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	Tier 2	PA; SP; QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XENAZINE ORAL TABLET 12.5 MG (<i>tetrabenazine</i>)	Tier 2	PA; SP; QL (8 tablets per 1 day)
XENAZINE ORAL TABLET 25 MG (<i>tetrabenazine</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AUBAGIO ORAL TABLET (<i>teriflunomide</i>)	Tier 1	PA; SP; QL (1 tablet per 1 day)
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR MULTIPLE SCLEROSIS		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	Tier 2	PA; SP; QL (1 box per 1 fill)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	Tier 2	PA; SP; QL (1 box per 1 fill)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	Tier 2	PA; SP; QL (1 box per 1 fill)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	Tier 2	PA; SP; QL (1 box per 1 fill)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	Tier 2	PA; SP; QL (1 box per 1 fill)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	Tier 2	PA; SP; QL (1 box per 1 fill)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	Tier 2	PA; SP; QL (1 box per 1 fill)
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (<i>interferon beta-1a</i>)	Tier 1	PA; SP; QL (4 pens per 30 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (<i>interferon beta-1a</i>)	Tier 1	PA; SP; QL (1 kit per 30 days)
BETASERON SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	Tier 1	PA; MB; QL (15 kits per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXTAVIA SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	Tier 1	PA; MB; QL (15 kits per 30 days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	Tier 2	PA; MB; QL (1 kit per 1 lifetime)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>peginterferon beta-1a</i>)	Tier 2	PA; SP; QL (1 mL per 720 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	Tier 2	PA; SP; QL (1 mL per 720 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>peginterferon beta-1a</i>)	Tier 2	PA; SP; QL (1 mL per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	Tier 2	PA; SP; QL (1 mL per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	Tier 1	PA; SP; QL (6 mL per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	Tier 1	PA; SP; QL (1 mL per 720 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	Tier 1	PA; SP; QL (6 mL per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	Tier 1	PA; SP; QL (1 mL per 720 days)
*MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MULTIPLE SCLEROSIS		
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>ofatumumab</i>)	Tier 2	PA; SP; QL (1 unit per 28 days)
LEMTRADA INTRAVENOUS SOLUTION (<i>alemtuzumab</i>)	Tier 2	MB; QL (4 mL per 1 year)
OCREVUS INTRAVENOUS SOLUTION (<i>ocrelizumab</i>)	Tier 2	MB; QL (2 vials per 6 monthss)
TYSABRI INTRAVENOUS CONCENTRATE (<i>natalizumab</i>)	Tier 2	MB; QL (1 vial per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE (<i>monomethyl fumarate</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	Tier 1	PA; SP; QL (14 capsules per 1 year)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	Tier 1	PA; SP; QL (2 capsules per 1 day)
<i>dimethyl fumarate starter pack oral</i>	Tier 1	PA; SP; QL (1 kit per 1 year)
TECFIDERA ORAL (<i>dimethyl fumarate</i>)	Tier 2	PA; SP; QL (1 kit per 1 year)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG (<i>dimethyl fumarate</i>)	Tier 2	PA; SP; QL (14 capsules per 1 year)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG (<i>dimethyl fumarate</i>)	Tier 2	PA; SP; QL (2 capsules per 1 day)
VUMERITY ORAL CAPSULE DELAYED RELEASE (<i>diroximel fumarate</i>)	Tier 2	PA; SP; QL (4 capsules per 1 day)
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>dalfampridine</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
<i>dalfampridine er oral tablet extended release 12 hour</i>	Tier 2	PA; SP; QL (2 tablets per 1 day)
*MULTIPLE SCLEROSIS AGENTS*** - DRUGS FOR MULTIPLE SCLEROSIS		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	Tier 2	PA; SP; QL (30 syringes per 30 days)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	Tier 2	PA; SP; QL (12 syringes per 28 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	Tier 1	PA; SP; QL (30 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	Tier 1	PA; SP; QL (12 syringes per 28 days)
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 20 Mg/MI)	Tier 1	PA; SP; QL (30 syringes per 30 days)
glatiramer acetate (Glatopa Subcutaneous Solution Prefilled Syringe 40 Mg/MI)	Tier 1	PA; SP; QL (12 syringes per 28 days)
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR ALZHEIMER'S DISEASE		
memantine hcl er oral capsule extended release 24 hour	Tier 2	PA; QL (1 capsule per 1 day)
memantine hcl oral solution 10 mg/5ml	Tier 1	DO; QL (10 mL per 1 day)
memantine hcl oral solution 2 mg/ml	Tier 1	
memantine hcl oral tablet 10 mg	Tier 1	QL (2 tablets per 1 day)
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Tier 1	DO; QL (1.7 tablets per 1 day)
memantine hcl oral tablet 5 mg	Tier 1	DO; QL (3 tablets per 1 day)
NAMENDA TITRATION PAK ORAL TABLET (memantine hcl)	Tier 2	DO; QL (1.7 tablets per 1 day)
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (memantine hcl)	Tier 2	PA; QL (1 capsule per 1 day)
*PHENOTHIAZINES & TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
perphenazine-amitriptyline oral tablet	Tier 1	
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
GRALISE ORAL TABLET 300 MG (gabapentin (once-daily))	Tier 2	PA; DO; QL (1 tablet per 1 day)
GRALISE ORAL TABLET 600 MG (gabapentin (once-daily))	Tier 2	PA; QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	Tier 2	PA; DO; QL (1 tablets per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	Tier 2	PA; DO; QL (1 tablets per 1 day)
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	Tier 2	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>	Tier 2	PA; DO; QL (1 tablet per 1 day)
<i>fluoxetine hcl (pmdd) oral tablet 20 mg</i>	Tier 2	PA; DO; QL (4 tablets per 1 day)
*PSEUDOBULBAR AFFECT AGENT COMBINATIONS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
NUDEXTA ORAL CAPSULE (<i>dextromethorphan-quinidine</i>)	Tier 2	PA; QL (2 capsules per 1 day)
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>ergoloid mesylates oral tablet</i>	Tier 2	DO; QL (3 tablets per 1 day)
<i>pimozide oral tablet</i>	State Carve-out	SCO
*RESTLESS LEG SYNDROME (RLS) AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
HORIZANT ORAL TABLET EXTENDED RELEASE (<i>gabapentin enacarbil</i>)	Tier 2	PA; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
ONPATTRO INTRAVENOUS SOLUTION (<i>patisiran sodium</i>)	Tier 2	MB
*SMOKING DETERRENTS*** - DRUGS FOR DEPRESSION		
<i>apo-varenicline oral tablet</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Tier 1	QL (2 tablets per 1 day)
<i>cvs nicotine mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>cvs nicotine mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>cvs nicotine polacrilex mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>cvs nicotine polacrilex mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>cvs nicotine transdermal patch 24 hour</i>	Tier 1	OTC; QL (1 patch per 1 day)
<i>eq nicotine mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>eq nicotine mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>eq nicotine polacrilex mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>eq nicotine polacrilex mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>eq nicotine step 3 transdermal patch 24 hour</i>	Tier 1	OTC; QL (1 patch per 1 day)
<i>eq nicotine transdermal patch 24 hour</i>	Tier 1	OTC; QL (1 patch per 1 day)
<i>eq nicotine polacrilex mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gnp nicotine mini mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>gnp nicotine mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>gnp nicotine polacrilex mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>gnp nicotine polacrilex mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>gnp nicotine transdermal patch 24 hour</i>	Tier 1	OTC; QL (1 patch per 1 day)
<i>goodsense nicotine mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>goodsense nicotine mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
HABITROL TRANSDERMAL PATCH 24 HOUR (<i>nicotine</i>)	Tier 1	OTC; QL (1 patch per 1 day)
<i>hm nicotine polacrilex mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>hm nicotine polacrilex mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>hm nicotine transdermal patch 24 hour</i>	Tier 1	OTC; QL (1 patch per 1 day)
KLS QUIT2 MOUTH/THROAT GUM (<i>nicotine polacrilex</i>)	Tier 1	OTC; QL (24 units per 1 day)
KLS QUIT2 MOUTH/THROAT LOZENGE (<i>nicotine polacrilex</i>)	Tier 1	OTC; QL (20 lozenges per 1 day)
KLS QUIT4 MOUTH/THROAT GUM (<i>nicotine polacrilex</i>)	Tier 1	OTC; QL (24 units per 1 day)
KLS QUIT4 MOUTH/THROAT LOZENGE (<i>nicotine polacrilex</i>)	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>nicotine mini mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>nicotine polacrilex mini mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)

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<i>nicotine polacrilex mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>nicotine polacrilex mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>nicotine step 1 transdermal patch 24 hour</i>	Tier 1	OTC; QL (1 patch per 1 day)
<i>nicotine step 2 transdermal patch 24 hour</i>	Tier 1	OTC; QL (1 patch per 1 day)
<i>nicotine step 3 transdermal patch 24 hour</i>	Tier 1	OTC; QL (1 patch per 1 day)
<i>nicotine transdermal kit</i>	Tier 1	OTC
<i>nicotine transdermal patch 24 hour</i>	Tier 1	OTC; QL (1 patch per 1 day)
NICOTROL INHALATION INHALER (<i>nicotine</i>)	Tier 2	PA; QL (16 cartridges per 1 day)
NICOTROL NS NASAL SOLUTION (<i>nicotine</i>)	Tier 2	PA; QL (4 mL per 1 day)
<i>px stop smoking aid mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>px stop smoking aid mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>qc nicotine transdermal system transdermal patch 24 hour</i>	Tier 1	OTC; QL (1 patch per 1 day)
<i>ra mini nicotine mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>ra nicotine gum mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>ra nicotine mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>ra nicotine polacrilex mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>ra nicotine transdermal patch 24 hour</i>	Tier 1	OTC; QL (1 patch per 1 day)
<i>sm nicotine mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)

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<i>sm nicotine mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>sm nicotine polacrilex mouth/throat gum</i>	Tier 1	OTC; QL (24 units per 1 day)
<i>sm nicotine polacrilex mouth/throat lozenge</i>	Tier 1	OTC; QL (20 lozenges per 1 day)
<i>sm nicotine transdermal patch 24 hour</i>	Tier 1	OTC; QL (1 patch per 1 day)
THRIVE MOUTH/THROAT GUM (<i>nicotine polacrilex</i>)	Tier 1	OTC; QL (24 units per 1 day)
<i>varenicline tartrate oral tablet</i>	Tier 2	PA; QL (2 tablets per 1 day)
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
GILENYA ORAL CAPSULE (<i>fingolimod hcl</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
MAYZENT ORAL TABLET 2 MG (<i>siponimod fumarate</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK (<i>siponimod fumarate</i>)	Tier 2	PA; SP; QL (1 pack per 1 year)
PONVORY ORAL TABLET (<i>ponesimod</i>)	Tier 2	PA; SP; QL (1 tablet per 1 day)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK (<i>ponesimod</i>)	Tier 2	PA; SP; QL (1 pack per 1 one time fill)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK (<i>ozanimod hcl</i>)	Tier 2	PA; SP; QL (1 pack per 1 fill)
ZEPOSIA ORAL CAPSULE (<i>ozanimod hcl</i>)	Tier 2	PA; SP; QL (1 capsule per 1 day)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK (<i>ozanimod hcl</i>)	Tier 2	PA; SP; QL (1 pack per 1 fill)

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*THIENBENZODIAZEPINES & OPIOID ANTAGONISTS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
LYBALVI ORAL TABLET (<i>olanzapine-samidorphan</i>)	Tier 2	
*THIENBENZODIAZEPINES & SSRIS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine-fluoxetine hcl oral capsule</i>	State Carve-out	SCO
SYMBYAX ORAL CAPSULE (<i>olanzapine-fluoxetine hcl</i>)	State Carve-out	SCO
*VASOMOTOR SYMPTOM AGENTS - SSRIS*** - DRUGS FOR THE NERVOUS SYSTEM		
BRISDELLE ORAL CAPSULE (<i>paroxetine mesylate</i>)	Tier 2	
<i>paroxetine mesylate oral capsule</i>	Tier 2	
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
*ALPHA-PROTEINASE INHIBITOR (HUMAN)*** - DRUGS FOR ASTHMA/COPD		
GLASSIA INTRAVENOUS SOLUTION (<i>alpha1-proteinase inhibitor</i>)	Tier 2	MB
PROLASTIN-C INTRAVENOUS SOLUTION (<i>alpha1-proteinase inhibitor</i>)	Tier 2	MB
*CFTR POTENTIATORS*** - DRUGS FOR CYSTIC FIBROSIS		
KALYDECO ORAL PACKET (<i>ivacaftor</i>)	Tier 2	PA; SP; QL (2 packets per 1 day)
KALYDECO ORAL TABLET (<i>ivacaftor</i>)	Tier 2	PA; SP; QL (2 tablets per 1 day)
*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR CYSTIC FIBROSIS		
ORKAMBI ORAL PACKET (<i>lumacaftor-ivacaftor</i>)	Tier 2	PA; SP; QL (2 packets per 1 day)

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ORKAMBI ORAL TABLET (<i>lumacaftor-ivacaftor</i>)	Tier 2	PA; SP; QL (4 tablets per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK (<i>tezacaftor-ivacaftor</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK (<i>elexacaftor-tezacaftor-ivacaft</i>)	Tier 2	PA; SP; QL (1 carton per 28 days)
*CYSTIC FIBROSIS AGENTS - MISCELLANEOUS*** - DRUGS FOR CYSTIC FIBROSIS		
BRONCHITOL INHALATION CAPSULE (<i>mannitol (cystic fibrosis)</i>)	Tier 2	PA; SP; QL (560 capsules per 28 days)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE (<i>mannitol (cystic fibrosis)</i>)	Tier 2	PA; SP; QL (1 unit (10 capsules) per 1 fill)
*HYDROLYTIC ENZYMES*** - DRUGS FOR THE LUNGS		
PULMOZYME INHALATION SOLUTION (<i>dornase alfa</i>)	Tier 1	PA; SP; QL (150 mL per 30 days)
*PLEURAL SCLEROSING AGENTS*** - DRUGS FOR THE LUNGS		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER (<i>talc</i>)	Tier 2	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED (<i>talc</i>)	Tier 2	
STERITALC INTRAPLEURAL POWDER (<i>talc</i>)	Tier 2	
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR THE LUNGS		
OFEV ORAL CAPSULE (<i>nintedanib esylate</i>)	Tier 2	PA; SP; QL (2 capsules per 1 day)
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS		
ESBRIET ORAL CAPSULE (<i>pirfenidone</i>)	Tier 2	PA; SP; QL (9 capsules per 1 day)
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	Tier 2	PA; SP; QL (9 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	Tier 2	PA; SP; QL (3 tablets per 1 day)
*RESPIRATORY AGENTS - MISC.*** - DRUGS FOR THE LUNGS		
CUROSURF INTRATRACHEAL SUSPENSION (<i>poractant alfa</i>)	Tier 2	
INFASURF INTRATRACHEAL SUSPENSION (<i>calfactant in nacl</i>)	Tier 2	
SURVANTA INTRATRACHEAL SUSPENSION (<i>beractant in nacl</i>)	Tier 2	
SULFONAMIDES - DRUGS FOR INFECTIONS		
*SULFONAMIDES*** - ANTIBIOTICS		
<i>sulfadiazine oral tablet</i>	Tier 1	
TETRACYCLINES - DRUGS FOR INFECTIONS		
*AMINOMETHYLCYCLINES*** - ANTIBIOTICS		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED (<i>omadacycline tosylate</i>)	Tier 2	MB
NUZYRA ORAL TABLET (<i>omadacycline tosylate</i>)	Tier 2	PA; QL (30 tablets per 30 days)
*FLUOROCYCLINES*** - ANTIBIOTICS		
XERAIVA INTRAVENOUS SOLUTION RECONSTITUTED (<i>eravacycline dihydrochloride</i>)	Tier 2	MB
*GLYCYLCYCLINES*** - ANTIBIOTICS		
<i>tigecycline intravenous solution reconstituted</i>	Tier 2	MB
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED (<i>tigecycline</i>)	Tier 2	MB
*TETRACYCLINES*** - ANTIBIOTICS		
ACTICLATE ORAL TABLET 150 MG (<i>doxycycline hyclate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
ACTICLATE ORAL TABLET 75 MG (<i>doxycycline hyclate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>minocycline hcl</i> (Coremino Oral Tablet Extended Release 24 Hour)	Tier 2	PA

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<i>demeclocycline hcl oral tablet</i>	Tier 1	
DORYX MPC ORAL TABLET DELAYED RELEASE (<i>doxycycline hyclate</i>)	Tier 2	PA
DORYX ORAL TABLET DELAYED RELEASE (<i>doxycycline hyclate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
<i>doxycycline hyclate</i> (Doxy 100 Intravenous Solution Reconstituted)	Tier 2	MB; QL (2 vials per 1 day)
<i>doxycycline hyclate intravenous solution reconstituted</i>	Tier 2	MB; QL (2 vials per 1 day)
<i>doxycycline hyclate oral capsule</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>doxycycline hyclate oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>doxycycline hyclate oral tablet 150 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>doxycycline hyclate oral tablet 20 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>doxycycline hyclate oral tablet delayed release</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>doxycycline monohydrate oral capsule 150 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>doxycycline monohydrate oral suspension reconstituted</i>	Tier 1	QL (600 mL per 30 days)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>doxycycline hyclate</i> (Lymepak Oral Tablet)	Tier 2	PA; QL (2 tablets per 1 day)
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>minocycline hcl</i>)	Tier 2	MB
<i>minocycline hcl er oral capsule extended release 24 hour</i>	Tier 2	PA
<i>minocycline hcl er oral tablet extended release 24 hour</i>	Tier 2	PA
<i>minocycline hcl oral capsule</i>	Tier 1	
<i>minocycline hcl oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>minocycline hcl</i>)	Tier 2	PA
<i>doxycycline monohydrate</i> (Mondoxyne NI Oral Capsule)	Tier 1	PA; QL (2 capsules per 1 day)
SEYSARA ORAL TABLET (<i>sarecycline hcl</i>)	Tier 2	PA; QL (1 tablet per 1 day)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>minocycline hcl</i>)	Tier 2	PA
<i>tetracycline hcl oral capsule</i>	Tier 2	
VIBRAMYCIN ORAL CAPSULE (<i>doxycycline hyclate</i>)	Tier 2	PA; QL (2 capsules per 1 day)
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED (<i>doxycycline monohydrate</i>)	Tier 2	PA; QL (600 mL per 30 days)
VIBRAMYCIN ORAL SYRUP (<i>doxycycline calcium</i>)	Tier 2	PA
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>minocycline hcl</i>)	Tier 2	PA
THYROID AGENTS - HORMONES		
*ANTITHYROID AGENTS - RADIOPHARMACEUTICALS*** - DRUGS FOR THYROID		
<i>sodium iodide i-131 oral solution</i>	Tier 2	
*ANTITHYROID AGENTS*** - DRUGS FOR THYROID		
<i>methimazole oral tablet</i>	Tier 1	
<i>propylthiouracil oral tablet</i>	Tier 1	
*THYROID HORMONES*** - DRUGS FOR THYROID		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 300 MG, 90 MG (<i>thyroid</i>)	Tier 2	
ARMOUR THYROID ORAL TABLET 30 MG, 60 MG (<i>thyroid</i>)	Tier 2	QL (1 tablet per 1 day)
CYTOMEL ORAL TABLET (<i>liothyronine sodium</i>)	Tier 2	
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet)	Tier 1	
<i>levothyroxine sodium</i> (Levo-T Oral Tablet)	Tier 1	
<i>levothyroxine sodium intravenous solution</i>	Tier 2	MB

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<i>levothyroxine sodium intravenous solution reconstituted</i>	Tier 2	MB
<i>levothyroxine sodium oral capsule</i>	Tier 2	
<i>levothyroxine sodium oral tablet</i>	Tier 1	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet)	Tier 1	
<i>liothyronine sodium intravenous solution</i>	Tier 2	MB
<i>liothyronine sodium oral tablet</i>	Tier 1	
NATURE-THROID ORAL TABLET (<i>thyroid</i>)	Tier 2	
<i>np thyroid oral tablet 120 mg, 15 mg, 90 mg</i>	Tier 2	
<i>np thyroid oral tablet 30 mg, 60 mg</i>	Tier 2	QL (1 tablet per 1 day)
SYNTHROID ORAL TABLET (<i>levothyroxine sodium</i>)	Tier 2	
THYQUIDITY ORAL SOLUTION (<i>levothyroxine sodium</i>)	Tier 2	
TIROSINT ORAL CAPSULE (<i>levothyroxine sodium</i>)	Tier 2	
TIROSINT-SOL ORAL SOLUTION (<i>levothyroxine sodium</i>)	Tier 2	
TRIOSTAT INTRAVENOUS SOLUTION (<i>liothyronine sodium</i>)	Tier 2	MB
<i>levothyroxine sodium</i> (Unithroid Oral Tablet)	Tier 1	
WESTHROID ORAL TABLET (<i>thyroid</i>)	Tier 2	
WP THYROID ORAL TABLET (<i>thyroid</i>)	Tier 2	
TOXOIDS - BIOLOGICAL AGENTS		
*TOXOID COMBINATIONS*** - VACCINES		
ADACEL INTRAMUSCULAR SUSPENSION (<i>tetanus-diphth-acell pertussis</i>)	Tier 1	AL
BOOSTRIX INTRAMUSCULAR SUSPENSION (<i>tetanus-diphth-acell pertussis</i>)	Tier 1	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>tetanus-diphth-acell pertussis</i>)	Tier 1	
DAPTACEL INTRAMUSCULAR SUSPENSION (<i>diphth-acell pertussis-tetanus</i>)	Tier 1	AL
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Tier 1	AL

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INFANRIX INTRAMUSCULAR SUSPENSION (<i>diphth-acell pertussis-tetanus</i>)	Tier 1	AL
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv vaccine</i>)	Tier 1	AL
PEDIARIX INTRAMUSCULAR SUSPENSION (<i>dtap-hepatitis b recomb-ipv</i>)	Tier 1	AL
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	Tier 1	AL
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	Tier 1	AL
TDVAX INTRAMUSCULAR SUSPENSION (<i>tetanus-diphtheria toxoids td</i>)	Tier 1	
TENIVAC INTRAMUSCULAR INJECTABLE (<i>tetanus-diphtheria toxoids td</i>)	Tier 1	AL
<i>tetanus-diphtheria toxoids td intramuscular suspension</i>	Tier 1	
VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recmb</i>)	Tier 1	AL
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recmb</i>)	Tier 1	AL
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR THE STOMACH		
*ANTICHOLINERGIC COMBINATIONS*** - DRUGS FOR STOMACH CRAMPS		
<i>chlordiazepoxide-clidinium oral capsule</i>	Tier 2	
LIBRAX ORAL CAPSULE (<i>chlordiazepoxide-clidinium</i>)	Tier 2	
*ANTISPASMODICS*** - DRUGS FOR STOMACH CRAMPS		
BENTYL INTRAMUSCULAR SOLUTION (<i>dicyclomine hcl</i>)	Tier 2	MB
<i>dicyclomine hcl intramuscular solution</i>	Tier 2	MB
<i>dicyclomine hcl oral capsule</i>	Tier 1	
<i>dicyclomine hcl oral solution</i>	Tier 1	
<i>dicyclomine hcl oral tablet</i>	Tier 1	

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*BELLADONNA ALKALOIDS*** - DRUGS FOR STOMACH CRAMPS		
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR 0.25 MG/0.3ML (<i>atropine sulfate</i>)	Tier 2	
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR 0.5 MG/0.7ML, 1 MG/0.7ML, 2 MG/0.7ML (<i>atropine sulfate</i>)	Tier 2	MB
<i>atropine sulfate injection solution prefilled syringe</i>	Tier 2	MB
<i>atropine sulfate intravenous solution</i>	Tier 2	MB
<i>atropine sulfate intravenous solution prefilled syringe</i>	Tier 2	MB
*H-2 ANTAGONIST-ANTACID COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer complete oral tablet chewable</i>	Tier 1	OTC
<i>kls acid controller complete oral tablet chewable</i>	Tier 1	OTC
<i>ra acid reducer plus antacid oral tablet chewable</i>	Tier 1	OTC
*H-2 ANTAGONISTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid control maximum strength oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>cimetidine hcl oral solution</i>	Tier 2	
<i>cimetidine oral tablet 200 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>cimetidine oral tablet 300 mg, 400 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>cimetidine oral tablet 800 mg</i>	Tier 2	QL (3 tablets per 1 day)
<i>eq famotidine max st oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>famotidine intravenous solution 20 mg/2ml</i>	Tier 1	MB
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	Tier 2	MB
<i>famotidine maximum strength oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>famotidine oral suspension reconstituted</i>	Tier 1	PA; QL (5 mL per 1 day)
<i>famotidine oral tablet 10 mg</i>	Tier 1	OTC; QL (2 tablets per 1 day)

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<i>famotidine oral tablet 20 mg</i>	Tier 2	QL (4 tablets per 1 day)
<i>famotidine oral tablet 40 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>famotidine orig st oral tablet</i>	Tier 1	DO; OTC; QL (2 tablets per 1 day)
<i>famotidine premixed intravenous solution</i>	Tier 2	MB
MM ACID-PEP MAXIMUM STRENGTH ORAL TABLET (<i>famotidine</i>)	Tier 1	OTC; QL (4 tablets per 1 day)
<i>mm famotidine oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>nizatidine oral capsule 150 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>nizatidine oral capsule 300 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>nizatidine oral solution</i>	Tier 1	PA; QL (20 mL per 1 day)
PEPCID ORAL TABLET 20 MG (<i>famotidine</i>)	Tier 2	QL (4 tablets per 1 day)
PEPCID ORAL TABLET 40 MG (<i>famotidine</i>)	Tier 2	QL (2 tablets per 1 day)
<i>sb acid controller max st oral tablet</i>	Tier 1	OTC; QL (4 tablets per 1 day)
<i>sb acid controller oral tablet</i>	Tier 1	DO; OTC; QL (2 tablets per 1 day)
<i>sb acid reducer oral tablet</i>	Tier 1	DO; OTC; QL (2 tablets per 1 day)
ZANTAC 360 MAX ST ORAL TABLET (<i>famotidine</i>)	Tier 1	OTC; QL (4 tablets per 1 day)
ZANTAC 360 ORAL TABLET (<i>famotidine</i>)	Tier 1	DO; OTC; QL (2 tablets per 1 day)
*MISC. ANTI-ULCER*** - DRUGS FOR ULCERS AND STOMACH ACID		
CARAFATE ORAL SUSPENSION (<i>sucralfate</i>)	Tier 2	
CARAFATE ORAL TABLET (<i>sucralfate</i>)	Tier 2	
<i>sucralfate oral suspension</i>	Tier 2	
<i>sucralfate oral tablet</i>	Tier 1	

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*PROTON PUMP INHIBITOR-ANTACID COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cvs omeprazole-sod bicarbonate oral capsule</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>omeprazole-sodium bicarbonate capsule 20-1100 mg oral (otc)</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>omeprazole-sodium bicarbonate capsule 20-1100 mg oral (rx)</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>omeprazole-sodium bicarbonate oral capsule 40-1100 mg</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>omeprazole-sodium bicarbonate oral packet</i>	Tier 2	PA; QL (1 packet per 1 day)
ZEGERID ORAL CAPSULE (<i>omeprazole-sodium bicarbonate</i>)	Tier 2	PA; QL (1 capsule per 1 day)
ZEGERID ORAL PACKET (<i>omeprazole-sodium bicarbonate</i>)	Tier 2	PA; QL (1 packet per 1 day)
*PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>acid reducer oral capsule delayed release</i>	Tier 1	OTC
<i>acid reducer oral tablet delayed release</i>	Tier 1	OTC; QL (2 tablets per 1 day)
ACIPHEX ORAL TABLET DELAYED RELEASE (<i>rabeprazole sodium</i>)	Tier 2	PA; QL (1 tablet per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE (<i>rabeprazole sodium</i>)	Tier 2	PA; QL (1 capsule per 1 day)
<i>cvs esomeprazole magnesium oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>cvs lansoprazole oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>cvs lansoprazole oral tablet delayed release dispersible</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>cvs omeprazole magnesium oral capsule delayed release</i>	Tier 1	OTC

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<i>cvs omeprazole oral tablet delayed release</i>	Tier 1	OTC
<i>cvs omeprazole oral tablet delayed release dispersible</i>	Tier 1	OTC
DEXILANT ORAL CAPSULE DELAYED RELEASE (<i>dexlansoprazole</i>)	Tier 2	PA; QL (1 capsule per 1 day)
<i>eq esomeprazole magnesium oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>eq lansoprazole oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>eq omeprazole magnesium oral capsule delayed release</i>	Tier 1	OTC
<i>eq omeprazole oral tablet delayed release</i>	Tier 1	OTC
<i>eq omeprazole oral tablet delayed release dispersible</i>	Tier 1	OTC
<i>eql lansoprazole oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>eql omeprazole oral tablet delayed release</i>	Tier 1	OTC
<i>esomeprazole magnesium capsule delayed release 20 mg oral (otc)</i>	Tier 1	QL (2 capsules per 1 day)
<i>esomeprazole magnesium capsule delayed release 20 mg oral (otc)</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>esomeprazole magnesium capsule delayed release 20 mg oral (rx)</i>	Tier 2	QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral packet</i>	Tier 2	PA; QL (1 packet per 1 day)
<i>esomeprazole magnesium oral tablet delayed release</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>esomeprazole sodium intravenous solution reconstituted</i>	Tier 2	MB
<i>esomeprazole strontium oral capsule delayed release</i>	Tier 2	QL (1 capsule per 1 day)
FIRST-OMEPRAZOLE ORAL SUSPENSION (<i>omeprazole</i>)	Tier 2	
<i>gnp esomeprazole magnesium oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)

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<i>gnp lansoprazole oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>gnp omeprazole oral capsule delayed release</i>	Tier 1	OTC
<i>gnp omeprazole oral tablet delayed release</i>	Tier 1	OTC
<i>gnp omeprazole oral tablet delayed release dispersible</i>	Tier 1	OTC
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE (<i>esomeprazole magnesium</i>)	Tier 1	OTC; QL (2 capsules per 1 day)
<i>goodsense lansoprazole oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>hm esomeprazole magnesium dr oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>hm lansoprazole oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>hm omeprazole oral tablet delayed release</i>	Tier 1	OTC
<i>kls esomeprazole magnesium oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>kp omeprazole magnesium oral capsule delayed release</i>	Tier 1	OTC
<i>lansoprazole capsule delayed release 15 mg oral (otc)</i>	Tier 1	QL (2 capsules per 1 day)
<i>lansoprazole capsule delayed release 15 mg oral (otc)</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>lansoprazole capsule delayed release 15 mg oral (rx)</i>	Tier 2	QL (1 capsule per 1 day)
<i>lansoprazole oral capsule delayed release 30 mg</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>lansoprazole oral tablet delayed release dispersible</i>	Tier 2	QL (1 tablet per 1 day)
NEXIUM 24HR ORAL TABLET DELAYED RELEASE (<i>esomeprazole magnesium</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED (<i>esomeprazole sodium</i>)	Tier 2	MB
NEXIUM ORAL CAPSULE DELAYED RELEASE (<i>esomeprazole magnesium</i>)	Tier 2	PA; QL (1 capsule per 1 day)
NEXIUM ORAL PACKET (<i>esomeprazole magnesium</i>)	Tier 2	PA; QL (1 packet per 1 day)
<i>omeprazole magnesium oral capsule delayed release</i>	Tier 1	OTC

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<i>omeprazole magnesium oral tablet delayed release</i>	Tier 1	OTC
<i>omeprazole oral capsule delayed release 10 mg, 40 mg</i>	Tier 2	PA
<i>omeprazole oral capsule delayed release 20 mg</i>	Tier 1	PA; Preferred for Members less than 6 years of age. PA required for members greater than 6.
<i>omeprazole oral tablet delayed release</i>	Tier 1	OTC
<i>omeprazole oral tablet delayed release dispersible</i>	Tier 1	OTC
<i>pantoprazole sodium intravenous solution reconstituted</i>	Tier 2	MB
<i>pantoprazole sodium oral packet</i>	Tier 2	PA; QL (1 packet per 1 day)
<i>pantoprazole sodium oral tablet delayed release</i>	Tier 2	PA
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE (<i>lansoprazole</i>)	Tier 1	OTC; QL (2 capsules per 1 day)
PREVACID ORAL CAPSULE DELAYED RELEASE (<i>lansoprazole</i>)	Tier 2	PA; QL (1 capsule per 1 day)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE (<i>lansoprazole</i>)	Tier 2	PA; QL (1 tablet per 1 day)
PRILOSEC ORAL PACKET (<i>omeprazole magnesium</i>)	Tier 2	PA; QL (1 mL per 1 day)
PRILOSEC OTC ORAL TABLET DELAYED RELEASE (<i>omeprazole magnesium</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>pantoprazole sodium</i>)	Tier 2	MB
PROTONIX ORAL PACKET (<i>pantoprazole sodium</i>)	Tier 2	PA; QL (1 packet per 1 day)
PROTONIX ORAL TABLET DELAYED RELEASE (<i>pantoprazole sodium</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>px omeprazole oral tablet delayed release</i>	Tier 1	OTC
<i>qc esomeprazole magnesium oral capsule delayed release</i>	Tier 1	OTC; QL (1 capsule per 1 day)
<i>qc lansoprazole oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)

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<i>qc omeprazole magnesium oral capsule delayed release</i>	Tier 1	OTC
<i>ra esomeprazole magnesium oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>ra omeprazole oral tablet delayed release</i>	Tier 1	OTC
<i>rabeprazole sodium oral capsule sprinkle</i>	Tier 2	PA; QL (1 capsule per 1 day)
<i>rabeprazole sodium oral tablet delayed release</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>sb omeprazole oral tablet delayed release</i>	Tier 1	OTC
<i>sm esomeprazole magnesium oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>sm lansoprazole oral capsule delayed release</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>sm omeprazole oral tablet delayed release</i>	Tier 1	OTC
*QUATERNARY ANTICHOLINERGICS*** - DRUGS FOR STOMACH CRAMPS		
CUVPOSA ORAL SOLUTION (<i>glycopyrrolate</i>)	Tier 2	
<i>glycopyrrolate injection solution</i>	Tier 2	MB
<i>glycopyrrolate intravenous solution prefilled syringe</i>	Tier 2	MB
<i>glycopyrrolate oral tablet</i>	Tier 1	
<i>glycopyrrolate pf injection solution prefilled syringe</i>	Tier 2	MB
GLYRX-PF INJECTION SOLUTION (<i>glycopyrrolate</i>)	Tier 2	MB
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE (<i>glycopyrrolate</i>)	Tier 2	MB
<i>methscopolamine bromide oral tablet</i>	Tier 2	
*ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	Tier 2	PA; QL (1 pack per 1 fill)
PYLERA ORAL CAPSULE (<i>bis subcit-metronid-tetracyc</i>)	Tier 2	PA; QL (120 capsules per 1 fill)

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*ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>amoxicill-clarithro-lansopraz oral</i>	Tier 2	PA; QL (1 pack per 1 fill)
OMECLAMOX-PAK ORAL (<i>amoxicill-clarithro-omeprazole</i>)	Tier 2	PA; QL (1 pack per 1 fill)
TALICIA ORAL CAPSULE DELAYED RELEASE (<i>amoxicill-rifabutin-omeprazole</i>)	Tier 2	PA; QL (168 capsules per 1 day)
*ULCER DRUGS - PROSTAGLANDINS*** - DRUGS FOR ULCERS AND STOMACH ACID		
CYTOTEC ORAL TABLET (<i>misoprostol</i>)	Tier 2	
<i>misoprostol oral tablet</i>	Tier 1	
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>	Tier 1	QL (1 tablet per 1 day)
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>tolterodine tartrate</i>)	Tier 2	PA; QL (1 capsule per 1 day)
DETROL ORAL TABLET (<i>tolterodine tartrate</i>)	Tier 2	PA; QL (2 tablets per 1 day)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>oxybutynin chloride</i>)	Tier 2	PA; QL (2 tablets per 1 day)
GELNIQUE TRANSDERMAL GEL (<i>oxybutynin chloride</i>)	Tier 2	PA
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	Tier 1	QL (2 tablets per 1 day)
<i>oxybutynin chloride oral syrup</i>	Tier 1	QL (20 mL per 1 day)
<i>oxybutynin chloride oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY (<i>oxybutynin</i>)	Tier 1	OTC; QL (8 patches per 28 days)
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY (<i>oxybutynin</i>)	Tier 2	PA; QL (8 patches per 28 days)

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<i>solifenacin succinate oral tablet</i>	Tier 2	PA; QL (1 tablet per 1 day)
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier 1	QL (1 capsule per 1 day)
<i>tolterodine tartrate oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>fesoterodine fumarate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
<i>tropium chloride er oral capsule extended release 24 hour</i>	Tier 1	QL (1 capsule per 1 day)
<i>tropium chloride oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
VESICARE LS ORAL SUSPENSION (<i>solifenacin succinate</i>)	Tier 2	PA; QL (10 mL per 1 day)
VESICARE ORAL TABLET (<i>solifenacin succinate</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
GEMTESA ORAL TABLET (<i>vibegron</i>)	Tier 2	PA; QL (1 tablet per 1 day)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER (<i>mirabegron</i>)	Tier 2	PA; QL (3 bottles per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (<i>mirabegron</i>)	Tier 2	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG (<i>mirabegron</i>)	Tier 2	PA; QL (1 tablet per 1 day)
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
<i>bethanechol chloride oral tablet</i>	Tier 1	
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** - DRUGS FOR THE BLADDER		
<i>flavoxate hcl oral tablet</i>	Tier 1	
VACCINES - BIOLOGICAL AGENTS		
*BACTERIAL VACCINES*** - VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	Tier 1	PA; AL
<i>bcg vaccine injection injectable</i>	Tier 2	MB

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BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b recomb omv adj</i>)	Tier 1	AL
BIOTHRAX INTRAMUSCULAR SUSPENSION (<i>anthrax vaccine adsorbed</i>)	Tier 2	MB
HIBERIX INJECTION SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	Tier 1	PA; AL
MENACTRA INTRAMUSCULAR SOLUTION (<i>mening acy&w-135 diphth conj</i>)	Tier 1	AL
MENQUADFI INTRAMUSCULAR SOLUTION (<i>mening acy&w-135 tetanus conj</i>)	Tier 1	AL
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135 olig</i>)	Tier 1	AL
PEDVAX HIB INTRAMUSCULAR SUSPENSION (<i>haemophilus b polysac conj vac</i>)	Tier 1	PA; AL
PNEUMOVAX 23 INJECTION INJECTABLE (<i>pneumococcal vac polyvalent</i>)	Tier 1	AL
PREVNAR 13 INTRAMUSCULAR SUSPENSION (<i>pneumococcal 13-val conj vacc</i>)	Tier 1	AL
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>pneumococcal 20-val conj vacc</i>)	Tier 1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b vac (recomb)</i>)	Tier 1	AL
TYPHIM VI INTRAMUSCULAR SOLUTION (<i>typhoid vi polysaccharide vacc</i>)	Tier 2	MB
VAXCHORA ORAL SUSPENSION RECONSTITUTED (<i>cholera vac live attenuated</i>)	Tier 2	MB
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>pneumococcal 15-val conj vacc</i>)	Tier 1	
*VIRAL VACCINE COMBINATIONS*** - VACCINES		
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	Tier 1	AL
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles-mumps-rubella-varicell</i>)	Tier 1	AL
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hepatitis a-hep b recomb vac</i>)	Tier 1	

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*VIRAL VACCINES*** - VACCINES		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	Tier 1	QL (1 fill per 180 fills)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	Tier 1	QL (1 fill per 180 fills)
ENGERIX-B INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	Tier 1	
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE (<i>influenza vac a&b sa adj quad</i>)	Tier 1	QL (1 fill per 180 fills)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	Tier 1	QL (1 fill per 180 fills)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>influenza vac recomb ha quad</i>)	Tier 1	QL (1 fill per 180 fills)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac subunit quad</i>)	Tier 1	QL (1 fill per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac subunit quad</i>)	Tier 1	QL (1 fill per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	Tier 1	QL (1 fill per 180 fills)
FLUMIST QUADRIVALENT NASAL SUSPENSION (<i>influenza virus vac live quad</i>)	Tier 1	QL (1 fill per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac high-dose quad</i>)	Tier 1	QL (0.7 mL per 1 fill)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	Tier 1	QL (1 fill per 180 fills)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	Tier 1	QL (1 fill per 180 fills)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hpv 9-valent recomb vaccine</i>)	Tier 1	AL

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GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hvp 9-valent recomb vaccine</i>)	Tier 1	AL
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML (<i>hepatitis a vaccine</i>)	Tier 1	
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML (<i>hepatitis a vaccine</i>)	Tier 1	AL
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>hepatitis b vac recomb adj</i>)	Tier 1	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE (<i>rabies virus vaccine, hdc</i>)	Tier 1	AL
IPOL INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	Tier 2	MB
IXIARO INTRAMUSCULAR SUSPENSION (<i>japanese encephalitis vac inac</i>)	Tier 2	
<i>janssen covid-19 vaccine intramuscular suspension</i>	State Carve-out	SCO
<i>moderna covid-19 vaccine intramuscular suspension</i>	State Carve-out	SCO
<i>pfizer covid-19 vac-tris 5-11y intramuscular suspension</i>	State Carve-out	SCO
<i>pfizer-biont covid-19 vac-tris intramuscular suspension</i>	State Carve-out	SCO
<i>pfizer-biontech covid-19 vacc intramuscular suspension</i>	State Carve-out	SCO
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies vaccine, pcec</i>)	Tier 1	
RECOMBIVAX HB INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	Tier 1	AL
ROTARIX ORAL SUSPENSION RECONSTITUTED (<i>rotavirus vaccine live oral</i>)	Tier 2	MB
ROTATEQ ORAL SOLUTION (<i>rotavirus vac live pentavalent</i>)	Tier 2	MB
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>zoster vac recomb adjuvanted</i>)	Tier 1	AL; QL (2 injections per 1 lifetime)
<i>stamaril injection suspension reconstituted</i>	Tier 2	MB

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TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>tick-borne encephalitis vacc</i>)	Tier 2	MB
VAQTA INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	Tier 1	AL
VARIVAX SUBCUTANEOUS INJECTABLE (<i>varicella virus vaccine live</i>)	Tier 1	AL
YF-VAX SUBCUTANEOUS INJECTABLE (<i>yellow fever vaccine</i>)	Tier 2	MB
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN		
*IMIDAZOLE-RELATED ANTIFUNGALS*** - DRUGS FOR INFECTIONS		
<i>3 day vaginal vaginal cream</i>	Tier 1	OTC
<i>clotrimazole 3 vaginal cream</i>	Tier 1	OTC
<i>clotrimazole vaginal cream</i>	Tier 1	OTC; QL (45 grams per 30 days)
<i>clotrimazole-7 vaginal cream</i>	Tier 1	OTC; QL (45 grams per 30 days)
<i>cvs clotrimazole 3 vaginal cream</i>	Tier 1	OTC
<i>cvs miconazole 1 combo pack vaginal kit</i>	Tier 1	OTC
<i>cvs miconazole 1 combo-wipes vaginal kit</i>	Tier 1	OTC
<i>cvs miconazole 3 combo pack vaginal kit</i>	Tier 1	OTC; QL (1 pack per 30 days)
<i>cvs miconazole 3 combo-supp vaginal kit</i>	Tier 1	OTC
<i>cvs miconazole 7 vaginal cream</i>	Tier 1	OTC
<i>cvs tioconazole 1 vaginal ointment</i>	Tier 1	OTC
<i>eq miconazole 1 vaginal kit</i>	Tier 1	OTC
<i>eq miconazole 7 day treatment vaginal cream</i>	Tier 1	OTC
<i>eq tioconazole 1 vaginal ointment</i>	Tier 1	OTC
<i>eql miconazole 3 vaginal kit</i>	Tier 1	OTC
<i>eql miconazole 7 vaginal cream</i>	Tier 1	OTC
<i>eql tioconazole-1 vaginal ointment</i>	Tier 1	OTC

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<i>gnp clotrimazole 3 vaginal cream</i>	Tier 1	OTC
<i>gnp miconazole 1 vaginal kit</i>	Tier 1	OTC
<i>gnp miconazole 3 vaginal kit</i>	Tier 1	OTC
<i>gnp miconazole 7 vaginal cream</i>	Tier 1	OTC
<i>goodsense miconazole 1 vaginal kit</i>	Tier 1	OTC
GYNAZOLE-1 VAGINAL CREAM (<i>butoconazole nitrate (1 dose)</i>)	Tier 2	
<i>miconazole 1 vaginal kit</i>	Tier 1	OTC
<i>miconazole 3 combo pack app vaginal kit</i>	Tier 1	OTC; QL (1 pack per 30 days)
<i>miconazole 3 combo pack vaginal kit</i>	Tier 1	OTC; QL (1 pack per 30 days)
<i>miconazole 3 combo-supp vaginal kit</i>	Tier 1	OTC
<i>miconazole 3 vaginal suppository</i>	Tier 1	
<i>miconazole 7 vaginal cream</i>	Tier 1	OTC
<i>miconazole 7 vaginal suppository</i>	Tier 1	OTC
<i>miconazole nitrate vaginal cream</i>	Tier 1	OTC
MONISTAT 1-DAY VAGINAL OINTMENT (<i>tioconazole</i>)	Tier 1	OTC
<i>px miconazole 3-day combo vaginal kit</i>	Tier 1	OTC
<i>qc 3 day vaginal cream</i>	Tier 1	OTC
<i>qc miconazole 7 vaginal cream</i>	Tier 1	OTC
<i>ra clotrimazole 7 vaginal cream</i>	Tier 1	OTC; QL (45 grams per 30 days)
<i>ra miconazole 3 combo pack vaginal kit</i>	Tier 1	OTC
<i>ra miconazole 7 vaginal cream</i>	Tier 1	OTC
<i>ra tioconazole 1 vaginal ointment</i>	Tier 1	OTC
<i>sm 3-day vaginal vaginal cream</i>	Tier 1	OTC
<i>sm clotrimazole vaginal vaginal cream</i>	Tier 1	OTC; QL (45 grams per 30 days)
<i>sm miconazole 3 applicator vaginal kit</i>	Tier 1	OTC; QL (1 pack per 30 days)
<i>sm miconazole 3 vaginal kit</i>	Tier 1	OTC

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<i>sm miconazole 7 vaginal cream</i>	Tier 1	OTC
<i>sm miconazole 7 vaginal suppository</i>	Tier 1	OTC
<i>sm tioconazole-1 vaginal ointment</i>	Tier 1	OTC
<i>terconazole vaginal cream 0.4 %</i>	Tier 1	QL (90 grams per 30 days)
<i>terconazole vaginal cream 0.8 %</i>	Tier 1	QL (40 grams per 30 days)
<i>terconazole vaginal suppository</i>	Tier 1	QL (6 suppositories per 30 days)
<i>tioconazole-1 vaginal ointment</i>	Tier 1	OTC
VAGISTAT-3 VAGINAL KIT (<i>miconazole nitrate</i>)	Tier 1	OTC
*MISCELLANEOUS VAGINAL PRODUCTS*** - DRUGS FOR WOMEN		
INTRAROSA VAGINAL INSERT (<i>prasterone</i>)	Tier 2	PA; QL (1 insert per 1 day)
*SPERMICIDES*** - BIRTH CONTROL PILLS		
TODAY SPONGE VAGINAL (<i>nonoxynol-9</i>)	Tier 1	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM (<i>nonoxynol-9</i>)	Tier 1	OTC
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM (<i>nonoxynol-9</i>)	Tier 1	OTC
*VAGINAL ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS		
CLEOCIN VAGINAL CREAM (<i>clindamycin phosphate</i>)	Tier 2	
CLEOCIN VAGINAL SUPPOSITORY (<i>clindamycin phosphate</i>)	Tier 1	
<i>clindamycin phosphate vaginal cream</i>	Tier 1	
CLINDESSE VAGINAL CREAM (<i>clindamycin phosphate (1 dose)</i>)	Tier 2	
<i>metronidazole vaginal gel</i>	Tier 1	
NUVESSA VAGINAL GEL (<i>metronidazole</i>)	Tier 2	
<i>metronidazole</i> (Vandazole Vaginal Gel)	Tier 1	
*VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS*** - DRUGS FOR WOMEN		
PHEXXI VAGINAL GEL (<i>lactic ac-citric ac-pot bitart</i>)	Tier 2	

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*VAGINAL ESTROGENS*** - DRUGS FOR WOMEN		
ESTRACE VAGINAL CREAM (<i>estradiol</i>)	Tier 2	PA
<i>estradiol vaginal cream</i>	Tier 2	PA
<i>estradiol vaginal tablet</i>	Tier 1	
ESTRING VAGINAL RING (<i>estradiol</i>)	Tier 2	PA
FEMRING VAGINAL RING (<i>estradiol acetate</i>)	Tier 2	PA
IMVEXXY MAINTENANCE PACK VAGINAL INSERT (<i>estradiol</i>)	Tier 2	PA; QL (18 units per 30 days)
IMVEXXY STARTER PACK VAGINAL INSERT (<i>estradiol</i>)	Tier 2	PA; QL (18 units per 30 days)
PREMARIN VAGINAL CREAM (<i>estrogens, conjugated</i>)	Tier 2	PA
VAGIFEM VAGINAL TABLET (<i>estradiol</i>)	Tier 2	PA
<i>estradiol</i> (Yuvafem Vaginal Tablet)	Tier 1	
*VAGINAL PROGESTINS*** - DRUGS FOR WOMEN		
CRINONE VAGINAL GEL 4 % (<i>progesterone</i>)	Tier 2	PA; SP
CRINONE VAGINAL GEL 8 % (<i>progesterone</i>)	Tier 2	PA; SP; QL (1 applicator per 1 day)
VASOPRESSORS - DRUGS FOR THE HEART		
*ANAPHYLAXIS THERAPY AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
ADRENALIN INJECTION SOLUTION (<i>epinephrine</i>)	Tier 2	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML (<i>epinephrine</i>)	Tier 2	PA; QL (2 pens per 1 fill)
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	Tier 2	PA; QL (2 injections per 1 fill)
<i>epinephrine (anaphylaxis) injection solution</i>	Tier 2	
<i>epinephrine injection solution auto-injector</i>	Tier 1	QL (2 pens per 1 fill)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR (<i>epinephrine</i>)	Tier 2	PA; QL (2 pens per 1 fill)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR (<i>epinephrine</i>)	Tier 2	PA; QL (2 pens per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE (<i>epinephrine</i>)	Tier 1	QL (2 boxes per 1 fill)
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>droxidopa oral capsule</i>	Tier 2	PA; SP; QL (6 capsules per 1 day)
NORTHERA ORAL CAPSULE 100 MG (<i>droxidopa</i>)	Tier 2	PA; SP; QL (3 capsules per 1 day)
NORTHERA ORAL CAPSULE 200 MG, 300 MG (<i>droxidopa</i>)	Tier 2	PA; SP; QL (6 capsules per 1 day)
*VASOPRESSORS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
AKOVAZ INTRAVENOUS SOLUTION (<i>ephedrine sulfate pressors</i>)	Tier 2	AL; MB
BIORPHEN INTRAVENOUS SOLUTION (<i>phenylephrine hcl pressors</i>)	Tier 2	MB
EMERPHED INTRAVENOUS SOLUTION (<i>ephedrine sulfate pressors</i>)	Tier 2	MB
<i>ephedrine sulfate (pressors) injection solution prefilled syringe</i>	Tier 2	MB
<i>ephedrine sulfate intravenous solution 5 mg/ml</i>	Tier 2	MB
<i>ephedrine sulfate intravenous solution 50 mg/ml</i>	Tier 2	AL; MB
<i>ephedrine sulfate-nacl intravenous solution prefilled syringe</i>	Tier 2	MB
<i>epinephrine hcl-nacl intravenous solution</i>	Tier 2	MB
<i>epinephrine intravenous solution</i>	Tier 2	MB
<i>epinephrine intravenous solution prefilled syringe</i>	Tier 2	MB
<i>epinephrine pf injection solution</i>	Tier 2	MB
<i>epinephrine-dextrose intravenous solution</i>	Tier 2	MB
<i>epinephrine-dextrose intravenous solution prefilled syringe</i>	Tier 2	MB
<i>epinephrine-nacl intravenous solution</i>	Tier 2	MB

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GIAPREZA INTRAVENOUS SOLUTION (<i>angiotensin ii acetate</i>)	Tier 2	MB
LEVOPHED INTRAVENOUS SOLUTION (<i>norepinephrine bitartrate</i>)	Tier 2	MB
<i>midodrine hcl oral tablet</i>	Tier 1	
<i>norepinephrine (base)-dextrose intravenous solution</i>	Tier 2	MB
<i>norepinephrine bitartrate intravenous solution</i>	Tier 2	MB
<i>norepinephrine-dextrose intravenous solution</i>	Tier 2	MB
<i>norepinephrine-sodium chloride intravenous solution</i>	Tier 2	MB
<i>phenylephrine hcl intravenous solution</i>	Tier 2	AL; MB
<i>phenylephrine hcl-nacl intravenous solution 10-0.9 mg/250ml-%, 20-0.9 mg/250ml-%, 25-0.9 mg/250ml-%, 50-0.9 mg/250ml-%</i>	Tier 2	MB
<i>phenylephrine hcl-nacl intravenous solution 100-0.9 mg/250ml-%, 40-0.9 mg/250ml-%, 80-0.9 mg/250ml-%</i>	Tier 2	AL; MB
<i>phenylephrine hcl-nacl intravenous solution prefilled syringe 0.4-0.9 mg/10ml-%, 1-0.9 mg/10ml-%, 100-0.9 mcg/10ml-%</i>	Tier 2	MB
<i>phenylephrine hcl-nacl intravenous solution prefilled syringe 0.5-0.9 mg/5ml-%, 0.8-0.9 mg/10ml-%, 20-0.9 mg/50ml-%, 5-0.9 mg/50ml-%</i>	Tier 2	AL; MB
VAZCULEP INTRAVENOUS SOLUTION (<i>phenylephrine hcl (pressors)</i>)	Tier 2	AL; MB
VITAMINS - DRUGS FOR NUTRITION		
*BIOTIN*** - DRUGS FOR NUTRITION		
<i>biotin oral tablet</i>	Tier 1	OTC
<i>eql biotin oral capsule</i>	Tier 1	OTC
<i>qc biotin oral tablet</i>	Tier 1	OTC
<i>ra biotin oral tablet</i>	Tier 1	OTC
*VITAMIN A*** - DRUGS FOR NUTRITION		
<i>a-10000 oral capsule</i>	Tier 1	OTC
AQUASOL A INTRAMUSCULAR SOLUTION (<i>vitamin a</i>)	Tier 2	MB
<i>natural vitamin a oral capsule</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>px vitamin a oral capsule</i>	Tier 1	OTC
<i>vitamin a oral capsule</i>	Tier 1	OTC
*VITAMIN B-1*** - DRUGS FOR NUTRITION		
<i>b-1 high potency oral tablet</i>	Tier 1	OTC
<i>qc vitamin b1 oral tablet</i>	Tier 1	OTC
<i>thiamine hcl injection solution</i>	Tier 1	MB
*VITAMIN B-2*** - DRUGS FOR NUTRITION		
<i>b2 oral tablet</i>	Tier 1	OTC
*VITAMIN B-3*** - DRUGS FOR NUTRITION		
<i>niacin er oral capsule extended release</i>	Tier 1	OTC; QL (4 capsules per 1 day)
<i>niacinamide oral tablet</i>	Tier 1	OTC
<i>px niacin oral tablet</i>	Tier 1	OTC
<i>qc niacin oral tablet</i>	Tier 1	OTC
<i>ra no flush niacin oral tablet</i>	Tier 1	OTC
<i>sm niacin cr oral tablet extended release</i>	Tier 1	OTC
*VITAMIN B-5*** - DRUGS FOR NUTRITION		
<i>calcium pantothenate oral tablet</i>	Tier 1	OTC
*VITAMIN B-6*** - DRUGS FOR NUTRITION		
<i>b-6 oral tablet</i>	Tier 1	OTC
<i>pyridoxine hcl injection solution</i>	Tier 1	MB
<i>pyridoxine hcl oral tablet</i>	Tier 1	OTC
<i>qc vitamin b6 oral tablet</i>	Tier 1	OTC
<i>ra vitamin b-6 oral tablet</i>	Tier 1	OTC
<i>vitamin b6 oral tablet</i>	Tier 1	OTC
<i>vitamin b-6 oral tablet</i>	Tier 1	OTC
<i>yl vitamin b-6 oral tablet</i>	Tier 1	OTC
*VITAMIN C*** - DRUGS FOR NUTRITION		
<i>acerola c-500 oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
ASCOR INTRAVENOUS SOLUTION (<i>ascorbic acid</i>)	Tier 2	MB

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<i>ascorbic acid oral tablet 1000 mg</i>	Tier 1	OTC
<i>ascorbic acid oral tablet 250 mg</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>ascorbic acid oral tablet chewable</i>	Tier 1	OTC
BPROTECTED VITAMIN C ORAL LIQUID (<i>ascorbic acid</i>)	Tier 1	OTC
<i>c 500 oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>c-1000 sr oral tablet extended release</i>	Tier 1	OTC
<i>c-1000/rose hips sr oral tablet extended release</i>	Tier 1	OTC
<i>c-1500/rose hips sr oral tablet extended release</i>	Tier 1	OTC
<i>c-250 oral tablet chewable</i>	Tier 1	OTC
<i>c-500 non-acid oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>c-500 sr oral capsule extended release</i>	Tier 1	OTC
<i>c-500 sr oral tablet extended release</i>	Tier 1	OTC
<i>calcium ascorbate oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
CRUSH VITAMIN C DROPS MOUTH/THROAT LOZENGE (<i>ascorbic acid</i>)	Tier 1	OTC
<i>cvs chewable c with rose hips oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>fruit c oral tablet chewable</i>	Tier 1	OTC
<i>natural c/rose hips oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>px vitamin c oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc vitamin c oral tablet 1000 mg</i>	Tier 1	OTC
<i>qc vitamin c oral tablet 500 mg</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>qc vitamin c oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>qc vitamin c with rose hips oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra vitamin c oral tablet chewable</i>	Tier 1	OTC
SUNKIST VITAMIN C ORAL TABLET CHEWABLE (<i>ascorbic acid</i>)	Tier 1	OTC; QL (2 tablets per 1 day)
<i>vitamin c immune health oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>vitamin c oral tablet chewable</i>	Tier 1	OTC
<i>vitamin c plus wild rose hips oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>vitamin c/bioflavonoids/rosehp oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vitamin c/natural rose hips oral tablet</i>	Tier 1	OTC
<i>vitamin c-acerola oral tablet</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>vitamin c-acerola oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>vitamin c-rose hips er oral tablet extended release</i>	Tier 1	OTC
<i>vitamin c-rose hips oral tablet chewable</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>yl vitamin c oral tablet 1000 mg</i>	Tier 1	OTC
<i>yl vitamin c oral tablet 500 mg</i>	Tier 1	OTC; QL (1 tablet per 1 day)
<i>yl vitamin c-rose hips oral tablet 1000 mg</i>	Tier 1	OTC
<i>yl vitamin c-rose hips oral tablet 500 mg</i>	Tier 1	OTC; QL (1 tablet per 1 day)
*VITAMIN D*** - DRUGS FOR NUTRITION		
<i>aqueous vitamin d oral liquid</i>	Tier 1	OTC; QL (2 mL per 1 day)
BPROTECTED PEDIA D-VITE ORAL LIQUID (<i>cholecalciferol</i>)	Tier 1	OTC; QL (2 mL per 1 day)
<i>cvs d3 oral capsule 10 mcg (400 unit)</i>	Tier 1	OTC
<i>cvs d3 oral capsule 50 mcg (2000 ut)</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>cvs vitamin d3 oral tablet chewable</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>d 400 oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>d-1000 oral tablet</i>	Tier 1	OTC
<i>d3 high potency oral capsule</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>d3 high potency oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>d3 kids oral tablet chewable</i>	Tier 1	OTC
<i>d-400 oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>delta d3 oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
DIALYVITE VITAMIN D3 MAX ORAL TABLET (<i>cholecalciferol</i>)	Tier 1	OTC
DRISDOL ORAL CAPSULE (<i>ergocalciferol</i>)	Tier 2	
<i>d-vite pediatric oral liquid</i>	Tier 1	OTC; QL (2 mL per 1 day)
<i>eql vitamin d3 gummies oral tablet chewable</i>	Tier 1	OTC
<i>eql vitamin d3 oral capsule</i>	Tier 1	OTC
<i>ergocalciferol oral capsule</i>	Tier 1	
<i>gnp d 2000 oral tablet chewable</i>	Tier 1	OTC
<i>gnp vitamin d-400 oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>hm vitamin d3 oral tablet</i>	Tier 1	OTC
IS-D 10,000 ORAL CAPSULE (<i>cholecalciferol</i>)	Tier 1	OTC
<i>kls d3 oral capsule</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>kp vitamin d oral capsule</i>	Tier 1	OTC
<i>kp vitamin d oral tablet chewable</i>	Tier 1	OTC
<i>nat-rul vitamin d oral tablet</i>	Tier 1	OTC
<i>pharmacist choice d-vitamin oral liquid</i>	Tier 1	OTC; QL (2 mL per 1 day)
PRONUTRIENTS VITAMIN D3 ORAL CAPSULE (<i>cholecalciferol</i>)	Tier 1	OTC
<i>qc vitamin d3 oral capsule 25 mcg (1000 ut)</i>	Tier 1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>qc vitamin d3 oral capsule 50 mcg (2000 ut)</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>qc vitamin d3 oral tablet 10 mcg (400 unit)</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>qc vitamin d3 oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)</i>	Tier 1	OTC
RADIANCE PLATINUM VITAMIN D3 ORAL TABLET (<i>cholecalciferol</i>)	Tier 1	OTC
<i>sm vitamin d oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>sm vitamin d3 oral capsule</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit)</i>	Tier 1	OTC
<i>vitamin d (cholecalciferol) oral capsule 50 mcg (2000 ut)</i>	Tier 1	OTC; QL (2 capsules per 1 day)
<i>vitamin d (cholecalciferol) oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>vitamin d (cholecalciferol) oral tablet chewable</i>	Tier 1	OTC
<i>vitamin d (ergocalciferol) oral capsule</i>	Tier 1	
<i>vitamin d infant oral liquid</i>	Tier 1	OTC; QL (2 mL per 1 day)
<i>vitamin d oral liquid</i>	Tier 1	OTC; QL (2 mL per 1 day)
<i>vitamin d3 extra strength oral tablet chewable</i>	Tier 1	OTC
<i>vitamin d3 gummies oral tablet chewable</i>	Tier 1	OTC
<i>vitamin d3 oral capsule</i>	Tier 1	OTC
<i>vitamin d3 oral liquid</i>	Tier 1	OTC; QL (2 mL per 1 day)
<i>vitamin d-3 oral tablet</i>	Tier 1	OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	Tier 1	OTC; QL (2 tablets per 1 day)
<i>vitamin d3 oral tablet 25 mcg</i>	Tier 1	OTC
<i>vitamin d3 ultra potency oral tablet</i>	Tier 1	OTC
<i>vitamin d-400 oral tablet</i>	Tier 1	OTC; QL (2 tablets per 1 day)

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WEEKLY-D ORAL CAPSULE (<i>cholecalciferol</i>)	Tier 1	OTC
*VITAMIN E*** - DRUGS FOR NUTRITION		
<i>aqueous vitamin e oral solution</i>	Tier 1	OTC
<i>cvs e oral capsule</i>	Tier 1	OTC
<i>cvs vitamin e oral capsule</i>	Tier 1	OTC
<i>e 1000 oral capsule</i>	Tier 1	OTC
<i>e-1000 oral capsule</i>	Tier 1	OTC
<i>e200 oral capsule</i>	Tier 1	OTC
<i>e-200 oral capsule</i>	Tier 1	OTC
<i>e400 oral capsule</i>	Tier 1	OTC
<i>e-400 oral capsule</i>	Tier 1	OTC
<i>e-400-clear oral capsule</i>	Tier 1	OTC
<i>gnp vitamin e oral capsule</i>	Tier 1	OTC
<i>kp vitamin e oral capsule</i>	Tier 1	OTC
<i>natural vitamin e oral capsule</i>	Tier 1	OTC
<i>px vitamin e oral capsule</i>	Tier 1	OTC
<i>qc vitamin e oral capsule</i>	Tier 1	OTC
<i>ra natural vitamin e oral capsule</i>	Tier 1	OTC
<i>ra vitamin e natural oral capsule</i>	Tier 1	OTC
<i>ra vitamin e oral capsule</i>	Tier 1	OTC
<i>sm vitamin e oral capsule</i>	Tier 1	OTC
SOLUVITA E ORAL SOLUTION (<i>vitamin e</i>)	Tier 1	OTC
<i>vitamin e oral capsule</i>	Tier 1	OTC
<i>vitamin e oral solution</i>	Tier 1	OTC
<i>vitamin eld-alpha natural oral capsule</i>	Tier 1	OTC
*VITAMIN K*** - DRUGS FOR NUTRITION		
MEPHYTON ORAL TABLET (<i>phytonadione</i>)	Tier 2	
<i>phytonadione injection solution</i>	Tier 1	MB
<i>phytonadione oral tablet</i>	Tier 1	
<i>vitamin k oral tablet</i>	Tier 1	OTC

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<i>vitamin k1 injection solution</i>	Tier 1	MB

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AZACTAM.....	151	b-50	477	BASAGLAR KWIKPEN.....	103
Azasan.....	430	b-50 complex	438	BAVENCIO.....	160
AZASITE.....	498	b-6	562	BAXDELA.....	312
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azelaic acid	277	bacitracin zinc-aloe	242	BAYER ASPIRIN EC LOW	
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azesco	466	BACITRAYCIN PLUS.....	242	b-compleet-100	438
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b-100	476	BANOPHEN.....	124, 125	BD PEN NEEDLE MINI U/F.....	392
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BD PLASTIPAK SYRINGE..	392	BENZEFOAM.....	238	BEYAZ.....	215
BD SAFETYGLIDE INSULIN SYRINGE.....	392	benzhydrocodone- acetaminophen	59	bicalutamide	155
BD SAFETYGLIDE SHIELDED NEEDLE.....	392	benznidazole	68	BICILLIN C-R.....	515
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BD SWABS SINGLE USE BUTTERFLY.....	360	benzoyl peroxide	238	BICNU.....	174
BD SYRINGE/NEEDLE.....	392	benzoyl peroxide cleanser	238	BIDIL.....	207
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BD VEO INSULIN SYRINGE U/F.....	393	benzphetamine hcl	15	BIJUVA.....	310
BD VERITOR SYSTEM SARS-COV-2.....	291	benztropine mesylate	178	BIKTARVY.....	188
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bec/zinc	435	bepotastine besilate	497	bimatoprost	509
BECONASE AQ.....	482	BEPREVE.....	497	BINAXNOW COVID-19 AG HOME TEST.....	291
beef (diagnostic)	286	BERINERT.....	327	BINOSTO.....	299
BELBUCA.....	59	bermuda grass	21	BIOLLE TEARS.....	494
BELRAPZO.....	154	BESIVANCE.....	499	BIORPHEN.....	560
BELSOMRA.....	346	BESPONSA.....	158	BIOTHRAX.....	553
benazepril hcl	140	BESREMI.....	171	biotin	561
benazepril- hydrochlorothiazide	139	beta hc	254	bisacodyl	352
BENDEKA.....	154	BETADINE OPHTHALMIC PREP.....	500	bisacodyl laxative	352
BENEFIX.....	325	betamethasone dipropionate	254	bismatrol	112
benfotiamine multi-b	437	betamethasone dipropionate aug	254	bismuth	112
BENGAY LIDOCAINE.....	273	betamethasone sod phos & acet	227	bismuth subsalicylate	112
BENICAR.....	143	betamethasone valerate	254	bisoprolol fumarate	199
BENICAR HCT.....	142	BETAPACE.....	200	bisoprolol- hydrochlorothiazide	146
BENLYSTA.....	424	BETAPACE AF.....	200	bite-a-mins	464
BENTYL.....	543	BETASERON.....	528	bite-a-minsliron	462
BENZAACLIN.....	236	betatemp childrens	41	bivalirudin rtu	81
		betaxolol hcl	199, 495	bivalirudin trifluoroacetate	81
		bethanechol chloride	552	bivalirudin-sodium chloride	81
		BETHKIS.....	30	BIVIGAM.....	512
		BETIMOL.....	495	BLNREP.....	157
		BETOPTIC-S.....	495	BLEPH-10.....	507
		better b complex	436	BLEPHAMIDE.....	504
				BLEPHAMIDE S.O.P.....	504
				BLINCYTO.....	161
				Blisovi 24 Fe.....	215

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Blisovi Fe 1.5/30.....	215	BREO ELLIPTA.....	73	<i>bupivacaine hcl (pf)</i>	357
Blisovi Fe 1/20.....	215	BREVIBLOC.....	199	<i>bupivacaine hcl-nacl</i>	357
BLIS-TO-SOL.....	244	BREVIBLOC IN NAACL.....	199	<i>bupivacaine in dextrose</i>	357
BLOXIVERZ.....	153	BREVIBLOC PREMIXED...	199	<i>bupivacaine spinal</i>	357
<i>blue tubel aloe</i>	273	BREVIBLOC PREMIXED		<i>bupivacaine-epinephrine</i> ..	356
BLUE-EMU PAIN RELIEF		DS.....	199	<i>bupivacaine-epinephrine</i>	
DRY.....	274	BREVITAL SODIUM.....	320	<i>(pf)</i>	356
<i>body/hair/skin/nails</i>	442	BREXAFEMME.....	121	BUPRENEX.....	59
BONINE.....	119	BREYANZI.....	160	<i>buprenorphine</i>	60
BONIVA.....	299	BREZTRI AEROSPHERE....	73	<i>buprenorphine hcl</i>	59
BONJESTA.....	118	BRIDION.....	116	<i>buprenorphine hcl-</i>	
BOOSTRIX.....	542	<i>briellyn</i>	215	<i>naloxone hcl</i>	59
<i>bortezomib</i>	167	<i>brimonidine tartrate</i>	504	<i>bupropion hcl</i>	91
<i>bosentan</i>	208	BRINEURA.....	308	<i>bupropion hcl er (smoking</i>	
BOSULIF.....	161	<i>brinzolamide</i>	500	<i>det)</i>	533
<i>botrytis</i>	21	BRISDELLE.....	537	<i>bupropion hcl er (sr)</i>	91
<i>botrytis cinerea</i>	286	BRIVIACT.....	82, 83	<i>bupropion hcl er (xl)</i>	91
BOUNTY BEARS/C.....	464	<i>brome</i>	21	<i>burn relief</i>	274
<i>bp gel</i>	238	<i>bromfenac sodium (once-</i>		<i>buspirone hcl</i>	69
<i>bp wash</i>	238	<i>daily)</i>	503	<i>busulfan</i>	154
<i>bpo foaming cloths</i>	238	<i>bromocriptine mesylate</i> ...	178	BUSULFEX.....	154
BPROTECTED MULTI-VITE		BROMSITE.....	503	<i>butalbital-acetaminophen</i> ...	46
.....	442	BRONCHITOL.....	538	<i>butalbital-apap-caff-cod</i>	52
BPROTECTED PEDIA D-		BRONCHITOL		<i>butalbital-apap-caffeine</i>	46
VITE.....	564	TOLERANCE TEST.....	538	<i>butalbital-asa-caff-codeine</i> .	52
BPROTECTED PEDIA		BROVANA.....	75	<i>butalbital-aspirin-caffeine</i> ...	46
IRON.....	337	BRUKINSA.....	162	<i>butorphanol tartrate</i>	60
BPROTECTED PEDIA		BRYHALI.....	254	BUTRANS.....	60
POLY-VITE.....	465	<i>bsp 0820</i>	227	BYDUREON BCISE.....	107
BPROTECTED PEDIA		BSS.....	502	BYETTA 10 MCG PEN.....	107
POLY-VITE/FE.....	462	BSS PLUS.....	502	BYETTA 5 MCG PEN.....	107
BPROTECTED PEDIA TRI-		<i>b-stress</i>	477	BYFAVO.....	344
VITE.....	465	BUCKLEYS CHEST		BYLVAY.....	316
BPROTECTED VITAMIN C.	563	CONGESTION.....	232	BYLVAY (PELLETS).....	316
BRAFTOVI.....	162	<i>budesonide</i>	78, 224, 482	BYSTOLIC.....	199
BRAINSTRONG		<i>budesonide er</i>	224	<i>c 500</i>	563
PRENATAL.....	472	<i>budesonide-formoterol</i>		<i>c-1000 sr</i>	563
<i>breathe ease large</i>	408	<i>fumarate</i>	73	<i>c1000 trlose</i>	
<i>breathe ease medium</i>	408	<i>bumetanide</i>	297	<i>hiplbioflavonoid</i>	438
<i>breathe ease peak flow</i>		BUMEX.....	297	<i>c-1000lrose hips sr</i>	563
<i>meter</i>	405	Bupap.....	46	<i>c1500 trlose</i>	
<i>breathe ease small</i>	408	BUPHENYL.....	308	<i>hiplbioflavonoid</i>	439
BREATHERITE VALVED		<i>bupivacaine fisiopharma</i> ..	357	<i>c-1500lrose hips sr</i>	563
MDI CHAMBER.....	406	<i>bupivacaine hcl</i>	357		

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c1500/rose			
hips/bioflavonoid	439	calcium carb-	CAMINO PRO
c-250	563	cholecalciferol	COMPLETE/GLYTACTIN....
c-500 non-acid	563	calcium carbonate	CAMPTOSAR.....
c-500 sr	563	calcium carbonate	Camrese.....
cabenuva	188	calcium carbonate antacid ..	Camrese Lo.....
cabergoline	301	calcium carbonate-vitamin	CANASA.....
CABLIV.....	327	d	CANCIDAS.....
CABOMETYX.....	165	calcium carbonate-vitamin	candesartan cilexetil
cadeau dha	472	d3	candesartan cilexetil-hctz ..
CADUET.....	207	calcium chloride	candida albicans extract
CAFCIT.....	15	calcium citrate +	candida albicans skn tst
CAFERGOT.....	411	calcium citrate + d3	antgn
caffeine citrate	15	calcium citrate +d	CANDIN.....
CALAN SR.....	202	calcium citrate plus	cantaloupe (diagnostic)
calcipotriene	250	calcium citrate	CAPASTAT SULFATE.....
calcipotriene-betameth		plus/magnesium	CAPEX.....
diprop	284	calcium citrate-mag-	CAPLYTA.....
calcitonin (salmon)	300	minerals	CAPRELSA.....
calcitrate plus d	414	calcium citrate-vitamin d ..	capsaicin
Calcitrene.....	250	calcium creamies	capsaicin heat patch
calcitriol	250, 304	calcium disodium	capsaicin hot patch
calcium + d	414	versenate	capsaicin hp
calcium + d3	414	calcium extra d3	capsaicin pain relief
calcium + vitamin d3	414	calcium gluconate	capsule #0 clear/clear veg
calcium 500 + d	414	calcium gluconate-nacl	520
calcium 500 + d3	414	calcium magnesium zinc ..	capsule #0 white/white
calcium 500 +d	414	calcium oyster shell	opq veg
calcium 500/vitamin d	414	calcium pantothenate	520
calcium 600	417	calcium plus vitamin d	capsule #1 clear/clear veg
calcium 600 + d	414	calcium plus vitamin d3 ... 415	520
calcium 600 + minerals	414	calcium plus vitamin d3 ... 415	capsule #1 white/white
calcium 600/vitamin d	414	calcium/lcd	opq veg
calcium 600+d plus		calcium+d3	520
minerals	414	calcium+d3 gradual	capsule #3 clear/clear veg
calcium 600+d3 plus		release	520
minerals	414	calcium-magnesium-zinc ..	capsule #3 white/white
calcium acetate	318	calcium-vitamin d3	opq veg
calcium acetate (phos		calcium-vitamin d-	520
binder)	318	minerals	capsule 0 clear dr
calcium antacid extra		CALDOLOR.....	520
strength	66	california pepper tree	capsule coni-snap #0
calcium ascorbate	563	CAL-MAG.....	blulwhite
		CALPHRON.....	516
		CALQUENCE.....	capsule coni-snap #0 clear
		CAMBIA.....	.....
		Camila.....	516
			capsule coni-snap #0 clear
			veg
			520
			capsule coni-snap #0 dark
			blue
			516
			capsule coni-snap #0
			green/clr
			516
			capsule coni-snap #0 pink
			517

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<i>capsule coni-snap #0 purple</i>	517	<i>capsule coni-snap #1 purple</i>	517	<i>capsule coni-snap #3 pink/pink</i>	518
<i>capsule coni-snap #0 red/white</i>	517	<i>capsule coni-snap #1 red/blue</i>	517	<i>capsule coni-snap #3 pink/clear</i>	518
<i>capsule coni-snap #0 white</i>	517	<i>capsule coni-snap #1 red/white</i>	517	<i>capsule coni-snap #3 red/clear</i>	518
<i>capsule coni-snap #00 clear</i>	517	<i>capsule coni-snap #1 veggie</i>	520	<i>capsule coni-snap #3 red/red</i>	518
<i>capsule coni-snap #00 white</i>	517	<i>capsule coni-snap #1 white</i>	517	<i>capsule coni-snap #3 white</i>	518
<i>capsule coni-snap #000 clear</i>	517	<i>capsule coni-snap #1 white/grn</i>	517	<i>capsule coni-snap #3 wht/clr</i>	518
<i>capsule coni-snap #1 aqua blue</i>	517	<i>capsule coni-snap #1 wht/clr</i>	517	<i>capsule coni-snap #3 yellow</i>	518
<i>capsule coni-snap #1 blue</i>	517	<i>capsule coni-snap #1 yellow</i>	517	<i>capsule coni-snap #4 black/grn</i>	518
<i>capsule coni-snap #1 blue/pink</i>	517	<i>capsule coni-snap #1 yellow/gr</i>	518	<i>capsule coni-snap #4 clear</i>	518
<i>capsule coni-snap #1 blue/wht</i>	517	<i>capsule coni-snap #2 clear</i>	518	<i>capsule coni-snap #4 white</i>	518
<i>capsule coni-snap #1 brown</i>	517	<i>capsule coni-snap #2 white</i>	518	<i>capsule ezeefit #0 clear</i>	518
<i>capsule coni-snap #1 brwnlivry</i>	517	<i>capsule coni-snap #3 blulclear</i>	518	<i>capsule ezeefit #00 clear</i>	518
<i>capsule coni-snap #1 clear</i>	517	<i>capsule coni-snap #3 brnlblue</i>	518	<i>captopril</i>	140
<i>capsule coni-snap #1 dk grn/or</i>	517	<i>capsule coni-snap #3 clear</i>	518	<i>capzix</i>	274
<i>capsule coni-snap #1 drk green</i>	517	<i>capsule coni-snap #3 clear veg</i>	520	CARAC.....	248
<i>capsule coni-snap #1 grey/pink</i>	517	<i>capsule coni-snap #3 graylylw</i>	518	CARAFATE.....	545
<i>capsule coni-snap #1 grnlylw</i>	517	<i>capsule coni-snap #3 green/blu</i>	518	CARBAGLU.....	303
<i>capsule coni-snap #1 orange</i>	517	<i>capsule coni-snap #3 grey/pink</i>	518	<i>carbamazepine</i>	83
<i>capsule coni-snap #1 pink</i>	517	<i>capsule coni-snap #3 maron/blu</i>	518	<i>carbamazepine er</i>	83
<i>capsule coni-snap #1 pink/blue</i>	517	<i>capsule coni-snap #3 mint grn</i>	518	CARBATROL.....	83
<i>capsule coni-snap #1 pink/clr</i>	517	<i>capsule coni-snap #3 olive/clr</i>	518	<i>carbidopa</i>	179
<i>capsule coni-snap #1 pink/whit</i>	517	<i>capsule coni-snap #3 orange</i>	518	<i>carbidopa-levodopa</i>	179
<i>capsule coni-snap #1 pinklyllw</i>	517			<i>carbidopa-levodopa er</i>	179
				<i>carbidopa-levodopa-entacapone</i>	179
				<i>carbinoxamine maleate</i>	125
				CARBOCAINE.....	357
				CARBOCAINE PRESERVATIVE-FREE.....	357
				<i>carbomer aqueous</i>	522
				<i>carbomer hydroalcoholic</i>	522
				<i>carboprost tromethamine</i>	511
				<i>carboxymethylcellulose sodium</i>	494

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CARDIOCOM LANCING		CAVILON.....	267	427
DEVICE.....	366	CAYA.....	363	CELLUGEL.....	507
CARDIZEM.....	202	CAYSTON.....	151	CELONTIN.....	89
CARDIZEM CD.....	202	Caziant.....	223	CENTANY.....	242
CARDIZEM LA.....	202	cbd4 freeze pump		centavite a-z complete-	
CARDURA.....	145	maximum str	283	mineral	442
CARDURA XL.....	321	cedar elm	21	centravites	442
careone advanced lancing		cefaclor	211	centravites 50 plus	442
dev	366	cefaclor er	211	CENTRUM SPECIALIST	
careone insulin syringe	393	cefadroxil	211	PRENATAL.....	472
CAREONE LANCET		cefazolin in sodium		century	442
SUPER THIN 30G.....	367	chloride	211	century mature	442
careone lancet thin 23g	367	cefazolin sodium	211	cephalexin	211
CAREPOINT SAFETY1ST		cefazolin sodium-dextrose		CEPROTIN.....	329
SYR/NEEDLE.....	393	.....	211	CEQUA.....	502
CARESENS LANCETS.....	367	cefdinir	212	CEQUR SIMPLICITY 2U.....	393
CARETOUCH INSULIN		cefepime hcl	213	CEQUR SIMPLICITY	
SYRINGE.....	393	cefepime-dextrose	213	INSERTER.....	393
CARETOUCH LUER LOCK	393	cefixime	212	CEQUR SIMPLICITY	
CARETOUCH LUER LOCK		CEFOTAN.....	211	STARTER.....	393
SYR/NEEDLE.....	393	cefotaxime sodium	212	CERALYTE 70.....	419
carisoprodol	478	cefotetan disodium	211	CERAVE ACNE FOAMING	
carisoprodol-aspirin-		cefotetan disodium-		CREAM.....	238
codeine	480	dextrose	211	CERAVE BABY HEALING	
carmustine	174	cefoxitin sodium	211	OINTMENT.....	264
CARNITOR.....	300	cefoxitin sodium-dextrose	211	CERDELGA.....	332
CARNITOR SF.....	300	cefpodoxime proxetil	212	CEREBYX.....	89
CAROSPIR.....	298	cefprozil	211, 212	CERETEC.....	290
carteolol hcl	495	ceftazidime	212	CEREZYME.....	332
Cartia Xt.....	203	ceftazidime and dextrose ..	212	CERIANNA.....	289
CARTICEL.....	478	ceftriaxone sodium	212	Cerovel.....	264
carvedilol	198	ceftriaxone sodium in		CEROVITE JR.....	462
carvedilol phosphate er	198	dextrose	212	CEROVITE SENIOR.....	442
casacara sagrada	352	ceftriaxone sodium-		certa plus	442
casein (diagnostic)	286	dextrose	212	CERTAVITE/ANTIOXIDANT	
CASODEX.....	155	cefuroxime axetil	212	S.....	442
caspofungin acetate	121	cefuroxime sodium	212	CERVIDIL.....	511
cat hair extract	21	CELEBREX.....	32	cetirizine hcl	129
CATAPRES-TTS-1.....	145	celecoxib	32	CETRAXAL.....	510
CATAPRES-TTS-2.....	145	CELESTONE SOLUSPAN..	227	cevimeline hcl	434
CATAPRES-TTS-3.....	145	CELEXA.....	92	Charlotte 24 Fe.....	215
CATHFLO ACTIVASE.....	332	CELLCEPT.....	427	Chateal.....	215
cattle epithelium	21			Chateal Eq.....	215

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CHEMET.....	116	chloroquine phosphate	152	CITRANATAL ASSURE.....	472
CHEMSTRIP UGK.....	292	chlorothiazide sodium	298	CITRANATAL B-CALM.....	466
CHENODAL.....	314	chlorpheniramine maleate	123	CITRANATAL BLOOM.....	466
chest congestion relief		chlorpheniramine maleate		CITRANATAL BLOOM DHA	472
.....	232, 233	er	123	CITRANATAL DHA.....	472
chest congestion relief dm		chlorpromazine hcl	184	CITRANATAL ESSENCE....	472
.....	229	chlorthalidone	298	CITRANATAL HARMONY...	472
chicken meat (diagnostic)	286	chlorzoxazone	478	CITRANATAL MEDLEY.....	472
childrens acetaminophen ...	41	CHOLBAM.....	313	CITRANATAL RX.....	466
childrens animal shapes ...	462	cholestyramine	134	citrate of magnesia	352
childrens aspirin	48	cholestyramine light	134	CITROMA.....	352
childrens aspirin free	41	CHOLETEC.....	289	citrulline easy	308
childrens chew		chromic chloride	423	cladosporium	
multivitamin	464	CIALIS.....	210	cladosporioides	22
childrens chewable multi		ciclopirox	244	cladosporium	
vits	464	ciclopirox olamine	244	sphaerospermum	22
childrens chewable		cidofovir	194	cladribine	156
vitamins	464	cilostazol	329	Claravis.....	238
childrens gummies	460	CILOXAN.....	499	CLARINEX.....	129
childrens ibuprofen	34	CIMDUO.....	188	CLARINEX-D 12 HOUR.....	231
childrens ibuprofen 100	34	cimetidine	544	Clariscan.....	291
childrens loratadine	129	cimetidine hcl	544	CLARISPRAY.....	482
CHILDRENS MEDI-		CIMZIA.....	319	clarithromycin	359
PROFEN.....	34	CIMZIA PREFILLED.....	319	clarithromycin er	359
CHILDRENS MEDI-TABS....	41	CIMZIA STARTER KIT.....	319	CLARITIN EYE.....	497
childrens multivitamin	464	cinacalcet hcl	300	classic prenatal	466
childrens multivitamin/iron		CINQAIR.....	76	CLEAN & CLEAR PERSA-	
.....	462	CINRYZE.....	327	GEL MAX ST.....	238
childrens non-aspirin	41	CINVANTI.....	121	CLEANLET LANCETS 28G.	367
childrens pain reliever	41	CIPRO.....	312	clear fiber powder	347
childrens silapap	41	CIPRO HC.....	510	clear glass vials 5ml	403
childrens vitamins/iron	462	CIPRODEX.....	510	CLEARASIL DAILY CLEAR	
CHIRHOSTIM.....	287	ciprofloxacin hcl	312, 499, 510	ACNE.....	238
chloramphenicol sod		ciprofloxacin in d5w	312	CLEARASIL RAPID	
succinate	149	ciprofloxacin-		RESCUE DEEP.....	272
chlordiazepoxide hcl	70	dexamethasone	510	CLEARASIL RAPID	
chlordiazepoxide-		ciprofloxacin-fluocinolone		RESCUE SPOT.....	239
amitriptyline	526	pf	510	CLEARCANAL EARWAX	
chlordiazepoxide-		cisatracurium besylate	486	SOFTENER.....	509
clidinium	543	cisatracurium besylate (pf)		CLEARLAX.....	349
chlorhexidine gluconate		.....	486	CLEARSKIN.....	239
.....	187, 432	cisplatin	155	clemastine fumarate	125
chlorhist	123	citalopram hydrobromide ...	93	CLENPIQ.....	347
chlorprocaine hcl (pf)	358	CITRANATAL 90 DHA.....	472	CLEOCIN.....	150, 558

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CLEOCIN-T.....	235	(5/15).....	489	<i>co monitor</i>	406
CLEVER CHOICE HAND		CLINIMIX/DEXTROSE		COAGADDEX.....	325
SANITIZER.....	280	(5/20).....	489	COAGUCHEK XS SYSTEM	361
CLEVER CHOICE		<i>clinimix/dextrose (6/5)</i>	489	<i>coal tar</i>	282
HOLDING CHAMBER.....	408	<i>clinimix/dextrose (8/10)</i>	489	COARTEM.....	152
CLEVER CHOICE PEAK		<i>clinimix/dextrose (8/14)</i>	489	<i>cocklebur</i>	22
FLOW METER.....	405	Clinisol Sf.....	489	<i>cocoa bean (diagnostic)</i> ...	286
CLEVIPREX.....	203	CLINOLIPID.....	490	<i>codeine sulfate</i>	53
CLIMARA.....	310	Clinpro 5000.....	433	COGENTIN.....	178
CLIMARA PRO.....	310	<i>clobazam</i>	81	COLAZAL.....	316
Clindacin Etz.....	235	<i>clobetasol prop emollient</i>		<i>colchicine</i>	324
Clindacin-P.....	235	<i>base</i>	254	<i>colchicine-probenecid</i>	324
CLINDAGEL.....	235	<i>clobetasol propionate</i>		COLCRYS.....	324
<i>clindamycin hcl</i>	150	254, 255	<i>colesevelam hcl</i>	134
<i>clindamycin palmitate hcl</i>	150	<i>clobetasol propionate e</i> ...	254	COLESTID.....	135
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<i>cv</i> s antacid extra strength..	66	<i>cv</i> s calcium citrate+d3 petites.....	416	<i>cv</i> s eye drops.....	501
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<i>cv</i> s aspirin adult low strength.....	48	<i>cv</i> s cortisone intense healing.....	256	<i>cv</i> s gummy multivitamin kids.....	460
<i>cv</i> s aspirin ec.....	48	<i>cv</i> s cortisone maximum strength.....	256	<i>cv</i> s hemorrhoidal.....	63
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<i>cv</i> s aspirin low strength.....	48	<i>cv</i> s dairy relief.....	296	<i>cv</i> s hydrocortisone anti- itch.....	256
<i>cv</i> s athletes foot.....	268	<i>cv</i> s daily fiber.....	347	<i>cv</i> s hydrocortisone max st	256
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<i>cv</i> s melatonin extra strength.....	27	<i>cv</i> s pain & fever infants.....	41	<i>cv</i> s stress formula/zinc.....	435
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cycloserine	154	daily vitamin formula+iron	439	HOUR RELIEF.....	125
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DIACOMIT.....	83	diflorasone diacetate	257	dipyridamole	287, 331
dialysis safety		DIFLUCAN.....	122	DISCOVISC.....	507
syringel/needle	393	diflunisal	48	disney cars gummies	460
dialyvite 800/ultra d	444	difluprednate	506	disney princess gummies	460
DIALYVITE VITAMIN D3 MAX.....	565	DIGIFAB.....	117	disopyramide phosphate	71
DIANEAL LOW CALCIUM/1.5% DEX.....	429	Digitek.....	206	disulfiram	525
DIANEAL LOW CALCIUM/2.5% DEX.....	429	Digox.....	206	DITROPAN XL.....	551
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DIANEAL PD-2/1.5% DEXTROSE.....	429	dihydroergotamine mesylate	411	divalproex sodium	90
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Diazepam Intensol.....	70	diltiazem hcl-sodium chloride	203	dofetilide	72
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DIBENZYLINE.....	141	diluent for treprostinil	521	dog fennel	22
DICLEGIS.....	119	dimenhydrinate	119	DOJOLVI.....	490
diclofenac epolamine	247	dimethyl fumarate	530	DOK.....	354
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		diphenhydramine hcl	125, 126	DORYX MPC.....	540
		diphenhydramine hcl (sleep)	343	dorzolamide hcl	500
		diphenoxylate-atropine	115	dorzolamide hcl-timolol mal	495
		diphtheria-tetanus toxoids dt	542	dorzolamide hcl-timolol mal pf	495
		DIPRIVAN.....	320	DOTAREM.....	292
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<i>doxazosin mesylate</i>	145	DRUG MART UNILET		<i>dutasteride</i>	320
<i>doxepin hcl</i>	97, 249, 345	LANCETS 30G.....	369	<i>dutasteride-tamsulosin hcl</i>	
<i>doxercalciferol</i>	304	DRUG MART UNILET		322
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Doxy 100.....	540	<i>drxchoice gas relief</i>	312	<i>d-vite pediatric</i>	565
<i>doxycycline</i>	277	DRY EYE FORMULA.....	444	DX1 ORAGENOMIC DNA	
<i>doxycycline hyclate</i>	540	<i>dry eye relief drops</i>	492	SCREEN.....	290
<i>doxycycline monohydrate</i>	540	<i>dry skin treatment adv</i>		DX2 ORAGENOMIC DNA	
<i>doxylamine-pyridoxine</i>	119	<i>therapy</i>	265	SCREEN.....	290
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<i>dronabinol</i>	120	DULCOLAX.....	352	<i>e200</i>	567
<i>droperidol</i>	69	DULCOLAX MILK OF		<i>e-200</i>	567
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DEVICE.....	368	DULERA.....	74	<i>earwax removal kit</i>	510
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DROPLET PERSONAL		DUOBRII.....	284	EASIVENT MASK LARGE..	408
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<i>drospiren-eth estrad-</i>		DUOPA.....	179	EASIVENT MASK SMALL...	408
<i>levomefol</i>	215	DUOVISC.....	507	<i>eastern cottonwood</i>	22
<i>drospirenone-ethinyl</i>		DUPIXENT.....	252	<i>easy comfort insulin</i>	
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EASY TOUCH LANCETS 23G.....	369	ec-naproxen	34	ELITE-OB.....	467
EASY TOUCH LANCETS 26G.....	369	econazole nitrate	268	ELIXOPHYLLIN.....	78
EASY TOUCH LANCETS 28G.....	369	ECONTRA EZ.....	220	ELLA.....	220
EASY TOUCH LANCETS 28G/TWIST.....	369	ECONTRA ONE-STEP.....	220	ELLENCE.....	168
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		EGRIFTA SV.....	302	empty capsule size 1 grn/lornge	519
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<i>empty capsule size 1 ivory</i>	<i>empty capsule size 3 pinklyllw</i>	<i>enoxaparin sodium</i>
..... 519	..... 519	..... 80
<i>empty capsule size 1 maroon/cl</i>	<i>empty capsule size 3 prple/clr</i>	Enpresse-28
..... 519	..... 519	..... 223
<i>empty capsule size 1 orgelyllw</i>	<i>empty capsule size 3 purple</i>	Enskyce
..... 519	..... 519	..... 216
<i>empty capsule size 1 pink/clr</i>	<i>empty capsule size 3 pwdr blue</i>	ENSPRYNG
..... 519	..... 519	..... 428
<i>empty capsule size 1 pinklyllw</i>	<i>empty capsule size 3 red/white</i>	ENSTILAR
..... 519	..... 519	..... 284
<i>empty capsule size 1 red/blue</i>	<i>empty capsule size 3 whitelopa</i>	<i>entacapone</i>
..... 519	..... 519	..... 181
<i>empty capsule size 1 veg clear</i>	<i>empty capsule size 3 yellow/clr</i>	<i>entecavir</i>
..... 520	..... 519	..... 195
<i>empty capsule size 1 whitelopa</i>	<i>empty capsule size 4 red/white</i>	ENTERAGAM
..... 519	..... 520	..... 294
<i>empty capsule size 1 yellow</i>	<i>empty capsule size 4 yellow</i>	ENTEREG
..... 519	..... 520	..... 318
<i>empty capsule size 3 black/grn</i>	EMSAM	ENTOCORT EC
..... 519	..... 92	..... 225
<i>empty capsule size 3 blue opq</i>	<i>emtricitabine</i>	ENTRESTO
..... 519	..... 193	..... 207
<i>empty capsule size 3 blue/wht</i>	<i>emtricitabine-tenofovir df</i>	ENTRISTAR PEG
..... 519 188	ENTERAL CONNECT
<i>empty capsule size 3 dark grn</i>	EMTRIVA 364
..... 519 193	ENTYVIO
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..... 519 68	<i>enulose</i>
<i>empty capsule size 3 greylyllw</i>	<i>enalapril maleate</i> 317
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<i>empty capsule size 3 marn/blue</i>	<i>enalaprilat</i> 428
..... 519 140	<i>e-oil</i>
<i>empty capsule size 3 marn/clr</i>	<i>enalapril-hydrochlorothiazide</i> 265
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<i>empty capsule size 3 olivel/clr</i>	ENBREL 292
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<i>empty capsule size 3 pink/blue</i>	ENBREL SURECLICK 195
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<i>empty capsule size 3 pink/wh</i>	ENDARI 560
..... 519 332	<i>ephedrine sulfate (pressors)</i>
	ENDO AVITENE 560
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	Endocet 22
 59	<i>epicocum nigrum</i>
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 438	EPICORD
	<i>enema</i> 282
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	ENFAMIL EXPECTA 236
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	ENGERIX-B 236
 554	EPIFIX
	ENHERTU 282
 169	EPIFIX MICRONIZED
	ENLITE GLUCOSE 282
	..... 370	EPIFOAM
	SENSOR	..... 282
	..... 389	<i>epinastine hcl</i>
	ENLITE SERTER 498
 389	<i>epinephrine</i>
	ENOVATIZER GEL 559, 560
 281	<i>epinephrine (anaphylaxis)</i>
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		<i>epinephrine hcl</i>
	 497
		<i>epinephrine hcl-nacl</i>
	 560
		<i>epinephrine pf</i>
	 560
		<i>epinephrine-dextrose</i>
	 560
		<i>epinephrine-nacl</i>
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Epitol.....	84	eq ear drops	510	eq omeprazole magnesium	547
EPIVIR.....	193	eq enema	351	547
EPIVIR HBV.....	195	eq esomeprazole		eq pain & fever childrens	41
eplerenone	147	magnesium	547	eq pain & fever infants	41
EPOGEN.....	334	eq eye allergy relief	501	eq pain relief/rapid burst	41
epoprostenol sodium	208	eq eye itch relief	498	eq pain reliever ex st	41
eptifibatide	328	eq famotidine max st	544	eq pain relieving	274
EPZICOM.....	188	eq fiber therapy	348	eq pink-bismuth	113
eq 12 hour mucus relief	233	eq gas relief extra strength		eq restore plus lubricant	
eq all day pain relief	34	.....	312	eye	494
eq allergy childrens	130	eq headache relief	39	eq restore tears	494
eq allergy relief .. 126, 130, 482		eq hydrocortisone	257	eq senna-s	351
eq allergy relief childrens		eq hydrocortisone max st ..	257	eq stomach relief	113
.....	126, 130	eq hydrogen peroxide	187	eq stool softener	355
eq antacid	67	eq ibuprofen childrens	34	eq tioconazole 1	556
eq antacid maximum		eq infants gas relief	312	eq tussin dm max adult	229
strength	64	eq jock itch	269	eq tussin dm max daytime	229
eq antacid/lanti-gas	65	eq lansoprazole	547	eq urinary pain relief max	
eq antifungal	268	eq laxative maximum		st	323
eq aspirin	49	strength	353	eq vision formula 50+	444
eq aspirin adult low dose	48	eq lice killing max st	278	eq vitamins a & d	265
eq aspirin low dose	49	eq lidocaine pain relieving	274	eql absolute moisture dry	
eq athletes foot	268	eq loratadine	130	skin	265
eq athletes foot		eq loratadine childrens	130	eql acetaminophen	42
(terbinafine)	244	eq lubricant eye drops	492	eql acetaminophen	
eq athletes foot (tolnaftate)		eq miconazole 1	556	childrens	42
.....	244	eq miconazole 7 day		eql acetaminophen infants ..	42
eq bacitracin zinc	242	treatment	556	eql advanced healing	265
eq budesonide nasal	482	eq motion sickness relief ..	119	eql advanced relief	501
eq calcium		EQ MUCUS ER.....	233	eql advanced skin therapy	266
600+d+minerals	416	eq mucus relief dm	229	eql allergy	124, 126
eq calcium citrate+d3	416	eq multivitamin gummies ..	461	eql allergy relief	126, 130
eq calcium citrate+d3		eq multivitamins gummy		eql allergy relief childrens	126
petites	416	child	461	eql aloe after sun	266
eq capsaicin patch	274	eq naproxen sodium	35	eql antacid advanced max	
eq chlortabs	123	eq nasal allergy	482	st	65
EQ CLEARLAX.....	349	eq natural vegetable		eql antacid/lanti-gas	65
eq cold flu & sore throat ...	228	laxative	353	eql antifungal	269
eq complete multivit adult		eq nicotine	533	eql antifungal (tolnaftate) ..	245
50+	444	eq nicotine polacrilex	533	eql anti-itch intensive heal	257
eq complete multivitamin		eq nicotine step 3	533	eql anti-itch maximum	
child	462	eq omeprazole	547	strength	257
eq daily fiber	348			eql aspirin ec	49
eq diaper rash	252			eql aspirin low dose	49

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<i>eql athletes foot</i>	269	<i>eql medicated dandruff</i>	251	ERWINASE.....	170
<i>eql b-12</i>	333	<i>eql miconazole 3</i>	556	ery	235
<i>eql bacitracin zinc</i>	243	<i>eql miconazole 7</i>	556	ERYGEL.....	235
<i>eql biotin</i>	561	<i>eql motion sickness relief</i>	119	ERYPED 200.....	359
<i>eql callus remover extra thick</i>	272	<i>eql mucus-dm</i>	229	ERYPED 400.....	359
<i>eql carbonyl iron</i>	337	<i>eql nasal decongestant</i>	484	Ery-Tab.....	359
<i>eql century</i>	445	<i>eql natural fiber</i>	348	ERYTHROCIN	
<i>eql century mature</i>	444	<i>eql niacin flush free</i>	207	LACTOBIONATE.....	359
<i>eql century mature men 50+</i>	444	<i>eql nicotine polacrilex</i>	533	ERYTHROCIN STEARATE.....	359
<i>eql century mature women 50+</i>	445	<i>eql omeprazole</i>	547	erythromycin	235, 360, 499
<i>eql child multivit/minerals</i>	462	<i>eql one daily mens 50+ advance</i>	445	erythromycin base	359
<i>eql childrens allergy</i>	126	<i>eql one daily mens health</i>	445	erythromycin ethylsuccinate	359
<i>eql childrens ibuprofen</i>	35	<i>eql one daily womens</i>	439	ESBRIET.....	538, 539
EQL CLEARLAX.....	349	<i>eql one daily womens 50+ adv</i>	445	escitalopram oxalate	93
<i>eql color lancets 21g</i>	370	<i>eql prenatal formula</i>	467	Esgic.....	46
<i>eql color lancets micro 33g</i>	370	<i>eql ready-to-use enema</i>	351	ESGIC.....	46
<i>eql cough dm</i>	227	<i>eql smooth texture fiber</i>	348	ESKATA.....	280
<i>eql cough drops</i>	434	<i>eql stomach relief</i>	113	esmolol hcl	199
<i>eql eye drops</i>	501	<i>eql stool softener</i>	355	esmolol hcl-sodium chloride	199
<i>eql eye drops ac</i>	501	<i>eql stool softener/stimulant</i>	351	esomeprazole magnesium	547
<i>eql fiber laxative</i>	348	<i>eql stress b-complex c/zinc</i>	435	esomeprazole sodium	547
<i>eql fiber supplement</i>	348	<i>eql super thin lancets 30g</i>	370	esomeprazole strontium	547
<i>eql fiber therapy</i>	348	<i>eql thin lancets 26g</i>	370	ESPEROCT.....	325
<i>eql fluticasone childrens</i>	483	<i>eql tioconazole-1</i>	556	ESPUMIL.....	522
<i>eql fluticasone propionate</i>	483	<i>eql vitamin d3</i>	565	ESSENTIA.....	445
<i>eql gas gone</i>	312	<i>eql vitamin d3 gummies</i>	565	essential balance	445
<i>eql gummies childrens</i>	461	<i>eql vitamin e ultra strength</i>	266	essential one daily multivit	439
<i>eql hand sanitizer</i>	281	EQUETRO.....	181	essentra wipes 9x9"	360
<i>eql hand sanitizer advanced</i>	281	ERAXIS.....	121	Estarylla.....	216
<i>eql hand sanitizer/aloe</i>	281	ergocalciferol	565	estazolam	344
<i>eql hemorrhoidal</i>	63	ergoloid mesylates	532	ESTER-C.....	439
<i>eql hydrating beauty</i>	281	ERGOMAR.....	411	ESTRACE.....	311, 559
<i>eql insulin syringe</i>	395	ergotamine-caffeine	411	estradiol	311, 559
<i>eql iron supplement therapy</i>	337	ERIVEDGE.....	163	estradiol valerate	311
<i>eql lansoprazole</i>	547	ERLEADA.....	155	estradiol-norethindrone acet	310
<i>eql laxative maximum strength</i>	353	erlotinib hcl	162	ESTRING.....	559
<i>eql lice killing max st</i>	278	Errin.....	223	ESTROGEL.....	311
		ERTACZO.....	269	ESTROSTEP FE.....	223
		ertapenem sodium	149	eszopiclone	345
				etesevimab	512

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<i>ethynodiol diac-eth</i>		EXTAVIA.....	529	<i>famotidine premixed</i>	545
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gallium ga 68 psma-11	290	GELSYN-3.....	480	GENTEEL PLUS LANCING	
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SIZE 4.....	341	GENTEEL NOZZLES.....	372	CHEST CHILDREN.....	229
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GELFOAM SPONGE SIZE		(BLACK).....	372	GILTUSS COUGH & COLD	
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GIMOTI.....	315	<i>glyburide</i>	111	<i>gnp antacid regular strength</i>	65
GIVLAARI.....	324	<i>glyburide micronized</i>	111	<i>gnp anti-diarrheal</i>	115
GLASSIA.....	537	<i>glyburide-metformin</i>	110	<i>gnp anti-diarrheal anti-gas</i>	115
<i>glatiramer acetate</i>	530, 531	<i>glycerin (child)</i>	349	<i>gnp anti-gas</i>	313
Glatopa.....	531	<i>glycerin (pediatric)</i>	349	<i>gnp arthritis pain</i>	248
GLEEVEC.....	161	<i>glycerin adult</i>	349	<i>gnp artificial tears</i>	492
GLEOLAN.....	287	<i>glycerin childrens</i>	349	<i>gnp aspirin</i>	49
GLEOSTINE.....	174	<i>glycine</i>	322, 490	<i>gnp aspirin low dose</i>	49
GLIADEL WAFER.....	174	<i>glycine urologic</i>	322	<i>gnp athletes foot</i>	269
<i>glimepiride</i>	110	GLYCOLAX.....	349	<i>gnp b-50 complex</i>	438
<i>glipizide</i>	111	<i>glycopyrrolate</i>	550	<i>gnp bacitracin zinc</i>	243
<i>glipizide er</i>	110	<i>glycopyrrolate pf</i>	550	<i>gnp b-complex plus vitamin c</i>	435
<i>glipizide xl</i>	111	Glydo.....	274	<i>gnp budesonide nasal spray</i>	483
<i>glipizide-metformin hcl</i>	110	GLYNASE.....	111	<i>gnp burn relief</i>	274
<i>global easy glide insulin syr</i>	395	GLYRX-PF.....	550	<i>gnp burn relief spray</i>	274
<i>global inject ease insulin syr</i>	395	GLYTACTIN BETTERMILK DE-LITE.....	294	<i>gnp cal mag zinc +d3</i>	421
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GLUCOCOM LANCETS 30G.....	373	GLYXAMBI.....	109	<i>gnp century ultimate mens</i>	445
GLUCOCOM LANCETS 33G.....	373	<i>g-myco nail</i>	243	<i>gnp century ultimate womens</i>	445
GLUCOPRO INSULIN SYRINGE.....	395	<i>gnp 24 hour nasal allergy</i>	483	<i>gnp childrens allergy</i>	126
GLUCOPRO SYR RES 3ML 22GX3/8".....	389	<i>gnp 8 hour arthritis relief</i>	42	<i>gnp childrens chewableslex c</i>	465
<i>glucose</i>	99, 101	<i>gnp 8 hour pain relief</i>	42	<i>gnp childrens chewablesliron</i>	462
<i>glucose instant energy</i>	99	<i>gnp acetaminophen</i>	42	<i>gnp childrens ibuprofen</i>	35
<i>glucose-vitamin c</i>	99	<i>gnp acetaminophen ex st</i>	42	GNP CLEARLAX.....	349
<i>glucoten</i>	445	<i>gnp adult aspirin low strength</i>	49	<i>gnp clotrimazole 3</i>	557
GLUCOTROL XL.....	111	<i>gnp alcohol swabs</i>	360	<i>gnp cold max severe</i>	228
<i>glutaraldehyde</i>	187	<i>gnp allergy</i>	126	<i>gnp cold/flu severe</i>	228
<i>glutathione</i>	490	<i>gnp allergy childrens</i>	126		
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GLUTOSE 45.....	101	<i>gnp allergy relief max st</i>	126		
GLUTOSE 5.....	101	<i>gnp allergy-d allergy & conges</i>	232		
		<i>gnp antacid & anti-gas</i>	65		

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<i>gnp d 2000</i>	565	<i>31gx5/16"</i>	396	<i>gnp olopatadine hcl</i>	498
<i>gnp docosanol</i>	251	<i>gnp iron</i>	338	<i>gnp omeprazole</i>	548
<i>gnp earwax removal kit</i>	510	<i>gnp isopropyl</i>		<i>gnp one daily mens health</i>	
<i>gnp epsom salt</i>	352	<i>alc/wintergreen</i>	214	<i>50+</i>	446
<i>gnp esomeprazole</i>		<i>gnp isopropyl rubbing</i>		<i>gnp one daily</i>	
<i>magnesium</i>	547	<i>alcohol</i>	214	<i>mens/lycopene</i>	446
<i>gnp essential one daily</i>	458	<i>gnp lancets 21g</i>	373	<i>gnp one daily womens</i>	446
<i>gnp ethyl rubbing alcohol</i>	214	<i>gnp lancets micro thin 33g</i>		<i>gnp one daily womens 50+</i>	
<i>gnp eye drops</i>	492, 501	.....	373	.....	446
<i>gnp eye drops long lasting</i>		<i>gnp lancets super thin 30g</i>		<i>gnp one daily womens</i>	
.....	492	.....	373	<i>health</i>	439
<i>gnp fluticasone propionate</i>		<i>gnp lancets thin 26g</i>	373	<i>gnp pain & fever childrens</i>	42
.....	483	<i>gnp lansoprazole</i>	548	<i>gnp pain & fever infants</i>	42
<i>gnp folic acid</i>	335	<i>gnp lice treatment</i>	278, 279	<i>gnp pain relief pm ex st</i>	343
<i>gnp gentle laxative</i>	353	<i>gnp lidocaine pain relief</i>	275	<i>gnp pink bismuth</i>	113
<i>gnp glucose</i>	99, 101	<i>gnp lidocaine pain</i>		<i>gnp potassium gluconate</i>	422
<i>gnp hair/skin/nails</i>	446	<i>relieving</i>	275	<i>gnp prenatal</i>	467
<i>gnp healthy eyes</i>		<i>gnp little ones childrens</i>	464	<i>gnp quick dissolve</i>	
<i>supervision</i>	446	<i>gnp loratadine</i>	130	<i>glucose</i>	101
<i>gnp healthy eyes</i>		<i>gnp loratadine childrens</i>	130	<i>gnp senna plus</i>	351
<i>supervision 2</i>	446	<i>gnp lubricating plus eye</i>		<i>gnp sleep aid nighttime</i>	343
<i>gnp hemorrhoidal</i>	63	<i>drops</i>	494	<i>gnp sterile lancets 28g</i>	373
<i>gnp home</i>		<i>gnp mega multi for men</i>	446	<i>gnp sterile lancets 30g</i>	373
<i>licelbedbug/dust mite</i>	279	<i>gnp mega multi for women</i>		<i>gnp sterile lancets 33g</i>	373
<i>gnp hydrocortisone</i>	258	.....	446	<i>gnp stomach relief</i>	113
<i>gnp hydrocortisone max st</i>		<i>gnp melatonin</i>	27	<i>gnp stomach relief ultra</i>	113
.....	258	<i>gnp melatonin maximum</i>		<i>gnp stool softener</i>	355
<i>gnp hydrocortisone plus</i>	258	<i>strength</i>	27	<i>gnp therapeutic-m</i>	446
<i>gnp hydrocortisonelaloe</i>	284	<i>gnp miconazole 1</i>	557	<i>gnp tolnaftate</i>	245
<i>gnp hydrogen peroxide</i>	187	<i>gnp miconazole 3</i>	557	GNP TRUE METRIX AIR	
<i>gnp ibuprofen</i>	35	<i>gnp miconazole 7</i>	557	METER.....	373
<i>gnp ibuprofen childrens</i>	35	<i>gnp miconazorb af</i>	269	GNP TRUE METRIX	
<i>gnp infant gas relief</i>	313	<i>gnp mineral oil</i>	351	GLUCOSE METER.....	373
<i>gnp infants pain/fever</i>	42	<i>gnp motion sickness relief</i>		GNP TRUE METRIX	
<i>gnp insulin syringe</i>	395	.....	119	GLUCOSE STRIPS.....	290
<i>gnp insulin syringes</i>	396	<i>gnp mucus er</i>	233	<i>gnp tussin dm max</i>	229
<i>gnp insulin syringes</i>		<i>gnp mucus relief</i>	233	<i>gnp ultra com insulin</i>	
<i>28gx1/2"</i>	396	<i>gnp mucus relief dm max</i>	229	<i>syringe</i>	396
<i>gnp insulin syringes</i>		<i>gnp naproxen sodium</i>	35	<i>gnp urinary pain relief</i>	323
<i>29gx1/2"</i>	396	<i>gnp nasal decongestant</i>	484	<i>gnp vitamin d-400</i>	565
<i>gnp insulin syringes</i>		<i>gnp niacin flush free</i>	460	<i>gnp vitamin e</i>	567
<i>30gx5/16"</i>	396	<i>gnp nicotine</i>	534	<i>gnp zinc oxide</i>	252
		<i>gnp nicotine mini</i>	534	GOCOVRI.....	178

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<i>goldenrod</i>	22	<i>goodsense hydrogen peroxide</i>	187	<i>goodsense ultra lubricant drop</i>	492
GOLYTELY.....	347	<i>goodsense ibuprofen childrens</i>	35	<i>goodsense womens laxative</i>	353
GONIOTAIRE.....	496	GOODSENSE IRON.....	338	<i>goprelto</i>	481
GONITRO.....	68	<i>goodsense isopropyl alcohol</i>	214	<i>gordomatic</i>	266
GOOD START 5%		<i>goodsense lancets 26g univ</i>	373	GRALISE.....	531
GLUCOSE WATER.....	490	<i>goodsense lancets 30g</i>	373	<i>gram-o-leci</i>	490
GOOD START PRENATAL		<i>goodsense lancets 30g univ</i>	373	<i>granisetron hcl</i>	118
NOURISH.....	475	<i>goodsense lancets 33g</i>	373	GRANIX.....	335
<i>goodsense allergy relief</i> ...	130	<i>goodsense lancets 33g univ</i>	373	<i>grass pollen(k-o-r-t-swt vern)</i>	22
<i>goodsense antacid</i>	67	<i>goodsense lancing device</i>	374	GRASTEK.....	22
<i>goodsense antacid & gas relief</i>	65	<i>goodsense lansoprazole</i> ...	548	<i>griseofulvin microsize</i>	122
<i>goodsense antacid/pain relief</i>	46	<i>goodsense laxative pills</i> ...	353	<i>griseofulvin ultramicrosized</i>	122
<i>goodsense anti-diarrhant-gas</i>	115	<i>goodsense lubricant eye drops</i>	492	<i>guaiasorb dm</i>	229
<i>goodsense anti-itch maximum st</i>	258	<i>goodsense lubricating eye drop</i>	494	<i>guaiatussin ac</i>	230
<i>goodsense arthritis pain</i> ...	248	<i>goodsense magnesium citrate</i>	352	<i>guaicon dms</i>	230
<i>goodsense artificial tears</i> ...	492	<i>goodsense miconazole 1</i> ..	557	<i>guaifenesin ac</i>	230
<i>goodsense aspirin</i>	49	<i>goodsense motion sickness</i>	119	<i>guaifenesin-codeine</i>	230
<i>goodsense aspirin adult low st</i>	49	<i>goodsense mucus er maximum str</i>	233	<i>guanfacine hcl</i>	145
<i>goodsense aspirin adults</i> ...	49	<i>goodsense nasal allergy spray</i>	483	<i>guanfacine hcl er</i>	12
<i>goodsense aspirin low dose</i>	49	<i>goodsense nausea relief</i> ...	119	GUARDIAN LINK 3 TRANSMITTER.....	374
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<i>goodsense color lancets 33g</i>	373	<i>goodsense pain relief</i>	42	GUARDIAN SENSOR (3)....	374
<i>goodsense ear wax kit</i>	510	<i>goodsense psyllium fiber</i> ...	348	<i>guardian sensor 3</i>	374
<i>goodsense ear wax removal</i>	510	<i>goodsense relief eye drops</i>	501	GUMMI BEAR MULTIVITAMIN/MIN.....	461
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<i>goodsense glucose</i>	99				
<i>goodsense headache relief</i>	39				

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haloperidol decanoate	183	h-e-b incontrol lancets 33g		hm advanced antacid max	
haloperidol lactate	183	375	st	65
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<i>hm aspirin</i>	50	<i>hm mucus relief cough</i>		HUMALOG MIX 50/50
<i>hm aspirin ec</i>	50	<i>children</i>	230	KWIKPEN.....
<i>hm aspirin ec low dose</i>	49	<i>hm mucus relief max st</i>	233	HUMALOG MIX 75/25.....
<i>hm b complexc</i>	436	<i>hm naproxen sodium</i>	35	HUMALOG MIX 75/25
<i>hm bacitracin zinc</i>	243	<i>hm nasal decongestant</i>	484	KWIKPEN.....
<i>hm calcium</i>	417	<i>hm nicotine</i>	534	HUMAN ALBUMIN
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<i>hm complete women</i>	447	<i>hm nighttime sleep aid</i>	343	HUMATE-P.....
<i>hm daytime cold & flu</i>	228	<i>hm omeprazole</i>	548	HUMATIN.....
<i>hm docosanol</i>	251	<i>hm pain & fever childrens</i>	42	HUMATROPE.....
<i>hm double antibiotic</i>	241	<i>hm pain & fever infants</i>	43	HUMIRA.....
<i>hm esomeprazole</i>		<i>hm pain relief</i>	43	HUMIRA PEDIATRIC
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<i>hm ethyl rubbing alcohol</i>	214	<i>free</i>	43	HUMIRA PEN.....
<i>hm eye allergy itch/red</i>		<i>hm pain reliever childrens</i>	43	HUMIRA PEN-CD/UC/HS
<i>relief</i>	498	<i>hm pain reliever infants</i>	43	STARTER.....
<i>hm fexofenadine hcl</i>	131	<i>hm pediatric electrolyte</i>	419	HUMIRA PEN-PEDIATRIC
<i>hm fiber</i>	348	<i>hm senna</i>	353	UC START.....
<i>hm fiber powder</i>	348	<i>hm severe cold/flu</i>	228	HUMIRA PEN-PS/UV/ADOL
<i>hm folic acid</i>	335	<i>hm sore throat spray</i>	432	HS START.....
<i>hm gas relief</i>	313	<i>hm sterile alcohol prep</i>	360	HUMIRA PEN-PSOR/UEIT
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<i>hm hydrocortisone plus</i>	285	<i>hm triple antibiotic</i>	241	HUMULIN N.....
<i>hm hydrocortisone-alo</i>		HM ULTICARE INSULIN		HUMULIN N KWIKPEN.....
<i>max st</i>	285	SYRINGE.....	396	HUMULIN R.....
<i>hm ibuprofen childrens</i>	35	<i>hm vitamin d3</i>	565	HUMULIN R U-500
<i>hm ibuprofen pm</i>	343	<i>hm womens 50+ advanced</i>		(CONCENTRATED).....
<i>hm lansoprazole</i>	548	<i>daily</i>	447	HUMULIN R U-500
<i>hm lice killing max st</i>	279	HOMACTIN AA PLUS.....	295	KWIKPEN.....
<i>hm lice treatment</i>	279	<i>home pap kit</i>	290	HYALGAN.....
<i>hm lidocaine patch</i>	275	<i>honey bee venom</i>	22	HYCAMTIN.....
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<i>hm loratadine childrens</i>	131	PROTEIN.....	22	<i>hydralazine hcl</i>
<i>hm lubricating plus</i>	494	HORIZANT.....	532	HYDREA.....
<i>hm lubricating tears</i>	492	<i>horse epithelium</i>	22	<i>hydrochlorothiazide</i>
<i>hm magnesium citrate</i>	352	HPA LANOLIN.....	281	<i>hydrocod polst-cpm polst</i>
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<i>hm mineral oil</i>	351	HUMALOG KWIKPEN.....	103	<i>acetaminophen</i>
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hydrocortisone ace-	hy-vee all day relief	35	imiquimod	271
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<i>indomethacin sodium</i>	36	<i>insulin aspart flexpen</i>	104	IRESSA.....	162
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<i>infliximab</i>	319	<i>insulin lispro prot & lispro</i>	105	<i>iron supplement childrens</i>	338
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<i>multi-vitamin hpl/minerals</i>	477	MYCOZYL AL.....	245	NAMZARIC.....	526
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pork (diagnostic)	286	PRED-G S.O.P.....	505	pre-natal formula	469
Portia-28.....	218	prednicarbate	261	prenatal formula a-free	469
PORTRAZZA.....	162	prednisolone	226	prenatal forte	469
posaconazole	122	prednisolone acetate	507	prenatal gummiesldha & fa	
pot & sod cit-cit ac	321	prednisolone sodium		475
potassium acetate	422	phosphate	226, 507	prenatal multi +dha ..	469, 473
potassium chloride	422	prednisone	226	PRENATAL MULTIVITAMIN	
potassium chloride crys er		PREDNISON INTENSOL..	226	+ DHA.....	473
.....	422	preferred plus glucose	100	prenatal multivitamin plus	
potassium chloride er	422	preferred plus insulin		dha	473
potassium chloride in		syringe	399	prenatal one daily	469
dextrose	418	preferred plus lancets		prenatal plus iron	469
potassium chloride in nacl		colored	380	prenatal vitamin	469
.....	420	preferred plus lancets thin	380	prenatal vitamin and	
potassium citrate er	321	PREFEST.....	310	mineral	469
potassium citrate-citric		pregabalin	86	prenatal vitamin plus low	
acid	321	pregabalin er	532	iron	469
potassium gluconate	423	pregen dha	473	prenatal vitamin/min +dha	473
potassium phosphates	422	pregenna	468	prenatal vitamins	469
potassium phosphates(66		PREMARIN.....	311, 559	prenatal liron	470
meq k)	422	PREMASOL.....	489	prenatal omega-3/faliron ..	470
potassium phosphates(71		PREMESISRX.....	476	prenatal+dha	473
meq k)	422	premium condoms		PRENATAL-U.....	470
POTELIGEO.....	157	lubricated	362	PRENATE.....	475
PRALUENT.....	138	PREMPHASE.....	310	PRENATE AM.....	476
pramipexole		PREMPRO.....	310	PRENATE DHA.....	473
dihydrochloride	180	prena 1 true	473	PRENATE ELITE.....	470
pramipexole		prena1	476	PRENATE ENHANCE.....	473
dihydrochloride er	180	prena1 pearl	468	PRENATE ESSENTIAL.....	473
		prenaissance	473	PRENATE MINI.....	474

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PRENATE PIXIE.....	474	PRISMASOL B22GK 4/0.....	425	PROLENSA.....	504
PRENATE RESTORE.....	474	PRISMASOL BGK 0/2.5.....	425	PROLEUKIN.....	170
<i>prenatvite complete</i>	470	PRISMASOL BGK 2/0.....	425	PROLIA.....	307
<i>prenatvite plus</i>	470	PRISMASOL BGK 2/3.5.....	425	PROMACTA.....	340
<i>prenatvite rx</i>	470	PRISMASOL BGK 4/0/1.2...	425	<i>promethazine hcl</i>	133
PREPARATION H.....	261	PRISMASOL BGK 4/2.5.....	425	<i>promethazine vc</i>	232
PRE-PEN.....	288	PRISMASOL BK 0/0/1.2.....	425	<i>promethazine vcl/codeine</i> ..	235
PREPIDIL.....	511	PRISTIQ.....	96	<i>promethazine-codeine</i>	234
<i>preplus</i>	470	<i>privet</i>	24	<i>promethazine-dm</i>	234
PRESTALIA.....	139	PRIVIGEN.....	514	<i>promethazine-phenyleph-</i>	
<i>pretab</i>	470	PRO COMFORT INSULIN		<i>codeine</i>	235
<i>pretomanid</i>	154	SYRINGE.....	399	<i>promethazine-</i>	
PREVACARE		<i>pro comfort pen needles</i> ...	399	<i>phenylephrine</i>	232
ANTIMICROBIAL.....	281	PROAIR DIGIHALER.....	75	PROMETHEGAN.....	133
PREVACID.....	549	PROAIR HFA.....	75	PROMETRIUM.....	525
PREVACID 24HR.....	549	PROAIR RESPICLICK.....	75	PROMISEB.....	251
PREVACID SOLUTAB.....	549	<i>probenecid</i>	324	PRONUTRIENTS	
Prevalite.....	135	<i>procainamide hcl</i>	71	CALCIUM+D3.....	417
PREVIDENT.....	433	<i>procaine hcl</i>	358	PRONUTRIENTS VITAMIN	
PREVIDENT 5000		PROCALAMINE.....	489	D3.....	565
BOOSTER PLUS.....	433	PROCARDIA XL.....	205	<i>propafenone hcl</i>	72
PREVIDENT 5000 DRY		Procentra.....	14	<i>propafenone hcl er</i>	72
MOUTH.....	433	<i>prochlorperazine</i>	185	<i>proparacaine hcl</i>	503
PREVIDENT 5000 ENAMEL		<i>prochlorperazine edisylate</i>		<i>proparacaine-fluorescein</i> ..	502
PROTECT.....	432	.....	185	PROPEL.....	483
PREVIDENT 5000 ORTHO		<i>prochlorperazine maleate</i> .	185	PROPEL MINI.....	483
DEFENSE.....	433	PROCRIT.....	334	<i>propofol</i>	320
PREVIDENT 5000 PLUS....	433	PROCTOCORT.....	63	<i>propofol-lipuro</i>	320
PREVIDENT 5000		PROCTOFOAM HC.....	62	<i>propranolol hcl</i>	201
SENSITIVE.....	432	Procto-Med Hc.....	63	<i>propranolol hcl er</i>	201
Previfem.....	218	Procto-Pak.....	63	<i>propylthiouracil</i>	541
PREVNAR 13.....	553	Proctosol Hc.....	63	PROQUAD.....	553
PREVNAR 20.....	553	Proctozone-Hc.....	63	PROSCAR.....	321
PREVYMIS.....	194	PROCYSBI.....	321	PROSIGHT.....	452
PREZCOBIX.....	189	PRODIGY INSULIN		PROSOL.....	489
PREZISTA.....	191	SYRINGE.....	399	PROSTIN VR.....	430
PRIALT.....	52	<i>pro-ex antifungal</i>	270	<i>protamine sulfate</i>	331
PRIFTIN.....	154	PROFILNINE.....	326	PROTONIX.....	549
PRILOSEC.....	549	<i>progesterone</i>	525	PROTOPAM CHLORIDE....	117
PRILOSEC OTC.....	549	PROGLYCEM.....	101	PROTOPIC.....	276
PRIMACARE.....	470	PROGRAF.....	428	<i>protriptyline hcl</i>	98
<i>primaquine phosphate</i>	153	PROHANCE.....	292	PROVAYBLUE.....	117
PRIMAXIN IV.....	148	PROLASTIN-C.....	537	PROVENGE.....	160
<i>primidone</i>	86	PROLATE.....	59	PROVENTIL HFA.....	75

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PROVERA.....	525	PX B-50.....	477	<i>pyrimethamine</i>	153
PROVIDA OB.....	470	<i>px calcium&d</i>	417	QBRELIS.....	140
PROVIGIL.....	20	<i>px childrens pain relief</i>	45	QBREXZA.....	277
PROVISC.....	508	<i>px childrens profen ib</i>	38	<i>qc 3 day</i>	557
PROVOCHOLINE.....	288	PX CHILDRENS VITAMIN..	463	<i>qc acetaminophen 8hr arth</i>	
Proxivol.....	275	<i>px complete senior</i>		<i>pain</i>	45
PROZAC.....	94	<i>multivits</i>	452	<i>qc acetaminophen 8hr</i>	
PRUDOXIN.....	249	<i>px docusate sodium</i>	355	<i>musc ache</i>	45
<i>pseudoeph-bromphen-dm</i>	234	<i>px effervescent</i>	46	<i>qc advanced lancing</i>	
<i>pseudoephedrine hcl</i>	485	<i>px enteric aspirin</i>	50	<i>device</i>	380
<i>p-siloxan ds</i>	524	<i>px folic acid</i>	335	<i>qc alcohol swabs</i>	360
<i>psorcon</i>	261	<i>px glucose</i>	100	<i>qc allergy childrens</i>	127
PSS SELECT GP LANCETS		<i>px glycerin</i>	350	<i>qc allergy relief</i>	
.....	380	<i>px headache relief added</i>		.....	127, 131, 132, 484
PSS SELECT PLATFORMS	380	<i>st</i>	40	<i>qc allergy relief 4-hour</i>	124
PSS SELECT SAFETY		<i>px hemorrhoidal</i>	63	<i>qc allergy relief childrens</i>	131
LANCETS.....	380	<i>px hydrocream</i>	261	<i>qc antacid</i>	65
<i>psyllium fiber</i>	348	<i>px insulin syringe</i>	400	<i>qc antacid ultra strength</i>	67
PULMICORT.....	78	<i>px iron</i>	339	<i>qc antacid/anti-gas</i>	65
PULMICORT FLEXHALER..	78	<i>px lancets microthin 33g</i> ..	380	<i>qc artificial tears</i>	493
PULMOZYME.....	538	<i>px lancets ultra thin</i>	380	<i>qc aspirin</i>	50
<i>pure calcium carbonate</i>	418	<i>px lancets ultra thin 28g</i> ...	380	<i>qc aspirin low dose</i>	50
<i>pure comfort flow meter</i>		<i>px mens multivitamins</i>	452	<i>qc athletes foot</i>	246
<i>adult</i>	405	<i>px miconazole 3-day</i>		<i>qc azo</i>	323
<i>pure comfort flow meter</i>		<i>combo</i>	557	<i>qc b50 prolonged release</i>	438
<i>child</i>	405	<i>px nasal decongestant</i>	485	<i>qc bacitracin</i>	243
<i>purified water</i>	521	<i>px niacin</i>	562	<i>qc b-complex/vitamin c</i>	435
PURIXAN.....	156	<i>px omeprazole</i>	549	<i>qc biotin</i>	561
<i>px advanced formula</i>		<i>px prenatal multivitamins</i>	470	<i>qc calcium 600</i>	
<i>multivits</i>	452	<i>px stomach relief</i>	114	<i>+d3/minerals</i>	417
<i>px advanced lancing</i>		<i>px stomach relief max st</i> ...	114	<i>qc calcium fast dissolution</i>	
<i>device</i>	380	<i>px stop smoking aid</i>	535	.....	418
<i>px allergy</i>	127	<i>px tussin max</i>	227	<i>qc childrens aspirin</i>	50
<i>px allergy relief</i>	131	<i>px vegetable laxative</i>	353	<i>qc childrens complete</i>	463
<i>px allergy relief loratadine</i>	131	<i>px vitamin a</i>	562	<i>qc childrens ibuprofen</i>	38
<i>px antacid maximum</i>		<i>px vitamin c</i>	563	<i>qc childrens</i>	
<i>strength</i>	65	<i>px vitamin e</i>	567	<i>vitamins/extra c</i>	465
<i>px antacid regular</i>		PYLARIFY.....	290	<i>qc childrens vitamins/iron</i>	463
<i>strength</i>	65	PYLERA.....	550	<i>qc chlor-pheniramine</i>	124
<i>px anti-diarrheal</i>	115	<i>pyrazinamide</i>	154	<i>qc clotrimazole</i>	270
<i>px artificial tears</i>	493	<i>pyridostigmine bromide</i>	153	<i>qc cold relief</i>	227
<i>px aspirin</i>	50	<i>pyridostigmine bromide er</i>		<i>qc complete allergy</i>	
<i>px athletic foot</i>	270	153	<i>medicine</i>	127
<i>px b complex/vitamin c</i>	436	<i>pyridoxine hcl</i>	562		

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qc daily		qc mucus & cough relief		qc vitamin c with rose hips	
multivit/multimineral	452	child	230	563
qc daily multivitamins/iron		qc mucus relief childrens	233	qc vitamin d3	565, 566
.....	440	qc mucus relief dm max	230	qc vitamin e	567
qc diaper rash	252	qc mucus relief er	233	qc womens daily	
qc diarrhea relief	114	qc mucus relief max st	233	multivitamin	452
qc diclofenac sodium	248	qc multi-vite 50 & over	452	qc zinc	424
qc docusate calcium	355	qc natura-lax	350	QDOLO.....	58
qc ear wax removal	510	qc niacin	208, 562	QELBREE.....	12
qc earwax removal	510	qc nicotine transdermal		QINLOCK.....	166
qc earwax removal kit	510	system	535	QNASL.....	484
qc enteric aspirin	50	qc non-aspirin 8 hour	45	QNASL CHILDRENS.....	484
qc epsom salt	352	qc non-aspirin childrens	45	QSYMIA.....	15
qc esomeprazole		qc omeprazole magnesium		QTERN.....	109
magnesium	549	.....	550	QUADRACEL.....	543
qc essentials	459	qc pain relief childrens	45	QUADRAMET.....	170
qc eye drops	501	qc pain relief infants	45	QUALAQUIN.....	153
qc ferrous sulfate	339	qc petroleum jelly	524	QUARTETTE.....	222
qc fiber therapy	348	qc pink bismuth	114	QUDEXY XR.....	86, 87
qc folic acid	335	qc potassium	423	queen palm	24
qc gas relief	313	qc prenatal	470	QUELICIN.....	486
qc gas relief extra strength		qc saline nasal relief	481	QUESTRAN.....	135
.....	313	qc severe allergy	227	QUESTRAN LIGHT.....	135
qc gentle laxative	353	qc sleep-aid max st	344	quetiapine fumarate	184
qc glycerin	266	qc sore throat	434	quetiapine fumarate er	184
qc hair skin & nails	452	qc stool softener	355	QUFLORA FE PEDIATRIC.....	460
qc headache relief pm	343	qc stool softener pls		QUFLORA GUMMIES.....	462
qc hemorrhoidal	63	laxative	351	QUFLORA PEDIATRIC.....	462
qc ibuprofen	38	qc therin-m	452	QUICKVUE SARS	
qc lancets super thin 30g	380	qc tolnaftate	246	ANTIGEN TEST.....	291
qc lancets ultra thin	380	qc travel ease	120	QUILLICHEW ER.....	20
qc lansoprazole	549	qc triple antibiotic max st	241	QUILLIVANT XR.....	20
qc lidocaine pain relief	275	qc tussin dm		quin b strong b-25	438
qc loratadine allergy relief	132	cough/congestion	230	quinapril hcl	140
qc magnesium	67	qc unilet lancets 28g	380	quinapril-	
qc medifin mucus relief		qc unilet lancets micro		hydrochlorothiazide	140
child	233	thin	380	quinidine gluconate er	71
qc melatonin max st	29	qc urinary pain relief	323	quinidine sulfate	71
qc mens daily multivitamin		qc urinary pain relief max		quinine sulfate	153
.....	452	st	323	QULIPTA.....	410
qc menstrual complete		qc vitamin b1	562	QUZYTIR.....	132
max st	40	qc vitamin b12	333	QVAR REDIHALER.....	78
qc miconazole 7	557	qc vitamin b6	562	ra 2-in-1 lax/stool softener	351
qc motion sickness relief	119	qc vitamin c	563		

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<i>ra acid reducer plus</i>	<i>ra calcium plus vitamin d</i> ..417	<i>ra headache formula</i> 40
<i>antacid</i> 544	<i>ra calcium plus vitamin d3</i> 417	<i>ra hemorrhoidal</i> 63
<i>ra allergy</i>.....128	<i>ra calcium/vitamin</i>	<i>ra hydrocortisone plus</i>.....285
<i>ra allergy medication</i> .127, 128	<i>d/minerals</i>.....417	<i>ra hydrocortisone plus 12</i> .262
<i>ra allergy relief & nasal</i>	<i>ra capsicum hot patch</i> 276	<i>ra ibuprofen childrens</i>.....38
<i>decong</i>.....232	<i>ra central-vite mens</i>	<i>ra insulin syringe</i>.....400
<i>ra allergy relief</i> 124, 128	<i>mature</i>.....452	<i>ra iron</i> 339
<i>ra allergy relief (loratadine)</i>	<i>ra central-vite womens</i>	<i>ra jock itch</i>.....271
..... 132	<i>mature</i>.....453	<i>ra jock itch max st</i> 246
<i>ra allergy relief childrens</i>	<i>ra childrens fever/pain</i> 45	<i>ra laxative</i> 350, 354
..... 128, 132	<i>ra chlorpheniramine</i>	<i>ra lice maximum strength</i> .279
<i>ra allergy rlf/nasal</i>	<i>maleate</i> 124	<i>ra lice solution</i> 279
<i>decongest</i>.....232	<i>ra clotrimazole</i> 271	<i>ra lice treatment</i>.....280
<i>ra allergy/congestion</i> 232	<i>ra clotrimazole 7</i> 557	<i>ra lidocaine pain relieving</i> 276
<i>ra antacid</i>.....67	<i>ra col-rite</i> 355	<i>ra loratadine</i> 132
<i>ra antacid ultra strength</i> 67	<i>ra complete allergy</i>.....128	<i>ra lubricant eye</i>.....493
<i>ra antacid/anti-gas</i>.....65	<i>ra dairy relief fast acting</i> ...296	<i>ra lubricant eye drops</i>.....494
<i>ra antacid/anti-gas max st</i> .. 65	<i>ra daylogic acne foaming</i>	<i>ra melatonin</i> 29
<i>ra antacid/gas relief max st</i> 65	<i>wash</i>.....240	<i>ra miconazole 3 combo</i>
<i>ra antibiotic + pain relief</i> ... 241	RA DIPHEDRYL ALLERGY 128	<i>pack</i> 557
<i>ra antifungal foot care</i>.....246	<i>ra double antibiotic</i> 242	<i>ra miconazole 7</i>.....557
<i>ra anti-itch maximum</i>	<i>ra earwax removal kit</i> 510	<i>ra mini nicotine</i> 535
<i>strength</i> 262	<i>ra esomeprazole</i>	<i>ra motion sickness relief</i> .. 120
<i>ra antiseptic skin cleanser</i> 187	<i>magnesium</i>.....550	<i>ra mucus relief dm</i>.....230
<i>ra aspirin</i> 51	<i>ra eye allergy relief</i> 501	<i>ra mucus relief max st</i>.....233
<i>ra aspirin adult low dose</i> 50	<i>ra eye itch relief</i> 498	<i>ra nasal allergy</i> 484
<i>ra aspirin adult low</i>	RA E-ZJECT LANCETS 28G	<i>ra natural magnesium</i> 421
<i>strength</i> 51	.....380	<i>ra natural vitamin e</i>.....567
<i>ra aspirin childrens</i> 51	RA E-ZJECT LANCETS	<i>ra nicotine</i> 535
<i>ra aspirin ec</i> 51	THIN 26G..... 381	<i>ra nicotine gum</i>.....535
<i>ra aspirin ec adult low st</i>....51	RA E-ZJECT LANCETS	<i>ra nicotine polacrilex</i>.....535
<i>ra atheletes foot</i>.....270	THIN 28G..... 381	<i>ra night sleep aid</i> 344
<i>ra athletes foot</i>.....271	RA E-ZJECT LANCETS	<i>ra no flush niacin</i>.....562
<i>ra bacitracin</i> 243	ULTRA THIN..... 381	<i>ra omeprazole</i> 550
<i>ra bacitracin zinc first aid</i> . 243	<i>ra fast relief laxative</i> 354	<i>ra one daily maximum</i> 453
<i>ra balanced b-100 cr</i>.....438	<i>ra fever reducer/pain</i>	<i>ra one daily mens 50+</i>
<i>ra balanced b-50 tr</i>.....438	<i>reliever</i>.....45	<i>w/vit d3</i> 453
<i>ra biotin</i> 561	<i>ra folic acid</i>.....335	<i>ra one daily mens multi</i>....453
<i>ra budesonide</i> 484	<i>ra foot care (terbinafine)</i> ... 246	<i>ra one daily mens/vit d-3</i> ...453
<i>ra calcium 600/vit</i>	<i>ra foot care (tolnaftate)</i> 246	<i>ra pain relief</i> 276
<i>d/minerals</i>.....417	<i>ra gas relief</i> 313	<i>ra pain relief aspirin</i> 51
<i>ra calcium citrate plus vit</i>	<i>ra gas relief ultra strength</i> 313	<i>ra pain reliever ex st</i>.....45
<i>d</i> 417	<i>ra glucose</i>.....100	<i>ra pain relieving</i>.....276
<i>ra calcium high potency</i> ... 418	<i>ra glycerin</i> 266	<i>ra pediatric electrolyte</i> 419

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<i>ra potassium gluconate</i>	423	REACT.....	221	RELEXXII.....	20
<i>ra prenatal</i>	470	READI-CAT 2.....	293	<i>relief drops</i>	501
<i>ra prenatal formula</i>	470	READYLANCE SAFETY		<i>relief eye drops</i>	501
<i>ra saline enema</i>	352	LANCETS.....	381	RE-LIEVED MAXIMUM	
<i>ra sinus/congestion relief</i>	485	REAL HEAL-I.....	284	STRENGTH.....	276
<i>ra sore throat</i>	432	<i>reality insulin syringe</i>	400	<i>reliever</i>	284
<i>ra stomach relief</i>	114	<i>reality lancets</i>	381	RELION ALCOHOL SWABS	
<i>ra stool softener</i>	355	REALITY LATEX		.....	360
<i>ra suphedrine</i>	485	CONDOMS.....	362	RELION GLUCOSE.....	100, 101
<i>ra tioconazole 1</i>	557	REALITY LATEX/ULTRA		RELION INSULIN SYRINGE	
<i>ra tussin chest congestion</i>		TEXTURED.....	362	.....	400
.....	233	REALITY LATEX/ULTRA		RELION LANCET DEVICES	
<i>ra tussin cough dm sugar</i>		THIN.....	362	30G.....	381
<i>free</i>	230	<i>reality trigger lancets</i>	381	RELION LANCETS MICRO-	
<i>ra vitamin b-6</i>	562	REBIF.....	529	THIN 33G.....	381
<i>ra vitamin c</i>	564	REBIF REBIDOSE.....	529	RELION LANCETS THIN	
<i>ra vitamin e</i>	567	REBIF REBIDOSE		26G.....	381
<i>ra vitamin e natural</i>	567	TITRATION PACK.....	529	RELION LANCETS ULTRA-	
<i>ra vitamins complete</i>		REBIF TITRATION PACK...	529	THIN 30G.....	381
<i>childrens</i>	463	REBINYN.....	326	RELION LANCING DEVICE	381
RABAVERT.....	555	REBLOZYL.....	334	RELION TRUE MET AIR	
<i>rabbit epithelium</i>	24	RECARBRIO.....	149	GLUC METER.....	381
<i>rabeprazole sodium</i>	550	RECLAST.....	299	RELION TRUE METRIX	
RADIANCE PLATINUM		Reclipsen.....	218	TEST STRIPS.....	291
VITAMIN D3.....	566	RECOMBINATE.....	327	RELION ULTRA THIN	
RADICAVA.....	485	RECOMBIVAX HB.....	555	LANCETS 30G.....	381
RADIOGARDASE.....	117	RECOTHROM.....	342	RELION ULTRA THIN PLUS	
RAGWITEK.....	24	RECOTHROM SPRAY KIT.	342	LANCETS.....	381
<i>raloxifene hcl</i>	307	RECTIV.....	62	RELISTOR.....	318
<i>ramelteon</i>	346	<i>red maple</i>	24	<i>relnate dha</i>	470
<i>ramipril</i>	140	<i>red mulberry</i>	24	RELPAK.....	413
RANEXA.....	68	<i>red top grass pollen</i>	24	RELTONE.....	314
<i>ranolazine er</i>	68	REDITREX.....	31	REMERON.....	91
RAPAFLO.....	321	<i>reeses pinworm medicine</i>	68	REMERON SOLTAB.....	91
RAPAMUNE.....	428	REFRESH LACRI-LUBE....	493	REMESENSE.....	363
RAPIVAB.....	197	<i>refreshing aloe</i>	266	REMICADE.....	319
RAPPORT RLS.....	388	REGENECARE HA.....	276	<i>remifentanil hcl</i>	58
RAPPORT VTD.....	388	REGLAN.....	315	REMODULIN.....	208
<i>rasagiline mesylate</i>	179	REGONOL.....	153	RENACIDIN.....	322
RASUVO.....	31	REGRANEX.....	285	RENAGEL.....	318
RAVICTI.....	308	REGULOID.....	348	RENAL MULTIVITAMIN	
RAYALDEE.....	304	REHYDRALYTE.....	419	FORMULA.....	436
RAYOS.....	226	RELAFEN DS.....	38	RENAPLEX.....	453
RAZADYNE ER.....	527	RELENZA DISKHALER.....	197	<i>rena-vite rx</i>	436

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RENFLEXIS.....	319	RID LICE KILLING		<i>ropinirole hcl er</i>	180
<i>reno caps</i>	436	SHAMPOO.....	279	<i>ropivacaine hcl</i>	358
REVELA.....	318	RIDAURA.....	32	<i>ropivacaine hcl-nacl</i>	358
<i>repaglinide</i>	108	<i>rifabutin</i>	154	Rosadan.....	278
REPATHA.....	138	RIFADIN.....	154	<i>rosuvastatin calcium</i>	137
REPATHA PUSHTRONEX		<i>rifampin</i>	154	ROSZET.....	137
SYSTEM.....	138	RIGHTEST ALTERNATE		ROTARIX.....	555
REPATHA SURECLICK.....	138	SITE ADAPT.....	381	ROTATEQ.....	555
RESTASIS.....	502	RIGHTEST GD500		<i>rough marsh elder</i>	24
RESTASIS MULTIDOSE.....	502	LANCING DEVICE.....	381	ROWASA.....	317
RESTORA RX.....	115	RIGHTEST GL300		Roweepra.....	87
RESTORIL.....	345	LANCETS.....	382	ROXICODONE.....	58
RETACRIT.....	335	RILUTEK.....	485	ROZEREM.....	346
RETAINE CMC.....	494	<i>riluzole</i>	485	ROZLYTREK.....	167
RETAINE PM.....	493	<i>rimantadine hcl</i>	197	RUBRACA.....	175
RETAVASE.....	332	RIMSO-50.....	322	RUCONEST.....	328
RETAVASE HALF-KIT.....	332	<i>ringers</i>	420	<i>rufinamide</i>	87
RETEVMO.....	167	<i>ringers irrigation</i>	428	RUKOBIA.....	190
RETHYMIC.....	424	RINVOQ.....	31	<i>russian thistle</i>	24
RETIN-A.....	240	RIOMET.....	99	RUXIENCE.....	158
RETIN-A MICRO.....	240	<i>risanoid plus</i>	477	RUZURGI.....	153
RETIN-A MICRO PUMP.....	240	<i>risedronate sodium</i> ... 299, 300		RYANODEX.....	480
RETISERT.....	507	RISPERDAL.....	182	RYBELSUS.....	108
RETROVIR.....	193	RISPERDAL CONSTA.....	182	RYBREVANT.....	167
REVATIO.....	209	<i>risperidone</i>	183	RYCLOLA.....	124
REVCIVI.....	299	RITALIN.....	20	RYDAPT.....	166
REVLIMID.....	427	RITALIN LA.....	20	RYLAZE.....	170
Revonto.....	480	RITEFLO.....	409	<i>rynex pse</i>	232
REXALL LANCETS ULTRA		<i>ritonavir</i>	191	RYTARY.....	180
THIN 30G.....	381	RITUXAN HYCELA.....	169	RYTHMOL SR.....	72
REXULTI.....	186	<i>rivastigmine</i>	527	RYVENT.....	128
REYATAZ.....	191	<i>rivastigmine tartrate</i>	527	SABRIL.....	89
REYVOW.....	413, 414	Rivelsa.....	222	<i>saccharomyces cerevisiae</i>	
REZUROCK.....	430	<i>rixubis</i>	327	.....	25, 286
R-GENE 10.....	288	<i>rizatriptan benzoate</i>	413	SAFE-SENSE EARLOOP	
RHEOSPRAY.....	516	ROBAXIN.....	479	FACE MASK.....	390
<i>rhizopus</i>	24	ROBITUSSIN 12 HOUR		SAFE-T-LANCE.....	382
RHOFADE.....	278	COUGH CHILD.....	228	SAFE-T-LANCE PLUS.....	382
RHOPRESSA.....	504	ROCALTROL.....	304	<i>safety insulin syringes</i>	400
RIABNI.....	158	ROCKLATAN.....	503	SAFETY LANCETS 21G.....	382
RIASTAP.....	327	<i>rocuronium bromide</i>	486	<i>safety syringe/needle</i>	400
<i>ribavirin</i>	196, 198	ROLAIDS.....	66	<i>safety syringes/needle</i>	400
<i>rice (diagnostic)</i>	286	<i>romidepsin</i>	164	SAFYRAL.....	218
		<i>ropinirole hcl</i>	180	SAIZEN.....	302

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SAIZENPREP.....	302	<i>sb bismuth</i>	114	<i>sb urinary pain relief max</i>	
Sajazir.....	327	<i>sb calcium + d</i>	417	<i>st</i>	323
SALAGEN.....	434	<i>sb childrens aspirin</i>	51	SCSEMBLIX.....	161
<i>saline bacteriostatic</i>	521	<i>sb childrens non-aspirin</i>	45	SCENESSE.....	277
<i>saline-phenol</i>	521	<i>sb chlorpheniramine</i>	124	SCLEROSOL	
SALONPAS PAIN		<i>sb clotrimazole foot</i>	271	INTRAPLEURAL.....	538
RELIEVING.....	276	<i>sb docusate sodium</i>	355	<i>scopolamine</i>	120
<i>salt durable cream</i>	524	<i>sb docusate sodium/senna</i>		<i>sd potassium gluconate</i> ...	423
SALT STABLE LS		.....	351	SEA BUDDIES DAILY	
ADVANCED.....	524	<i>sb effervescent pain relief</i> ..	46	MULTIPLE.....	461
SALTSTABLE LO.....	524	<i>sb fiber laxative</i>	348	SEASONIQUE.....	222
SAMSCA.....	307	<i>sb gas relief</i>	313	SECREFLO.....	288
SANCUSO.....	118	<i>sb gentle lax-women</i>	354	SECUADO.....	184
SANDIMMUNE.....	426	<i>sb glycerin adult</i>	350	SECURE SAFE ALLERGY	
SANDOSTATIN.....	308	<i>sb glycerin pediatric</i>	350	TRAY.....	400
SANTYL.....	267	<i>sb hemorrhoid</i>	63	SECURESAFE INSULIN	
SAPHNELO.....	431	<i>sb hydrocortisone</i>	262	SYRINGE.....	400
SAPHRIS.....	183	<i>sb hydrocortisone max st</i> ..	262	SECURESAFE	
<i>sapropterin</i>		<i>sb insulin syringe</i>	400	SYRINGE/NEEDLE.....	400
<i>dihydrochloride</i>	306	<i>sb lactase</i>	296	SECURESAFE	
SARATOGA.....	266	<i>sb lancets thin</i>	382	TUBERCULIN SYRINGE....	400
SARCLISA.....	159	<i>sb lancets ultra thin</i>	382	SEGLUROMET.....	109
SARNOL-HC.....	262	<i>sb laxative</i>	354	<i>select-lite devicellancets</i> ..	382
SAVELLA.....	527	<i>sb lice killing max st</i>	279	<i>select-lite lancing device</i> ..	382
SAVELLA TITRATION		<i>sb lice treatment</i>	280	SELECT-OB.....	470
PACK.....	527	<i>sb loratadine</i>	132	SELECT-OB+DHA.....	474
SAVI.....	410	<i>sb loratadine allergy relief</i>	132	<i>selegiline hcl</i>	179
SAXENDA.....	16	<i>sb low dose asa ec</i>	51	<i>selenious acid</i>	423
<i>sb acid controller</i>	545	<i>sb magnesium citrate</i>	352	<i>selenium sulfide</i>	251
<i>sb acid controller max st</i> ..	545	<i>sb mucus relief</i>	233	SELZENTRY.....	189, 190
<i>sb acid reducer</i>	545	<i>sb non-asa night time</i>	343	SEMGLEE.....	107
<i>sb allergy</i>	128	<i>sb non-aspirin</i>	45	SEMGLEE (YFGN).....	107
<i>sb allergy medicine</i>	128	<i>sb non-aspirin jr strength</i> ..	45	<i>se-natal 19</i>	470
<i>sb allergy relief</i>	132	<i>sb omeprazole</i>	550	SENEXON-S.....	351
<i>sb allergy relief/nasal</i>		<i>sb oyster shell calcium</i>	418	<i>senior tabs</i>	453
<i>decong</i>	232	<i>sb pain reliever childrens</i> ...	45	<i>senior tonic</i>	437
<i>sb antacid anti-gas</i>	65	<i>sb pain reliever ex st</i>	45	<i>senna</i>	354
<i>sb anti-fungal</i>	247	<i>sb pain reliever pm</i>	343	<i>senna plus</i>	351
<i>sb anti-gas</i>	313	<i>sb pediatric electrolyte</i>	420	SENNA SMOOTH.....	354
<i>sb anti-nausea</i>	119	<i>sb polyethylene glycol</i>		<i>senna-docusate sodium</i> ...	351
<i>sb arthritis pain relief</i>	45	3350	350	<i>sennazon</i>	354
<i>sb aspirin</i>	51	<i>sb sore throat spray</i>	432	SENSIPAR.....	300
<i>sb aspirin ec</i>	51	<i>sb stool softener</i>	355	Sensorcaine.....	358
<i>sb bacitracin</i>	243	<i>sb urinary pain relief</i>	323	Sensorcaine/Epinephrine....	356

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Sensorcaine-Mpf.....	358	sildenafil citrate	209	slow release iron	339
SENSORCAINE-		SILENOR.....	345	SLYND.....	223
MPF/EPINEPHRINE.....	356	SILIQ.....	249	sm 3-day vaginal	557
sentry	453	silodosin	321	sm advanced hand	
sentry adult	453	silprotex plus	524	sanitizer	281
sentry senior	453	SILVADENE.....	252	sm alcohol prep	360
SEREVENT DISKUS.....	75	silver sulfadiazine	252	sm allergy 4 hour	124
SERNIVO.....	262	SIMBRINZA.....	491	sm allergy childrens	132
SEROQUEL.....	184	simeped	313	sm allergy relief . 128, 132, 484	
SEROQUEL XR.....	184	simethicone drops infants	313	sm allergy relief childrens	128
SEROSTIM.....	302	simethicone extra strength		sm animal shapes	
sertraline hcl	94, 95	.....	313	complete	463
sesame seed (diagnostic)	286	simethicone ultra strength	313	sm animal shapes kids	
Setlakin.....	222	SIMILAC GLUCOSE		first	464
sevelamer carbonate	318	WATER.....	490	sm antacid	66, 67
sevelamer hcl	319	SIMILAC PRENATAL		sm antacid advanced	66
SEVENFACT.....	327	EARLY SHIELD.....	474	sm antacid advanced max	
severe allergy	227	Simliya.....	214	st	66
sevoflurane	320	Simpesse.....	222	sm antacid anti-gas	66
SEYSARA.....	541	simple syrup	521	sm antacid maximum	
sf	433	SIMPLY SALINE BABY.....	234	strength	66
sf 5000 plus	433	SIMPONI.....	32	sm antacid/lantigas	66
SFROWASA.....	317	SIMPONI ARIA.....	32	sm antibiotic	243
shagbark hickory	25	SIMULECT.....	429	sm antifungal clotrimazole	
Sharobel.....	223	simvastatin	137	.....	271
sheep sorrel	25	SINEMET.....	180	sm antifungal miconazole	271
SHINGRIX.....	555	SINGULAIR.....	77	sm antifungal tolnaftate	247
SHOPKO AUTOLET		sinus 12 hour	485	sm antiseptic skin	
LANCING DEVICE.....	382	sinus congestion max		cleanser	187
SHOPKO ON-THE-GO		strength	485	sm artificial tears	493
LANCETS 30G.....	382	SINUVA.....	484	sm aspirin	51
SHOPKO UNILET		sirolimus	428	sm aspirin adult low	
LANCETS 28G.....	382	SIRTURO.....	154	strength	51
SHOPKO UNILET		SITAVIG.....	197	sm aspirin ec	51
LANCETS 30G.....	382	SIVEXTRO.....	151	sm aspirin ec low strength	51
short ragweed pollen ext	25	SKELAXIN.....	479	sm aspirin low dose	51
shrimp (diagnostic)	286	SKYLA.....	223	sm aspirin tri-buffered	46
SIDESTREAM PEDIATRIC		SKYRIZI.....	249	sm calcium 600+d plus	
FACE MASK.....	407	SKYRIZI (150 MG DOSE)...	249	minerals	417
signacal	439	SKYRIZI PEN.....	249	sm calcium citrate+vit d3	
SIGNIFOR.....	308	SKYTROFA.....	303	max	417
SIGNIFOR LAR.....	308	sleep tabs	344	sm calcium citrate-vit d	417
SIKLOS.....	333	sleep-aid	344	sm calcium soft chews	417
siladryl allergy	128	sleep-tabs	344	sm calcium/vitamin d3	417

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<i>sm calcium-magnesium-zinc</i>	417	<i>sm lancets 33g</i>	382	<i>sm soya lecithin</i>	490
<i>sm childrens aspirin</i>	51	<i>sm lansoprazole</i>	550	<i>sm stomach relief</i>	114
<i>sm childrens ibuprofen</i>	38	<i>sm laxative</i>	354	<i>sm stool softener</i>	356
<i>sm childrens loratadine</i>	132	<i>sm lice killing</i>	279	<i>sm super b complex/c</i>	436
SM CLEARLAX.....	350	<i>sm lice killing max strength</i>	279	<i>sm tioconazole-1</i>	558
<i>sm clotrimazole vaginal</i>	557	<i>sm lice treatment</i>	280	<i>sm tussin cf</i>	231
<i>sm cold & allergy childrens</i>	232	<i>sm loratadine</i>	132	<i>sm urinary pain relief max st</i>	323
<i>sm complete</i>	453	<i>sm loratadine allergy relief</i>	132	<i>sm vitamin b complex/vitamin c</i>	437
<i>sm complete 50+</i>	453	<i>sm lubricant eye drops</i>	493	<i>sm vitamin d</i>	566
<i>sm complete 50+ ultimate mens</i>	453	<i>sm lubricating plus</i>	494	<i>sm vitamin d3</i>	566
<i>sm complete 50+ ultimate women</i>	453	<i>sm lubricating tears</i>	493	<i>sm vitamin e</i>	567
<i>sm complete advanced formula</i>	453	<i>sm magnesium</i>	421	SMART SENSE COLOR	
<i>sm complete senior formula</i>	453	<i>sm magnesium oxide</i>	421	LANCETS 33G.....	382
<i>sm cough dm</i>	228	<i>sm melatonin</i>	29	SMART SENSE GLUCOSE 100	
<i>sm cough dm childrens</i>	228	<i>sm miconazole 3</i>	557	SMART SENSE	
<i>sm cough drops</i>	434	<i>sm miconazole 3 applicator</i>	557	STANDARD LANCETS.....	382
<i>sm daily diet support</i>	453	<i>sm miconazole 7</i>	558	SMART SENSE SUPER	
<i>sm double antibiotic</i>	242	<i>sm motion sickness</i>	120	THIN LANCETS.....	382
<i>sm dry skin therapy</i>	266	<i>sm mucus relief childrens</i>	233	SMART SENSE THIN	
<i>sm effervescent pain relief</i>	47	<i>sm mucus relief max strength</i>	234	LANCETS 26G.....	382
<i>sm enema</i>	352	<i>sm multiple vitamins essential</i>	459	SMARTEST LANCETS 28G	382
<i>sm esomeprazole magnesium</i>	550	<i>sm multiple vitamins/iron</i>	440	SMARTY PANTS KIDS COMPLETE.....	461
<i>sm fexofenadine hcl</i>	132	<i>sm nasal decongestant max st</i>	485	SMOFLIPID.....	490
<i>sm fiber</i>	349	<i>sm niacin cr</i>	562	SMOOTH LAX.....	350, 351
<i>sm folic acid</i>	335	<i>sm nicotine</i>	535, 536	<i>sod benz-sod phenylacet</i> ..	308
<i>sm gas relief</i>	313	<i>sm nicotine polacrilex</i>	536	<i>sodium acetate</i>	414
<i>sm glucose</i>	100, 101	<i>sm omeprazole</i>	550	<i>sodium bicarbonate</i>	414
<i>sm hair/skin/nails</i>	454	<i>sm one daily prenatal</i>	470	<i>sodium chloride</i> ..234, 322, 423	
<i>sm headache relief pm</i>	343	<i>sm pain & fever childrens</i> ..	45	<i>sodium chloride (pf)</i>	423
<i>sm hemorrhoidal</i>	63	<i>sm pain & fever infants</i>	45	<i>sodium chloride bacteriostatic</i>	521
<i>sm hydrocortisone</i>	262	<i>sm pain relief extra strength</i>	46	<i>sodium chloride flush</i>	423
<i>sm hydrocortisone max st</i>	262	<i>sm pain reliever childrens</i> ..	46	<i>sodium citrate lock flush</i>	79
<i>sm hydrocortisone plus</i>	285	<i>sm pediatric electrolyte</i>	420	<i>sodium citrate-gentamicin sulf</i>	80
<i>sm hydrocortisone-aloe max st</i>	285	<i>sm potassium</i>	423	SODIUM DIURIL.....	298
<i>sm ibuprofen ib childrens</i> ...38		<i>sm prenatal vitamins</i>	470	SODIUM EDECIN.....	297
<i>sm iron</i>	339	<i>sm rapid melts junior</i>	46	<i>sodium fluoride</i> ..420, 421, 434	
		<i>sm slow release iron</i>	339	<i>sodium fluoride 5000 enamel</i>	432
				<i>sodium fluoride 5000 plus</i>	433

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sodium fluoride 5000 ppm	433	sotalol hcl	201	STEGLATRO	109
sodium fluoride 5000		sotalol hcl (af)	201	STEGLUJAN	109
sensitive	432	SOTRADECOL	431	STELARA	249, 250, 317
sodium iodide i-123	289	SOTYLIZE	201	stemphylium	25
sodium iodide i-131	541	SOVALDI	196	STERILANCE PA	383
sodium nitrite	117	soybean (diagnostic)	286	STERILANCE TL	383
sodium nitroprusside	147	SPHERUSOL	287	STERILE DILUENT	
sodium phenylbutyrate	308	SPIDER-MAN COMPLETE		FLOLAN PH 12	521
sodium phosphates	422	MULTI-VIT	461	sterile	
sodium polystyrene		spinosad	280	diluent/epoprostenol	521
sulfonate	430	SPINRAZA	487	STERILE TALC POWDER	538
sodium tetradecyl sulfate	431	spiny pigweed	25	sterile water for injection	521
SOFIA SARS ANTIGEN FIA291		SPIRIVA HANDIHALER	76	sterile water for irrigation	428
SOFIA2 FLU+SARS		SPIRIVA RESPIMAT	76	STERITALC	538
ANTIGEN FIA	288	spiro pd	407	STIMATE	309
sofosbuvir-velpatasvir	196	spironolactone	298	stimulant laxative	351
SOLARCAINE COOL ALOE	276	spironolactone-hctz	297	STIOLTO RESPIMAT	74
SOLESTA	426	SPONGEBOB		STIVARGA	166
solifenacin succinate	552	SQUAREPANTS GUMMIES		stomach relief	114
SOLIQUA	108		461	stomach relief extra	
SOLIRIS	328	SPORANOX	123	strength	114
SOLODYN	541	SPORANOX PULSEPAK	123	stomach relief plus	115
SOLOSEC	29	spot acne treatment	240	stomach relief ultra	115
SOLTAMOX	156	SPRAVATO (56 MG DOSE)	92	stool softener	356
SOLU-CORTEF	226	SPRAVATO (84 MG DOSE)	92	stool softener laxative	
SOLU-MEDROL	226	Sprintec 28	218		351, 356
SOLUVITA E	567	SPRITAM	87	stool softener plus	
SOMA	479	SPRIX	38	laxative	351
SOMAVERT	301, 302	SPRYCEL	161	stool softener/laxative	351
SOOLANTRA	278	SPS	430	stop lice complete	
SOOTHE	114	Sronyx	219	treatment	279
SOOTHE HYDRATION	493	Ssd	253	stop lice maximum	
SOOTHE MAXIMUM		Ssd (Silver Sulfadiazine)	253	strength	279
STRENGTH	114	SSKI	234	stop lice step 3	280
SOOTHE NIGHTTIME	493	ST JOSEPH ASPIRIN	51	STRATAGRAFT	283
SOOTHE XP	494	ST JOSEPH LOW DOSE	52	STRATTERA	12
SOOTHE XP XTRA		STALEVO 100	180	STRAVIX	283
PROTECTION	494	STALEVO 125	180	strawberry (diagnostic)	287
sorbitol	322	STALEVO 150	180	STRENSIQ	304
sorbitol-mannitol	322	STALEVO 200	180	streptomycin sulfate	30
sore throat	431, 432	STALEVO 50	180	stress b complex/liron	440
SORILUX	250	STALEVO 75	180	stress b/zinc	435
Sorine	201	stamaril	555	stress b-complex/clzinc	454
sorrelldock mix	26	stavudine	193		

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stress b-complex/vit c/zinc	435	sulfamethoxazole-trimethoprim	148	SUPRAX.....	213
stress formula	459	SULFAMYLON.....	253	SUPREP BOWEL PREP KIT	
stress formula (folic acid)	436	sulfasalazine	317	.....	347
stress formula (w/ minerals)	454	Sulfatrim Pediatric.....	148	sure comfort insulin syringe	401
stress formula/zinc	454	sulfurated lime	280	sure comfort lancets 18g ..	383
stress formula/zinc (b-compl)	435	sulindac	38	sure comfort lancets 21g ..	383
stress plus zinc	435	sumatriptan	413	sure comfort lancets 23g ..	383
STRESSTABS ADVANCED.....	454	sumatriptan succinate	413	sure comfort lancets 28g ..	383
STRESSTABS ENERGY.....	459	sumatriptan succinate refill	413	sure comfort lancets 30g ..	383
STRIBILD.....	189	sumatriptan-naproxen sodium	412	sure comfort lancing pen ..	383
STRIVERDI RESPIMAT.....	75	SUN BURNT PLUS.....	276	sure result sr relief	276
STROMECTOL.....	68	sunitinib malate	166	SURE-JECT INSULIN	
strontium chloride sr-89	170	SUNKIST VITAMIN C.....	564	SYRINGE.....	401
STUART ONE.....	474	SUNOSI.....	16	surelac	296
STYE.....	493	SUNVITE ACTIVE ADULT 50+.....	454	SURELITE LANCETS.....	383
SUBLOCADE.....	60	SUNVITE ADVANCED.....	454	SURGICEL FIBRILLAR.....	342
SUBOXONE.....	60	SUPARTZ FX.....	481	SURGICEL NU-KNIT.....	342
SUBSYS.....	58	super antioxidants protector	454	SURVANTA.....	539
Subvenite.....	87	super aytinal	454	SUSPENDRX	
Subvenite Starter Kit-Blue.....	87	super aytinal 50 plus	454	W/BITTERBLOC SWEET....	521
Subvenite Starter Kit-Green..	87	super b complex/vitamin c	437	SUSPENDRX	
Subvenite Starter Kit-Orange	87	super b/c	437	W/BITTERBLOC UNSWEET	
succinylcholine chloride	486	super b-100	438	.....	521
SUCRAID.....	296	super b-50	438	suspension vehicle	521
sucralfate	545	super b-complex	438	SUSTIVA.....	192
SUDOGEST.....	485	super b-complex + vitamin c	437	SUSTOL.....	118
sudogest 12 hour	485	SUPER DEC B-100.....	438	SUSVIMO (IMPLANT 1ST FILL).....	509
SUDOGEST MAXIMUM		super multiple	454	SUSVIMO (IMPLANT REFILL).....	509
STRENGTH.....	485	super natrul-100	454	SUSVIMO OCULAR	
sufentanil citrate	58	SUPER NU-THERA.....	454	IMPLANT.....	403
SULAR.....	205	super stress b-complex cr	477	SUTAB.....	347
sulconazole nitrate	271	super thera vite m	454	SUTENT.....	166
sulfacetamide sodium	507	super thin lancets	383	sv melatonin	29
sulfacetamide sodium (acne)	236	super vita-mins	454	sv vitamin b-12 er	333
sulfacetamide sod-sulfur wash	236	superior 35	455	SWEET CHEEKS.....	101
sulfacetamide-prednisolone	505	SUPERSOFT.....	282	sweet corn (diagnostic)	287
sulfadiazine	539	SUPPRELIN LA.....	305	sweet gum	25
		SUPRANE.....	320	sweet vernal grass pollen	25
				Syeda.....	219
				SYLVANT.....	427
				SYMBICORT.....	74

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SYMBYAX.....	537	syringe luer lock	401	TAPERDEX 12-DAY.....	226
SYMDEKO.....	538	syringe luer slip	401	Taperdex 6-Day.....	227
SYMFI.....	189	syringehypodermic safety		TAPERDEX 7-DAY.....	227
SYMFI LO.....	189	.....	401	TARCEVA.....	163
SYMJEPI.....	560	syrpalta	521	TARGRETIN.....	176, 284
SYMLINPEN 120.....	99	SYRPALTA (RED).....	521	Tarina 24 Fe.....	219
SYMLINPEN 60.....	99	SYRSPEND SF PH4.....	521	Tarina Fe 1/20.....	219
SYMPAZAN.....	82	syrup vehicle	521	Tarina Fe 1/20 Eq.....	219
SYMPROIC.....	318	syrup vehicle sf	521	TARON-C DHA.....	471
SYMTUZA.....	189	SYSTANE CONTACTS.....	494	TARON-PREX.....	474
SYNAGIS.....	512	SYSTANE ICAPS AREDS2.....	455	TASIGNA.....	161
SYNALAR.....	262	SYSTANE NIGHTTIME.....	493	TASMAR.....	179
SYNAREL.....	305	T.R.U.E. TEST.....	292	taurine	490
SYNDROS.....	120	T: SLIM X2 INS		tavaborole	277
SYNERA.....	284	PMP/CONTROL 7.4.....	390	TAVALISSE.....	331
SYNERCID.....	152	T:FLEX T:LOCK		TAVNEOS.....	328
SYNJARDY.....	109	CARTRIDGE 4.8ML.....	390	Taysofy.....	219
SYNJARDY XR.....	109	T:SLIM X2 3ML		TAYTULLA.....	219
SYNTHROID.....	542	CARTRIDGE.....	390	tazarotene	240, 250
SYNVISC.....	481	T:SLIM X2 INSULIN PMP		Tazicef.....	213
SYNVISC ONE.....	481	BASAL6.4.....	390	TAZICEF.....	213
SYPRINE.....	425	TAB-A-VITE.....	459	TAZORAC.....	250
syringe	401	TAB-A-VITE/BETA		Taztia Xt.....	205
SYRINGE AVITENE.....	342	CAROTENE.....	459	TAZVERIK.....	165
syringe filter 0.2		tab-a-viteliron	440	tb syringe 1 ml	401
micron/32mm	404	TABLOID.....	156	TDC MAX.....	524
syringe filter 0.45 micron ..	404	TABRECTA.....	165	TDVAX.....	543
syringe filter/0.2		TACHOSIL.....	342	tears pure	493
micron/25mm	404	TACLONEX.....	285	TECARTUS.....	160
syringe filter/0.2		tacrolimus	276, 428	TECENTRIQ.....	160
micron/30mm	404	tadalafil	210	TECFIDERA.....	530
syringe		tadalafil (pah)	209	TECHLITE AST LANCETS..	383
filter/d65r/psel65mm	404	TAFINLAR.....	162	techlite insulin syringe	401
syringe		TAGITOL V.....	293	TECHLITE LANCETS.....	383
filter/d65r/ptfel65mm	404	TAGRISO.....	163	TECHLITE LANCETS 30G..	383
syringe		TAKE ACTION.....	221	TECHNELITE.....	289
filter/d90r/psel90mm	404	TAKHZYRO.....	329	technet tc 99m sulfur	
syringe		TALICIA.....	551	colloid	290
filter/d90r/ptfel90mm	404	tall ragweed	25	technetium tc 99m	
syringe filter/millex/25mm	404	TALTZ.....	250	mebrofenin	289
syringe filter/millex-		TALZENNA.....	175	technetium tc 99m	
gs/25mm	404	TAMIFLU.....	197, 198	medronate	290
syringe filter/millex-		tamoxifen citrate	156	technetium tc 99m	
gv/33mm	404	tamsulosin hcl	321	pyrophos	290

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technetium tc 99m	TEXACORT	262	THINLETS GP LANCETS...	384
sestamibi	tgt glucose	100	THIOLA.....	323
TEFLARO.....	tgt lancet micro thin 33g ...	383	THIOLA EC.....	323
TEGADERM AG MESH.....	tgt lancet thin 26g	383	thioridazine hcl	185
TEGRETOL.....	tgt lancet ultra thin 30g	383	thiotepa	155
TEGRETOL-XR.....	tgt lancing device	383	thiothixene	186
TEGSEDI.....	THALITONE.....	298	THRESHOLD PEP.....	407
TEKTURNA.....	thallous chloride tl 201	289	THRIVE.....	536
TEKTURNA HCT.....	THALOMID.....	424	THRIVE FOR LIFE	
telmisartan	THAM.....	414	WOMENS.....	455
telmisartan-amlodipine	THE LIQUILIFT TRACE.....	423	thrivite rx	471
.....	THE MAGIC BULLET.....	354	throat discs	434
telmisartan-hctz	THEO-24.....	78	THROMBATE III.....	330
temazepam	theophylline	79	THROMBI-GEL 10.....	340
TEMIXYS.....	theophylline er	79	THROMBI-GEL 100.....	340
TEMODAR.....	thera vital m	455	THROMBI-GEL 40.....	340
TEMOVATE.....	thera vital-m	455	THROMBIN-JMI.....	342
TENCON.....	therabasic-m	455	THROMBIN-JMI EPISTAXIS	
TENIVAC.....	theracare pain relief	276	.....	342
tenofovir disoproxil	THERADEx M.....	455	THROMBI-PAD.....	340
fumarate	THERADEx M/BETA		THROMBOGEN.....	342
TENORETIC 100.....	CAROTENE.....	455	THYMOGLOBULIN.....	426
TENORETIC 50.....	THERAFLU EXPRESSMAX		THYQUIDITY.....	542
TENORMIN.....	SEV CLD/FL.....	228	THYROGEN.....	288
TEPADINA.....	thera-m	455	Tiadylt Er.....	205
TEPEZZA.....	thera-mill	459	tiagabine hcl	89
TEPMETKO.....	THERA-MILL M.....	455	TIAZAC.....	205
terazosin hcl	THERANATAL COMPLETE	474	TIBSOVO.....	173
terbinafine hcl	THERANATAL CORE		TICE BCG.....	171
terbutaline sulfate	NUTRITION.....	471	TICOVAC.....	556
terconazole	THERANATAL ONE.....	474	TIGAN.....	120
teriparatide (recombinant)	THERANATAL OVAVITE...	466	tigecycline	539
Terrell.....	therapeutic		TIGLUTIK.....	486
TESSALON PERLES.....	formulohematinics	455	TIKOSYN.....	72
TESTIM.....	therapeutic m	455	Tilia Fe.....	224
TESTOPEL.....	therapeutic-m	455	timolol maleate	202, 495
testosterone	therapeutic-mllutein	455	timolol maleate (once-	
testosterone cypionate	thera-tabs	459	daily)	495
testosterone enanthate	THERATEIN.....	282	timolol maleate ocudose ...	495
tetanus-diphtheria toxoids	THERATRUM COMPLETE	455	timolol maleate pf	495
td	THERATRUM COMPLETE		TIMOPTIC.....	495, 496
tetrabenazine	50 PLUS.....	455	TIMOPTIC OCUDOSE.....	495
tetracaine hcl	theravim-m	455	TIMOPTIC-XE.....	496
tetracycline hcl	thiamine hcl	562		

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<i>timothy grass pollen allergen</i>	25	<i>toomey syringe</i>	401	TRAVASOL.....	489
TINACTIN.....	247	TOPAMAX.....	87	TRAVATAN Z.....	509
<i>tinaspore</i>	247	TOPAMAX SPRINKLE.....	87	<i>travel lancets</i>	384
TINEACIDE.....	271	<i>topcare lancets micro-thin 33g</i>	384	TRAVEL LANCETS	
TING.....	247, 271	<i>topcare ultra comfort ins syr</i>	401	ADVANCED 28G.....	384
<i>tinidazole</i>	148	TOPICORT.....	263	TRAVEL-EASE.....	120
<i>tioconazole-1</i>	558	TOPICORT SPRAY.....	263	<i>travoprost (bak free)</i>	509
<i>tiopronin</i>	323	<i>topiramate</i>	87, 88	<i>trav-tabs</i>	120
TIROSINT.....	542	<i>topiramate er</i>	87	TRAZIMERA.....	159
TIROSINT-SOL.....	542	TOPROL XL.....	200	<i>trazodone hcl</i>	95
TISSEEL.....	340	<i>toremifene citrate</i>	156	TRECTOR.....	154
TISSUEBLUE.....	508	TORISEL.....	165	TRELEGY ELLIPTA.....	74
Tis-U-Sol.....	428	<i>torsemide</i>	298	TREMFYA.....	250
TITRALAC.....	67	TOSYMRA.....	413	<i>treprostinil</i>	208
TIVDAK.....	160	<i>total allergy</i>	128	TRESIBA.....	107
TIVICAY.....	190	TOTAL ALLERGY		TRESIBA FLEXTOUCH.....	107
TIVICAY PD.....	190	MEDICINE.....	128	<i>tretinoin</i>	176, 240
<i>tizanidine hcl</i>	479	<i>totalday multiple</i>	456	<i>tretinoin microsphere</i>	240
TNKASE.....	332	TOTECT.....	171	<i>tretinoin microsphere pump</i>	240
TOBI.....	30	TOUJEO MAX SOLOSTAR.....	107	TRETTEN.....	327
TOBI PODHALER.....	30	TOUJEO SOLOSTAR.....	107	TREXALL.....	156
TOBRADEX.....	505	Tovet.....	263	TREXIMET.....	412
TOBRADEX ST.....	505	TOVIAZ.....	552	TREZIX.....	53
<i>tobramycin</i>	30, 499	TOXICOLOGY MED		Tri Femynor.....	224
<i>tobramycin sulfate</i>	30	COLLECTION SYS.....	291	<i>triamcinolone acetonide</i>	
<i>tobramycin-dexamethasone</i>	505	TPN ELECTROLYTES.....	420	.....	227, 263, 434, 484
TOBEX.....	499	TRACLEER.....	209	<i>triamcinolone in absorbase</i>	263
TODAY SPONGE.....	558	TRADJENTA.....	102	<i>triamcinolone-moxifloxacin</i>	505
<i>today's health lancing device</i>	384	TRALEMENT.....	423	TRIAMINIC ALLERCHEWS.....	132
<i>today's health thin lancets 28g</i>	384	<i>tramadol hcl</i>	58	<i>tri-amino</i>	491
<i>today's health thin lancets 30g</i>	384	<i>tramadol hcl er</i>	58	<i>triamterene</i>	298
<i>tolcapone</i>	179	<i>tramadol hcl er (biphasic)</i>	58	<i>triamterene-hctz</i>	297
<i>tolnaftate</i>	247	<i>tramadol-acetaminophen</i>	60	<i>triazolam</i>	345
<i>tolnaftate antifungal</i>	247	<i>trandolapril</i>	141	TRIBENZOR.....	145
<i>tolsura</i>	123	<i>trandolapril-verapamil hcl er</i>	139	<i>tri-buffered aspirin</i>	47
<i>tolterodine tartrate</i>	552	<i>tranexamic acid</i>	341	TRICARE.....	471
<i>tolterodine tartrate er</i>	552	<i>tranexamic acid-nacl</i>	341	TRICARE PRENATAL DHA	
<i>tolvaptan</i>	307	<i>transdermal pain base</i>	524	ONE.....	471
<i>tomato (diagnostic)</i>	287	TRANSDERM-SCOP.....	120	<i>trichophyton</i>	25
		TRANXENE-T.....	71	<i>trichophyton mentag (diagnost)</i>	287
		<i>tranylcypromine sulfate</i>	92		

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<i>trichophyton</i>	TRISTART FREE	474	TRUEPLUS LANCETS 28G	385
<i>mentagrophytes</i>	TRISTART ONE	474	TRUEPLUS LANCETS 30G	385
TRICITRASOL	Tritocin.....	263	TRUEPLUS LANCETS 33G	385
TRICOR.....	TRIUMEQ.....	189	TRUEPLUS SAFETY	
Triderm.....	TRI-VI-FLOR.....	463	LANCETS 28G.....	385
TRIDESILON.....	tri-vi-floro	463	TRULANCE.....	314
trientine hcl	tri-vite pediatric	465	TRULICITY.....	108
TRIESENCE.....	tri-vitelfluoride	463	TRUMENBA.....	553
Tri-Estarylla.....	Trivora (28).....	224	TRUSELTIQ (100MG DAILY	
TRIFERIC.....	Tri-Vylibra.....	224	DOSE).....	163
TRIFERIC AVNU.....	Tri-Vylibra Lo.....	224	TRUSELTIQ (125MG DAILY	
trifluoperazine hcl	TRIZIVIR.....	189	DOSE).....	163
trifluridine	TRODELVY.....	176	TRUSELTIQ (50MG DAILY	
trihexyphenidyl hcl	TROGARZO.....	190	DOSE).....	163
TRIJARDY XR.....	TROKENDI XR.....	88	TRUSELTIQ (75MG DAILY	
TRIKAFTA.....	TROPHAMINE.....	489	DOSE).....	163
Tri-Legest Fe.....	tropical liquid nutrition	456	TRUSKIN.....	283
TRILEPTAL.....	tropicamide	496	TRUSOPT.....	500
Tri-Linyah.....	trospium chloride	552	TRUSTEEL INFUSION SET	390
TRILIPIX.....	trospium chloride er	552	TRUSTEX COLOR	
Tri-Lo-Estarylla.....	TRUDHESA.....	412	CONDOMS + LUBE.....	362
Tri-Lo-Marzia.....	true comfort alcohol prep		TRUSTEX	
Tri-Lo-Mili.....	pads	360	LUB/RIBBED/STUDDED.....	362
Tri-Lo-Sprintec.....	true comfort insulin		TRUSTEX	
TRILURON.....	syringe	401	LUB/SPERMICIDE EX ST...	362
trimethobenzamide hcl	true comfort pro insulin		TRUSTEX	
trimethoprim	syr	401	LUB/SPERMICIDE XL.....	362
Tri-Mili.....	TRUE METRIX AIR		TRUSTEX LUBRICATED....	362
trimipramine maleate	GLUCOSE METER.....	384	TRUSTEX LUBRICATED	
trinatal rx 1	TRUE METRIX BLOOD		EX LARGE.....	362
TRINATE.....	GLUCOSE TEST.....	291	TRUSTEX LUBRICATED	
trinaz	TRUE METRIX GO		EXTRA ST.....	362
TRINTELLIX.....	GLUCOSE METER.....	384	TRUSTEX	
Tri-Nymyo.....	TRUE METRIX LEVEL 1....	384	LUBRICATED/SPERMICIDE	
TRIOSTAT.....	TRUE METRIX LEVEL 2....	384	.....	363
triple antibiotic	TRUE METRIX LEVEL 3....	384	TRUSTEX NATURAL	
triple antibiotic plus max	TRUE METRIX METER.....	384	CONDOMS + LUBE.....	363
st	TRUEDRAW LANCING		TRUSTEX NON-	
triple antibiotic+pain relief	DEVICE.....	384	LUBRICATED.....	363
Tri-Previfem.....	TRUEPLUS 5-BEVEL PEN		TRUSTEX RIA	
TRIPTODUR.....	NEEDLES.....	401	LUB/SPERMICIDE.....	363
TRISENOX.....	TRUEPLUS INSULIN		TRUSTEX RIA	
Tri-Sprintec.....	SYRINGE.....	401	LUBRICATED.....	363
tristart dha	TRUEPLUS LANCETS 26G	384		

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TRUSTEX RIA NON-LUBRICATED.....	363	UKONIQ.....	166	ULTRABAG/DIANEAL/1.5% DEXTROSE.....	430
TRUSTEX-NONOXYNOL-9/RIB/STUD.....	363	ULORIC.....	324	ULTRABAG/DIANEAL/2.5% DEXTROSE.....	430
TRUVADA.....	189	ULTANE.....	320	ULTRABAG/DIANEAL/4.25% DEX.....	430
TRUXIMA.....	158	ULTICARE ALCOHOL SWABS.....	360	ultracare insulin syringe ...	402
TRUZONE PEAK FLOW METER.....	405	ULTICARE INSULIN SAFETY SYR.....	401	ULTRACET.....	60
trymine cg	230	ULTICARE INSULIN SYRINGE.....	401	ULTRACHOICE ADV FORMULA MATURE.....	456
tuberculin syringe	401	ULTICARE SAFETY SYRINGE.....	401	ULTRACHOICE ADVANCED FORMULA.....	456
TUBERSOL.....	287	ULTICARE SYRINGE..	401, 402	ULTRAFOAM SPONGE 2X6.25X7CM.....	342
TUDORZA PRESSAIR.....	76	ULTICARE TUBERCULIN SAFETY SYR.....	402	ULTRAFOAM SPONGE 8X12.5X1CM.....	342
TUKYSA.....	159	ULTIGUARD SAFEPACK SYR/NEEDLE.....	402	ULTRAFOAM SPONGE 8X12.5X3CM.....	342
Tulana.....	223	ultimate fat burner	476	ULTRAFOAM SPONGE 8X25X1CM.....	342
TURALIO.....	166	ULTIVA.....	58	ULTRAFOAM SPONGE 8X6.25X1CM.....	343
TUSNEL C.....	231	ULTOMIRIS.....	328	ULTRAM.....	58
TUSNEL-EX.....	234	ultra antioxidant formula ..	456	ultra-mega	456
TUSSICAPS.....	234	ultra b-100 complex	477	ULTRA-THIN II AUTO LANCET.....	385
tussin dm max	231	ULTRA CHOICE MULTIVITAMIN KIDS.....	463	ULTRA-THIN II INS SYR SHORT.....	402
TUXARIN ER.....	235	ultra comfort insulin syringe	402	ULTRA-THIN II INSULIN SYRINGE.....	402
TUZISTRA XR.....	235	ULTRA FLO INSULIN SYR 1/2 UNIT.....	402	ULTRA-THIN II LANCETS...385	
TWINRIX.....	553	ULTRA FLO INSULIN SYRINGE.....	402	ULTRAVATE.....	263
TWIRLA.....	219	ultra freeda	456	ULTRAVIST.....	293
TYBLUME.....	219	ultra freedaliron	456	U-MILD.....	516
TYBOST.....	194	ULTRA FRESH.....	494	UNASYN.....	516
Tydemy.....	219	ULTRA FRESH PM.....	493	UNILET COMFORTOUCH LANCET.....	385
TYGACIL.....	539	ultra lubricating eye drops	493	UNILET EXCELITE.....	385
TYKERB.....	166	ultra multi formulaliron	456	UNILET EXCELITE II.....	385
TYLACTIN BUILD 20PE TYR.....	295	ultra prenatal + dha	474	UNILET G.P. LANCET.....	385
TYLACTIN RESTORE 10...295		ultra throat	431	UNILET G.P. SUPERLITE LANCET.....	385
TYLACTIN RESTORE 5PE.295		ULTRA VITA-TIME.....	456		
TYLACTIN RTD 15.....	295	ULTRABAG/DIANEAL PD-2/1.5% DEX.....	429		
TYMLOS.....	306	ULTRABAG/DIANEAL PD-2/2.5% DEX.....	430		
TYPHIM VI.....	553	ULTRABAG/DIANEAL PD-2/4.25%DEX.....	430		
TYR EASY.....	295				
TYRVAYA.....	496				
TYSABRI.....	529				
TYVASO.....	208				
TYVASO REFILL.....	208				
TYVASO STARTER.....	208				
UBRELVY.....	410				
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UDENYCA.....	336				

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UNILET GP 28 ULTRA THIN	385	UNIVERSAL 1 LANCETS ULTRA THIN.....	387	value plus lancet standard 21g	387
UNILET LANCET.....	385	universal water	524	value plus lancets super thin	387
UNILET MICRO-THIN 33G.	385	up & up glucose	100	value plus lancets thin 26g	387
UNILET SUPERLITE LANCET.....	385	UPLIZNA.....	429	value plus lancing device .	387
UNILET SUPER-THIN 30G.	385	UPNEEQ.....	508	valumark lancet super thin 30g	387
UNILET ULTRA-THIN 28G..	385	UPSPRING PRENATAL COMPLETE.....	471	valumark lancet ultra thin 28g	387
UNISTIK 1.....	386	UPTRAVI.....	209, 210	VANCOCCIN.....	149
UNISTIK 2.....	386	urinary pain relief max st ..	323	VANCOCCIN HCL.....	149
UNISTIK 2 COMFORT.....	386	UROCIT-K 10.....	321	vancomycin hcl	150
UNISTIK 2 EXTRA.....	386	UROCIT-K 15.....	321	vancomycin hcl in dextrose	149
UNISTIK 2 NEONATAL.....	386	UROCIT-K 5.....	321	vancomycin hcl in nacl	150
UNISTIK 2 NORMAL.....	386	UROXATRAL.....	321	Vandazole.....	558
UNISTIK 2 SUPER.....	386	URSO 250.....	314	vanish-pen	524
UNISTIK 3.....	386	URSO FORTE.....	314	VANISHPOINT ALLERGY TRAY.....	402
UNISTIK 3 COMFORT.....	386	ursodiol	314	VANISHPOINT INSULIN SYRINGE.....	402
UNISTIK 3 EXTRA.....	386	UVADEX.....	170	VANISHPOINT SAFETY SYRINGE.....	402
UNISTIK 3 GENTLE.....	386	VABOMERE.....	149	VANISHPOINT SYRINGE	402, 403
UNISTIK 3 NEONATAL.....	386	vacuum filter 0.20um/150ml	405	VANISHPOINT TUBERCULIN SYRINGE....	403
UNISTIK 3 NORMAL.....	386	VAGIFEM.....	559	VANOS.....	264
UNISTIK CZT COMFORT ...	386	VAGISIL.....	263	VAPRISOL.....	309
UNISTIK CZT NORMAL.....	386	VAGISTAT-3.....	558	VAQTA.....	556
UNISTIK NORMAL.....	386	valacyclovir hcl	197	varenicline tartrate	536
UNISTIK PRO SAFETY LANCET.....	386	VALCHLOR.....	248	VARIBAR NECTAR.....	293
UNISTIK SAFETY LANCETS 28G.....	387	valcoplep-100	248	varisan vitality	476
UNISTIK SAFETY LANCETS 30G.....	387	VALCYTE.....	194	VARISOFT INFUSION SET	390
UNISTIK TOUCH SAFETY LANC 21G.....	387	valganciclovir hcl	194	VARITHENA.....	431
UNISTIK TOUCH SAFETY LANC 23G.....	387	VALIUM.....	71	VARIVAX.....	556
UNISTIK TOUCH SAFETY LANC 28G.....	387	valproate sodium	90	VARIZIG.....	514
UNISTIK TOUCH SAFETY LANC 30G.....	387	valproic acid	90	VARUBI (180 MG DOSE)....	121
Unithroid.....	542	valsartan	144	VASCEPA.....	134
UNITUXIN.....	159	valsartan- hydrochlorothiazide	143	VASERETIC.....	140
UNIVERSAL 1 LANCETS THIN 26G.....	387	VALSTAR.....	169	VASOSTRICT.....	309
UNIVERSAL 1 LANCETS THIN 33G.....	387	VALTOCO 10 MG DOSE.....	82	VASOTEC.....	141
		VALTOCO 15 MG DOSE.....	82		
		VALTOCO 20 MG DOSE.....	82		
		VALTOCO 5 MG DOSE.....	82		
		VALTREX.....	197		
		value health insulin syringe	402		
		value plus glucose	100, 101		

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VAXCHORA.....	553	VENOMIL WASP VENOM.....	25	Vienna.....	219
VAXELIS.....	543	VENOMIL WHITE FACED		vigabatrin	89
VAXNEUVANCE.....	553	HORNET.....	25	Vigadrone.....	89
VAZCULEP.....	561	VENOMIL YELLOW		VIGAMOX.....	499
VCF VAGINAL		HORNET VENOM.....	25	VIIBRYD.....	95
CONTRACEPTIVE.....	558	VENOMIL YELLOW		VIIBRYD STARTER PACK....	95
VECAMYL.....	146	JACKET VENOM.....	25	VILACTIN AA PLUS.....	295
VECTICAL.....	250	VENTAVIS.....	208	VILTEPSO.....	486
vecuronium bromide	486	VENTOLIN HFA.....	75	VIMIZIM.....	305
vegetable capsule #0		verapamil hcl	205	VIMOVO.....	33
green	520	verapamil hcl er	205	VIMPAT.....	88
vegetable capsule #0 white		VERDESO.....	264	VINATE CARE.....	471
.....	520	VEREGEN.....	241	VINATE DHA RF.....	471
vegetable capsule #00		VERELAN.....	205, 206	VINATE II.....	471
white	520	VERELAN PM.....	206	VINATE ONE.....	471
vegetable capsule #1 white		VERQUVO.....	210	vinorelbine tartrate	174
.....	520	VERSACLOZ.....	183	VIOKACE.....	296
vegetable capsule #2 white		VERSAFREE.....	521	viorele	214
.....	520	VERSAPLUS.....	521	VIRACEPT.....	191
vegetable capsule #3 white		VERSAPRO.....	516, 524	VIRAMUNE XR.....	192
.....	520	versatile cream base	524	VIRAZOLE.....	198
vegetable capsule #4 white		VERSATILE RICH BASE....	524	VIREAD.....	194
.....	520	VERZENIO.....	172	virt-c dha	471
vegetable lax+stool		VESICARE.....	552	virt-nate dha	471
softener	351	VESICARE LS.....	552	virt-phos 250 neutral	422
VELCADE.....	167	Vestura.....	219	virt-pn dha	474
VELETRI.....	208	VFEND.....	123	virt-pn plus	471
Velivet.....	224	VFEND IV.....	123	virtussin alc	231
VELPHORO.....	319	V-GO 20.....	390	virtussin ac walc	231
VELTASSA.....	430	V-GO 30.....	390	VISCO-3.....	481
VELTIN.....	236	V-GO 40.....	390	VISCOAT.....	507
VEMLIDY.....	195	vial stopper	405	VISINE.....	501
VENCLEXTA.....	161	VIBATIV.....	150	vision formula 2	456
VENCLEXTA STARTING		VIBERZI.....	315	vision formula eye health	456
PACK.....	161	VIBRAMYCIN.....	541	vision plus	456
VENIPUNCTURE PX1		VICTOZA.....	108	vision vitamins	456
PHLEBOTOMY.....	284	VIDA MIA AUTOLET		VISIONBLUE.....	508
venlafaxine hcl	96, 97	LANCING DEV.....	387	VISIPAQUE.....	293
venlafaxine hcl er	96	VIDA MIA UNILET		visivites	456
VENOFER.....	339	LANCETS 28G.....	387	visivites/lutein	456
VENOMIL HONEY BEE		VIDA MIA UNILET		VISTARIL.....	69
VENOM.....	25	LANCETS 30G.....	388	VISTOGARD.....	117
VENOMIL MIXED VESPID		VIDAZA.....	157	vit e-vit c-beta carotene	460
VENOM.....	25	VIEKIRA PAK.....	196	vita hair	456

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<i>vitabasic complete</i>	457	<i>vitamin d (cholecalciferol)</i>	566	VORTEX HOLD
<i>vitabasic senior</i>	457	<i>vitamin d (ergocalciferol)</i> ..	566	CHMBR/MASK/CHILD.....
<i>vitachew multiple vitamin</i>	461	<i>vitamin d infant</i>	566	VORTEX HOLD
VITAFOL FE+.....	474	<i>vitamin d3</i>	566	CHMBR/MASK/TODDLER..
VITAFOL GUMMIES.....	471	<i>vitamin d-3</i>	566	VORTEX VALVED
VITAFOL STRIPS.....	476	<i>vitamin d3 extra strength</i> ..	566	HOLDING CHAMBER.....
VITAFOL ULTRA.....	474	<i>vitamin d3 gummies</i>	566	VOSEVI.....
VITAFOL-NANO.....	471	<i>vitamin d3 ultra potency</i> ...	566	VOTRIENT.....
VITAFOL-OB.....	471	<i>vitamin d-400</i>	566	<i>vp insulin syringe</i>
VITAFOL-OB+DHA.....	474	<i>vitamin e</i>	267, 567	<i>vp-pnv-dha</i>
VITAFOL-ONE.....	474	<i>vitamin e beauty</i>	267	VPRIV.....
VITAJOY GUMMIES.....	29	<i>vitamin e skin</i>	267	VRAYLAR.....
<i>vitalee</i>	460	<i>vitamin e/d-alpha natural</i> ..	567	VUMERITY.....
VITAMEDMD ONE		<i>vitamin e-vit a & d</i>	267	VUSION.....
RX/QUATREFOLIC.....	475	<i>vitamin k</i>	567	VYEPTI.....
VITAMEDMD REDICHEW		<i>vitamin k1</i>	568	Vyfemla.....
RX.....	476	<i>vitamin-b complex</i>	435	VYLEESI.....
<i>vita-min</i>	457	<i>vitamins acd-fluoride</i>	463	Vylibra.....
<i>vitamin a</i>	562	<i>vitamins a-d-elselenium</i> ...	457	VYNDAMAX.....
<i>vitamin a & d</i>	266	<i>vitamins for hair</i>	476	VYNDAQEL.....
<i>vitamin a & d skin</i>		VITAPEARL.....	471	VYONDYS 53.....
<i>protectant</i>	266	VITATHELY WITH GINGER	471	VYTORIN.....
<i>vitamin a&d</i>	267	VITATRUE.....	475	VYVANSE.....
<i>vitamin b + c complex</i>	437	VITATRUM COMPLETE.....	457	VYXEOS.....
<i>vitamin b 12</i>	333	VITEYES COMPLETE.....	457	VYZULTA.....
<i>vitamin b complex-c</i>	437	VITRAKVI.....	167, 168	WAKIX.....
<i>vitamin b12</i>	333	VITRASE.....	426	WAL-ACT.....
<i>vitamin b-12</i>	333	VITRUM SENIOR.....	457	WAL-DRAM II.....
<i>vitamin b12 tr</i>	333	VIVA DHA.....	471	WAL-DRYL ALLERGY.....
<i>vitamin b6</i>	562	VIVAGUARD LANCETS.....	388	WAL-DRYL ALLERGY
<i>vitamin b-6</i>	562	VIVAGUARD LANCING		CHILDRENS.....
<i>vitamin c</i>	564	DEVICE.....	388	WAL-DRYL ALLERGY REL
<i>vitamin c immune health</i> ..	564	VIVELLE-DOT.....	311	CHILDRENS.....
<i>vitamin c plus wild rose</i>		VIVITROL.....	117	WAL-FEX.....
<i>hips</i>	564	VIVLODEX.....	38	WAL-FEX D ALLERGY &
<i>vitamin</i>		VIZAMYL.....	288	CONGESTION.....
<i>cl/bioflavonoids/rosehp</i>	564	VIZIMPRO.....	163	WAL-FINATE.....
<i>vitamin c/natural rose hips</i>		VOGELXO.....	62	<i>walgreens adv travel</i>
.....	564	VOGELXO PUMP.....	62	<i>lancets</i>
<i>vitamin c-acerola</i>	564	Volnea.....	214	<i>walgreens glucose</i>
<i>vitamin c-bioflavonoids</i> ...	439	<i>volumex</i>	290	100, 101
<i>vitamin c-rose hips</i>	564	VONVENDI.....	327	WALGREENS LANCETS....
<i>vitamin c-rose hips er</i>	564	VORAXAZE.....	171	388
<i>vitamin d</i>	566	<i>voriconazole</i>	123	<i>walgreens lancets micro</i>
				<i>thin</i>
				388

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walgreens lancets super thin	388	white mulberry	26	XANAX.....	71
WALGREENS THIN LANCETS.....	388	white oak	26	XANAX XR.....	71
WALGREENS ULTRA THIN LANCETS.....	388	white petrolatum	524	XARACOLL.....	358
WAL-ITIN.....	133	white pine	26	XATMEP.....	157
WAL-ITIN ALLERGY CHILDRENS.....	133	WHITE-FACED HORNET VENOM.....	26	XCOPRI.....	88
WAL-ITIN ALLERGY REDITABS.....	133	whole egg (diagnostic)	287	XCOPRI (250 MG DAILY DOSE).....	88
WAL-ITIN ALLER-MELTS... ..	133	WIDE-SEAL DIAPHRAGM 60.....	363	XCOPRI (350 MG DAILY DOSE).....	88
WAL-ITIN CHILDRENS.....	133	WIDE-SEAL DIAPHRAGM 65.....	363	XELJANZ.....	31
WAL-MUCIL.....	349	WIDE-SEAL DIAPHRAGM 70.....	364	XELJANZ XR.....	31
WAL-PHED.....	485	WIDE-SEAL DIAPHRAGM 75.....	364	XELODA.....	157
wal-sporin	242	WIDE-SEAL DIAPHRAGM 80.....	364	XELPROS.....	509
wal-tap cold/allergy	232	WIDE-SEAL DIAPHRAGM 85.....	364	XEMBIFY.....	514
wal-tussin cf	231	WIDE-SEAL DIAPHRAGM 90.....	364	XENAZINE.....	528
WAL-VERT.....	133	WIDE-SEAL DIAPHRAGM 95.....	364	XENICAL.....	17
warfarin sodium	79	WILATE.....	327	XENLETA.....	151
wart remover medicated	272	WILZIN.....	424	xenon xe 133	289
wasp venom protein	25	WINLEVI.....	240	XEPI.....	243
water base gel	524	Wixela Inhub.....	74	XERAVA.....	539
water for irrigation, sterile	428	womans laxative	354	XERESE.....	251
WEBCOL ALCOHOL PREP LARGE.....	360	womens 50+ advanced	457	XERMELLO.....	319
WEBCOL ALCOHOL PREP MEDIUM.....	361	womens daily formifalcalfe	457	XGEVA.....	307
WEEKLY-D.....	567	womens daily formula	457	XHANCE.....	484
WEGOVI.....	16	womens laxative	354	XIAFLEX.....	426
weight loss daily multi	476	WOMENS LIFE PACK.....	457	XIFAXAN.....	148
WELCHOL.....	135	womens multi	457	XIGDUO XR.....	109, 110
WELIREG.....	164	womens multivitamin	457	XIIDRA.....	497
WELLBUTRIN SR.....	91	womens one daily	457	XIMINO.....	541
WELLBUTRIN XL.....	92	WOUNDGELHA MATRIX... ..	285	XIPERE.....	507
WELMATE LIDOCAINE PAIN RELIEV.....	276	WP THYROID.....	542	XOFIGO.....	170
Wera.....	219	Wymzya Fe.....	219	XOFLUZA (40 MG DOSE)... ..	198
westab plus	472	WYNZORA.....	285	XOFLUZA (80 MG DOSE)... ..	198
western juniper	25	XADAGO.....	179	XOLAIR.....	74
westgel dha	475	XALATAN.....	509	XOLEGEL.....	271
WESTHROID.....	542	XALKORI.....	157	xolido	276
white birch	26			xolido xp	276
white faced hornet venom ..	26			XOPENEX.....	75

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XPOVIO (100 MG ONCE WEEKLY).....	168	YONDELIS.....	176	ZEPOSIA 7-DAY STARTER PACK.....	536
XPOVIO (40 MG ONCE WEEKLY).....	168	YONSA.....	155	ZEPOSIA STARTER KIT.....	536
XPOVIO (40 MG TWICE WEEKLY).....	168	YOUR LIFE MULTI MENS 50+.....	457	ZEPZELCA.....	155
XPOVIO (60 MG ONCE WEEKLY).....	168	YOUR LIFE MULTI PRENATAL.....	472	ZERBAXA.....	211
XPOVIO (60 MG TWICE WEEKLY).....	168	YOUR LIFE MULTI WOMENS 50+.....	457	ZERVIAE.....	498
XPOVIO (80 MG ONCE WEEKLY).....	168	YUPELRI.....	76	ZESTORETIC.....	140
XPOVIO (80 MG TWICE WEEKLY).....	168	YUTIQ.....	507	ZESTRIL.....	141
XTAMPZA ER.....	58	Yuvaferm.....	559	ZETIA.....	138
XTANDI.....	155, 156	Zafemy.....	220	ZETONNA.....	484
Xulane.....	219	zafirlukast	77	ZEVALIN Y-90.....	169
XULTOPHY.....	108	zaleplon	346	zevrx insulin syringe	403
XURIDEN.....	303	zalvit	472	ZIAC.....	146
XYLOCAINE.....	358	ZANAFLEX.....	479, 480	ZIAGEN.....	192
XYLOCAINE/EPINEPHRINE.....	356	ZANOSAR.....	174	ZIANA.....	236
XYLOCAINE-MPF.....	358	ZANTAC 360.....	545	zidovudine	193
XYLOCAINE-MPF/EPINEPHRINE.....	357	ZANTAC 360 MAX ST.....	545	ZIEXTENZO.....	336
XYNTHA.....	327	Zarah.....	219	zileuton er	73
XYNTHA SOLOFUSE.....	327	ZARBEES SLEEP CHILD/MELATONIN.....	29	ZILRETTA.....	227
XYOSTED.....	62	ZARONTIN.....	90	ZILXI.....	278
XYREM.....	525	ZARXIO.....	336	zinc	424
XYWAV.....	526	ZATEAN-PN DHA.....	475	zinc chloride	424
YASMIN 28.....	219	ZATEAN-PN PLUS.....	472	zinc sulfate	424
YAZ.....	219	ZAVESCA.....	332	zinc-vites	436
yellow dock	26	ZEASORB-AF.....	271	ZINGO.....	358
yellow hornet venom protein	26	Zebutal.....	46	ZINPLAVA.....	512
yellow jacket venom protein	26	ZEGALOGUE.....	101	ZIOPTAN.....	509
YESCARTA.....	161	ZEGERID.....	546	ziprasidone hcl	182
YF-VAX.....	556	ZEJULA.....	175	ziprasidone mesylate	182
yl balanced b-100	438	ZELAPAR.....	179	ZIPSOR.....	38
yl folic acid	335	ZELBORAF.....	162	ZIRABEV.....	177
yl vitamin b-6	562	ZELNORM.....	315	ZIRGAN.....	500
yl vitamin c	564	ZEMBRACE SYMTOUCH.....	413	ZITHROMAX.....	358, 359
yl vitamin c-rose hips	564	ZEMDRI.....	30	ZITHROMAX TRI-PAK.....	359
		ZEMPLAR.....	304	ZITHROMAX Z-PAK.....	359
		Zenatane.....	241	ZOCOR.....	137
		ZENPEP.....	296	ZOKINVY.....	426
		Zenedi.....	15	zoledronic acid	300
		ZENZEDI.....	15	ZOLGENSMA 10.1-10.5 KG.....	487
		ZEPATIER.....	196	ZOLGENSMA 10.6-11.0 KG.....	487
		ZEPOSIA.....	536	ZOLGENSMA 11.1-11.5 KG.....	487
				ZOLGENSMA 11.6-12.0 KG.....	487
				ZOLGENSMA 12.1-12.5 KG.....	487
				ZOLGENSMA 12.6-13.0 KG.....	487

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ZOLGENSMA 13.1-13.5 KG	487	ZOSTRIX HP	276
ZOLGENSMA 2.6-3.0 KG	487	ZOSYN	516
ZOLGENSMA 3.1-3.5 KG	487	Zovia 1/35 (28)	219
ZOLGENSMA 3.6-4.0 KG	487	Zovia 1/35E (28)	219
ZOLGENSMA 4.1-4.5 KG	487	ZOVIRAX	197, 251
ZOLGENSMA 4.6-5.0 KG	487	ZTLIDO	276
ZOLGENSMA 5.1-5.5 KG	487	ZUBSOLV	60
ZOLGENSMA 5.6-6.0 KG	487	ZULRESSO	92
ZOLGENSMA 6.1-6.5 KG	488	Zumandimine	219
ZOLGENSMA 6.6-7.0 KG	488	ZUPLENZ	118
ZOLGENSMA 7.1-7.5 KG	488	ZYCLARA	272
ZOLGENSMA 7.6-8.0 KG	488	ZYCLARA PUMP	272
ZOLGENSMA 8.1-8.5 KG	488	ZYDELIG	175
ZOLGENSMA 8.6-9.0 KG	488	ZYFLO	73
ZOLGENSMA 9.1-9.5 KG	488	ZYKADIA	157
ZOLGENSMA 9.6-10.0 KG	488	ZYLET	505
ZOLINZA	164	ZYLOPRIM	324
zolmitriptan	413	ZYMAXID	499
ZOLOFT	95	ZYNLONTA	158
zolpidem tartrate	346	ZYPITAMAG	137
zolpidem tartrate er	346	ZYPREXA	186
ZOLPIMIST	346	ZYPREXA RELPREVV	186
ZOMACTON	303	ZYPREXA ZYDIS	186
ZOMACTON (FOR ZOMA- JET 10)	303	ZYTIGA	155
ZOMIG	413	ZYVOX	151
ZONALON	249		
ZONEGRAN	88		
zonisamide	88		
ZONTIVITY	331		
zoo friends	461		
zoo friends gummies	464		
zoo friends gummies (w/ min)	461		
zoo friends gummies plus d	461		
ZOO FRIENDS MULTI GUMMIES	461		
zoo friends plus extra c	465		
zoo friends plus iron	463		
ZOO FRIENDS/EXTRA C	465		
ZORBTIVE	303		
ZORTRESS	428		
ZORVOLEX	38		

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