

Your 2025 Western Health Advantage 4-Tier Premium Standard Formulary Preferred Drug List (PDL)

Effective May 1, 2025



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



Call WHA Member Services:

- Toll free at **1-888-563-2250**, local at **1-916-563-2250** or for the hearing-impaired call TTY **711**



Visit optumrx.com or log on to the Optum Rx app to:

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



Visit westernhealth.com/mywha/ and log in to your account to access your plan documents including:

- Evidence of Coverage (EOC)
- Summary of Benefits and Coverage (SBC)

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 All previous versions are no longer in effect.

Health plan products – Small Group (1 to 100 employees)*

- Capital 20 Platinum 90 HMO
- Capital 250 Gold 80 HMO
- Capital 2500 Silver 70 HMO
- Capital 2850 Silver 70 HDHP HMO
- Capital 5800 Bronze 60 HMO
- Capital 6300 Bronze 60 HMO
- Gateway 1600 Gold 80 HDHP HMO
- Gateway 1650 Gold 80 HDHP HMO
- Gateway 20 Platinum 90 HMO
- Gateway 2600 Gold 80 HDHP HMO
- Gateway 30 Platinum 90 HMO
- Gateway 40 Gold 80 HMO
- Gateway 4010 Gold 80 HMO
- Gateway 4020 Gold 80 HMO
- Gateway 5020 Silver 70 HMO
- Gateway 6650 Bronze 60 HDHP HMO
- Gateway 70 Platinum 90 HMO
- Gateway 7050 Bronze 60 HDHP HMO
- Sierra 20 Platinum 90 HMO
- Sierra 25 Platinum 90 HMO
- Sierra 2600 Gold 80 HDHP HMO
- Sierra 40 Gold 80 HMO
- Sierra 4010 Gold 80 HMO
- Sierra 50 Silver 70 HMO
- Sierra 6650 Bronze 60 HDHP HMO
- Sierra 7050 Bronze 60 HDHP HMO

Health plan products – Large Group (101 or more employees)*

- Prescription A
- Prescription D
- Prescription G
- Prescription H2
- Prescription HS
- Prescription N
- Rx 10/20/30
- Rx 10/20/30-2X
- Rx 10/20/30/100
- Rx 10/20/35-2X
- Rx 10/20/35/100
- Rx 10/25/35-2X
- Rx 10/25/35/100
- Rx 10/30/50
- Rx 10/30/50 DEDUCTIBLE
- Rx 10/30/50-2X
- Rx 10/30/50-2X DEDUCTIBLE
- Rx 10/30/50/100 Plus
- Rx 10/30/50/35
- Rx 10/30/50A
- Rx 10/30/50A DEDUCTIBLE
- Rx 10/40/60
- Rx 15/50/75
- Rx 5/20/50
- Rx 5/20/50-2X
- Rx 5/20/50/100
- Rx Base
- Rx Classic
- Rx Plus
- City of Sacramento HSA HDHP HMO Prime
- Deductible First HDHP HMO Prime
- Western 1650/0/0 HDHP HMO Prime
- Western 1800/0/0 HDHP HMO Prime
- Western 2800/0/0 HDHP HMO Prime
- Western 2800/40/500 HDHP HMO Prime
- Western 3000/30/30% HDHP HMO Prime
- Western 4000/40%/40% HDHP HMO Prime
- Western 5500/0/0 HDHP HMO Prime

* Medications for the treatment of infertility are excluded, unless the employer has added an infertility rider benefit.

Western Health Advantage

Table of Contents

INFORMATIONAL SECTION.....	4
ANTIDOTE THERAPEUTICS.....	13
ANTIHISTAMINE DRUGS - Drugs for Allergy.....	18
ANTI-INFECTIVE AGENTS - Drugs for Infections.....	22
ANTINEOPLASTIC AGENTS - Drugs for Cancer.....	64
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM.....	89
AUTONOMIC DRUGS.....	99
AUTONOMIC DRUGS - Drugs for the Nervous System.....	100
BLOOD DERIVATIVES - Drugs for the Blood.....	121
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood.....	122
CARDIOVASCULAR DRUGS.....	137
CARDIOVASCULAR DRUGS - Drugs for the Heart.....	139
CELLULAR AND GENE THERAPY - Drugs for Cancer.....	182
CENTRAL NERVOUS SYSTEM AGENTS.....	185
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System.....	186
DENTAL AGENTS - Oral Care.....	253
DEVICES - Medical Supplies and Durable Medical Equipment.....	253
DIAGNOSTIC AGENTS.....	265
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants.....	271
ELECTROLYTIC, CALORIC, AND WATER BALANCE.....	271
ENZYMES.....	297
EYE, EAR, NOSE AND THROAT (EENT) PREPS.....	300
GASTROINTESTINAL DRUGS.....	327
GASTROINTESTINAL DRUGS - Drugs for the Stomach.....	328
GOLD COMPOUNDS.....	342
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron.....	342
HORMONES AND SYNTHETIC SUBSTITUTES.....	343
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones.....	343
IMMUNOMODULATORY AGENTS (90:00).....	399
LOCAL ANESTHETICS - Drugs for Numbing.....	413
MISCELLANEOUS THERAPEUTIC AGENTS.....	418
NONHORMONAL CONTRACEPTIVES - Drugs for Women.....	452
NONTHERAPEUTIC.....	453
OXYTOCICS - Drugs for Women.....	453
PHARMACEUTICAL AIDS.....	454
RADIOACTIVE AGENTS.....	454
RESPIRATORY TRACT AGENTS - Drugs for the Lungs.....	454
SKIN AND MUCOUS MEMBRANE AGENTS.....	473
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin.....	474
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles.....	506
VITAMINS.....	507

Informational section

Understanding your PDL

What if I have questions about my prescription drug benefit?

You can contact Member Services at:

- Toll free at **1-888-563-2250**, local at **1-916-563-2250** or for the hearing-impaired call TTY **711**

These phone numbers are also listed on your Western Health Advantage (WHA) ID card. Member Services can help you with these and other questions:

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

What is a PDL?

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

Optum Rx® is guided by their Pharmacy and Therapeutics Committee. This group of doctors and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my PDL?

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

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

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



About this PDL

Where differences exist between this PDL and your benefit plan, the benefit plan documents rule.

This is not a complete list of your covered medications. Please review your benefit plan documents for full details. The presence of a prescription medication on the PDL does not guarantee an enrollee will be prescribed that drug by a provider for a particular medical condition. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

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

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

What are tiers?

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

What are preventive drugs?

Preventive health drugs are select drugs required by law to be covered at no charge to members in select plans. Preventive health drugs are determined based upon evidence-based recommendations by the United States Preventive Services Task Force (USPSTF) with a rating of “A” or “B”. Please refer to your EOC for more information on coverage.

When does the PDL change?

- WHA will update the printed PDL formulary with changes monthly. All previous versions are no longer in effect.
- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.

On January 1 and July 1 of each year:

- Medications may move to a higher tier or be excluded from coverage. You may have to pay a different amount for that medication.
- We may add prior authorization, quantity limits and/or step therapy requirements.

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

What drugs are covered under the medical prescription drug benefit?

Office Administered drugs are products that require administration or observation by medical personnel. These drugs and products are covered under your medical benefit when prescribed by a participating network provider and they are administered to you at a participating facility. Please refer to your Evidence of Coverage for further information.

Why are some medications excluded from coverage?

Drugs not listed on the formulary are called non-formulary or excluded drugs. A medication may be excluded from coverage under your pharmacy benefit when it works the same as or is similar to another prescription or over-the-counter (OTC) medication.

To request a non-formulary coverage exception, please call the customer service number on your WHA ID card or have your doctor submit an exception request to WHA. Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If an approval or denial is not sent within these timeframes, then the request will be considered approved. If a request is approved, it will continue to be covered for the length of the prescription, including refills. If WHA denies an exception request, the member, an authorized representative, or the provider can file an appeal/grievance with WHA, as described in the EOC.

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

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

What if a drug that I am already taking is excluded or limited from coverage?

If WHA moves to exclude a drug that was previously covered and provided to a member, WHA will not limit or exclude coverage and will continue to provide the drug as long as it was previously approved by WHA and continues to be prescribed by the prescribing provider, and the drug is appropriately prescribed and is safe and effective for the member's medical condition, as required by law.

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

Oral anti-cancer drugs are subject to a maximum cost sharing of \$250 for each 30-day supply. For members on high-deductible health plans, cost sharing applies once the enrollee's deductible has been satisfied for the year.

Medication tips

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

Generic medications contain the same active ingredients (offer the same effect) as brand-name medications, but they often cost less. In some situations, brand-name medications could be lower in cost.

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

Optum® Specialty Pharmacy can provide most of your specialty medications along with helpful programs and services.

Call Optum Specialty Pharmacy at **1-855-427-4682** and have your prescriptions delivered right to your home. You may also contact NorthBay Health, UC Davis onsite pharmacies, or St. Joseph's McAuley pharmacy of Dignity Health. Please refer to your Copayment Summary for specific copayment amounts.

What are my pharmacy options for filling a prescription?

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

Can I use a mail order pharmacy?

For medications you take regularly, such as for a chronic or long-term medical condition, you may be able to save time and money by receiving a 100-day supply through Optum® Home Delivery or a 90-day supply by using a network retail pharmacy.

Definitions

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

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

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

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

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

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

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



Over-the-counter medications (OTC)

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

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

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

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

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

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

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

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

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

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

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

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

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this PDL, a drug is listed alphabetically by its brand or generic name in the therapeutic category and class to which it belongs. Brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

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

If a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed after the generic name in parentheses and regular typeface in all CAPITAL letters.

Brand drug example:

SOVALDI TABS 200 MG (<i>sofosbuvir</i>)	4	PA; SP; QL (30 day supply per 1 fill)
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Generic drug example:

<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5mg</i>	1	
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Generic drug marketed under a proprietary brand name example:

[Ethinodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG	1	PV
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Tier information

Using lower tier or preferred medications can help you lower your out-of-pocket cost. Review your Evidence of Coverage and Copayment Summary for specific information about your plan. Please note:

- If the pharmacy's retail price for a prescription drug is less than your applicable copayment or coinsurance amount, you will not be required to pay more than the retail price.
- If you have a high-deductible plan, the tier cost levels will apply once you meet your deductible.

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

Drug list information

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

AL	Age limit – These medications may require prior authorization if your age does not fall within the drug manufacturer, Food and Drug Administration (FDA) or treatment guideline recommendations.
AC	Anti-cancer – These oral anti-cancer drugs are subject to a maximum cost sharing for up to each 30-day supply (per California State Law). This amount is listed in your WHA Copayment Summary.
M	Authorized generic or cobranded product
PA	Prior authorization – Your doctor is required to give WHA more information to determine coverage.
PV	Preventive drugs – May have coverage and no copayment when health care reform requirements are met.
PV*	Preventive drugs – Available at \$0 if Health Care Reform copay waiver is approved.
QL	Quantity limit – Restriction on the number of doses or any other limitations on the quantity of a prescription drug a health plan will cover during a specific time period.
SP	Specialty medication – Medication is designated as specialty.
ST	Step therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered
3P	Tier 3 preferred
^	Copayments waived for this medication; skip deductible .

How do I request a prior authorization or step therapy exception?

If your medication requires prior authorization (PA) or a step therapy exception, your doctor can fax a completed PA form (available at westernhealth.com/provider) to Western Health Advantage at **1-916-563-5280** or submit an Electronic Prior Authorization (ePA). Should you or your doctor need additional information on how to request PA, please call the number on your member ID card. Once your doctor's request is received, we will notify your doctor of our decision within 72 hours. If WHA fails to respond to a completed PA or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved, and the health insurer may not deny the request thereafter.

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

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

A request for an exception to a step therapy requirement may be submitted by your doctor in the same manner as a request for PA. If a request for step therapy exception is denied, you or your doctor may appeal the denial. The denial documents provide more information on the appeal rights and procedures. If you have already tried and failed the preferred drug(s), or if you are already taking a drug that is subject to step therapy upon enrollment in your WHA plan, step therapy won't be required. Also, the medication will be approved for coverage when guidelines are met for being medically necessary.

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

Some covered drugs may have additional requirements or limits on coverage, such as quantity limits (QL). A QL sets the amount of drug that you can receive. A prior authorization request for medical necessity may be required to exceed these limits.

Are Flu and other vaccines covered?

Routine vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are covered at \$0 cost share when administered at a network pharmacy. Some restrictions or limitations apply. The flu and COVID-19 vaccines are available at \$0 cost share for members 3 years of age and older. Many other routine vaccines are available at \$0 cost share for members 9 years of age and older. When administered in a doctor's office, vaccines are covered under the medical benefit.

Please refer to your EOC and copay summary for coverage information specifics and exceptions on vaccines administered in your doctor's office.

Are all contraceptives covered?

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

What blood glucose supplies are covered?

Specific brands of blood glucose testing strips, lancets, and insulin syringes are covered by your pharmacy plan. You will need a prescription to use the pharmacy benefit for covered items. Prescriptive medications for the treatment of diabetes, including insulin and glucagon, are also covered under your pharmacy benefit.

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

These include:

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

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

Are HIV medications covered?

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

For combination antiretroviral drug treatments that are medically necessary for the treatment of AIDS/HIV, WHA will cover a single-tablet drug regimen that is as effective as a multitablet regimen unless, consistent with clinical guidelines and peer-reviewed scientific and medical literature, the multitablet regimen is clinically equally or more effective and more likely to result in adherence to a drug regimen.

WHA covers antiretroviral drugs that are medically necessary for the prevention of HIV at \$0 cost share if delivered by a network health care provider and filled through a network pharmacy. These items include pre- or postexposure prophylaxis (PrEP or PEP). If there is a therapeutic equivalent of a brand-name drug, only the generic product will be eligible for \$0 cost share.

Are COVID-19 products covered?

WHA members are covered for COVID-19 vaccines and prescription therapeutics at \$0 cost-share when obtained at a network pharmacy or at their primary care provider (PCP). WHA will reimburse the cost of up to eight (8) FDA-approved at-home COVID-19 test kits per month at a maximum reimbursement of \$12 per kit (including tax and shipping if applicable) when obtained at a network pharmacy as required by state law. Standard cost shares apply when filled at a pharmacy outside of the Optum Rx standard network. Claim reimbursement can be submitted through WHA pharmacy partner Optum Rx at <https://www2.optumrx.com/forms.html>. All receipts dated on or after January 15, 2022 will be accepted. A printed claims form may also be submitted. WHA will also cover the cost of general COVID-19 testing. If you believe you have been exposed and want to get tested, contact your doctor.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIDOTE THERAPEUTICS		
ACETAMINOPHEN ANTIDOTE		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
ALCOHOL DETERRENTS (91:02)		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	OA	SP
ANTIDOTE THERAPEUTICS		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (<i>centruroides (scorpion) im fab</i>)	OA	
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (<i>hyoscyamine sulfate</i>)	3	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	OA	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	OA	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	3	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	3	
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	OA	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	4	SP

Tier 1: Preferred generic and certain preferred brand-name medications; Tier 2: Preferred brand name and certain non-preferred generic medications; Tier 3: Non-preferred (generic or brand) medications; Tier 4: Specialty medication – Specialty medications, drugs that require special training or clinical monitoring, and drugs that cost more than \$600 per month; OA: Office administered medications; AL: Age Limit – These medications may require prior authorization if your age does not fall within the drug manufacturer, Food and Drug Administration (FDA) or treatment guideline recommendations; AC: Anti-Cancer – These oral anti-cancer drugs are subject to a maximum cost sharing for up to each 30-day supply (per California State Law). This amount is listed in your WHA Copayment Summary; PA: Prior Authorization – Your doctor is required to give Western Health Advantage more information to determine coverage; M: Authorized generic or cobranded product; QL: Quantity Limit – Restriction on the number of doses or any other limitations on the quantity of a prescription drug a health plan will cover during a specific time period; ST: Step Therapy – Must try lower-cost medication(s) before a higher-cost medication can be covered; PV: Preventive drugs – May have coverage and no copayment when health care reform requirements are met; PV*: Preventive drugs – Available at \$0 if Health Care Reform copay waiver is approved; SP: Medication is designated as specialty; 3P: Tier 3 preferred; ^: Copayments waived for this medication; skip deductible

Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	OA	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>digoxin immune fab</i>)	OA	
EDETATE CALCIUM DISODIUM INJECTION SOLUTION 1 GM/5ML	OA	
<i>glucagon emergency kit injection kit 1 mg</i>	OA	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GLUCAGON HCL (DIAGNOSTIC) INJECTION SOLUTION RECONSTITUTED 1 MG	OA	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	1	
<i>iodine strong oral solution 5 %</i>	1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	2	
<i>magnesium sulfate injection solution 50 %</i>	OA	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	OA	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OSCIMIN ORAL TABLET 0.125 MG	3	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	3	
penicillamine oral tablet 250 mg	4	SP
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	OA	
phytonadione oral tablet 5 mg	1	
REXTOVY NASAL LIQUID 4 MG/0.25ML (<i>naloxone hcl</i>)	2	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	OA	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	3	
ANTIDOTES (91:04)		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML (<i>acetylcysteine</i>)	OA	
acetylcysteine intravenous solution 200 mg/ml	OA	
atropine sulfate injection solution 8 mg/20ml	OA	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	OA	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	3	
atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml	OA	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	OA	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM (<i>hydroxocobalamin</i>)	OA	
EDETATE DISODIUM INTRAVENOUS SOLUTION 150 MG/ML	OA	
flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml	OA	
KIONEX COMBINATION SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	OA	
magnesium sulfate injection solution 50 %	OA	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	OA	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	OA	
methylene blue intravenous solution 50 mg/10ml	OA	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	1	
naltrexone hcl oral tablet 50 mg	1	
protamine sulfate intravenous solution 10 mg/ml	OA	
PROVAYBLUE INTRAVENOUS SOLUTION 50 MG/10ML (methylene blue (antidote))	OA	
RADIOGARDASE ORAL CAPSULE 0.5 GM (prussian blue insoluble)	3	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	
sevelamer carbonate oral tablet 800 mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	1	
sodium polystyrene sulfonate oral powder	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (sodium polystyrene sulfonate)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (sodium polystyrene sulfonate)	3	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (naltrexone)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>glucarpidase</i>)	OA	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	3	
CHEMOTHERAPY ANTIDOTES/PROTECTANTS		
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML (<i>sugammadex sodium</i>)	OA	
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>trilaciclib dihydrochloride</i>)	OA	PA; SP
<i>dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg</i>	OA	SP
<i>dexrazoxane intravenous solution reconstituted 250 mg</i>	OA	SP
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (<i>levoleucovorin</i>)	OA	SP
<i>leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml</i>	OA	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	OA	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	AC
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	OA	SP
<i>levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml</i>	OA	SP
PEDMARK INTRAVENOUS SOLUTION 12.5 % (<i>sodium thiosulfate</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PYRIMETHAMINE-LEUCOVORIN ORAL CAPSULE 12.5-2.5 MG, 25-10 MG, 25-5 MG, 50-10 MG, 50-20 MG, 50-25 MG, 75-25 MG	3	
CYANIDE ANTIDOTES		
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	3	
<i>sodium nitrite intravenous solution 30 mg/ml</i>	OA	
<i>sodium thiosulfate intravenous solution 250 mg/ml</i>	OA	
FLUOROPYRIMIDINE ANTIDOTE		
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	OA	
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	4	PA; SP; QL (4 EA per 1 day)
GABA-MEDIATED BENZODIAZEPINE ANTIDOTES		
<i>flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml</i>	OA	
METHANOL OR ETHYLENE GLYCOL POISONING		
<i>fomepizole intravenous solution 1.5 gm/1.5ml</i>	OA	
ORGANOPHOSPHATE ANTIDOTE		
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (<i>pralidoxime chloride</i>)	OA	
ANTIHISTAMINE DRUGS - Drugs for Allergy		
ANTIHISTAMINE DRUGS - Drugs for Allergy		
<i>promethazine hcl oral tablet 25 mg</i>	1	
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	3	PA
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	3	PA
<i>ryvent oral tablet 6 mg</i>	1	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
<i>bromphen-pseudoeph-dm oral syrup 2-30-10 mg/5ml</i>	1	
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	3	PA
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
<i>dimenhydrinate injection solution 50 mg/ml</i>	OA	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>hydrocod poli-chlorophe poli er oral suspension extended release 10-8 mg/5ml</i>	1	PA; QL (240 ML per 1 fill); AL (Min 18 Years)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	OA	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	3	PA
<i>meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	3	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	OA	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	OA	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	PA; QL (240 ML per 1 fill); AL (Min 18 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	3	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	3	
<i>ryvent oral tablet 6 mg</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	3	PA; QL (2 EA per 1 day)
OTHER ANTIHISTAMINES - Drugs for Allergy		
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	1	ST
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	

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<i>famotidine (pf) intravenous solution 20 mg/2ml</i>	OA	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	OA	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	OA	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	OA	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>olopatadine hcl nasal solution 0.6 %</i>	1	QL (1.02 GM per 1 day)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	1	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	QL (1 GM per 1 day)
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	OA	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	OA	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	PA; QL (240 ML per 1 fill); AL (Min 18 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
<i>bromphen-pseudoeph-dm oral syrup 2-30-10 mg/5ml</i>	1	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	PA; QL (240 ML per 1 fill); AL (Min 18 Years)
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	3	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	3	PA; QL (2 EA per 1 day)
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefadroxil oral tablet 1 gm</i>	1	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 2-0.9 GM/100ML-%, 3-0.9 GM/100ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE 3 GM/30ML	3	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 3 gm, 300 gm, 500 mg	OA	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 GM/10ML, 2 GM/10ML, 2 GM/20ML	OA	
cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm	OA	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%	OA	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	OA	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)	OA	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefaclor er oral tablet extended release 12 hour 500 mg	1	
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (cefotetan disodium)	OA	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	OA	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	OA	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg</i>	OA	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	OA	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	OA	
<i>tazicef injection solution reconstituted 1 gm</i>	OA	
TAZICEF INTRAVENOUS SOLUTION 1 GM/50ML (<i>ceftazidime sodium in dextrose</i>)	OA	
<i>tazicef intravenous solution reconstituted 1 gm, 2 gm, 6 gm</i>	OA	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM (<i>ceftolozane-tazobactam</i>)	OA	
4TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefepime hcl injection solution reconstituted 1 gm</i>	OA	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	OA	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	OA	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	OA	
5TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG (<i>ceftaroline fosamil</i>)	OA	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM (<i>ceftolozane-tazobactam</i>)	OA	
ADAMANTANE ANTIVIRALS - Drugs for Viral Infections		
<i>amantadine hcl oral capsule 100 mg</i>	1	

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<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>rimantadine hcl oral tablet 100 mg</i>	1	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	1	QL (84 day supply per 180 days)
AMEBICIDES - Drugs for the Mouth and Throat		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	2	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	3	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	3	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	OA	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3	
<i>periogard mouth/throat solution 0.12 %</i>	1	
VANAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	3	ST
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	OA	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	OA	
gentamicin sulfate external cream 0.1 %	1	
gentamicin sulfate external ointment 0.1 %	1	
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	OA	
gentamicin sulfate ophthalmic solution 0.3 %	1	
HUMATIN ORAL CAPSULE 250 MG (paromomycin sulfate)	2	
neomycin sulfate oral tablet 500 mg	1	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION 4-320 %-MCG/ML	OA	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION PREFILLED SYRINGE 4-320 %-MCG/ML	OA	
streptomycin sulfate intramuscular solution reconstituted 1 gm	OA	
TOBI PODHALER INHALATION CAPSULE 28 MG (tobramycin)	4	SP; QL (224 EA per 40 days)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	3	
tobramycin inhalation nebulization solution 300 mg/4ml	4	SP
tobramycin inhalation nebulization solution 300 mg/5ml	4	SP
tobramycin ophthalmic solution 0.3 %	1	
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml	OA	
tobramycin sulfate injection solution reconstituted 1.2 gm	OA	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	

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TOBREX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	3	
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML (<i>plazomicin sulfate</i>)	OA	
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>omadacycline tosylate</i>)	OA	
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	3	QL (30 EA per 14 days)
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	3	ST
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet chewable 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	OA	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	OA	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	OA	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	3	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicillin-clarithro-omeprazole</i>)	2	
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM (<i>ampicillin-sulbactam sodium</i>)	OA	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM (<i>ampicillin-sulbactam sodium</i>)	OA	
ANTHELMINTICS - Drugs for Parasites		
<i>albendazole oral tablet 200 mg</i>	1	PA
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	2	
EGATEN ORAL TABLET 250 MG (<i>triclabendazole</i>)	3	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	2	
<i>ivermectin oral tablet 3 mg, 6 mg</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	
STROMECTOL ORAL TABLET 3 MG (<i>ivermectin</i>)	3	
ANTIBACTERIALS, MISCELLANEOUS - Antibiotics		
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML (<i>heparin (porcine)-taurolidine</i>)	OA	
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	

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<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i>	1	
<i>iodine strong oral solution 5 %</i>	1	
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML (<i>heparin (porcine)-taurolidine</i>)	OA	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
ANTILEPROSY AGENTS - Antibiotics		
<i>dapsone external gel 5 %, 7.5 %</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
ANTIMALARIALS - Drugs for the Mouth and Throat		
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	3	
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	3	
ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED 110 MG	OA	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	
AVIDOXY ORAL TABLET 100 MG	3	ST
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	3	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	4	PA; SP
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	OA	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	OA	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline oral capsule delayed release 40 mg</i>	1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	3	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>)	3	
<i>mefloquine hcl oral tablet 250 mg</i>	1	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>minocycline hcl</i>)	OA	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
MONDOXYNE NL ORAL CAPSULE 100 MG (<i>doxycycline monohydrate</i>)	3	ST
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA; SP
PYRIMETHAMINE-LEUCOVORIN ORAL CAPSULE 12.5-2.5 MG, 25-10 MG, 25-5 MG, 50-10 MG, 50-20 MG, 50-25 MG, 75-25 MG	3	
QUALAQUIN ORAL CAPSULE 324 MG (<i>quinine sulfate</i>)	3	PA
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	PA
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	PA
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	3	ST
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
ANTIPROTOZOALS, CRYPTOSPORIDIOSIS - Drugs for the Mouth and Throat		
<i>nitazoxanide oral tablet 500 mg</i>	1	
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bis subcit-metronid-tetracyc oral capsule 140-125-125 mg	1	
bismuth/metronidazol/tetracyclin oral capsule 140-125-125 mg	1	
dapsone external gel 5 %, 7.5 %	1	
dapsone oral tablet 100 mg, 25 mg	1	
HELIDAC THERAPY ORAL (metronid-tetracyc-bis subsal)	3	
IMPAVIDO ORAL CAPSULE 50 MG (miltefosine)	3	
LAMPIT ORAL TABLET 120 MG, 30 MG (nifurtimox)	3	
MEPRON ORAL SUSPENSION 750 MG/5ML (atovaquone)	3	
metronidazole intravenous solution 500 mg/100ml	OA	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (pentamidine isethionate)	3	
nitazoxanide oral tablet 500 mg	1	
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG (pentamidine isethionate)	OA	
pentamidine isethionate inhalation solution reconstituted 300 mg	1	
pentamidine isethionate injection solution reconstituted 300 mg	OA	
PYLERA ORAL CAPSULE 140-125-125 MG (bis subcit-metronid-tetracyc)	3	
SOLOSEC ORAL PACKET 2 GM (secnidazole)	3	ST
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	OA	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
ANTIPROTOZOALS, NITROIMIDAZOLE-DERIVATIVE - Drugs for the Mouth and Throat		
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
ANTIRETROVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (<i>lenacapavir sodium</i>)	3	PA; QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (<i>lenacapavir sodium</i>)	3	PA; QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (<i>lenacapavir sodium</i>)	OA	PA; QL (9 ML per 365 days)
ANTITUBERCULOSIS AGENTS - Antibiotics		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	OA	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>cycloserine oral capsule 250 mg</i>	1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>isoniazid injection solution 100 mg/ml</i>	OA	
<i>isoniazid oral syrup 50 mg/5ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	OA	
<i>levofloxacin intravenous solution 25 mg/ml</i>	OA	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	OA	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION 5 MG/ML	OA	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML	OA	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	3	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG (<i>rifampin</i>)	OA	
<i>rifampin intravenous solution reconstituted 600 mg</i>	OA	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	3	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	OA	
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
<i>foscarnet sodium intravenous solution 6000 mg/250ml</i>	OA	
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML (<i>foscarnet sodium</i>)	OA	
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	4	PA; SP
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	2	^; QL (4 EA per 1 day); AL (Min 12 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	2	^; QL (6 EA per 1 day); AL (Min 12 Years)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML (<i>letermovir</i>)	OA	SP
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	4	SP
TPOXX INTRAVENOUS SOLUTION 200 MG/20ML (<i>tecovirimat</i>)	OA	
TPOXX ORAL CAPSULE 200 MG (<i>tecovirimat</i>)	3	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	3	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	3	QL (2 EA per 365 days)
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG (<i>isavuconazonium sulfate</i>)	OA	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (<i>isavuconazonium sulfate</i>)	3	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fluconazole</i>)	3	
<i>fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%, 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
itraconazole oral capsule 100 mg	1	PA
itraconazole oral solution 10 mg/ml	1	PA
ketoconazole external cream 2 %	1	
ketoconazole external foam 2 %	1	
ketoconazole external shampoo 2 %	1	
ketoconazole oral tablet 200 mg	1	
ketodan external foam 2 %	1	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML (posaconazole)	OA	
NOXAFIL ORAL PACKET 300 MG (posaconazole)	3	PA
NOXAFIL ORAL SUSPENSION 40 MG/ML (posaconazole)	3	PA
posaconazole intravenous solution 300 mg/16.7ml	OA	
posaconazole oral suspension 40 mg/ml	1	PA
posaconazole oral tablet delayed release 100 mg	1	PA
SPORANOX ORAL CAPSULE 100 MG (itraconazole)	3	PA
SPORANOX ORAL SOLUTION 10 MG/ML (itraconazole)	3	PA
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (voriconazole)	OA	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (voriconazole)	3	PA
VFEND ORAL TABLET 50 MG (voriconazole)	3	PA
voriconazole intravenous solution reconstituted 200 mg	OA	
voriconazole oral suspension reconstituted 40 mg/ml	1	PA
voriconazole oral tablet 200 mg, 50 mg	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BACITRACIN ANTIBIOTICS - Antibiotics		
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 % (<i>bacitracin-polymyx-neo-hc</i>)	3	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM (<i>bacitracin-polymyxin b</i>)	3	
CARBAPENEM ANTIBIOTICS - Antibiotics		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	OA	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	OA	
<i>meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg</i>	OA	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML	OA	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG (<i>imipenem-cilastatin</i>)	OA	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM (<i>imipenem-cilastatin-relebactam</i>)	OA	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM (<i>meropenem-vaborbactam</i>)	OA	
CEPHAMYCIN ANTIBIOTICS - Antibiotics		
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (<i>cefotetan disodium</i>)	OA	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	OA	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	OA	
CHLORAMPHENICOL ANTIBIOTICS - Antibiotics		
<i>chloramphenicol sod succinate intravenous solution reconstituted 1 gm</i>	OA	
CYCLIC LIPOPEPTIDE ANTIBIOTICS - Antibiotics		
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	OA	
DAPTOMYCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 1000-0.9 MG/100ML-%, 350-0.9 MG/50ML-%, 500-0.9 MG/50ML-%, 700-0.9 MG/100ML-%	OA	
ECHINOCANDIN ANTIFUNGALS - Drugs for Fungus		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG (<i>caspofungin acetate</i>)	OA	
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	OA	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (<i>anidulafungin</i>)	OA	
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	OA	
MICAFUNGIN SODIUM-NACL INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%, 150-0.9 MG/150ML-%, 50-0.9 MG/50ML-%	OA	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (<i>micafungin sodium</i>)	OA	
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>rezafungin acetate</i>)	OA	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENDONUCLEASE INHIBITORS - Drugs for Viral Infections		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	3	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	3	QL (2 EA per 365 days)
ERYTHROMYCIN ANTIBIOTICS - Antibiotics		
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	3	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	3	
<i>ery external pad 2 %</i>	1	
ERYGEL EXTERNAL GEL 2 % (<i>erythromycin</i>)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>erythromycin lactobionate</i>)	OA	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>erythromycin lactobionate intravenous solution reconstituted 500 mg</i>	OA	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EXTENDED-SPECTRUM PENICILLINS - Antibiotics		
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	OA	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML (<i>piperacillin-tazobactam in dex</i>)	OA	
FLUOROCYCLINES - Antibiotics		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (<i>eravacycline dihydrochloride</i>)	OA	
GLYCOPEPTIDE ANTIBIOTICS - Antibiotics		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>dalbavancin hcl</i>)	OA	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	3	
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED 1200 MG (<i>oritavancin diphosphate</i>)	OA	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED 400 MG (<i>oritavancin diphosphate</i>)	OA	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	OA	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	OA	
<i>vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous</i>	OA	
VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	OA	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1-0.9 GM/250ML-%, 1.25-0.9 GM/250ML-%, 1.5-0.9 GM/250ML-%, 1.5-0.9 GM/500ML-%, 1.75-0.9 GM/250ML-%, 1.75-0.9 GM/500ML-%, 2-0.9 GM/500ML-%	OA	
VANCOMYCIN HCL IN NAACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	OA	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	OA	
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	OA	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 1.75 gm, 10 gm, 100 gm, 2 gm, 5 gm, 500 mg, 750 mg	OA	
vancomycin hcl oral capsule 125 mg, 250 mg	1	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	1	
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG (<i>telavancin hcl</i>)	OA	
GLYCYLCYCLINE ANTIBIOTICS - Antibiotics		
tigecycline intravenous solution reconstituted 50 mg	OA	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>tigecycline</i>)	OA	
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	4	PA; SP; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	4	PA; SP; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	4	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 33.75-150 MG (<i>ledipasvir-sofosbuvir</i>)	4	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	4	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	4	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	4	PA; SP; QL (1 EA per 1 day)
SOVALDI ORAL PACKET 150 MG (<i>sofosbuvir</i>)	4	PA; SP; QL (1 EA per 1 day)
SOVALDI ORAL PACKET 200 MG (<i>sofosbuvir</i>)	4	PA; SP; QL (2 EA per 1 day)
SOVALDI ORAL TABLET 200 MG (<i>sofosbuvir</i>)	4	PA; SP; QL (2 EA per 1 day)
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	4	PA; SP; QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	4	PA; SP; QL (1 EA per 1 day)
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	4	PA; SP; QL (5 EA per 1 day)
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	4	PA; SP; QL (3 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	4	PA; SP; QL (1 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	4	PA; SP; QL (1 EA per 1 day)
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	4	PA; SP; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	4	PA; SP; QL (2 EA per 1 day)

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EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	4	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 33.75-150 MG (<i>ledipasvir-sofosbuvir</i>)	4	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	4	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	4	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	4	PA; SP; QL (1 EA per 1 day)
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	4	PA; SP; QL (5 EA per 1 day)
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	4	PA; SP; QL (3 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	4	PA; SP; QL (1 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	4	PA; SP; QL (1 EA per 1 day)
HIV CAPSID INHIBITORS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (<i>lenacapavir sodium</i>)	3	PA; QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (<i>lenacapavir sodium</i>)	3	PA; QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (<i>lenacapavir sodium</i>)	OA	PA; QL (9 ML per 365 days)
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	2	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	PA
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	2	
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML (<i>ibalizumab-uiyk</i>)	OA	
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML (<i>cabotegravir</i>)	OA	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofof</i>)	3	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML (<i>cabotegravir & rilpivirine</i>)	OA	
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	2	
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	3	
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	2	PV*
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	2	PV*
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	2	PV*
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	2	PV*
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	2	
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	3	
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	3	PV*
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	3	
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	3	
HIV NONNUCLEOSIDE REV.TRANScriP. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofo</i>)	3	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML (<i>cabotegravir & rilpivirine</i>)	OA	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	3	
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofo</i> <i>df</i>)	3	
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	2	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
INTELENCE ORAL TABLET 100 MG, 200 MG (<i>etravirine</i>)	3	
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	2	
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	2	
<i>methocarbamol oral tablet 500 mg</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	
<i>nevirapine oral suspension 50 mg/5ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofo</i> <i>af</i>)	3	
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	2	
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	2	
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	
<i>abacavir sulfate oral tablet 300 mg</i>	1	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofov</i>)	3	
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	2	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	3	
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofov df</i>)	3	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine-tenofovir af</i>)	3	PV*
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	2	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	PV*
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	3	
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	2	
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPIVIR ORAL TABLET 150 MG, 300 MG (<i>lamivudine</i>)	3	
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	3	
<i>lamivudine oral solution 10 mg/ml, 300 mg/30ml</i>	1	PV*
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	PV*
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	PV*
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab- rilpivir-tenofov af</i>)	3	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (<i>zidovudine</i>)	OA	
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	3	
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	3	
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	3	
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofov</i>)	2	
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofov</i>)	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	3	
<i>tenofov</i> <i>disoproxil fumarate oral tablet 300 mg</i>	1	PV*
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	2	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	3	
VIREAD ORAL POWDER 40 MG/GM (<i>tenofov</i> <i>disoproxil fumarate</i>)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofov</i> <i>disoproxil fumarate</i>)	2	

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfate</i>)	3	
<i>zidovudine oral capsule 100 mg</i>	1	PV*
<i>zidovudine oral syrup 50 mg/5ml</i>	1	PV*
<i>zidovudine oral tablet 300 mg</i>	1	PV*
HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	2	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	1	
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	2	
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (<i>lopinavir-ritonavir</i>)	3	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	PV*
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	2	
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	3	
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	2	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	2	
PREZISTA ORAL TABLET 150 MG, 75 MG (<i>darunavir</i>)	2	
REYATAZ ORAL CAPSULE 200 MG, 300 MG (<i>atazanavir sulfate</i>)	3	
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	2	
<i>ritonavir oral tablet 100 mg</i>	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-entricit-tenofaf</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	2	
INTERFERON ANTIVIRALS - Drugs for Viral Infections		
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	4	PA; SP
LINCOMYCIN ANTIBIOTICS - Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>)	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML, 600 MG/4ML, 9 GM/60ML, 900 MG/6ML (<i>clindamycin phosphate</i>)	OA	
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	3	
<i>clindacin etz external swab 1 %</i>	1	
<i>clindacin external foam 1 %</i>	1	
<i>clindacin-p external swab 1 %</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>clindamycin phos (once-daily) external gel 1 %</i>	1	
<i>clindamycin phos (twice-daily) external gel 1 %</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %</i>	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MONOCLONAL ANTIBODIES (08:18) - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>nirsevimab-alip</i>)	OA	QL (2 ML per 300 days); AL (Max 24 Months)
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>nirsevimab-alip</i>)	OA	QL (0.5 ML per 300 days); AL (Max 24 Months)
GOHIBIC INTRAVENOUS SOLUTION 200 MG/20ML	OA	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	4	PA; SP; QL (0.08 ML per 1 day)
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	OA	PA; SP
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML (<i>penicillin g benzathine & proc</i>)	OA	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML (<i>penicillin g benzathine & proc</i>)	OA	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML (<i>penicillin g benzathine</i>)	OA	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT (<i>penicillin g benzathine</i>)	3	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT (<i>penicillin g benzathine</i>)	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	OA	
<i>penicillin g potassium injection solution reconstituted 2000000 unit, 5000000 unit</i>	OA	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT (<i>penicillin g potassium</i>)	OA	
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (40 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (20 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	QL (360 ML per 365 days)
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML (<i>peramivir</i>)	OA	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	3	QL (40 EA per 365 days)
NITROIMIDAZOLE DERIVATIVE, ANTI-LEISHMAL - Drugs for the Mouth and Throat		
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	3	
NITROIMIDAZOLE DERIVATIVE, TRYPANOCIDAL - Drugs for the Mouth and Throat		
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	
NITROIMIDAZOLE DERIVATIVES, MISC - Drugs for the Mouth and Throat		
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	3	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	3	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	

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<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	OA	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
VANDAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	3	ST
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
<i>acyclovir external cream 5 %</i>	1	QL (0.17 GM per 1 day)
<i>acyclovir external ointment 5 %</i>	1	QL (1 GM per 1 day)
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml, 800 mg/20ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	OA	
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	3	QL (630 ML per 30 days)
<i>cidofovir intravenous solution 75 mg/ml</i>	OA	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitabine-rilpivir-tenofovir</i>)	3	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (<i>emtricitabine-tenofovir af</i>)	3	PV*
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	PV*
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	QL (1 EA per 1 day)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250ML	OA	
<i>ganciclovir sodium intravenous solution 500 mg/10ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	OA	
LAGEVRIO ORAL CAPSULE 200 MG (<i>molnupiravir</i>)	3	^; QL (8 EA per 1 day); AL (Min 18 Years)
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab- tenofof af</i>)	3	
<i>ribavirin inhalation solution reconstituted 6 gm</i>	1	
<i>ribavirin oral capsule 200 mg</i>	4	SP
<i>ribavirin oral tablet 200 mg</i>	4	SP
SITAVIG BUCCAL TABLET 50 MG (<i>acyclovir</i>)	3	PA; QL (0.07 EA per 1 day)
TEMBEXA ORAL SUSPENSION 10 MG/ML (<i>brincidofovir</i>)	3	
TEMBEXA ORAL TABLET 100 MG (<i>brincidofovir</i>)	3	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	QL (4 EA per 1 day)
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	
<i>valganciclovir hcl oral tablet 450 mg</i>	1	
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>remdesivir</i>)	OA	QL (2 EA per 1 day); AL (Min 12 Years)
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM (<i>ribavirin</i>)	3	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir- hydrocortisone</i>)	3	PA
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	3	
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	OA	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	

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

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DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	3	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	3	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicillin-clarithro-omeprazole</i>)	2	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>azithromycin</i>)	OA	
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	3	
OTHER MISC. ANTIBACTERIAL AGENTS - Antibiotics		
XACDURO INTRAVENOUS SOLUTION RECONSTITUTED 1-1 GM (<i>sulbactam sod-durlobactam sod</i>)	OA	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	OA	
<i>linezolid intravenous solution 600 mg/300ml</i>	OA	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	QL (32.2 ML per 1 day)
<i>linezolid oral tablet 600 mg</i>	1	QL (28 EA per 30 days)
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>tedizolid phosphate</i>)	OA	QL (6 EA per 30 days)
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	3	PA; QL (0.2 EA per 1 day)
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML (<i>linezolid</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	3	QL (32.2 ML per 1 day)
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/100ML	OA	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	OA	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	OA	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/50ML	OA	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	OA	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	OA	
POLYENE ANTIFUNGALS - Drugs for Fungus		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML (<i>amphotericin b lipid</i>)	OA	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG (<i>amphotericin b liposome</i>)	OA	
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	OA	
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	OA	
<i>klayesta external powder 100000 unit/gm</i>	1	
<i>nyamyc external powder 100000 unit/gm</i>	1	
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>nystop external powder 100000 unit/gm</i>	1	
POLYMYXIN ANTIBIOTICS - Antibiotics		
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	OA	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (<i>colistimethate sodium</i>)	OA	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	OA	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (<i>flucytosine</i>)	3	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
QUINOLONE ANTIBIOTICS - Antibiotics		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>delafloxacin meglumine</i>)	OA	
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	OA	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>levofloxacin intravenous solution 25 mg/ml</i>	OA	
<i>levofloxacin ophthalmic solution 1.5 %</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	OA	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION 5 MG/ML	OA	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.16 %	OA	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML	OA	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	3	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	3	
<i>rifabutin oral capsule 150 mg</i>	1	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG (<i>rifampin</i>)	OA	
<i>rifampin intravenous solution reconstituted 600 mg</i>	OA	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIDEROPHORE CEPHALOSPORINS - Antibiotics		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (<i>cefiderocol sulfate tosylate</i>)	OA	
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	OA	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
TETRACYCLINE ANTIBIOTICS - Antibiotics		
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	3	
AVIDOXY ORAL TABLET 100 MG	3	ST
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidazl/tetracyclin oral capsule 140-125-125 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	1	
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	OA	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	OA	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline oral capsule delayed release 40 mg</i>	1	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>minocycline hcl</i>)	OA	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
MONDOXYNE NL ORAL CAPSULE 100 MG (<i>doxycycline monohydrate</i>)	3	ST
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	3	ST
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
<i>fosfomycin tromethamine oral packet 3 gm</i>	1	
HIPREX ORAL TABLET 1 GM (<i>methenamine hippurate</i>)	3	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohyd macro</i>)	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	3	
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystals oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	OA	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ABECMA INTRAVENOUS SUSPENSION 460000000 CELLS (<i>idecabtagene vicleucel</i>)	OA	PA; SP
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	4	PA; SP; AC
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG (<i>paclitaxel protein-bound part</i>)	OA	SP
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>brentuximab vedotin</i>)	OA	PA; SP
<i>adriamycin intravenous solution reconstituted 50 mg</i>	OA	SP
ADSTILADRIN INTRAVESICAL SUSPENSION 300000000000 VP/ML (<i>nadofaragene firadenovec-vncg</i>)	OA	PA; SP
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	4	PA; SP; AC
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG (<i>pemetrexed disodium</i>)	OA	SP
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	3	PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG (<i>brigatinib</i>)	4	PA; SP; AC; QL (1 EA per 1 day)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	4	PA; SP; AC; QL (4 EA per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	4	PA; SP; AC; QL (30 EA per 365 days)
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-maly</i>)	OA	PA; SP
<i>anastrozole oral tablet 1 mg</i>	1	PV*; AC
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML (<i>nogapendekin alfa inbakic-pmln</i>)	OA	PA; SP
ARRANON INTRAVENOUS SOLUTION 5 MG/ML (<i>nelarabine</i>)	OA	SP

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arsenic trioxide intravenous solution 10 mg/10ml, 12 mg/6ml	OA	SP
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML, 1000 MG/50ML (ofatumumab)	OA	PA; SP
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (calaspargase pegol-mknl)	OA	SP
ATRALIN EXTERNAL GEL 0.05 % (tretinoin)	3	PA
AUCATZYL INTRAVENOUS SUSPENSION 410000000 CELLS (obecabtagene autoleucel)	OA	PA; SP
AUGTYRO ORAL CAPSULE 160 MG, 40 MG (repotrectinib)	4	PA; SP; AC
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (bevacizumab)	OA	PA; SP
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG (pemetrexed dipotassium)	OA	SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (avapritinib)	4	PA; SP; AC; QL (1 EA per 1 day)
azacitidine injection suspension reconstituted 100 mg	OA	SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (erdafitinib)	4	PA; SP; AC
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML (avelumab)	OA	PA; SP
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (belinostat)	OA	PA; SP
BELRAPZO INTRAVENOUS SOLUTION 100 MG/4ML (bendamustine hcl)	OA	PA; SP
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	OA	PA; SP
bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg	OA	PA; SP

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BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML (<i>bendamustine hcl</i>)	OA	PA; SP
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG (<i>inotuzumab ozogamicin</i>)	OA	PA; SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	4	PA; SP
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2 MG/0.08ML, 2.25 MG/0.09ML, 2.5 MG/0.1ML, 2.75 MG/0.11ML, 3.25 MG/0.13ML	OA	SP
bexarotene external gel 1 %	4	PA; SP
bexarotene oral capsule 75 mg	4	PA; SP; AC
bicalutamide oral tablet 50 mg	1	AC
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK 375 MG/18.75ML (<i>zenocutuzumab-zbco</i>)	OA	PA; SP
bleomycin sulfate injection solution reconstituted 15 unit, 30 unit	OA	SP
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG (<i>blinatumomab</i>)	OA	PA; SP
bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg	OA	PA; SP
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML (<i>bortezomib</i>)	OA	PA; SP
BOSULIF ORAL CAPSULE 100 MG, 50 MG (<i>bosutinib</i>)	4	PA; SP; AC
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (<i>bosutinib</i>)	4	PA; SP; AC
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	4	PA; SP; AC
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML (<i>lisocabtagene maraleucel</i>)	OA	PA; SP
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	4	PA; SP; AC
busulfan intravenous solution 6 mg/ml	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML (<i>busulfan</i>)	OA	SP
CABOMETYX ORAL TABLET 20 MG (<i>cabozantinib s-malate</i>)	4	PA; SP; AC; QL (1 EA per 1 day)
CABOMETYX ORAL TABLET 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	4	PA; SP; AC
CALQUENCE ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	4	PA; SP; AC
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG (<i>leuprolide mesylate (6 month)</i>)	OA	PA; SP; QL (0.006 EA per 1 day)
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 300 MG/15ML, 40 MG/2ML (<i>irinotecan hcl</i>)	OA	SP
<i>capecitabine oral tablet 150 mg, 500 mg</i>	4	SP; AC
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	4	PA; SP; AC; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	4	PA; SP; AC
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	OA	SP
<i>carmustine intravenous solution reconstituted 100 mg</i>	OA	SP
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS (<i>ciltacabtagene autoleucl</i>)	OA	PA; SP
CASODEX ORAL TABLET 50 MG (<i>bicalutamide</i>)	3	AC
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml</i>	OA	SP
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	OA	SP
<i>cladribine intravenous solution 10 mg/10ml</i>	OA	SP
<i>clofarabine intravenous solution 1 mg/ml</i>	OA	SP
COLUMVI INTRAVENOUS SOLUTION 10 MG/10ML, 2.5 MG/2.5ML (<i>glofitamab-gxhm</i>)	OA	PA; SP

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COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG (<i>cabozantinib s-malate</i>)	4	PA; SP; AC
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	4	PA; SP; AC
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	4	PA; SP; AC
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	OA	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/2ML, 1 GM/5ML, 1000 MG/10ML, 2 GM/10ML, 2 GM/4ML, 2000 MG/20ML, 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML	OA	SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	AC
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	AC
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>ramucirumab</i>)	OA	PA; SP
<i>cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml</i>	OA	SP
<i>cytarabine injection solution 20 mg/ml</i>	OA	SP
<i>dacarbazine intravenous solution reconstituted 100 mg, 200 mg</i>	OA	SP
<i>dactinomycin intravenous solution reconstituted 0.5 mg</i>	OA	SP
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML (<i>naxitamab-gqqk</i>)	OA	PA; SP
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML (<i>daratumumab-hyaluronidase-fihj</i>)	OA	PA; SP
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (<i>daratumumab</i>)	OA	PA; SP
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	4	PA; SP; AC
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>datopotamab deruxtecan-dlnk</i>)	OA	PA; SP

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daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml	OA	SP
DAURISMO ORAL TABLET 100 MG, 25 MG (glasdegib maleate)	4	PA; SP; AC
decitabine intravenous solution reconstituted 50 mg	OA	SP
docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml	OA	SP
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	OA	SP
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML (docetaxel)	OA	SP
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML (doxorubicin hcl liposomal)	OA	SP
doxorubicin hcl intravenous solution 2 mg/ml	OA	SP
doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg	OA	SP
doxorubicin hcl liposomal intravenous suspension 2 mg/ml	OA	SP
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (hydroxyurea)	3	
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML (mirvetuximab soravtansine-gynx)	OA	PA; SP
ELIGARD SUBCUTANEOUS KIT 22.5 MG (leuprolide acetate (3 month))	OA	PA; SP; QL (0.012 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 30 MG (leuprolide acetate (4 month))	OA	PA; SP; QL (0.009 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 45 MG (leuprolide acetate (6 month))	OA	PA; SP; QL (0.006 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 7.5 MG (leuprolide acetate)	OA	PA; SP; QL (0.036 EA per 1 day)

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ELLENCEN INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML (<i>epirubicin hcl</i>)	OA	SP
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML, 76 MG/1.9ML (<i>elranatamab-bcmm</i>)	OA	PA; SP
ELZONRIS INTRAVENOUS SOLUTION 1000 MCG/ML (<i>tagraxofusp-erzs</i>)	OA	PA; SP
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG (<i>elotuzumab</i>)	OA	PA; SP
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>fam-trastuzumab deruxtec-nxki</i>)	OA	PA; SP
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML (<i>epcoritamab-bysp</i>)	OA	PA; SP
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML (<i>cetuximab</i>)	OA	PA; SP
<i>eribulin mesylate intravenous solution 1 mg/2ml</i>	OA	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	4	PA; SP; AC
ERLEADA ORAL TABLET 240 MG, 60 MG (<i>apalutamide</i>)	4	PA; SP; AC
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	4	PA; SP; AC
<i>erlotinib hcl oral tablet 25 mg</i>	4	PA; SP; AC; QL (3 EA per 1 day)
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>etoposide phosphate</i>)	OA	SP
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	OA	SP
<i>etoposide oral capsule 50 mg</i>	4	SP; AC
EULEXIN ORAL CAPSULE 125 MG (<i>flutamide</i>)	3	AC
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; SP; AC; QL (1 EA per 1 day)

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everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	4	PA; SP; AC
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (melfalan hcl)	OA	SP
exemestane oral tablet 25 mg	1	PV*; AC
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (fulvestrant)	OA	SP
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (degarelix acetate)	OA	PA; SP; QL (2 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (degarelix acetate)	OA	PA; SP; QL (0.036 EA per 1 day)
floxuridine injection solution reconstituted 0.5 gm	OA	SP
fludarabine phosphate intravenous solution 50 mg/2ml	OA	SP
fludarabine phosphate intravenous solution reconstituted 50 mg	OA	SP
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	OA	SP
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML (pralatrexate)	OA	PA; SP
FRINDOVYX INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML, 500 MG/ML (cyclophosphamide)	OA	SP
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (fruquintinib)	4	PA; SP; AC
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	OA	SP
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG (sirolimus protein-bound part)	OA	PA; SP
GAVRETO ORAL CAPSULE 100 MG (pralsetinib)	4	PA; SP; AC

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GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML (<i>obinutuzumab</i>)	OA	PA; SP
<i>gefitinib oral tablet 250 mg</i>	4	PA; SP; AC
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 1.5 gm/15ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml</i>	OA	SP
<i>gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg</i>	OA	SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	4	PA; SP; AC; QL (1 EA per 1 day)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	4	SP; AC
GLIADEL WAFER IMPLANT WAFER 7.7 MG (<i>carmustine in polifeprosan</i>)	OA	
GRAFAPEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 5 GM (<i>treosulfan</i>)	OA	SP
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML (<i>eribulin mesylate</i>)	OA	PA; SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML (<i>trastuzumab-hyaluronidase-oysk</i>)	OA	PA; SP
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (<i>trastuzumab</i>)	OA	PA; SP
HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-strf</i>)	OA	PA; SP
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-pkrb</i>)	OA	PA; SP
HYCANTIN INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (<i>topotecan hcl</i>)	OA	SP
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	4	SP; AC
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	3	AC

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hydroxyurea oral capsule 500 mg	1	AC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	4	PA; SP; AC
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (palbociclib)	4	PA; SP; AC
ICLUSIG ORAL TABLET 10 MG, 15 MG (ponatinib hcl)	4	PA; SP; AC; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG, 45 MG (ponatinib hcl)	4	PA; SP; AC
IDAMYCIN PFS INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 5 MG/5ML (idarubicin hcl)	OA	SP
idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml	OA	SP
IDHIFA ORAL TABLET 100 MG, 50 MG (enasidenib mesylate)	4	PA; SP; AC; QL (1 EA per 1 day)
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 3 GM (ifosfamide)	OA	SP
ifosfamide intravenous solution 1 gml/20ml, 3 gml/60ml	OA	SP
ifosfamide intravenous solution reconstituted 1 gm, 3 gm	OA	SP
imatinib mesylate oral tablet 100 mg, 400 mg	4	PA; SP; AC
IMBRUVICA ORAL CAPSULE 140 MG (ibrutinib)	4	PA; SP; AC; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (ibrutinib)	4	PA; SP; AC; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION 70 MG/ML (ibrutinib)	4	PA; SP; AC
IMBRUVICA ORAL TABLET 420 MG (ibrutinib)	4	PA; SP; AC; QL (1 EA per 1 day)
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG (tarlatamab-dlle)	OA	PA; SP

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IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML (<i>durvalumab</i>)	OA	PA; SP
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML (<i>tremelimumab-actl</i>)	OA	PA; SP
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML, 100000000 UNIT/ML (<i>talimogene laherparepvec</i>)	OA	SP
INLYTA ORAL TABLET 1 MG, 5 MG (<i>axitinib</i>)	4	PA; SP; AC
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	4	PA; SP; AC
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	4	PA; SP; AC
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml</i>	OA	SP
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (<i>romidepsin</i>)	OA	PA; SP
ITOVEBI ORAL TABLET 3 MG (<i>inavolisib</i>)	4	PA; SP; AC; QL (2 EA per 1 day)
ITOVEBI ORAL TABLET 9 MG (<i>inavolisib</i>)	4	PA; SP; AC
IVRA INTRAVENOUS SOLUTION 90 MG/ML	OA	SP
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	4	PA; SP; AC
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG (<i>ixabepilone</i>)	OA	SP
JAKAFI ORAL TABLET 10 MG, 5 MG (<i>ruxolitinib phosphate</i>)	4	PA; SP; AC; QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG (<i>ruxolitinib phosphate</i>)	4	PA; SP; AC
JAYPIRCA ORAL TABLET 100 MG (<i>pirtobrutinib</i>)	4	PA; SP; AC
JAYPIRCA ORAL TABLET 50 MG (<i>pirtobrutinib</i>)	4	PA; SP; AC; QL (1 EA per 1 day)
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML (<i>dostarlimab-gxly</i>)	OA	PA; SP

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JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML (<i>cabazitaxel</i>)	OA	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA; AC
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG (<i>ado-trastuzumab emtansine</i>)	OA	PA; SP
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-anns</i>)	OA	PA; SP
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML (<i>pembrolizumab</i>)	OA	PA; SP
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML (<i>tebentafusp-tebn</i>)	OA	PA; SP
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	4	PA; SP; AC
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	4	PA; SP; AC
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	4	PA; SP; AC
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (<i>selumetinib sulfate</i>)	4	PA; SP; AC
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	4	PA; SP; AC
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG (<i>carfilzomib</i>)	OA	PA; SP
<i>lapatinib ditosylate oral tablet 250 mg</i>	4	PA; SP; AC
LAZCLUZE ORAL TABLET 240 MG (<i>lazertinib mesylate</i>)	4	PA; SP; AC
LAZCLUZE ORAL TABLET 80 MG (<i>lazertinib mesylate</i>)	4	PA; SP; AC; QL (2 EA per 1 day)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; SP; AC

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LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG (<i>lenvatinib mesylate</i>)	4	PA; SP; AC
letrozole oral tablet 2.5 mg	1	AC
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	4	SP; AC
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	OA	PA; SP; QL (0.012 EA per 1 day)
leuprolide acetate injection kit 1 mg/0.2ml	OA	PA; SP
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML (<i>cemiplimab-rwlc</i>)	OA	PA; SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (<i>trifluridine-tipiracil</i>)	4	PA; SP; AC
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML (<i>toripalimab-tpzi</i>)	OA	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	4	PA; SP; AC
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (<i>sotorasib</i>)	4	PA; SP; AC
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML (<i>mosunetuzumab-axgb</i>)	OA	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG (<i>leuprolide acetate</i>)	OA	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (<i>leuprolide acetate (3 month)</i>)	OA	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	OA	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	OA	PA; SP
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG (<i>leuprolide acetate (3 month)</i>)	OA	PA; SP; QL (0.012 EA per 1 day)

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LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	4	PA; SP; AC
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	2	AC
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	4	PA; SP; AC
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	4	PA; SP; AC
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	4	PA; SP; AC
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML (<i>margetuximab-cmkb</i>)	OA	PA; SP
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	4	SP; AC
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	4	PA; SP
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	1	AC
<i>megestrol acetate oral suspension 625 mg/5ml</i>	1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	AC
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	4	PA; SP; AC
MEKINIST ORAL TABLET 0.5 MG, 2 MG (<i>trametinib dimethyl sulfoxide</i>)	4	PA; SP; AC
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	4	PA; SP; AC
<i>melphalan hcl intravenous solution reconstituted 50 mg</i>	OA	SP
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	4	SP; AC
<i>mercaptopurine oral tablet 50 mg</i>	1	AC
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	

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<i>methotrexate sodium injection solution reconstituted 1 gm</i>	OA	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	AC
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg</i>	OA	SP
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml</i>	OA	PA; SP
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>tafasitamab-cxix</i>)	OA	PA; SP
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 40 MG, 5 MG (<i>mitomycin</i>)	OA	SP
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-awwb</i>)	OA	PA; SP
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	2	AC
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG (<i>gemtuzumab ozogamicin</i>)	OA	PA; SP
<i>nelarabine intravenous solution 5 mg/ml</i>	OA	SP
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	4	PA; SP; AC; QL (6 EA per 1 day)
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	4	PA; SP; AC
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	4	SP; AC
<i>nilutamide oral tablet 150 mg</i>	4	SP; AC
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	4	PA; SP; AC
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (<i>pentostatin</i>)	OA	SP
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	4	PA; SP; AC
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	4	PA; SP; AC
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-dkst</i>)	OA	PA; SP

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OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (<i>nirogacestat hydrobromide</i>)	4	PA; SP; AC
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML (<i>tovorafenib</i>)	4	PA; SP; AC
OJEMDA ORAL TABLET 100 MG (<i>tovorafenib</i>)	4	PA; SP; AC
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (<i>pegaspargase</i>)	OA	SP
ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML (<i>irinotecan hcl liposome</i>)	OA	SP
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-dttb</i>)	OA	PA; SP
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	4	PA; SP; AC
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML (<i>nivolumab</i>)	OA	PA; SP
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML (<i>nivolumab-relatlimab-rmbw</i>)	OA	PA; SP
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	2	ST; QL (3.34 GM per 1 day)
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	4	PA; SP; AC
ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hydrochloride</i>)	4	PA; SP; AC
<i>oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml</i>	OA	SP
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	OA	SP
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	OA	SP
<i>paclitaxel protein-bound part intravenous suspension reconstituted 100 mg</i>	OA	SP

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

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PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG (<i>alpelisib</i>)	4	PA; SP; AC
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG, 30 MG (<i>polatuzumab vedotin-piiq</i>)	OA	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG (<i>pomalidomide</i>)	4	PA; SP; AC; QL (1 EA per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG (<i>pomalidomide</i>)	4	PA; SP; AC
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML (<i>necitumumab</i>)	OA	PA; SP
POTELIGEO INTRAVENOUS SOLUTION 20 MG/5ML (<i>mogamulizumab-kpkc</i>)	OA	PA; SP
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (<i>aldesleukin</i>)	OA	SP
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS (<i>sipuleucel-t</i>)	OA	PA; SP
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	4	SP; AC
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	4	PA; SP; AC
RETEVMO ORAL TABLET 120 MG, 160 MG (<i>selpercatinib</i>)	4	PA; SP; AC
RETEVMO ORAL TABLET 40 MG (<i>selpercatinib</i>)	4	PA; SP; AC; QL (3 EA per 1 day)
RETEVMO ORAL TABLET 80 MG (<i>selpercatinib</i>)	4	PA; SP; AC; QL (2 EA per 1 day)
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % (<i>tretinoin microsphere</i>)	3	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	4	PA; SP; AC
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-arrx</i>)	OA	PA; SP

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RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML (<i>rituximab-hyaluronidase human</i>)	OA	PA; SP
RITUXAN INTRAVENOUS SOLUTION 500 MG/50ML (<i>rituximab</i>)	OA	PA; SP
<i>romidepsin intravenous solution reconstituted 10 mg</i>	OA	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	4	PA; SP; AC
ROZLYTREK ORAL PACKET 50 MG (<i>entrectinib</i>)	4	PA; SP; AC
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-pvvr</i>)	OA	PA; SP
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML (<i>amivantamab-vmjw</i>)	OA	PA; SP
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	4	PA; SP; AC
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML (<i>asparaginase erwinia chry-rywn</i>)	OA	PA; SP
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG (<i>imetelstat sodium</i>)	OA	PA; SP
SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML (<i>isatuximab-irfc</i>)	OA	PA; SP
SCSEMBLIX ORAL TABLET 100 MG, 40 MG (<i>asciminib hcl</i>)	4	PA; SP; AC
SCSEMBLIX ORAL TABLET 20 MG (<i>asciminib hcl</i>)	4	PA; SP; AC; QL (2 EA per 1 day)
SIKLOS ORAL TABLET 100 MG, 1000 MG (<i>hydroxyurea</i>)	3	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	3	PV*; AC
<i>sorafenib tosylate oral tablet 200 mg</i>	4	PA; SP; AC
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	4	PA; SP; AC
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	4	PA; SP; AC

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	4	PA; SP; AC
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG (siltuximab)	OA	PA; SP
TABLOID ORAL TABLET 40 MG (thioguanine)	4	SP; AC
TABRECTA ORAL TABLET 150 MG, 200 MG (capmatinib hcl)	4	PA; SP; AC
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (dabrafenib mesylate)	4	PA; SP; AC
TAFINLAR ORAL TABLET SOLUBLE 10 MG (dabrafenib mesylate)	4	PA; SP; AC
TAGRISSE ORAL TABLET 40 MG (osimertinib mesylate)	4	PA; SP; AC; QL (1 EA per 1 day)
TAGRISSE ORAL TABLET 80 MG (osimertinib mesylate)	4	PA; SP; AC
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML (talquetamab-tgvs)	OA	PA; SP
tamoxifen citrate oral tablet 10 mg	1	AC
tamoxifen citrate oral tablet 20 mg	1	PV*; AC
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (nilotinib hcl)	4	PA; SP; AC
TECARTUS INTRAVENOUS SUSPENSION 1000000000 CELLS, 2000000000 CELLS (brexucabtagene autoleucl)	OA	PA; SP
TECELRA INTRAVENOUS SUSPENSION 10000000000 CELLS (afamitresgene autoleucl)	OA	PA; SP
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1875-30000 MG-UT/15ML (atezolizumab-hyaluronidas-tqjs)	OA	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML (atezolizumab)	OA	PA; SP
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML (teclistamab-cqyv)	OA	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>temozolomide</i>)	OA	SP
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	4	PA; SP; AC
temsirolimus intravenous solution 25 mg/ml	OA	SP
TEPADINA INJECTION SOLUTION RECONSTITUTED 100 MG, 15 MG (<i>thiotepa</i>)	OA	SP
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML (<i>tislelizumab-jsgr</i>)	OA	PA; SP
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	4	PA; SP; AC
thiotepa injection solution reconstituted 100 mg, 15 mg	OA	SP
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	4	PA; SP; AC
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (<i>bcg live</i>)	OA	SP
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>tisotumab vedotin-tftv</i>)	OA	PA; SP
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	3	
topotecan hcl intravenous solution 4 mg/4ml	OA	SP
topotecan hcl intravenous solution reconstituted 4 mg	OA	SP
toremifene citrate oral tablet 60 mg	1	AC
TORISEL INTRAVENOUS SOLUTION 25 MG/ML (<i>temsirolimus</i>)	OA	SP
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; SP; AC; QL (1 EA per 1 day)
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-qyyp</i>)	OA	PA; SP
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 25 MG (<i>bendamustine hcl</i>)	OA	PA; SP

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TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG (<i>triptorelin pamoate</i>)	OA	PA; SP; QL (0.012 EA per 1 day)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG (<i>triptorelin pamoate</i>)	OA	PA; SP; QL (0.006 EA per 1 day)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (<i>triptorelin pamoate</i>)	OA	PA; SP; QL (0.036 EA per 1 day)
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	1	
<i>tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %</i>	1	
<i>tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %</i>	1	
<i>tretinoin oral capsule 10 mg</i>	4	SP; AC
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	3	AC
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML (<i>arsenic trioxide</i>)	OA	SP
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG (<i>sacituzumab govitecan-hziy</i>)	OA	PA; SP
TRUQAP ORAL TABLET 200 MG (<i>capivasertib</i>)	4	PA; SP; AC
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG (<i>capivasertib</i>)	4	PA; SP; AC
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-abbs</i>)	OA	PA; SP
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	4	PA; SP; AC
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hcl</i>)	4	PA; SP; AC
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML (<i>dinutuximab</i>)	OA	PA; SP
<i>valrubicin intravesical solution 40 mg/ml</i>	OA	SP
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (<i>valrubicin</i>)	OA	SP

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VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (quizartinib dihydrochloride)	4	PA; SP; AC
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (panitumumab)	OA	SP
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (bevacizumab-adcd)	OA	PA; SP
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG (bortezomib)	OA	PA; SP
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (venetoclax)	4	PA; SP; AC
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (venetoclax)	4	PA; SP; AC
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (abemaciclib)	4	PA; SP; AC
VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG (azacitidine)	OA	SP
vinblastine sulfate intravenous solution 1 mg/ml	OA	SP
vincristine sulfate intravenous solution 1 mg/ml, 2 mg/2ml	OA	SP
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	OA	SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (larotrectinib sulfate)	4	PA; SP; AC
VITRAKVI ORAL SOLUTION 20 MG/ML (larotrectinib sulfate)	4	PA; SP; AC
VIVIMUSTA INTRAVENOUS SOLUTION 100 MG/4ML	OA	PA; SP
VIZIMPRO ORAL TABLET 15 MG (dacomitinib)	4	PA; SP; AC; QL (1 EA per 1 day)
VIZIMPRO ORAL TABLET 30 MG, 45 MG (dacomitinib)	4	PA; SP; AC
VONJO ORAL CAPSULE 100 MG (pacritinib citrate)	4	PA; SP; AC

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VORANIGO ORAL TABLET 10 MG (<i>vorasidenib</i>)	4	PA; SP; AC; QL (2 EA per 1 day)
VORANIGO ORAL TABLET 40 MG (<i>vorasidenib</i>)	4	PA; SP; AC
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 300 MG (<i>zolbetuximab-clzb</i>)	OA	PA; SP
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG (<i>daunorubicin-cytarabine lipo</i>)	OA	PA; SP
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	4	PA; SP; AC
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	PA; AC
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	4	PA; SP; AC
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	4	PA; SP; AC
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG (<i>selinexor</i>)	4	PA; SP; AC
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	4	PA; SP; AC
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	4	PA; SP; AC
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	4	PA; SP; AC
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	4	PA; SP; AC
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	4	PA; SP; AC
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	4	PA; SP; AC
XTANDI ORAL TABLET 40 MG, 80 MG (<i>enzalutamide</i>)	4	PA; SP; AC
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML (<i>ipilimumab</i>)	OA	PA; SP

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YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS (<i>axicabtagene ciloleuce</i>)	OA	PA; SP
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG (<i>trabectedin</i>)	OA	SP
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML (<i>ziv-aflibercept</i>)	OA	PA; SP
ZEJULA ORAL TABLET 100 MG (<i>niraparib tosylate</i>)	4	PA; SP; AC; QL (1 EA per 1 day)
ZEJULA ORAL TABLET 200 MG, 300 MG (<i>niraparib tosylate</i>)	4	PA; SP; AC
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	4	PA; SP; AC
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (<i>lurbinectedin</i>)	OA	PA; SP
ZEVALIN Y-90 INTRAVENOUS KIT 3.2 MG/2ML (<i>ibritumomab tiuxetan for y-90</i>)	OA	SP
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>zanidatamab-hrii</i>)	OA	PA; SP
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-bvzr</i>)	OA	PA; SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (<i>goserelin acetate</i>)	OA	SP; QL (0.012 EA per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (<i>goserelin acetate</i>)	OA	SP; QL (0.036 EA per 1 day)
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	4	PA; SP; AC
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>everolimus</i>)	3	
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	4	PA; SP; AC
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	4	PA; SP; AC
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (<i>loncastuximab tesirine-lpyl</i>)	OA	PA; SP

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ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML (<i>retifanlimab-dlwr</i>)	OA	PA; SP
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS (THERAPEUTIC) - DRUGS FOR THE IMMUNE SYSTEM		
AMERICAN BEECH POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10	OA	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	3	PA; QL (1 EA per 1 day)
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	3	PA; QL (1 EA per 1 day)
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	3	PA; QL (1 EA per 1 day)
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (<i>grass mix pollens allergen ext</i>)	3	PA; QL (6 EA per 365 days)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	3	PA; QL (1 EA per 1 day)
PALFORZIA INITIAL DOSE 4-17YRS ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (<i>peanut powder-dnfp</i>)	OA	PA
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG (<i>peanut powder-dnfp</i>)	OA	PA
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	3	PA; QL (1 EA per 1 day)
ANTITOXINS AND IMMUNE GLOBULINS - Organ Transplant		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)-stwk</i>)	OA	PA; SP

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ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (<i>centruroides (scorpion) im fab</i>)	OA	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae immune fab (equine)</i>)	OA	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	OA	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	OA	
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-slra</i>)	OA	PA; SP
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	PA; SP
CNJ-016 INTRAVENOUS SOLUTION 50000 UNIT/VIAL (<i>vaccinia immune globulin human</i>)	OA	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae polyval immune fab</i>)	OA	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 1.65 GM/10ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	4	PA; SP
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	OA	PA; SP
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>digoxin immune fab</i>)	OA	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	OA	PA; SP
GAMASTAN INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	PA; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	OA	PA; SP
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	PA; SP
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML (<i>hepatitis b immune globulin</i>)	OA	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	4	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	4	PA; SP
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (<i>hepatitis b immune globulin</i>)	OA	
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML (<i>hepatitis b immune globulin</i>)	OA	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (<i>rho d immune globulin</i>)	OA	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML (<i>hepatitis b immune globulin</i>)	OA	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	PA; SP
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	OA	PA; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	OA	PA; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	OA	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	OA	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (<i>varicella-zoster immune glob</i>)	OA	PA
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (<i>rho d immune globulin</i>)	OA	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	4	PA; SP
ZINPLAVA INTRAVENOUS SOLUTION 1000 MG/40ML (<i>bezlotoxumab</i>)	OA	PA
TOXOIDS - Vaccines		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	1	PV; AL (Min 9 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	1	PV; AL (Min 9 Years)
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (<i>diphth-acell pertussis-tetanus</i>)	1	PV; AL (Min 9 Years)
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (<i>diphth-acell pertussis-tetanus</i>)	1	PV; AL (Min 9 Years)
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>dtap-ipv vaccine</i>)	1	PV; AL (Min 9 Years)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-hepatitis b recomb-ipv</i>)	1	PV; AL (Min 9 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	1	PV; AL (Min 9 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	1	PV; AL (Min 9 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>dtap-ipv vaccine</i>)	1	PV; AL (Min 9 Years)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (<i>tetanus-diphtheria toxoids td</i>)	1	PV; AL (Min 9 Years)
VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recmb</i>)	OA	AL (Min 9 Years)
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recmb</i>)	OA	
VACCINES - Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (<i>rsv pre-fusion f a&b vac rcmb</i>)	1	PV; AL (Min 60 Years)
ACAM2000 INJECTION SOLUTION RECONSTITUTED (<i>smallpox vaccine</i>)	OA	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	OA	

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ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (tetanus-diphth-acell pertussis)	1	PV; AL (Min 9 Years)
AFLURIA INTRAMUSCULAR SUSPENSION (influenza virus vaccine split)	1	PV; AL (Min 3 Years)
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (influenza virus vacc split pf)	1	PV; AL (Min 3 Years)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (rsvpref3 vac recomb adjuvanted)	1	PV; AL (Min 60 Years)
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	OA	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (meningococcal b recomb omv adj)	1	PV; AL (Min 9 Years)
BIOTHRAX INTRAMUSCULAR SUSPENSION (anthrax vaccine adsorbed)	OA	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (tetanus-diphth-acell pertussis)	1	PV; AL (Min 9 Years)
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (pneumococcal 21-valent conjuga)	1	PV; AL (Min 19 Years)
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (covid-19 mrna virus vaccine)	1	PV; AL (Min 3 Years)
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (diphth-acell pertussis-tetanus)	1	PV; AL (Min 9 Years)
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (dengue virus vaccine live tetr)	1	PV; AL (Min 9 Years and Max 16 Years)
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (hepatitis b vac recombinant)	1	PV; AL (Min 9 Years)

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ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	1	PV; AL (Min 9 Years)
ERVEBO INTRAMUSCULAR SUSPENSION (<i>ebola zaire virus vaccine live</i>)	OA	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac a&b surf ant adj</i>)	1	PV; AL (Min 65 Years)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	1	PV; AL (Min 3 Years)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (<i>influenza vac recombinant ha</i>)	1	PV; AL (Min 3 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION (<i>influenza vac tiss-cult subunt</i>)	1	PV; AL (Min 3 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac tiss-cult subunt</i>)	1	PV; AL (Min 3 Years)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	1	PV; AL (Min 3 Years)
FLUMIST NASAL LIQUID (<i>influenza virus vaccine live</i>)	1	PV; AL (Min 3 Years and Max 49 Years)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split high-dose</i>)	1	PV; AL (Min 65 Years)
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza virus vacc split pf</i>)	1	PV; AL (Min 3 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hvp 9-valent recomb vaccine</i>)	1	PV; AL (Min 9 Years and Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hvp 9-valent recomb vaccine</i>)	1	PV; AL (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML (<i>hepatitis a vaccine</i>)	1	PV; AL (Min 9 Years)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML (<i>hepatitis a vaccine</i>)	1	PV; AL (Min 9 Years)

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HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (<i>hepatitis b vac recomb adj</i>)	1	PV; AL (Min 18 Years)
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (<i>haemophilus b polysac conj vac</i>)	OA	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML (<i>rabies virus vaccine, hdc</i>)	OA	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (<i>diphth-acell pertussis-tetanus</i>)	1	PV; AL (Min 9 Years)
IPOL INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	1	PV; AL (Max 17 Years)
IXIARO INTRAMUSCULAR SUSPENSION (<i>japanese encephalitis vac inac</i>)	OA	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML (<i>smallpox & monkeypox vac, live</i>)	1	PV; AL (Min 18 Years)
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>dtap-ipv vaccine</i>)	1	PV; AL (Min 9 Years)
MENQUADFI INTRAMUSCULAR SOLUTION (<i>mening acy&w-135 tetanus conj</i>)	1	PV; AL (Min 9 Years)
MENVEO INTRAMUSCULAR SOLUTION (<i>meningococcal a c y&w-135 olig</i>)	1	PV; AL (Min 9 Years)
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135 olig</i>)	1	PV; AL (Min 9 Years)
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	1	PV; AL (Min 9 Years)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML (<i>covid-19 mrna virus vaccine</i>)	1	PV; AL (Min 3 Years)
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (<i>rsv mrna pre-f virus vaccine</i>)	1	PV; AL (Min 60 Years)

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NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML	1	PV; AL (Min 3 Years)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-hepatitis b recomb-ipv</i>)	1	PV; AL (Min 9 Years)
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (<i>haemophilus b polysac conj vac</i>)	OA	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>mening acyw(tet conj)-b(rcmb)</i>)	1	PV; AL (Min 9 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	1	PV; AL (Min 9 Years)
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	1	PV; AL (Min 3 Years)
PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION 3 MCG/0.3ML	1	PV; AL (Min 3 Years)
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (<i>pneumococcal vac polyvalent</i>)	1	PV
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 20-val conj vacc</i>)	1	PV; AL (Min 9 Years)
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	1	PV; AL (Min 9 Years)
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles-mumps-rubella-varicell</i>)	1	PV; AL (Min 9 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	1	PV; AL (Min 9 Years)
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>dtap-ipv vaccine</i>)	1	PV; AL (Min 9 Years)
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies vaccine, pcec</i>)	OA	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	1	PV; AL (Min 9 Years)

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RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (hepatitis b vac recombinant)	1	PV; AL (Min 9 Years)
ROTARIX ORAL SUSPENSION (rotavirus vaccine live oral)	OA	
ROTATEQ ORAL SOLUTION (rotavirus vac live pentavalent)	OA	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (zoster vac recomb adjuvanted)	1	PV; AL (Min 19 Years)
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (covid-19 mrna virus vaccine)	1	PV; AL (Min 3 Years)
STAMARIL INJECTION SUSPENSION RECONSTITUTED	OA	
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (bcg live)	OA	SP
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML (tick-borne encephalitis vacc)	OA	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (meningococcal b vac (recomb))	1	PV; AL (Min 9 Years)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (hepatitis a-hep b recomb vac)	1	PV; AL (Min 9 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML (typhoid vi polysaccharide vacc)	OA	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (typhoid vi polysaccharide vacc)	OA	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (hepatitis a vaccine)	1	PV; AL (Min 9 Years)
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML (varicella virus vaccine live)	1	PV; AL (Min 9 Years)

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VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recmb</i>)	OA	AL (Min 9 Years)
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recmb</i>)	OA	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 15-val conj vacc</i>)	1	PV; AL (Min 9 Years)
YF-VAX SUBCUTANEOUS INJECTABLE (<i>yellow fever vaccine</i>)	OA	
AUTONOMIC DRUGS		
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	PV; QL (180 day supply per 365 days)
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	3	PV; QL (180 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	3	PV; QL (180 day supply per 365 days)
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (<i>varenicline tartrate</i>)	3	PA; QL (0.3 ML per 1 day)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	1	PV; QL (180 day supply per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	PV; QL (180 day supply per 365 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	1	PV; QL (180 day supply per 365 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	OA	SP

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML (<i>epinephrine</i>)	OA	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (<i>ephedrine sulfate (pressors)</i>)	OA	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML (<i>ephedrine sulfate (pressors)</i>)	OA	
ARTICADENT DENTAL INJECTION SOLUTION CARTRIDGE 4 %-1:100000 (<i>articaine-epinephrine</i>)	OA	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	3	
<i>bromphen-pseudoeph-dm oral syrup 2-30-10 mg/5ml</i>	1	
<i>bupivacaine-epinephrine (pf) injection solution 0.25% - 1:200000, 0.5% -1:200000</i>	OA	
<i>bupivacaine-epinephrine injection solution 0.5% -1:200000</i>	OA	
<i>bupivacaine-epinephrine solution 0.25% -1:200000 injection</i>	OA	
BUPIVACAINE-EPINEPHRINE SOLUTION 0.25% -1:200000 INJECTION	OA	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	4	PA; SP
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML (<i>ephedrine sulfate (pressors)</i>)	OA	
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE 50 MG/10ML, 50 MG/5ML	3	
<i>ephedrine sulfate (pressors) intravenous solution 50 mg/ml</i>	OA	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 50 MG/5ML	OA	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	3	ST
LEVOPHED INTRAVENOUS SOLUTION 1 MG/ML (<i>norepinephrine bitartrate</i>)	OA	
LIDOCAINE(BUFFERD)-EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.5 %-1:100000, 1 %-1:100000	3	
LIDOCAINE-EPINEPHRINE (3 ML) INJECTION SOLUTION PREFILLED SYRINGE 0.5 %-1:100000	3	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200000, 2 %-1:200000</i>	OA	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000</i>	OA	
LIDOCAINE-EPINEPHRINE INJECTION SOLUTION 2 %-1:200000	OA	
<i>lidocaine-epinephrine solution 1 %-1:100000 injection</i>	OA	
LIDOCAINE-EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	OA	
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	OA	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	OA	
NEFFY NASAL SOLUTION 2 MG/0.1ML (<i>epinephrine</i>)	3	
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 16-5 MG/250ML-%, 4-5 MG/250ML-%, 8-5 MG/250ML-%, 8-5 MG/500ML-%	OA	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
ORABLOC INJECTION SOLUTION CARTRIDGE 4 %-1:100000, 4 %-1:200000 (<i>articaïne-epinephrine</i>)	OA	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
REZIPRES INTRAVENOUS SOLUTION 47 MG/10ML (<i>ephedrine hcl</i>)	OA	
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	OA	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000, 0.75-1:200000 % (<i>bupivacaine-epinephrine</i>)	OA	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000 (<i>lidocaine-epinephrine</i>)	OA	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000, 1.5 %-1:200000, 2 %-1:200000 (<i>lidocaine-epinephrine</i>)	OA	
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML (<i>phenylephrine hcl (pressors)</i>)	OA	
CLONIDINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	3	PA
<i>clonidine hcl (analgesia) epidural solution 100 mcg/ml, 500 mcg/ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
<i>dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml</i>	OA	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MCG/5ML-%	OA	
<i>dexmedetomidine hcl intravenous solution 1000 mcg/10ml, 200 mcg/2ml, 400 mcg/4ml</i>	OA	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION 200MCG/50ML -5%, 400MCG/100ML -5%	OA	
DURACLON EPIDURAL SOLUTION 100 MCG/ML (<i>clonidine hcl (analgesia)</i>)	OA	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (<i>dexmedetomidine hcl</i>)	OA	PA
IMMPHENTIV INTRAVENOUS SOLUTION 0.5 MG/5ML, 1 MG/10ML (<i>phenylephrine hcl (pressors)</i>)	OA	
<i>lofexidine hcl oral tablet 0.18 mg</i>	1	QL (16 EA per 1 day)
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	3	ST; QL (16 EA per 1 day)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	3	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (<i>clonidine</i>)	3	PA
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE 0.1 MG/ML (<i>clonidine hcl</i>)	3	ST; QL (4 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML	OA	
phenylephrine hcl (pressors) intravenous solution 10 mg/ml	OA	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.5 MG/5ML, 1 MG/10ML, 5 MG/50ML	OA	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 1 MG/10ML	OA	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/10ML, 1 MG/10ML	OA	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	OA	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.4-0.9 MG/5ML-%, 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	OA	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/50ML, 400 MCG/100ML (dexmedetomidine hcl in nacl)	OA	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML (dexmedetomidine hcl)	OA	
VAZCULEP INTRAVENOUS SOLUTION 10 MG/ML (phenylephrine hcl (pressors))	OA	
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (hyoscyamine sulfate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	2	QL (2 EA per 1 day)
<i>atropine sulfate injection solution 8 mg/20ml</i>	OA	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	OA	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	3	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	OA	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	OA	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	3	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	3	QL (0.86 GM per 1 day)
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML (<i>dicyclomine hcl</i>)	OA	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	2	QL (0.36 GM per 1 day)
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	2	QL (0.27 GM per 1 day)
<i>dicyclomine hcl intramuscular solution 10 mg/ml</i>	OA	
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLYCATE ORAL TABLET 1.5 MG (<i>glycopyrrolate</i>)	3	PA; QL (6 EA per 1 day)
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml</i>	OA	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	OA	
GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	OA	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	QL (4 EA per 1 day)
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	PA; QL (6 EA per 1 day)
<i>glycopyrrolate pf +rfid injection solution prefilled syringe 0.4 mg/2ml</i>	OA	
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i>	OA	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	OA	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML (<i>glycopyrrolate</i>)	OA	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML (<i>glycopyrrolate</i>)	OA	
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (<i>hydrocodone bit-homatrop mbr</i>)	3	PA; QL (240 ML per 1 fill); AL (Min 18 Years)
HYCODAN ORAL TABLET 5-1.5 MG (<i>hydrocodone bit-homatrop mbr</i>)	3	PA; QL (6 EA per 1 day); AL (Min 18 Years)
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	1	PA; QL (240 ML per 1 fill); AL (Min 18 Years)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	1	PA; QL (6 EA per 1 day); AL (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydromet oral solution 5-1.5 mg/5ml	1	PA; QL (240 ML per 1 fill); AL (Min 18 Years)
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	1	
ipratropium bromide inhalation solution 0.02 %	1	QL (10.42 ML per 1 day)
ipratropium bromide nasal solution 0.03 %, 0.06 %	1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	QL (18 ML per 1 day)
LOMOTIL ORAL TABLET 2.5-0.025 MG (diphenoxylate-atropine)	3	
methscopolamine bromide oral tablet 2.5 mg, 5 mg	1	
OSCIMIN ORAL TABLET 0.125 MG	3	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	3	
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE 3-0.6 MG/3ML (neostigmine-glycopyrrolate)	OA	
QBREXZA EXTERNAL PAD 2.4 % (glycopyrrolonium tosylate)	3	QL (1 EA per 1 day)
scopolamine transdermal patch 72 hour 1 mg/3days	1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (tiotropium bromide monohydrate)	2	QL (0.14 GM per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (tiotropium bromide-olodaterol)	2	QL (0.14 GM per 1 day)
tiotropium bromide monohydrate inhalation capsule 18 mcg	1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	2	QL (2 EA per 1 day)
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	3	QL (3 ML per 1 day)
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
<i>benztropine mesylate injection solution 1 mg/ml</i>	OA	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	3	PV; QL (180 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	3	PV; QL (180 day supply per 365 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	1	PV; QL (180 day supply per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	PV; QL (180 day supply per 365 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	1	PV; QL (180 day supply per 365 days)
BOTULINUM TOXINS - Drugs for Relaxing Muscles		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (<i>onabotulinumtoxin</i> (<i>cosmetic</i>))	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxina</i>)	OA	PA
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (<i>daxibotulinumtoxina-lanm</i>)	OA	PA
DYSPORE INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxina</i>)	OA	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (<i>rimabotulinumtoxinb</i>)	OA	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	OA	PA
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	1	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
<i>metaxalone oral tablet 400 mg, 640 mg, 800 mg</i>	1	
<i>methocarbamol injection solution 1000 mg/10ml</i>	OA	
<i>methocarbamol oral tablet 1000 mg</i>	1	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
ROBAXIN INJECTION SOLUTION 1000 MG/10ML (<i>methocarbamol</i>)	OA	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED 20 MG (<i>dantrolene sodium</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dantrolene sodium intravenous solution reconstituted 20 mg</i>	OA	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>revonto intravenous solution reconstituted 20 mg</i>	OA	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED 250 MG (<i>dantrolene sodium</i>)	OA	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml, 40 mg/20ml, 40000 mcg/20ml</i>	OA	
<i>baclofen intrathecal solution prefilled syringe 50 mcg/ml</i>	OA	
<i>baclofen oral solution 5 mg/5ml</i>	1	
<i>baclofen oral suspension 25 mg/5ml</i>	1	
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
BACLOFEN REFILL KIT-SYNCHROMED INTRATHECAL KIT 40 MG/20ML	OA	
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML (<i>baclofen</i>)	OA	
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML (<i>baclofen</i>)	OA	
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	QL (2 EA per 1 day)
<i>orphenadrine citrate injection solution 30 mg/ml</i>	OA	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	1	QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEUROMUSCULAR BLOCKING AGENTS - Drugs for Relaxing Muscles		
ANECTINE INJECTION SOLUTION 20 MG/ML (<i>succinylcholine chloride</i>)	3	
<i>atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml</i>	OA	
<i>cisatracurium besylate (pf) intravenous solution 10 mg/5ml, 200 mg/20ml</i>	OA	
<i>cisatracurium besylate intravenous solution 20 mg/10ml</i>	OA	
QUELICIN INJECTION SOLUTION 20 MG/ML (<i>succinylcholine chloride</i>)	3	
<i>rocuronium bromide intravenous solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>	OA	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 50 MG/5ML, 75 MG/7.5ML	OA	
SUCCINYLMCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100 MG/5ML	3	
SUCCINYLMCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/5ML, 140 MG/7ML, 200 MG/10ML	OA	
<i>succinylcholine chloride solution 20 mg/ml injection</i>	1	
SUCCINYLMCHOLINE CHLORIDE SOLUTION 20 MG/ML INJECTION	3	
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/10ML	OA	
<i>vecuronium bromide intravenous solution reconstituted 10 mg, 20 mg</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	PA
LABELALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	OA	
LABELALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	OA	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>timolol maleate ocudose ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	1	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	ST
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
TEZRULY ORAL SOLUTION 1 MG/ML (<i>terazosin hcl</i>)	3	
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
DIBENZYLIN ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	3	PA
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	PA; QL (0.86 ML per 1 day)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	PA; QL (0.27 ML per 1 day)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	3	PA; QL (0.72 EA per 1 day)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	PA; QL (0.86 EA per 1 day)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	PA; QL (0.72 EA per 1 day)
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	PA
<i>phentolamine mesylate injection solution reconstituted 5 mg</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NON-SELECTIVE BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	OA	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML (<i>neostigmine methylsulfate</i>)	OA	
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML (<i>neostigmine methylsulfate</i>)	OA	
<i>cevimeline hcl oral capsule 30 mg</i>	1	
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg</i>	1	QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	2	QL (1 EA per 1 day)
<i>neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml</i>	OA	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	OA	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 4 MG/4ML, 5 MG/5ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>neostigmine methylsulfate rfid intravenous solution 10 mg/10ml</i>	OA	
<i>neostigmine methylsulfate rfid intravenous solution prefilled syringe 3 mg/3ml</i>	OA	
<i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i>	OA	
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 3 MG/3ML INTRAVENOUS	OA	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE 3-0.6 MG/3ML (<i>neostigmine-glycopyrrolate</i>)	OA	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	1	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	1	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	1	
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML (<i>pyridostigmine bromide</i>)	OA	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	3	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
SELECTIVE BETA-1-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
<i>dobutamine hcl intravenous solution 12.5 mg/ml, 250 mg/20ml</i>	OA	
<i>dobutamine-dextrose intravenous solution 1-5 mg/ml-%, 2-5 mg/ml-%, 4-5 mg/ml-%</i>	OA	
<i>dopamine hcl intravenous solution 40 mg/ml</i>	OA	
<i>dopamine-dextrose intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%</i>	OA	
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	1	QL (0.4 GM per 1 day)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	2	QL (1.1 GM per 1 day)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact</i>	1	QL (1.2 GM per 1 day)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	1	QL (18 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	1	QL (5 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml	1	QL (12.5 ML per 1 day)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	1	QL (5 EA per 1 day)
albuterol sulfate oral syrup 2 mg/5ml, 8 mg/20ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (umeclidinium-vilanterol)	2	QL (2 EA per 1 day)
arformoterol tartrate inhalation nebulization solution 15 mcg/2ml	1	QL (4 ML per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (fluticasone furoate-vilanterol)	1	QL (2 EA per 1 day)
breyna inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact	1	QL (0.35 GM per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (budeson-glycopyrrol-formoterol)	2	QL (0.36 GM per 1 day)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact	1	QL (0.35 GM per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (ipratropium-albuterol)	2	QL (0.27 GM per 1 day)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/lact, 250-50 mcg/lact, 500-50 mcg/lact	1	QL (2 EA per 1 day)
formoterol fumarate inhalation nebulization solution 20 mcg/2ml	1	QL (4 ML per 1 day)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	1	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml	1	QL (18 ML per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	1	QL (3 EA per 1 day)

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levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	1	QL (9 ML per 1 day)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	3	QL (4 ML per 1 day)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (salmeterol xinafoate)	2	QL (2 EA per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (tiotropium bromide-olodaterol)	2	QL (0.14 GM per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	2	QL (4.2 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (budesonide-formoterol fumarate)	3	ST; QL (0.35 GM per 1 day)
terbutaline sulfate injection solution 1 mg/ml	OA	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	2	QL (2 EA per 1 day)
wixela inhub inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact	1	QL (2 EA per 1 day)
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
acebutolol hcl oral capsule 200 mg, 400 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
betaxolol hcl ophthalmic solution 0.5 %	1	
betaxolol hcl oral tablet 10 mg, 20 mg	1	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (betaxolol hcl)	3	PA
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	

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BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (<i>esmolol hcl</i>)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
<i>esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	OA	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	OA	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (<i>onabotulinumtoxinA (cosmetic)</i>)	OA	PA
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxinA</i>)	OA	PA
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (<i>daxibotulinumtoxinA-lanm</i>)	OA	PA

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DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxina</i>)	OA	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (<i>rimabotulinumtoxinb</i>)	OA	PA
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	QL (2 EA per 1 day)
<i>orphenadrine citrate injection solution 30 mg/ml</i>	OA	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	1	QL (4 EA per 1 day)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	OA	PA
BLOOD DERIVATIVES - Drugs for the Blood		
BLOOD DERIVATIVES - Drugs for the Blood		
ALBUKED 25 INTRAVENOUS SOLUTION 25 % (<i>albumin human</i>)	OA	
ALBUKED 5 INTRAVENOUS SOLUTION 5 % (<i>albumin human</i>)	OA	
ALBUMIN HUMAN INTRAVENOUS SOLUTION 25 %, 5 %	OA	
ALBUMINEX INTRAVENOUS SOLUTION 25 %, 5 % (<i>albumin human-kjda</i>)	OA	
ALBUMIN-ZLB INTRAVENOUS SOLUTION 25 %, 5 %	OA	
ALBURX INTRAVENOUS SOLUTION 5 %	OA	
ALBUTEIN INTRAVENOUS SOLUTION 25 %, 5 % (<i>albumin human</i>)	OA	
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	OA	PA; SP
FLEXBUMIN INTRAVENOUS SOLUTION 25 %, 5 % (<i>albumin human</i>)	OA	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (<i>alpha1-proteinase inhibitor</i>)	OA	PA; SP

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KEDBUMIN INTRAVENOUS SOLUTION 25 %	OA	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION (<i>plasma human</i>)	OA	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION (<i>plasma human</i>)	OA	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION (<i>plasma human</i>)	OA	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (<i>plasma human</i>)	OA	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	OA	PA; SP
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG (<i>plasminogen human-tvmh</i>)	OA	PA; SP
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (<i>alpha1-proteinase inhibitor</i>)	OA	PA; SP
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTIANEMIA DRUGS - Vitamins and Minerals		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	OA	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	4	PA; SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	OA	PA; SP

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PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	OA	PA; SP
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG (<i>luspatercept-aamt</i>)	OA	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	OA	PA; SP
ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
ACD FORMULA A IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML	3	
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (<i>anticoagulant cit dext soln a</i>)	3	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 %, 4 GM/100ML	3	
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	3	
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>protein c concentrate (human)</i>)	OA	SP
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	
SODIUM CITRATE IN VITRO SOLUTION PREFILLED SYRINGE 4 %	3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION 4 %	OA	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE 120 MG/3ML	OA	

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SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION 4-320 %-MCG/ML	OA	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION PREFILLED SYRINGE 4-320 %-MCG/ML	OA	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (<i>anticoagulant sodium citrate</i>)	3	
ANTIHEMORRHAGIC AGENTS, MISCELLANEOUS - Drugs to Prevent Bleeding		
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>coag fact xa inactivated-zhzo</i>)	OA	
ANTIHEPARIN AGENTS - Drugs to Prevent Bleeding		
<i>protamine sulfate intravenous solution 10 mg/ml</i>	OA	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	4	PA; SP; QL (1 EA per 1 day)
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML (<i>crizanlizumab-tmca</i>)	OA	PA; SP
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML (<i>sutimlimab-jome</i>)	OA	PA; SP
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfate</i>)	4	PA; SP; QL (2 EA per 1 day)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (<i>mitapivat sulfate</i>)	4	PA; SP; QL (1 EA per 1 day)
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	2	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	2	QL (3 EA per 1 day)
<i>rivaroxaban oral tablet 2.5 mg</i>	1	QL (2 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	3	QL (1 EA per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (<i>rivaroxaban</i>)	2	QL (2 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	2	QL (102 EA per 365 days)
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>bivalirudin trifluoroacetate</i>)	OA	
<i>argatroban intravenous solution 50 mg/50ml</i>	OA	
<i>bivalirudin trifluoroacetate intravenous solution reconstituted 250 mg</i>	OA	
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	1	QL (2 EA per 1 day)

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	2	QL (2 EA per 1 day)
PRADAXA ORAL PACKET 110 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	3	QL (4 EA per 1 day)
PRADAXA ORAL PACKET 150 MG, 20 MG (<i>dabigatran etexilate mesylate</i>)	3	QL (2 EA per 1 day)
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (<i>eltrombopag choline</i>)	4	PA; SP
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED 62 MG (<i>motixafortide acetate</i>)	OA	SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	OA	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	4	PA; SP
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	4	PA; SP
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	OA	PA; SP
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (<i>sargramostim</i>)	4	PA; SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	OA	PA; SP
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (<i>plerixafor</i>)	4	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	4	PA; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	OA	PA; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	4	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	4	PA; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	4	PA; SP
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	OA	PA; SP
<i>plerixafor subcutaneous solution 24 mg/1.2ml</i>	4	SP
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	OA	PA; SP
PROMACTA ORAL PACKET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	4	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	4	PA; SP
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG (<i>luspatercept-aamt</i>)	OA	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	OA	PA; SP
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (<i>eflapgrastim-xnst</i>)	OA	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	4	PA; SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	4	PA; SP
XOLREMDI ORAL CAPSULE 100 MG (<i>mavorixafor</i>)	4	PA; SP; QL (4 EA per 1 day)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	4	PA; SP
HEMORRHOLOGIC AGENTS - Drugs for Blood Flow		
LMD IN D5W INTRAVENOUS SOLUTION 10-5 % (<i>dextran 40 in d5w</i>)	OA	
LMD IN NACL INTRAVENOUS SOLUTION 10-0.9 % (<i>dextran 40 in saline</i>)	OA	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
HEMOSTATICS - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	OA	SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	OA	SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	OA	SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	OA	SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	OA	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALTUVIII INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten-eh1</i>)	OA	SP
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	OA	
<i>aminocaproic acid oral solution 0.25 g/ml</i>	1	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	1	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>coag fact xa inactivated-zhzo</i>)	OA	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM (<i>ferric subsulfate</i>)	3	
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>prothrombin complex human-lans</i>)	OA	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	OA	SP
BEQVEZ INTRAVENOUS SUSPENSION THERAPY PACK 4 X 1 ML, 5 X 1 ML, 6 X 1 ML, 7 X 1 ML (<i>fidanacogene elaparvovec-dzkt</i>)	OA	PA; SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	OA	SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	OA	SP
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML (<i>tranexamic acid</i>)	OA	
DDAVP INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	OA	
DDAVP PF INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	OA	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	OA	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiiifc)</i>)	OA	SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	OA	SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cmlpx</i>)	OA	SP
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	OA	SP
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML (<i>etranacogene dezaparvovec-drlb</i>)	OA	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	OA	SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	OA	SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	OA	SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	OA	SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucl)</i>)	OA	SP
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (<i>prothrombin complex conc human</i>)	OA	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	OA	SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>antihemophilic factor</i>)	OA	SP
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>)	OA	SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	OA	SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	3	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	OA	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (coagulation factor viia recomb)	OA	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (antihem fact (bdd-rfviii,sim))	OA	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (antihem fact (bdd-rfviii,sim))	OA	SP
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	OA	SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (factor ix complex)	OA	SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (coagulation factor ix glycopeg)	OA	SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (antihem factor recomb (rfviii))	OA	SP
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT (thrombin (recombinant))	OA	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT (thrombin (recombinant))	OA	
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (fibrinogen concentrate (human))	OA	SP
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	OA	SP
ROCTAVIAN INTRAVENOUS SUSPENSION 2000000000000000 VG/ML (valoctocogene roxaparvov-rvox)	OA	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG (<i>coagulation factor viia-jncw</i>)	OA	SP
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT (<i>thrombin</i>)	3	
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT (<i>thrombin</i>)	3	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT (<i>thrombin</i>)	3	
THROMBOGEN EXTERNAL KIT 10000 UNIT (<i>thrombin</i>)	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT (<i>thrombin</i>)	3	
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	OA	
<i>tranexamic acid oral tablet 650 mg</i>	1	
<i>tranexamic acid-nacl intravenous solution 1000-0.7 mg/100ml-%</i>	OA	
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (<i>coagulation factor xiii a-sub</i>)	OA	SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	OA	SP
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (<i>beremagene geperpavec-svdt</i>)	OA	PA; SP; QL (0.36 ML per 1 day)
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	OA	SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	OA	SP
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	OA	SP

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEPARINS - Drugs to Prevent Blood Clots		
<i>bd heparin posiflush intravenous solution 10 unit/ml, 100 unit/ml</i>	OA	
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML (<i>heparin (porcine)-taurolidine</i>)	OA	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	3	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	3	
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	OA	
HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	OA	
<i>heparin na (pork) lock flsh pf intravenous solution 1 unit/ml, 10 unit/ml, 100 unit/ml</i>	OA	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	OA	
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	OA	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml</i>	1	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml</i>	1	
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	3	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (<i>enoxaparin sodium</i>)	3	
INDIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	3	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	
IRON PREPARATIONS - Vitamins and Minerals		
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML (<i>ferumoxytol</i>)	OA	ST
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML (<i>na ferric gluc cplx in sucrose</i>)	OA	
<i>ferumoxytol intravenous solution 510 mg/17ml</i>	OA	ST
<i>hematinic/folic acid oral tablet 324-1 mg</i>	1	
INFED INJECTION SOLUTION 50 MG/ML (<i>iron dextran</i>)	OA	
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML, 750 MG/15ML (<i>ferric carboxymaltose</i>)	OA	ST
MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML (<i>ferric derisomaltose</i>)	OA	ST
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (<i>iron sucrose</i>)	OA	
LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	1	
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	OA	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED 10000 MCG, 50000 MCG	3	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	3	
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
AGGRASTAT INTRAVENOUS CONCENTRATE 3.75 MG/15ML (<i>tirofiban hcl</i>)	OA	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-% (<i>tirofiban hcl in nacl</i>)	OA	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	2	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole intravenous solution 5 mg/ml</i>	OA	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml</i>	OA	
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>cangrelor tetrasodium</i>)	OA	

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<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
<i>ticagrelor oral tablet 90 mg</i>	1	
<i>tirofiban hcl in nacl intravenous solution 12.5-0.9 mg/250ml-%, 5-0.9 mg/100ml-%</i>	OA	
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	3	
PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	
THROMBOLYTIC AGENTS - Drugs to Prevent Blood Clots		
TNKASE INTRAVENOUS KIT 50 MG (<i>tenecteplase</i>)	OA	
VON WILLEBRAND FACTOR-RELATED ANTITHROMB - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	4	PA; SP; QL (1 EA per 1 day)
CARDIOVASCULAR DRUGS		
BRADYKININ RECEPTORS ANTAGONISTS		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	4	PA; SP; QL (0.6 ML per 1 day)
CARBONIC ANHYDRASE INHIBITORS (24:36)		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	OA	
<i>dichlorphenamide oral tablet 50 mg</i>	4	PA; SP; QL (4 EA per 1 day)
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	4	PA; SP; QL (4 EA per 1 day)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KALLIKREIN		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	OA	PA; SP; QL (0.4 ML per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	4	PA; SP; QL (1 EA per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	4	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (<i>lanadelumab-flyo</i>)	4	PA; SP
LOOP DIURETICS (24:36)		
<i>bumetanide injection solution 0.25 mg/ml</i>	OA	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
EDECRIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	3	
<i>ethacrynate sodium intravenous solution reconstituted 50 mg</i>	OA	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	OA	
<i>furosemide injection solution 10 mg/ml</i>	OA	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
OSMOTIC DIURETICS (24:36)		
<i>mannitol intravenous solution 20 %, 25 %</i>	OA	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (<i>mannitol</i>)	OA	
<i>urea external cream 20 %</i>	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for Varicose Veins		
ABLYSINOL INTRA-ARTERIAL SOLUTION (<i>dehydrated alcohol</i>)	OA	
ASCLERA INTRAVENOUS SOLUTION 0.5 %, 1 % (<i>polidocanol</i>)	OA	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
ETHAMOLIN INTRAVENOUS SOLUTION 5 % (<i>ethanolamine oleate</i>)	OA	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GM (<i>talc</i>)	OA	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED 5 GM (<i>talc</i>)	OA	
STERITALC INTRAPLEURAL POWDER 2 GM, 3 GM, 4 GM (<i>talc</i>)	OA	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
TEZRULY ORAL SOLUTION 1 MG/ML (<i>terazosin hcl</i>)	3	
VARITHENA INTRAVENOUS FOAM 180 MG/18ML (<i>polidocanol</i>)	OA	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	ST
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST/NEPROLYS - Drugs for the Heart		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (<i>sacubitril-valsartan</i>)	2	QL (8 EA per 1 day)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	2	QL (2 EA per 1 day)
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	3	ST
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	

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amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
EDARBI ORAL TABLET 40 MG, 80 MG (azilsartan medoxomil)	3	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (azilsartan-chlorthalidone)	3	ST
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (sacubitril-valsartan)	2	QL (8 EA per 1 day)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (sacubitril-valsartan)	2	QL (2 EA per 1 day)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure & Angina		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (quinapril hcl)	3	
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
enalapril maleate oral solution 1 mg/ml	1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalaprilat intravenous solution 1.25 mg/ml	OA	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (benazepril hcl)	3	
moexipril hcl oral tablet 15 mg, 7.5 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (perindopril arg-amlodipine)	3	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	3	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	3	PA
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
ANGPTL3 INHIBITORS (24:06) - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML (<i>evinacumab-dgnb</i>)	OA	PA; SP
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
<i>digoxin injection solution 0.25 mg/ml</i>	OA	
<i>digoxin oral solution 0.05 mg/ml</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	1	
LANOXIN INJECTION SOLUTION 0.25 MG/ML (<i>digoxin</i>)	OA	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML (<i>digoxin</i>)	OA	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	OA	
<i>magnesium sulfate injection solution 50 %</i>	OA	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	OA	
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML (<i>evinacumab-dgnb</i>)	OA	PA; SP
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	1	PA
JUXTAPID ORAL CAPSULE 10 MG, 5 MG (<i>lomitapide mesylate</i>)	4	PA; SP; QL (1 EA per 1 day)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG (<i>lomitapide mesylate</i>)	4	PA; SP; QL (2 EA per 1 day)
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inclisiran sodium</i>)	OA	PA; QL (3 ML per 180 days)
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	2	PA; QL (1 EA per 1 day)
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	PA; QL (1 EA per 1 day)
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	1	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	
<i>niacor oral tablet 500 mg</i>	1	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>olezarsen sodium</i>)	4	PA; SP; QL (0.03 ML per 1 day)
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (<i>icosapent ethyl</i>)	2	PA
BETA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
betaxolol hcl oral tablet 10 mg, 20 mg	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (timolol hemihydrate)	3	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
BREVIBLOC IN NAACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (esmolol hcl-sodium chloride)	OA	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (esmolol hcl)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (esmolol hcl-sodium chloride)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (esmolol hcl-sodium chloride)	OA	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (doxazosin mesylate)	3	ST
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
esmolol hcl intravenous solution 100 mg/10ml	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	OA	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	PA
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	OA	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	OA	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
RAPIBLYK INTRAVENOUS SOLUTION RECONSTITUTED 280 MG (<i>landiolol hcl</i>)	OA	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol-chlorthalidone</i>)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol-chlorthalidone</i>)	3	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ocudose ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	1	
BILE ACID SEQUESTRANTS - Drugs for Cholesterol		
<i>cholestyramine light oral packet 4 gm</i>	1	
<i>cholestyramine light oral powder 4 gml/dose</i>	1	
<i>cholestyramine oral packet 4 gm</i>	1	
<i>cholestyramine oral powder 4 gml/dose</i>	1	
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
<i>colestipol hcl oral granules 5 gm</i>	1	
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i>	1	
<i>prevalite oral packet 4 gm</i>	1	
<i>prevalite oral powder 4 gml/dose</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	OA	
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>	OA	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%, 5-125 %-MG/125ML	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	OA	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
CALCIUM-CHANNEL BLOCKING AGENTS - Drugs for High Blood Pressure & Angina		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	OA	
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>	OA	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%, 5-125 %-MG/125ML	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl intravenous solution 2.5 mg/ml	OA	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	3	
CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure & Angina		
cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	OA	
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>	OA	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%, 5-125 %-MG/125ML	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	3	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
acetazolamide er oral capsule extended release 12 hour 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
acetazolamide sodium injection solution reconstituted 500 mg	OA	
methazolamide oral tablet 25 mg, 50 mg	1	
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
CORLANOR ORAL SOLUTION 5 MG/5ML (ivabradine hcl)	3	QL (15 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	3	QL (2 EA per 1 day)
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	QL (2 EA per 1 day)
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	1	
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	4	PA; SP; QL (1 EA per 1 day)
VYNDAQEL ORAL CAPSULE 20 MG (tafamidis meglumine (cardiac))	4	PA; SP; QL (4 EA per 1 day)
CARDIOTONIC AGENTS - Drugs for Angina		
CORLANOR ORAL SOLUTION 5 MG/5ML (ivabradine hcl)	3	QL (15 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (ivabradine hcl)	3	QL (2 EA per 1 day)
digoxin injection solution 0.25 mg/ml	OA	
digoxin oral solution 0.05 mg/ml	1	
digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg	1	
dobutamine hcl intravenous solution 12.5 mg/ml, 250 mg/20ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dobutamine-dextrose intravenous solution 1-5 mg/ml-%, 2-5 mg/ml-%, 4-5 mg/ml-%</i>	OA	
<i>dopamine hcl intravenous solution 40 mg/ml</i>	OA	
<i>dopamine-dextrose intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%</i>	OA	
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	1	QL (2 EA per 1 day)
LANOXIN INJECTION SOLUTION 0.25 MG/ML (<i>digoxin</i>)	OA	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML (<i>digoxin</i>)	OA	
<i>milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%</i>	OA	
<i>milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml</i>	OA	
CENTRAL ALPHA-AGONISTS - Drugs for Abnormal Heart Rhythms		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
BREVIBLOC IN NAACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (<i>esmolol hcl</i>)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (<i>esmolol hcl-sodium chloride</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CLONIDINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	3	PA
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
<i>esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	OA	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	PA
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (<i>clonidine</i>)	3	PA
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	OA	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol-chlorthalidone</i>)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol-chlorthalidone</i>)	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
CGMP SYNTHESIS AGENT - Drugs for High Blood Pressure & Angina		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	3	PA; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	PA; QL (1 EA per 1 day)
CLASS IA ANTIARRHYTHMICS - Drugs for Angina		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	3	
<i>procainamide hcl injection solution 100 mg/ml, 500 mg/ml</i>	OA	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
CLASS IB ANTIARRHYTHMICS - Drugs for Angina		
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	3	
LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 200 MG/10ML, 60 MG/3ML	OA	
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml</i>	OA	
<i>lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml</i>	OA	
<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml, 50 mg/5ml</i>	OA	
<i>lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIDOCAINE HCL (CARDIAC) SOLUTION PREFILLED SYRINGE 100 MG/5ML INTRAVENOUS	OA	
<i>lidocaine hcl solution prefilled syringe 100 mg/5ml injection</i>	OA	
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 100 MG/5ML INJECTION	OA	
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	OA	
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>	OA	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>phenytek oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium injection solution 50 mg/ml</i>	OA	
CLASS IC ANTIARRHYTHMICS - Drugs for Angina		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	
CLASS II ANTIARRHYTHMICS - Drugs for Angina		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	3	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	3	PA
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
BREVIBLOC IN NAACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (<i>esmolol hcl</i>)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
<i>esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	OA	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	PA
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	OA	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	OA	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	OA	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ocudose ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
<i>amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml</i>	OA	
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	
CORVERT INTRAVENOUS SOLUTION 1 MG/10ML (<i>ibutilide fumarate</i>)	OA	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>ibutilide fumarate intravenous solution 1 mg/10ml</i>	OA	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	3	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-% (<i>amiodarone hcl in dextrose</i>)	OA	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (<i>amiodarone hcl</i>)	3	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
<i>adenosine intravenous solution 12 mg/4ml, 6 mg/2ml</i>	OA	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	OA	
diltiazem hcl intravenous solution reconstituted 100 mg	OA	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%, 5-125 %-MG/125ML	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
tiadyt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	3	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg	1	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
verapamil hcl intravenous solution 2.5 mg/ml	OA	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIHYDROPYRIDINES - Drugs for High Blood Pressure & Angina		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (<i>nicardipine hcl in nacl</i>)	OA	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML (<i>clevidipine</i>)	OA	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>nicardipine hcl in nacl intravenous solution 20-0.9 mg/200ml-%, 40-0.9 mg/200ml-%</i>	OA	
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
<i>nicardipine hcl intravenous solution 2.5 mg/ml</i>	OA	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
NIMODIPINE ORAL SOLUTION 60 MG/20ML	3	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	3	PA
NYMALIZE ORAL SOLUTION 6 MG/ML (nimodipine)	3	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (perindopril arg-amlodipine)	3	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	1	
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (nicardipine hcl in nacl)	OA	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML (clevudipine)	OA	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
nicardipine hcl in nacl intravenous solution 20-0.9 mg/200ml-%, 40-0.9 mg/200ml-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
<i>nicardipine hcl intravenous solution 2.5 mg/ml</i>	OA	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
NIMODIPINE ORAL SOLUTION 60 MG/20ML	3	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	3	PA
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	3	
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
<i>alprostadil injection solution 500 mcg/ml</i>	OA	
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	3	
CLONIDINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	3	PA
<i>clonidine hcl (analgesia) epidural solution 100 mcg/ml, 500 mcg/ml</i>	OA	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DURACLON EPIDURAL SOLUTION 100 MCG/ML (<i>clonidine hcl (analgesia)</i>)	OA	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine hcl injection solution 20 mg/ml</i>	OA	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (<i>clonidine</i>)	3	PA
<i>nitroprusside sodium intravenous solution 25 mg/ml</i>	OA	
PROSTIN VR INJECTION SOLUTION 500 MCG/ML (<i>alprostadil</i>)	OA	
<i>sodium nitroprusside intravenous solution 25 mg/ml</i>	OA	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure & Angina		
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (<i>fenofibrate</i>)	3	
LOPID ORAL TABLET 600 MG (<i>gemfibrozil</i>)	3	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 45 MG (<i>choline fenofibrate</i>)	3	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	3	ST
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1	PV
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	1	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	3	ST
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	3	ST
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	1	PV
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	1	PV
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	PV
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	PV
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	PV
<i>simvastatin oral tablet 80 mg</i>	1	
LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>bumetanide injection solution 0.25 mg/ml</i>	OA	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
EDECIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	3	
<i>ethacrynate sodium intravenous solution reconstituted 50 mg</i>	OA	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	OA	
<i>furosemide injection solution 10 mg/ml</i>	OA	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
UDSX MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
UDSXMP MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNISTS - Drugs for the Heart		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KERENDIA ORAL TABLET 10 MG, 20 MG (<i>finerenone</i>)	3	PA; QL (1 EA per 1 day)
<i>spironolactone oral suspension 25 mg/5ml</i>	1	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure & Angina		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
MTP PROTEIN INHIBITORS - Drugs for Cholesterol		
JUXTAPID ORAL CAPSULE 10 MG, 5 MG (<i>lomitapide mesylate</i>)	4	PA; SP; QL (1 EA per 1 day)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG (<i>lomitapide mesylate</i>)	4	PA; SP; QL (2 EA per 1 day)
NITRATES AND NITRITES - Drugs for High Blood Pressure & Angina		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
BREVIBLOC IN NA CL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (<i>esmolol hcl</i>)	OA	

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BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (<i>esmolol hcl-sodium chloride</i>)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	OA	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	OA	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	OA	
<i>esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	OA	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	PA
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (<i>isosorbide dinitrate</i>)	3	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
LABELALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	OA	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	OA	
LABELALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	OA	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate intravenous solution 5 mg/5ml	OA	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (nitroglycerin)	3	
nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%	OA	
nitroglycerin intravenous solution 5 mg/ml	OA	
nitroglycerin rectal ointment 0.4 %	1	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr	1	
nitroglycerin translingual solution 0.4 mg/spray	1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (nitroglycerin)	3	
pindolol oral tablet 10 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl intravenous solution 1 mg/ml	OA	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
NITRATES AND NITRITES - Drugs for the Heart		
BIDIL ORAL TABLET 20-37.5 MG (isosorb dinitrate-hydralazine)	3	
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (isosorbide dinitrate)	3	
isosorb dinitrate-hydralazine oral tablet 20-37.5 mg	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (nitroglycerin)	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (nitroglycerin)	3	
nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%	OA	
nitroglycerin intravenous solution 5 mg/ml	OA	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual solution 0.4 mg/spray	1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (nitroglycerin)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMEGA-3-MEDIATED ANTILIPEMICS - Drugs for Cholesterol		
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	1	PA
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (<i>icosapent ethyl</i>)	2	PA
OSMOTIC DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>mannitol intravenous solution 20 %, 25 %</i>	OA	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (<i>mannitol</i>)	OA	
PCSK9 INHIBITORS - Drugs for Cholesterol		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inclisiran sodium</i>)	OA	PA; QL (3 ML per 180 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	2	ST; QL (0.13 ML per 1 day)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	2	ST; QL (0.11 ML per 1 day)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	2	ST; QL (0.11 ML per 1 day)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for High Blood Pressure & Angina		
<i>alyq oral tablet 20 mg</i>	4	PA; SP; QL (2 EA per 1 day)
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	1	QL (0.27 EA per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>dipyridamole intravenous solution 5 mg/ml</i>	OA	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	3	ST; QL (1 EA per 1 day)
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	OA	PA; SP
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	OA	PA; SP
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; SP; QL (7.5 ML per 1 day)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (0.27 EA per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	4	PA; SP; QL (3 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	4	PA; SP; QL (2 EA per 1 day)
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (0.27 EA per 1 day)
<i>vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (0.27 EA per 1 day)
<i>vardenafil hcl oral tablet dispersible 10 mg</i>	1	QL (0.2 EA per 1 day)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
<i>alyq oral tablet 20 mg</i>	4	PA; SP; QL (2 EA per 1 day)
<i>avanafil oral tablet 100 mg, 200 mg, 50 mg</i>	1	QL (0.27 EA per 1 day)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	3	ST; QL (1 EA per 1 day)
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	OA	PA; SP
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	OA	PA; SP
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; SP; QL (7.5 ML per 1 day)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (0.27 EA per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	4	PA; SP; QL (3 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	4	PA; SP; QL (2 EA per 1 day)
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (0.27 EA per 1 day)

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<i>ildenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (0.27 EA per 1 day)
<i>ildenafil hcl oral tablet dispersible 10 mg</i>	1	QL (0.2 EA per 1 day)
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
<i>amiloride hcl oral tablet 5 mg</i>	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
RENIN INHIBITORS - Drugs for the Heart		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	
TEKTURNA ORAL TABLET 150 MG, 300 MG (<i>aliskiren fumarate</i>)	2	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (<i>sacubitril-valsartan</i>)	2	QL (8 EA per 1 day)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	2	QL (2 EA per 1 day)
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	4	PA; SP; QL (1 EA per 1 day)
SCLEROSING AGENTS - Drugs for the Heart		
ABLYSINOL INTRA-ARTERIAL SOLUTION (<i>dehydrated alcohol</i>)	OA	
ASCLERA INTRAVENOUS SOLUTION 0.5 %, 1 % (<i>polidocanol</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ETHAMOLIN INTRAVENOUS SOLUTION 5 % (<i>ethanolamine oleate</i>)	OA	
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GM (<i>talc</i>)	OA	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED 5 GM (<i>talc</i>)	OA	
STERITALC INTRAPLEURAL POWDER 2 GM, 3 GM, 4 GM (<i>talc</i>)	OA	
VARITHENA INTRAVENOUS FOAM 180 MG/18ML (<i>polidocanol</i>)	OA	
STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>chlorothiazide sodium intravenous solution reconstituted 500 mg</i>	OA	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	

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<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	3	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	3	PA
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	PA
<i>phentolamine mesylate injection solution reconstituted 5 mg</i>	OA	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	3	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
<i>alprostadil injection solution 500 mcg/ml</i>	OA	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; SP; QL (1 EA per 1 day)
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; SP; QL (2 EA per 1 day)
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (<i>nicardipine hcl in nacl</i>)	OA	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	3	QL (15 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	3	QL (2 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	

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diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	OA	
diltiazem hcl intravenous solution reconstituted 100 mg	OA	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%, 5-125 %-MG/125ML	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
dipyridamole intravenous solution 5 mg/ml	OA	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	OA	PA; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (epoprostenol sodium)	OA	PA; SP
ivabradine hcl oral tablet 5 mg, 7.5 mg	1	QL (2 EA per 1 day)
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
nicardipine hcl in nacl intravenous solution 20-0.9 mg/200ml-%, 40-0.9 mg/200ml-%	OA	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
nicardipine hcl intravenous solution 2.5 mg/ml	OA	
nicardipine hcl oral capsule 20 mg, 30 mg	1	

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<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
NIMODIPINE ORAL SOLUTION 60 MG/20ML	3	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	3	PA
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	3	
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	4	PA; SP; QL (1 EA per 1 day)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (336 EA per 365 days)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (672 EA per 365 days)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (504 EA per 365 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	4	PA; SP
PROSTIN VR INJECTION SOLUTION 500 MCG/ML (<i>alprostadil</i>)	OA	
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	OA	PA; SP
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

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TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	4	PA; SP; QL (4 EA per 1 day)
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	OA	PA; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	4	PA; SP; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	4	PA; SP; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	4	PA; SP; QL (2 EA per 365 days)
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (2.9 ML per 1 day)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (2.9 ML per 1 day)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	OA	PA; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	4	PA; SP; QL (9 ML per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	OA	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	

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VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	3	PA; QL (1 EA per 1 day)
CELLULAR AND GENE THERAPY - Drugs for Cancer		
CELLULAR THERAPY - Drugs for Cancer		
AMTAGVI INTRAVENOUS SUSPENSION 72000000000 CELLS (<i>lifileucel</i>)	OA	PA; SP
LANTIDRA INTRAVENOUS SUSPENSION (<i>donislecel-jujn</i>)	OA	PA; SP
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS (<i>sipuleucel-t</i>)	OA	PA; SP
RYONCIL <12.5KG INTRAVENOUS KIT 1 X 3.8 ML (<i>remestemcel-l-rknd</i>)	OA	SP
RYONCIL 12.5KG TO <25KG INTRAVENOUS KIT 2 X 3.8 ML (<i>remestemcel-l-rknd</i>)	OA	SP
RYONCIL 25KG TO <37.5KG INTRAVENOUS KIT 3 X 3.8 ML (<i>remestemcel-l-rknd</i>)	OA	SP
RYONCIL 37.5KG TO <50KG INTRAVENOUS KIT 4 X 3.8 ML (<i>remestemcel-l-rknd</i>)	OA	SP
RYONCIL 50KG TO <62.5KG INTRAVENOUS KIT 5 X 3.8 ML (<i>remestemcel-l-rknd</i>)	OA	SP
RYONCIL 62.5KG TO <75KG INTRAVENOUS KIT 6 X 3.8 ML (<i>remestemcel-l-rknd</i>)	OA	SP
RYONCIL 75KG TO <87.5KG INTRAVENOUS KIT 7 X 3.8 ML (<i>remestemcel-l-rknd</i>)	OA	SP
RYONCIL 87.5KG TO <100KG INTRAVENOUS KIT 8 X 3.8 ML (<i>remestemcel-l-rknd</i>)	OA	SP
GENE THERAPY - Drugs for Cancer		
ABECMA INTRAVENOUS SUSPENSION 4600000000 CELLS (<i>idecabtagene vicleucel</i>)	OA	PA; SP
ADSTILADRIN INTRAVESICAL SUSPENSION 300000000000 VP/ML (<i>nadofaragene firadenovec-vncg</i>)	OA	PA; SP

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AUCATZYL INTRAVENOUS SUSPENSION 410000000 CELLS (<i>obecabtagene autoleucl</i>)	OA	PA; SP
BEQVEZ INTRAVENOUS SUSPENSION THERAPY PACK 4 X 1 ML, 5 X 1 ML, 6 X 1 ML, 7 X 1 ML (<i>fidanacogene elaparvovec-dzkt</i>)	OA	PA; SP
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML (<i>lisocabtagene maraleucl</i>)	OA	PA; SP
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS (<i>ciltacabtagene autoleucl</i>)	OA	PA; SP
CASGEVY INTRAVENOUS SUSPENSION (<i>exagamglogene autotemcel</i>)	OA	PA; SP
ELEVIDYS INTRAVENOUS KIT 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML, 49 X 10 ML, 50 X 10 ML, 51 X 10 ML, 52 X 10 ML, 53 X 10 ML, 54 X 10 ML, 55 X 10 ML, 56 X 10 ML, 57 X 10 ML, 58 X 10 ML, 59 X 10 ML, 60 X 10 ML, 61 X 10 ML, 62 X 10 ML, 63 X 10 ML, 64 X 10 ML, 65 X 10 ML, 66 X 10 ML, 67 X 10 ML, 68 X 10 ML, 69 X 10 ML, 70 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	OA	PA; SP
ENCELTO INTRAVITREAL IMPLANT 200000 CELLS (<i>revakinagene taroretcel-lwey</i>)	OA	SP

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HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML (etranacogene dezaparvovec-drlb)	OA	PA; SP
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML (talimogene laherparepvec)	OA	SP
KYMRIAH INTRAVENOUS SUSPENSION 250000000 CELLS, 600000000 CELLS (tisagenlecleucel)	OA	PA; SP
LENMELDY INTRAVENOUS SUSPENSION (atidarsagene autotemcel)	OA	PA; SP
LUXTURNA INTRAOCULAR SUSPENSION 5000000000000 VG/ML (voretigene neparvovec-rzyl)	OA	PA; SP
LYFGENIA INTRAVENOUS SUSPENSION (lovotibeglogene autotemcel)	OA	PA; SP
ROCTAVIAN INTRAVENOUS SUSPENSION 20000000000000 VG/ML (valoctocogene roxaparvov-rvox)	OA	PA; SP
SKYSONA INTRAVENOUS SUSPENSION (elivaldogene autotemcel)	OA	PA; SP
TECARTUS INTRAVENOUS SUSPENSION 100000000 CELLS, 200000000 CELLS (brexucabtagene autoleucel)	OA	PA; SP
TECELRA INTRAVENOUS SUSPENSION 10000000000 CELLS (afamitresgene autoleucel)	OA	PA; SP
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (beremagene geperpavec-svdf)	OA	PA; SP; QL (0.36 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS (<i>axicabtagene ciloleucel</i>)	OA	PA; SP
ZOLGENSMA INTRAVENOUS KIT 10X8.3 ML, 11X8.3 ML, 12X8.3 ML, 13X8.3 ML, 14X8.3 ML, 1X5.5ML & 10X8.3ML, 1X5.5ML & 11X8.3ML, 1X5.5ML & 12X8.3ML, 1X5.5ML & 13X8.3ML, 1X5.5ML & 2X8.3ML, 1X5.5ML & 3X8.3ML, 1X5.5ML & 4X8.3ML, 1X5.5ML & 5X8.3ML, 1X5.5ML & 6X8.3ML, 1X5.5ML & 7X8.3ML, 1X5.5ML & 8X8.3ML, 1X5.5ML & 9X8.3ML, 2X5.5ML & 10X8.3ML, 2X5.5ML & 11X8.3ML, 2X5.5ML & 12X8.3ML, 2X5.5ML & 1X8.3ML, 2X5.5ML & 2X8.3ML, 2X5.5ML & 3X8.3ML, 2X5.5ML & 4X8.3ML, 2X5.5ML & 5X8.3ML, 2X5.5ML & 6X8.3ML, 2X5.5ML & 7X8.3ML, 2X5.5ML & 8X8.3ML, 2X5.5ML & 9X8.3ML, 2X8.3 ML, 3X8.3 ML, 4X8.3 ML, 5X8.3 ML, 6X8.3 ML, 7X8.3 ML, 8X8.3 ML, 9X8.3 ML (<i>onasemnogene abeparvovec-xioi</i>)	OA	PA; SP
ZYNTEGLO INTRAVENOUS SUSPENSION (<i>betibeglogene autotemcel</i>)	OA	PA; SP
CENTRAL NERVOUS SYSTEM AGENTS		
AMYOTROPHIC LATERAL SCLEROSIS(ALS) AGENT		
<i>edaravone intravenous solution 30 mg/100ml, 60 mg/100ml</i>	OA	PA; SP
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (<i>tofersen</i>)	OA	PA; SP
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML (<i>edaravone</i>)	OA	PA; SP
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	4	PA; SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	4	PA; SP
<i>riluzole oral tablet 50 mg</i>	1	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	2	PA; QL (20 ML per 1 day)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	2	PA; QL (20 ML per 1 day)

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
ADAMANTANES (CNS) - Drugs for Parkinson		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
ADENOSINE A2A RECEPTOR ANTAGONISTS - Drugs for Parkinson		
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	3	PA
AMPHETAMINES - Drugs for the Nervous System		
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	3	ST; QL (2 EA per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	QL (6 EA per 1 day)
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL (2 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (3 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	QL (2 EA per 1 day)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	QL (1 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	QL (6 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (60 ML per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (6 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	QL (3 EA per 1 day)
dextroamphetamine sulfate oral tablet 30 mg	1	QL (2 EA per 1 day)
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	1	QL (1 EA per 1 day)
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	QL (1 EA per 1 day)
methamphetamine hcl oral tablet 5 mg	1	QL (5 EA per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5ML (dextroamphetamine sulfate)	3	ST; QL (60 ML per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (lisdexamfetamine dimesylate)	3	ST; QL (1 EA per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (lisdexamfetamine dimesylate)	3	ST; QL (1 EA per 1 day)
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
acetaminophen intravenous solution 10 mg/ml, 1000 mg/100ml	OA	
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	1	QL (136 ML per 1 day)
acetaminophen-codeine oral tablet 300-15 mg	1	QL (13 EA per 1 day)
acetaminophen-codeine oral tablet 300-30 mg	1	QL (10 EA per 1 day)
acetaminophen-codeine oral tablet 300-60 mg	1	QL (5 EA per 1 day)
ALLZITAL ORAL TABLET 25-325 MG (butalbital-acetaminophen)	3	PA
apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg	1	QL (12 EA per 1 day)
bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg	1	
butalbital-acetaminophen oral capsule 50-300 mg	1	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	
butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	1	
COMBOGESIC INTRAVENOUS SOLUTION 1000-300 MG/100ML (ibuprofen-acetaminophen)	OA	
endocet oral tablet 10-325 mg	1	QL (3 EA per 1 day)
endocet oral tablet 2.5-325 mg	1	QL (12 EA per 1 day)
endocet oral tablet 5-325 mg	1	QL (6 EA per 1 day)
endocet oral tablet 7.5-325 mg	1	QL (4 EA per 1 day)
gabapentin (once-daily) oral tablet 300 mg	1	ST; QL (6 EA per 1 day)
gabapentin (once-daily) oral tablet 600 mg	1	ST; QL (3 EA per 1 day)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GRALISE ORAL TABLET 300 MG (gabapentin (once-daily))	3	ST; QL (6 EA per 1 day)
GRALISE ORAL TABLET 450 MG, 600 MG (gabapentin (once-daily))	3	ST; QL (3 EA per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG (gabapentin (once-daily))	3	ST; QL (2 EA per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (gabapentin enacarbil)	3	PA; QL (2 EA per 1 day)
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	QL (73.5 ML per 1 day)
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml	1	QL (98 ML per 1 day)
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	1	QL (4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocodone-acetaminophen oral tablet 2.5-325 mg	1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	1	QL (9 EA per 1 day)
hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg	1	QL (6 EA per 1 day)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (canakinumab)	4	PA; SP; QL (0.08 ML per 1 day)
JOURNAVX ORAL TABLET 50 MG (suzetrigine)	3	QL (2.5 EA per 1 day)
NALOCET ORAL TABLET 2.5-300 MG	3	QL (13 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	QL (16.3 ML per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	QL (32.6 ML per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG	3	QL (3 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	1	QL (3 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	3	QL (13 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg	1	QL (12 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG	3	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 5-325 mg	1	QL (6 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 7.5-300 MG	3	QL (4 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	1	QL (4 EA per 1 day)
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	1	ST; QL (3 EA per 1 day)
pregabalin er oral tablet extended release 24 hour 330 mg	1	ST; QL (2 EA per 1 day)
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (ziconotide acetate)	OA	SP
PROLATE ORAL SOLUTION 10-300 MG/5ML (oxycodone-acetaminophen)	3	QL (16.3 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROLATE ORAL TABLET 10-300 MG (<i>oxycodone-acetaminophen</i>)	3	QL (3 EA per 1 day)
PROLATE ORAL TABLET 5-300 MG (<i>oxycodone-acetaminophen</i>)	3	QL (6 EA per 1 day)
PROLATE ORAL TABLET 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	3	QL (4 EA per 1 day)
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	3	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (6 EA per 1 day)
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	QL (12 EA per 1 day)
ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System		
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	1	PA; QL (0.3 ML per 1 day)
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
<i>benztropine mesylate injection solution 1 mg/ml</i>	OA	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	QL (2 EA per 1 day)
<i>orphenadrine citrate injection solution 30 mg/ml</i>	OA	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
acetazolamide oral tablet 125 mg, 250 mg	1	
acetazolamide sodium injection solution reconstituted 500 mg	OA	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (eslicarbazepine acetate)	3	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML (brivaracetam)	OA	
BRIVIACT ORAL SOLUTION 10 MG/ML (brivaracetam)	3	ST
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (brivaracetam)	3	ST
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	1	
carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet chewable 100 mg, 200 mg	1	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (stiripentol)	4	PA; SP
DIACOMIT ORAL PACKET 250 MG, 500 MG (stiripentol)	4	PA; SP
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (cannabidiol)	4	PA; SP
epitol oral tablet 200 mg	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (carbamazepine (antipsychotic))	3	

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felbamate oral suspension 600 mg/5ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	4	PA; SP
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	3	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	3	
gabapentin (once-daily) oral tablet 300 mg	1	ST; QL (6 EA per 1 day)
gabapentin (once-daily) oral tablet 600 mg	1	ST; QL (3 EA per 1 day)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (6 EA per 1 day)
GRALISE ORAL TABLET 450 MG, 600 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (3 EA per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (2 EA per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	3	PA; QL (2 EA per 1 day)
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML (<i>levetiracetam</i>)	OA	
lacosamide intravenous solution 200 mg/20ml	OA	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	3	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	

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lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	1	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	OA	
levetiracetam intravenous solution 500 mg/5ml	OA	
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	1	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	1	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	OA	
magnesium sulfate injection solution 50 %	OA	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	OA	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	OA	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	3	ST
oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg	1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 300 mg</i>	1	QL (2 EA per 1 day)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (30 ML per 1 day)
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	3	PA
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	ST
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	OA	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml, 500 mg/10ml</i>	1	
<i>vigabatrin oral packet 500 mg</i>	4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>vigabatrin oral tablet 500 mg</i>	4	PA; SP
<i>vigpoder oral packet 500 mg</i>	4	PA; SP
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (<i>lacosamide</i>)	OA	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>cenobamate</i>)	3	ST
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (<i>cenobamate</i>)	3	ST
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	4	PA; SP
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	3	ST; QL (1 EA per 1 day)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	PV; QL (180 day supply per 365 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	QL (2 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (3 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
KETALAR INJECTION SOLUTION 10 MG/ML, 50 MG/ML (<i>ketamine hcl</i>)	OA	
KETAMINE HCL INJECTION SOLUTION 0.6 MG/ML, 1 MG/ML	OA	
<i>ketamine hcl injection solution 50 mg/ml</i>	OA	
<i>ketamine hcl solution 10 mg/ml injection</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KETAMINE HCL SOLUTION 10 MG/ML INJECTION	OA	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
REMERON ORAL TABLET 15 MG, 30 MG (<i>mirtazapine</i>)	3	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	3	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	4	PA; SP
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	4	PA; SP
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (<i>zuranolone</i>)	3	PA; QL (14 day supply per 1 fill)
ANTIMANIC AGENTS - Drugs for Personality Disorder		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (<i>aripiprazole</i>)	3	PA
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	3	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	3	PA
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	3	PA; QL (1 EA per 1 day)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	3	PA; QL (60 EA per 365 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL (25 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	3	PA
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	3	PA
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	1	QL (2 EA per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml, 200 mg/10ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	1	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	OA	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	3	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	
lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium oral solution 8 meq/5ml	1	
olanzapine intramuscular solution reconstituted 10 mg	OA	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	QL (1 EA per 1 day)
olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg	1	QL (1 EA per 1 day)
olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1	QL (1 EA per 1 day)
olanzapine-fluoxetine hcl oral capsule 3-25 mg	1	QL (3 EA per 1 day)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	3	PA
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1	QL (3 EA per 1 day)
quetiapine fumarate oral tablet 300 mg, 400 mg	1	QL (2 EA per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	3	PA
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA
risperidone oral solution 1 mg/ml	1	QL (8 ML per 1 day)
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL (2 EA per 1 day)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL (2 EA per 1 day)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (<i>risperidone</i>)	3	PA
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
subvenite starter kit-blue oral kit 35 x 25 mg	1	
subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg	1	
subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	1	
SYMBYAX ORAL CAPSULE 3-25 MG (<i>olanzapine-fluoxetine hcl</i>)	3	QL (3 EA per 1 day)
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	OA	
valproic acid oral capsule 250 mg	1	
valproic acid oral solution 250 mg/5ml, 500 mg/10ml	1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	QL (2 EA per 1 day)
ziprasidone mesylate intramuscular solution reconstituted 20 mg	OA	

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ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (<i>olanzapine</i>)	OA	
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
<i>acetaminophen intravenous solution 10 mg/ml, 1000 mg/100ml</i>	OA	
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	OA	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	QL (2.5 ML per 1 fill)
<i>caffeine citrate intravenous solution 60 mg/3ml</i>	OA	
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	1	
CAFFEINE-SODIUM BENZOATE INJECTION SOLUTION 125-125 MG/ML	OA	
COMBOGESIC INTRAVENOUS SOLUTION 1000-300 MG/100ML (<i>ibuprofen-acetaminophen</i>)	OA	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	1	ST
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	PA; QL (0.86 ML per 1 day)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	PA; QL (0.27 ML per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	3	PA; QL (0.72 EA per 1 day)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	PA; QL (0.86 EA per 1 day)
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ibuprofen lysine intravenous solution 10 mg/ml</i>	OA	
<i>ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	1	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	PA; QL (0.72 EA per 1 day)
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral suspension 125 mg/5ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	1	PA
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
NEOPROFEN INTRAVENOUS SOLUTION 10 MG/ML (<i>ibuprofen lysine</i>)	OA	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	OA	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	ST
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml</i>	OA	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml, 500 mg/10ml</i>	1	
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (<i>loxapine</i>)	3	PA
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (<i>xanomeline-trospium chloride</i>)	3	ST; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG (<i>xanomeline-trospium chloride</i>)	3	ST; QL (102 EA per 365 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety & Sleep Disorder		
ANESTHESIA S/I-40A INTRAVENOUS KIT 200 MG/20ML	OA	
ANESTHESIA S/I-40H INTRAVENOUS KIT 200 MG/20ML	OA	
ANESTHESIA S/I-40S INTRAVENOUS KIT 200 MG/20ML	OA	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	3	ST; QL (1 EA per 1 day)
<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	3	ST; QL (1 EA per 1 day)
<i>dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml</i>	OA	
DEXMEDETOMIDINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MCG/5ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dexmedetomidine hcl intravenous solution 1000 mcg/10ml, 200 mcg/2ml, 400 mcg/4ml	OA	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION 200MCG/50ML -5%, 400MCG/100ML -5%	OA	
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML (propofol)	OA	
droperidol injection solution 2.5 mg/ml	OA	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (zolpidem tartrate)	3	ST; QL (1 EA per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	QL (1 EA per 1 day)
fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	OA	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	OA	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (dexmedetomidine hcl)	OA	PA
meprobamate oral tablet 200 mg, 400 mg	1	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (promethazine hcl)	OA	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/50ML, 400 MCG/100ML (dexmedetomidine hcl in nacl)	OA	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML (dexmedetomidine hcl)	OA	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	3	
<i>propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml</i>	OA	
<i>propofol-lipuro intravenous emulsion 1000 mg/100ml</i>	OA	
<i>ramelteon oral tablet 8 mg</i>	1	QL (1 EA per 1 day)
<i>tasimelteon oral capsule 20 mg</i>	4	PA; SP; QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg</i>	1	QL (2 EA per 1 day)
<i>zaleplon oral capsule 5 mg</i>	1	QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	1	QL (1 EA per 1 day)
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (<i>aripiprazole</i>)	3	PA
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	3	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	3	PA
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole wl sens-strip-pod</i>)	3	PA; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole wl sens-strip-pod</i>)	3	PA; QL (60 EA per 365 days)
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL (25 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	3	PA
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	3	PA
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	1	QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	3	ST; QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 25 mg</i>	1	QL (9 EA per 1 day)
<i>clozapine oral tablet 200 mg</i>	1	QL (4 EA per 1 day)
<i>clozapine oral tablet 50 mg</i>	1	QL (6 EA per 1 day)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	1	QL (9 EA per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg</i>	1	QL (3 EA per 1 day)
<i>clozapine oral tablet dispersible 150 mg</i>	1	QL (6 EA per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	1	QL (4 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	3	ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	3	ST; QL (16 EA per 365 days)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (<i>paliperidone palmitate</i>)	3	PA
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG (<i>paliperidone</i>)	3	QL (1 EA per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (<i>paliperidone</i>)	3	QL (2 EA per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (<i>paliperidone palmitate</i>)	3	PA
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (<i>paliperidone palmitate</i>)	3	PA
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (1 EA per 1 day)
<i>lurasidone hcl oral tablet 80 mg</i>	1	QL (2 EA per 1 day)
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	3	PA
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	3	PA
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	OA	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (1 EA per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	QL (1 EA per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	QL (3 EA per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	QL (1 EA per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	3	PA
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL (2 EA per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (3 EA per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	1	QL (2 EA per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	3	QL (1 EA per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	3	PA
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA
<i>risperidone oral solution 1 mg/ml</i>	1	QL (8 ML per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (2 EA per 1 day)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (<i>risperidone</i>)	3	PA
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (<i>olanzapine-fluoxetine hcl</i>)	3	QL (3 EA per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML (<i>risperidone</i>)	3	PA
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	3	QL (18 ML per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	3	QL (1 EA per 1 day)

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<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (2 EA per 1 day)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	OA	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (<i>olanzapine</i>)	OA	
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG (<i>methohexital sodium</i>)	OA	
<i>methohexital sodium injection solution reconstituted 500 mg</i>	OA	
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	OA	
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	1	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>phenobarbital sodium</i>)	OA	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	3	PA
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>pentobarbital sodium injection solution 50 mg/ml</i>	OA	
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	OA	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>phenobarbital sodium</i>)	OA	
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	3	
BARBITURATES (GENERAL ANESTHETICS) - Anesthetics		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED 500 MG (<i>methohexital sodium</i>)	OA	
<i>methohexital sodium injection solution reconstituted 500 mg</i>	OA	
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	OA	
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (<i>lorazepam</i>)	OA	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA

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<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>clonazepam oral tablet 2 mg</i>	1	QL (10 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (10 EA per 1 day)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (6 EA per 1 day)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	QL (24 EA per 1 day)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	QL (12 EA per 1 day)
<i>diazepam injection solution 10 mg/2ml</i>	OA	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	QL (2 EA per 1 fill)
<i>diazepam solution 5 mg/ml injection</i>	OA	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	OA	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	OA	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (5 ML per 1 day)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (5 ML per 1 day)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>lorazepam oral tablet 2 mg</i>	1	QL (5 EA per 1 day)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	QL (0.34 EA per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	3	PA
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML (<i>diazepam</i>)	3	QL (0.34 EA per 1 day)

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML (<i>diazepam</i>)	3	QL (0.67 EA per 1 day)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML (<i>diazepam</i>)	3	QL (0.67 EA per 1 day)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML (<i>diazepam</i>)	3	QL (0.34 EA per 1 day)
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP) - Drugs for Anxiety & Sleep Disorder		
<i>alprazolam</i> er oral tablet extended release 24 hour 0.5 mg, 1 mg	1	QL (1 EA per 1 day)
<i>alprazolam</i> er oral tablet extended release 24 hour 2 mg	1	QL (5 EA per 1 day)
<i>alprazolam</i> er oral tablet extended release 24 hour 3 mg	1	QL (3 EA per 1 day)
<i>alprazolam</i> intensol oral concentrate 1 mg/ml	1	QL (10 ML per 1 day)
<i>alprazolam</i> oral tablet 0.25 mg, 0.5 mg, 1 mg	1	QL (4 EA per 1 day)
<i>alprazolam</i> oral tablet 2 mg	1	QL (5 EA per 1 day)
<i>alprazolam</i> oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg	1	QL (4 EA per 1 day)
<i>alprazolam</i> oral tablet dispersible 2 mg	1	QL (5 EA per 1 day)
<i>alprazolam</i> xr oral tablet extended release 24 hour 0.5 mg, 1 mg	1	QL (1 EA per 1 day)
<i>alprazolam</i> xr oral tablet extended release 24 hour 2 mg	1	QL (5 EA per 1 day)
<i>alprazolam</i> xr oral tablet extended release 24 hour 3 mg	1	QL (3 EA per 1 day)
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (<i>lorazepam</i>)	OA	
<i>chlordiazepoxide</i> hcl oral capsule 10 mg	1	QL (30 EA per 1 day)
<i>chlordiazepoxide</i> hcl oral capsule 25 mg	1	QL (12 EA per 1 day)
<i>chlordiazepoxide</i> hcl oral capsule 5 mg	1	QL (4 EA per 1 day)
<i>chlordiazepoxide</i> -amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>clonazepam oral tablet 2 mg</i>	1	QL (10 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (10 EA per 1 day)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (6 EA per 1 day)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	QL (24 EA per 1 day)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	QL (12 EA per 1 day)
<i>diazepam injection solution 10 mg/2ml</i>	OA	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	QL (2 EA per 1 fill)
<i>diazepam solution 5 mg/ml injection</i>	OA	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	OA	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	QL (1 EA per 1 day)
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	1	PA; QL (1 EA per 1 day)
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	3	QL (2 EA per 1 day)
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	OA	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (5 ML per 1 day)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (5 ML per 1 day)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
lorazepam oral tablet 2 mg	1	QL (5 EA per 1 day)
midazolam hcl (pf) +rfid injection solution 2 mg/2ml	OA	
midazolam hcl (pf) injection solution 10 mg/2ml, 2 mg/2ml, 5 mg/5ml, 5 mg/ml	OA	
midazolam hcl injection solution 10 mg/10ml, 10 mg/2ml, 2 mg/2ml, 25 mg/5ml, 5 mg/5ml, 5 mg/ml, 50 mg/10ml	OA	
midazolam hcl oral syrup 2 mg/ml	OA	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 100-0.9 MG/100ML-%, 50-0.8 MG/50ML-%, 50-0.9 MG/50ML-%	OA	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2-0.9 MG/2ML-%, 30-0.9 MG/30ML-%, 5-0.9 MG/5ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%	OA	
MIDAZOLAM INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 25 MG/25ML, 30 MG/30ML, 50 MG/50ML	OA	
midazolam-sodium chloride (pf) intravenous solution 100-0.8 mg/100ml-%	OA	
midazolam-sodium chloride intravenous solution 100-0.9 mg/100ml-%	OA	
midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous	OA	
MIDAZOLAM-SODIUM CHLORIDE SOLUTION 50-0.9 MG/50ML-% INTRAVENOUS	OA	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (midazolam (anticonvulsant))	3	QL (0.34 EA per 1 day)
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	QL (4 EA per 1 day)
quazepam oral tablet 15 mg	1	QL (1 EA per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (clobazam)	3	PA

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<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	QL (1 EA per 1 day)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	QL (2 EA per 1 day)
BUTYROPHENONES - Drugs for Depression & Psychosis		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (<i>haloperidol decanoate</i>)	3	PA
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	PA
<i>haloperidol lactate injection solution 5 mg/ml</i>	OA	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>erenumab-aooe</i>)	2	PA; QL (0.04 ML per 1 day)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	2	PA; QL (0.07 ML per 1 day)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	2	PA; QL (0.06 ML per 1 day)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	2	PA; QL (0.06 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; QL (0.1 ML per 1 day)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	2	PA; QL (0.54 EA per 1 day)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	2	PA; QL (1 EA per 1 day)
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	2	PA; QL (0.54 EA per 1 day)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (<i>eptinezumab-jjmr</i>)	OA	PA; QL (3 ML per 81 days)

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ZAVZPRET NASAL SOLUTION 10 MG/ACT (<i>zavegepant hcl</i>)	3	PA; QL (0.2 EA per 1 day)
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	3	ST
TASMAR ORAL TABLET 100 MG (<i>tolcapone</i>)	3	
<i>tolcapone oral tablet 100 mg</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	3	PA; QL (1 EA per 1 day)
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (1 EA per 1 day)
<i>edaravone intravenous solution 30 mg/100ml</i>	OA	PA; SP
<i>flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml</i>	OA	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML (<i>lecanemab-irmb</i>)	OA	PA; SP
LEQEMBI INTRAVENOUS SOLUTION 500 MG/5ML (<i>lecanemab-irmb</i>)	OA	PA; SP; QL (0.9 ML per 1 day)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	QL (1 EA per 1 day)
<i>memantine hcl oral solution 10 mg/5ml, 2 mg/ml</i>	1	

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memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	1	
memantine hcl-donepezil hcl oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg	1	QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (memantine hcl-donepezil hcl)	2	QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG (istradefylline)	3	PA
NUDEXTA ORAL CAPSULE 20-10 MG (dextromethorphan-quinidine)	3	PA
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (tofersen)	OA	PA; SP
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML (edaravone)	OA	PA; SP
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (edaravone)	4	PA; SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (edaravone)	4	PA; SP
riluzole oral tablet 50 mg	1	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; M; SP; QL (18 ML per 1 day)
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (riluzole)	2	PA; QL (20 ML per 1 day)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML (riluzole)	2	PA; QL (20 ML per 1 day)
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (bremelanotide acetate)	3	PA; QL (0.06 ML per 1 day)
VYNDAMAX ORAL CAPSULE 61 MG (tafamidis)	4	PA; SP; QL (1 EA per 1 day)
XYWAV ORAL SOLUTION 500 MG/ML (ca, mg, k, and na oxybates)	4	PA; SP; QL (18 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	QL (2 EA per 1 day)
DIBENZOXAPINES - Drugs for Depression & Psychosis		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (<i>loxapine</i>)	3	PA
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
DIHYDROINDOLONES - Drugs for Depression & Psychosis		
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	
DIPHENYLBUTYLPERIDINES - Drugs for Depression & Psychosis		
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
DOPAMINE PRECURSORS - Drugs for Parkinson		
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
CREXONT ORAL CAPSULE EXTENDED RELEASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG (<i>carbidopa-levodopa</i>)	3	ST
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	3	PA
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	4	PA; SP

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RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	3	ST
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	3	
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML (<i>foscarbidopa-foslevodopa</i>)	4	PA; SP
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
PARLODEL ORAL CAPSULE 5 MG (<i>bromocriptine mesylate</i>)	3	
PARLODEL ORAL TABLET 2.5 MG (<i>bromocriptine mesylate</i>)	3	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg</i>	1	QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (3 EA per 1 day)
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	1	ST; QL (3 EA per 1 day)
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	1	ST; QL (2 EA per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 300 mg</i>	1	QL (2 EA per 1 day)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (30 ML per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	3	ST; QL (2 EA per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	3	ST; QL (110 EA per 365 days)

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GABA-MEDIATED ANTICONVULSANTS - Drugs for Seizures		
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	4	PA; SP
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	4	PA; SP
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>gabapentin (once-daily) oral tablet 300 mg</i>	1	ST; QL (6 EA per 1 day)
<i>gabapentin (once-daily) oral tablet 600 mg</i>	1	ST; QL (3 EA per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (6 EA per 1 day)
GRALISE ORAL TABLET 450 MG, 600 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (3 EA per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (2 EA per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	3	PA; QL (2 EA per 1 day)
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	1	ST; QL (3 EA per 1 day)
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	1	ST; QL (2 EA per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 300 mg</i>	1	QL (2 EA per 1 day)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (30 ML per 1 day)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
valproate sodium intravenous solution 100 mg/ml, 500 mg/5ml	OA	
valproic acid oral solution 250 mg/5ml, 500 mg/10ml	1	
vigabatrin oral packet 500 mg	4	PA; SP
vigabatrin oral tablet 500 mg	4	PA; SP
VIGAFYDE ORAL SOLUTION 100 MG/ML (vigabatrin)	4	PA; SP
vigpoder oral packet 500 mg	4	PA; SP
ZTALMY ORAL SUSPENSION 50 MG/ML (ganaxolone)	4	PA; SP
GENERAL ANESTHETICS, MISCELLANEOUS - Anesthetics		
AMIDATE INTRAVENOUS SOLUTION 2 MG/ML (etomidate)	OA	
ANESTHESIA S/I-40A INTRAVENOUS KIT 200 MG/20ML	OA	
ANESTHESIA S/I-40H INTRAVENOUS KIT 200 MG/20ML	OA	
ANESTHESIA S/I-40S INTRAVENOUS KIT 200 MG/20ML	OA	
DIPRIVAN INTRAVENOUS EMULSION 100 MG/10ML, 1000 MG/100ML, 200 MG/20ML, 500 MG/50ML (propofol)	OA	
etomidate intravenous solution 2 mg/ml	OA	
fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	OA	
KETALAR INJECTION SOLUTION 10 MG/ML, 100 MG/ML, 50 MG/ML (ketamine hcl)	OA	
KETAMINE HCL INJECTION SOLUTION 0.6 MG/ML, 1 MG/ML	OA	
ketamine hcl injection solution 100 mg/ml, 50 mg/ml	OA	
KETAMINE HCL INJECTION SOLUTION PREFILLED SYRINGE 30 MG/3ML, 50 MG/5ML	OA	
KETAMINE HCL INTRAVENOUS SOLUTION 100 MG/100ML	OA	
KETAMINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/2ML, 50 MG/ML	OA	
ketamine hcl solution 10 mg/ml injection	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KETAMINE HCL SOLUTION 10 MG/ML INJECTION	OA	
KETAMINE HCL-SODIUM CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 20-0.9 MG/2ML-%, 50-0.9 MG/5ML-%	OA	
propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml	OA	
propofol-lipuro intravenous emulsion 1000 mg/100ml	OA	
HYDANTOINS - Drugs for Seizures		
CEREBYX INJECTION SOLUTION 100 MG PE/2ML, 500 MG PE/10ML (fosphenytoin sodium)	OA	
DILANTIN ORAL CAPSULE 30 MG (phenytoin sodium extended)	3	
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	OA	
phenytek oral capsule 200 mg, 300 mg	1	
phenytoin infatabs oral tablet chewable 50 mg	1	
phenytoin oral suspension 125 mg/5ml	1	
phenytoin oral tablet chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
phenytoin sodium injection solution 50 mg/ml	OA	
ION CHANNEL INHIBITION AGENTS - Drugs for Seizures		
APTiom ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (eslicarbazepine acetate)	3	
lacosamide intravenous solution 200 mg/20ml	OA	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>iacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>iacosamide</i>)	3	ST
<i>oxcarbazepine er oral tablet extended release 24 hour 150 mg, 300 mg, 600 mg</i>	1	ST
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (<i>iacosamide</i>)	OA	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>cenobamate</i>)	3	ST
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (<i>cenobamate</i>)	3	ST
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
MELATONIN RECEPTOR AGONISTS - Drugs for Anxiety & Sleep Disorder		
<i>ramelteon oral tablet 8 mg</i>	1	QL (1 EA per 1 day)
<i>tasimelteon oral capsule 20 mg</i>	4	PA; SP; QL (1 EA per 1 day)
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	3	QL (1 EA per 1 day)
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>etomidate intravenous solution 2 mg/ml</i>	OA	
<i>fresenius propoven intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml</i>	OA	
KETALAR INJECTION SOLUTION 10 MG/ML, 100 MG/ML, 50 MG/ML (<i>ketamine hcl</i>)	OA	
KETAMINE HCL INJECTION SOLUTION 0.6 MG/ML, 1 MG/ML	OA	
<i>ketamine hcl injection solution 100 mg/ml, 50 mg/ml</i>	OA	
KETAMINE HCL INJECTION SOLUTION PREFILLED SYRINGE 30 MG/3ML, 50 MG/5ML	OA	
KETAMINE HCL INTRAVENOUS SOLUTION 100 MG/100ML	OA	
KETAMINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/2ML, 50 MG/ML	OA	
<i>ketamine hcl solution 10 mg/ml injection</i>	OA	
KETAMINE HCL SOLUTION 10 MG/ML INJECTION	OA	
KETAMINE HCL-SODIUM CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 20-0.9 MG/2ML-%, 50-0.9 MG/5ML-%	OA	
<i>propofol intravenous emulsion 1000 mg/100ml, 200 mg/20ml, 500 mg/50ml</i>	OA	
<i>propofol-lipuro intravenous emulsion 1000 mg/100ml</i>	OA	
NON-BENZODIAZEPINE ANXIOLYTICS - Drugs for Anxiety & Sleep Disorder		
<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NON-BENZODIAZEPINE HYPNOTICS - Drugs for Anxiety & Sleep Disorder		
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	3	ST; QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg</i>	1	QL (2 EA per 1 day)
<i>zaleplon oral capsule 5 mg</i>	1	QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	1	QL (1 EA per 1 day)
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	4	PA; SP; QL (3 ML per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	3	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NON-OPIOID ANALGESICS - Drugs for Pain		
<i>acetaminophen intravenous solution 10 mg/ml, 1000 mg/100ml</i>	OA	
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>	1	QL (136 ML per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	QL (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	1	QL (10 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (5 EA per 1 day)
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	3	PA
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	QL (12 EA per 1 day)
<i>bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	
COMBOGESIC INTRAVENOUS SOLUTION 1000-300 MG/100ML (<i>ibuprofen-acetaminophen</i>)	OA	
<i>endocet oral tablet 10-325 mg</i>	1	QL (3 EA per 1 day)
<i>endocet oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>endocet oral tablet 5-325 mg</i>	1	QL (6 EA per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	1	QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	1	QL (73.5 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	QL (98 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg	1	QL (4 EA per 1 day)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	1	QL (12 EA per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg	1	QL (9 EA per 1 day)
hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg	1	QL (6 EA per 1 day)
NALOCET ORAL TABLET 2.5-300 MG	3	QL (13 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	QL (16.3 ML per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	QL (32.6 ML per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG	3	QL (3 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	1	QL (3 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	3	QL (13 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg	1	QL (12 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG	3	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 5-325 mg	1	QL (6 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 7.5-300 MG	3	QL (4 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	1	QL (4 EA per 1 day)
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (ziconotide acetate)	OA	SP
PROLATE ORAL SOLUTION 10-300 MG/5ML (oxycodone-acetaminophen)	3	QL (16.3 ML per 1 day)
PROLATE ORAL TABLET 10-300 MG (oxycodone-acetaminophen)	3	QL (3 EA per 1 day)
PROLATE ORAL TABLET 5-300 MG (oxycodone-acetaminophen)	3	QL (6 EA per 1 day)

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROLATE ORAL TABLET 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	3	QL (4 EA per 1 day)
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	3	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (6 EA per 1 day)
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	QL (12 EA per 1 day)
NONSTEROIDAL ANTI-INFLAMM. AGENTS, MISC - Drugs for Pain		
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML (<i>ibuprofen</i>)	OA	
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	3	
<i>diclofenac potassium oral capsule 25 mg</i>	1	ST
<i>diclofenac potassium oral tablet 25 mg, 50 mg</i>	1	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	1	ST
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fenoprofen calcium oral tablet 600 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	1	QL (4 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>	1	QL (9 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (6 EA per 1 day)
<i>ibuprofen lysine intravenous solution 10 mg/ml</i>	OA	
<i>ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral suspension 25 mg/5ml</i>	1	ST
<i>indomethacin rectal suppository 50 mg</i>	1	ST
<i>indomethacin sodium intravenous solution reconstituted 1 mg</i>	OA	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	1	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	1	
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	1	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	QL (20 EA per 1 fill)
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	1	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	3	
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	3	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral capsule 10 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	3	ST
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral suspension 125 mg/5ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	1	PA
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	1	PA; QL (2 EA per 1 day)
NEOPROFEN INTRAVENOUS SOLUTION 10 MG/ML (<i>ibuprofen lysine</i>)	OA	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	1	ST; QL (0.3 EA per 1 day)
<i>tolmetin sodium oral capsule 400 mg</i>	1	
<i>tolmetin sodium oral tablet 600 mg</i>	1	
ZYNRELEF INJECTION SOLUTION 400-12 MG/14ML (<i>bupivacaine-meloxicam</i>)	OA	
OPIOID AGONISTS (28:08) - Drugs for Pain		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml</i>	1	QL (136 ML per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	QL (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	1	QL (10 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (5 EA per 1 day)
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	QL (12 EA per 1 day)
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>codeine sulfate oral tablet 15 mg</i>	1	QL (21 EA per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	1	QL (10 EA per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	1	QL (5 EA per 1 day)
DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (<i>meperidine hcl</i>)	OA	
DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML (<i>hydromorphone hcl</i>)	OA	
DURAMORPH INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	OA	
<i>endocet oral tablet 10-325 mg</i>	1	QL (3 EA per 1 day)
<i>endocet oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>endocet oral tablet 5-325 mg</i>	1	QL (6 EA per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	1	QL (4 EA per 1 day)
<i>fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 500 mcg/10ml</i>	OA	
FENTANYL CITRATE INJECTION SOLUTION 1500 MCG/30ML	OA	
FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE 250 MCG/5ML	3	
FENTANYL CITRATE INTRAVENOUS SOLUTION 5000 MCG/100ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MCG/2ML, 1500 MCG/30ML, 250 MCG/5ML, 2750 MCG/55ML	OA	
fentanyl citrate pf injection solution prefilled syringe 25 mcg/0.5ml, 50 mcg/ml	OA	
fentanyl citrate solution prefilled syringe 100 mcg/2ml injection	OA	
FENTANYL CITRATE SOLUTION PREFILLED SYRINGE 100 MCG/2ML INJECTION	OA	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1-0.9 MG/50ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%, 2.5-0.9 MG/50ML-%, 5-0.9 MG/100ML-%	OA	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 1000-0.9 MCG/50ML-%, 5-0.9 MCG/ML-%, 500-0.9 MCG/50ML-%, 550-0.9 MCG/55ML-%	OA	
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.2-0.9 MG/100ML-%, 0.3-0.2-0.9 MG/150ML-%, 0.4-0.1-0.9 MG/200ML-%	OA	
fentanyl transdermal patch 72 hour 100 mcg/1hr, 75 mcg/1hr	1	PA; QL (1 EA per 1 day)
fentanyl transdermal patch 72 hour 12 mcg/1hr, 25 mcg/1hr, 37.5 mcg/1hr, 50 mcg/1hr, 62.5 mcg/1hr, 87.5 mcg/1hr	1	PA; QL (0.5 EA per 1 day)
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.0625-0.9 MG/100ML-%, 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.1-0.125-0.9 MG/50ML-%	OA	
hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg	1	PA; QL (2 EA per 1 day)

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<i>hydrocodone bitartrate er oral capsule extended release 12 hour 50 mg</i>	1	PA; QL (4 EA per 1 day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	PA; QL (1 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	1	QL (73.5 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	QL (98 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	1	QL (9 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	1	QL (6 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	1	QL (4 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>	1	QL (9 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (6 EA per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	1	PA; QL (2 EA per 1 day)
<i>hydromorphone hcl injection solution 0.25 mg/0.5ml, 2 mg/ml, 4 mg/ml</i>	OA	
HYDROMORPHONE HCL INTRAVENOUS SOLUTION 0.2 MG/ML	OA	
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	QL (10 ML per 1 day)
<i>hydromorphone hcl oral tablet 2 mg</i>	1	QL (5 EA per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	1	QL (2 EA per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	1	QL (1 EA per 1 day)

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hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml	OA	
hydromorphone hcl solution 0.2 mg/ml injection	OA	
HYDROMORPHONE HCL SOLUTION 0.2 MG/ML INJECTION	OA	
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION	OA	
hydromorphone hcl solution 1 mg/ml injection	OA	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION 20-0.9 MG/100ML-%	OA	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/50ML-%, 100-0.9 MG/50ML-%, 20-0.9 MG/100ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-%	OA	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.2-0.9 MG/0.2ML-%, 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 10-0.9 MG/50ML-%, 15-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 5-0.9 MG/25ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%, 6-0.9 MG/30ML-%	OA	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (hydrocodone bitartrate)	2	PA; QL (1 EA per 1 day)
INFUMORPH 200 INJECTION SOLUTION 200 MG/20ML (10 MG/ML) (morphine sulfate microinfusion)	OA	
INFUMORPH 500 INJECTION SOLUTION 500 MG/20ML (25 MG/ML) (morphine sulfate microinfusion)	OA	
levorphanol tartrate oral tablet 2 mg	1	QL (2 EA per 1 day)
levorphanol tartrate oral tablet 3 mg	1	QL (1 EA per 1 day)
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	OA	
meperidine hcl oral solution 50 mg/5ml	1	QL (49 ML per 1 day)

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<i>meperidine hcl oral tablet 50 mg</i>	1	QL (9 EA per 1 day)
<i>methadone hcl injection solution 10 mg/ml</i>	OA	
<i>methadone hcl intensol oral concentrate 10 mg/ml</i>	1	
<i>methadone hcl oral concentrate 10 mg/ml</i>	1	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	1	PA
<i>methadone hcl oral tablet soluble 40 mg</i>	1	
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	OA	
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	3	
<i>methadose oral tablet soluble 40 mg</i>	1	
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	3	
<i>mitigo injection solution 200 mg/20ml (10 mg/ml), 500 mg/20ml (25 mg/ml)</i>	OA	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	QL (2.4 ML per 1 day)
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	OA	
<i>morphine sulfate (pf) intravenous solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	OA	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	1	PA; QL (2 EA per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	PA; QL (1 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL (2 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; QL (3 EA per 1 day)

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	OA	
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	OA	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	OA	
<i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml</i>	OA	
<i>morphine sulfate oral solution 10 mg/5ml</i>	1	QL (24.5 ML per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>	1	QL (12.25 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>	1	QL (3 EA per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>	1	QL (1 EA per 1 day)
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/ML-%, 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%, 500-0.9 MG/100ML-%	OA	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%, 150-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 30-0.9 MG/30ML-%, 4-0.9 MG/ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%	OA	
NALOCET ORAL TABLET 2.5-300 MG	3	QL (13 EA per 1 day)
<i>oxycodone hcl oral capsule 5 mg</i>	1	QL (6 EA per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	QL (1.6 ML per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	QL (32.6 ML per 1 day)
<i>oxycodone hcl oral tablet 10 mg</i>	1	QL (3 EA per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	1	QL (2 EA per 1 day)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	1	QL (1 EA per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>	1	QL (6 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	QL (16.3 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	QL (32.6 ML per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG	3	QL (3 EA per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	1	QL (3 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	3	QL (13 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg	1	QL (12 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG	3	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 5-325 mg	1	QL (6 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 7.5-300 MG	3	QL (4 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	1	QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (oxycodone hcl)	2	PA; QL (4 EA per 1 day)
oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	PA; QL (4 EA per 1 day)
oxymorphone hcl oral tablet 10 mg	1	QL (1 EA per 1 day)
oxymorphone hcl oral tablet 5 mg	1	QL (3 EA per 1 day)
PROLATE ORAL SOLUTION 10-300 MG/5ML (oxycodone-acetaminophen)	3	QL (16.3 ML per 1 day)
PROLATE ORAL TABLET 10-300 MG (oxycodone-acetaminophen)	3	QL (3 EA per 1 day)
PROLATE ORAL TABLET 5-300 MG (oxycodone-acetaminophen)	3	QL (6 EA per 1 day)
PROLATE ORAL TABLET 7.5-300 MG (oxycodone-acetaminophen)	3	QL (4 EA per 1 day)
remifentanil hcl intravenous solution reconstituted 1 mg, 2 mg, 5 mg	OA	
sufentanil citrate intravenous solution 100 mcg/2ml, 250 mcg/5ml, 50 mcg/ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	PA; QL (1 EA per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	PA; QL (1 EA per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	1	QL (2 EA per 1 day)
<i>tramadol hcl oral tablet 25 mg</i>	1	QL (8 EA per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (5 EA per 1 day)
<i>tramadol hcl oral tablet 75 mg</i>	1	QL (3 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (6 EA per 1 day)
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	QL (12 EA per 1 day)
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG (<i>remifentanil hcl</i>)	OA	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (<i>oxycodone</i>)	2	PA; QL (4 EA per 1 day)
OPIOID ANTAGONISTS (28:10) - Drugs for Overdose or Poisoning		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1	QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (3 EA per 1 day)
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	2	
NALMEFENE HCL INJECTION SOLUTION 1 MG/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (<i>naloxone hcl</i>)	2	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (<i>nalmefene hcl</i>)	2	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	QL (5 EA per 1 day)
REXTOVY NASAL LIQUID 4 MG/0.25ML (<i>naloxone hcl</i>)	2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	OA	SP
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	3	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (12 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (6 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (2 EA per 1 day)
OPIOID PARTIAL AGONISTS - Drugs for Pain		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	2	PA; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML (<i>buprenorphine</i>)	OA	SP
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML (<i>buprenorphine</i>)	OA	SP
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	OA	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	QL (2 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1	QL (6 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	QL (3 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	QL (12 EA per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	QL (3 EA per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	PA; QL (0.15 EA per 1 day)
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	OA	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	QL (2.5 ML per 1 fill)
<i>nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml</i>	OA	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	QL (5 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	OA	SP
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (12 EA per 1 day)

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ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (6 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (2 EA per 1 day)
OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	3	ST; QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	3	ST; QL (1 EA per 1 day)
PHENOTHIAZINES - Drugs for Depression & Psychosis		
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	OA	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	OA	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	OA	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	OA	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	

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<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	QL (12 EA per 1 day)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	3	ST; QL (1 EA per 1 day)
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (1 EA per 1 day)
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	2	ST; QL (1 EA per 1 day)
<i>bac (butalbital-acetamin-caff) oral tablet 50-325-40 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>caffeine citrate intravenous solution 60 mg/3ml</i>	OA	
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	1	
CAFFEINE-SODIUM BENZOATE INJECTION SOLUTION 125-125 MG/ML	OA	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG (<i>methylphenidate hcl</i>)	3	ST; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG (<i>methylphenidate hcl</i>)	3	ST; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	QL (1 EA per 1 day)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	QL (2 EA per 1 day)
DOPRAM INTRAVENOUS SOLUTION 20 MG/ML (doxapram hcl)	OA	
elixophyllin oral elixir 80 mg/15ml	1	
ergotamine-caffeine oral tablet 1-100 mg	1	PA; QL (0.86 EA per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (methylphenidate hcl)	3	ST; QL (1 EA per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5ML (methylphenidate hcl)	3	ST; QL (30 ML per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5ML (methylphenidate hcl)	3	ST; QL (60 ML per 1 day)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	QL (1 EA per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg	1	QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	1	QL (2 EA per 1 day)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg	1	QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 20 mg	1	QL (3 EA per 1 day)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg	1	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	1	QL (6 EA per 1 day)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	1	QL (3 EA per 1 day)
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	1	QL (1 EA per 1 day)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	PA; QL (0.72 EA per 1 day)
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	1	QL (4 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG, 72 MG (<i>methylphenidate hcl</i>)	3	ST; QL (1 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG (<i>methylphenidate hcl</i>)	3	ST; QL (2 EA per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	QL (12 EA per 1 day)
REVERSIBLE COX-1/COX-2 INHIBITORS - Drugs for Pain		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	3	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	3	PA
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML (<i>ibuprofen</i>)	OA	
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	3	
<i>diclofenac sodium external gel 3 %</i>	1	QL (10 GM per 1 day)
<i>diflunisal oral tablet 500 mg</i>	1	
DOLOBID ORAL TABLET 250 MG (<i>diflunisal</i>)	3	ST
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	1	
<i>fenoprofen calcium oral tablet 600 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	1	QL (4 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>	1	QL (9 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (6 EA per 1 day)
<i>ibuprofen lysine intravenous solution 10 mg/ml</i>	OA	
<i>ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	

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<i>indomethacin oral suspension 25 mg/5ml</i>	1	ST
<i>indomethacin rectal suppository 50 mg</i>	1	ST
<i>indomethacin sodium intravenous solution reconstituted 1 mg</i>	OA	
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	1	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	QL (20 EA per 1 fill)
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	1	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	3	
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	3	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>meloxicam oral capsule 10 mg, 5 mg</i>	1	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	3	ST
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral suspension 125 mg/5ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	1	PA
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	1	PA; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEOPROFEN INTRAVENOUS SOLUTION 10 MG/ML (<i>ibuprofen lysine</i>)	OA	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	1	ST; QL (0.3 EA per 1 day)
ZYNRELEF INJECTION SOLUTION 400-12 MG/14ML (<i>bupivacaine-meloxicam</i>)	OA	
SALICYLATES - Drugs for Pain		
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	1	QL (4 EA per 1 day)
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	3	ST; QL (1 EA per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	QL (1 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 40 MG, 60 MG (<i>duloxetine hcl</i>)	3	ST; QL (2 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG (<i>duloxetine hcl</i>)	3	ST; QL (3 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg</i>	1	QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	3	ST; QL (1 EA per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	3	ST; QL (56 EA per 365 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	3	ST; QL (2 EA per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	3	ST; QL (110 EA per 365 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	QL (2 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1	QL (3 EA per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL (0.4 EA per 1 day)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	1	QL (12 EA per 30 days)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	1	QL (0.4 EA per 1 day)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	QL (0.3 EA per 1 day)
<i>rizatriptan benzoate oral tablet 10 mg</i>	1	QL (0.4 EA per 1 day)
<i>rizatriptan benzoate oral tablet 5 mg</i>	1	QL (0.6 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	1	QL (0.4 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	1	QL (0.6 EA per 1 day)
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	1	QL (0.4 EA per 1 day)

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<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (0.3 EA per 1 day)
<i>sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (0.17 ML per 1 day)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (0.17 ML per 1 day)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (0.17 ML per 1 day)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	1	ST; QL (0.3 EA per 1 day)
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	3	ST; QL (0.4 EA per 1 day)
<i>zolmitriptan nasal solution 5 mg</i>	1	QL (0.4 EA per 1 day)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (0.4 EA per 1 day)
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	1	QL (0.4 EA per 1 day)
ZOMIG NASAL SOLUTION 2.5 MG (<i>zolmitriptan</i>)	3	ST; QL (0.4 EA per 1 day)
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>fluoxetine hcl (pmd) oral tablet 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	1	QL (0.15 EA per 1 day)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	1	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	1	QL (2 EA per 1 day)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	

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olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg	1	QL (1 EA per 1 day)
olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg	1	QL (3 EA per 1 day)
paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg	1	
paroxetine hcl oral suspension 10 mg/5ml	1	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	
paroxetine mesylate oral capsule 7.5 mg	1	QL (1 EA per 1 day)
PAXIL ORAL SUSPENSION 10 MG/5ML (paroxetine hcl)	3	ST
sertraline hcl oral concentrate 20 mg/ml	1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (olanzapine-fluoxetine hcl)	3	QL (3 EA per 1 day)
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	1	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	
REMERON ORAL TABLET 15 MG, 30 MG (mirtazapine)	3	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (mirtazapine)	3	
trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (vortioxetine hbr)	3	ST; QL (1 EA per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (vilazodone hcl)	3	ST; QL (1 EA per 1 day)
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	1	QL (1 EA per 1 day)

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Effective Date 05/01/2025

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	4	PA; SP; QL (4 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG (<i>deutetrabenazine</i>)	4	PA; SP; QL (1 EA per 1 day)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG (<i>deutetrabenazine</i>)	4	PA; SP; QL (56 EA per 365 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	4	PA; SP; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	4	PA; SP; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	4	PA; SP; QL (56 EA per 365 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA; SP
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (2 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	PA; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; M; SP; QL (18 ML per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	2	PA; QL (1 EA per 1 day)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	4	PA; SP; QL (2 EA per 1 day)
DENTAL AGENTS - Oral Care		
DENTAL AGENTS - Oral Care		
MI PASTE DENTAL PASTE (<i>dentifrices</i>)	3	
MI PASTE PLUS DENTAL PASTE (<i>dentifrices</i>)	3	
REMESENSE DENTAL 3 % (<i>dental desensitizing product</i>)	3	
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK FASTCLIX LANCET KIT KIT (<i>lancets misc.</i>)	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT (<i>lancets misc.</i>)	2	
AEROCHAMBER HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER MINI CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER MV (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (<i>spacer/aero-holding chambers</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLOW VU (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER W/FLOWSIGNAL (<i>spacer/aero-holding chambers</i>)	2	
ALCOHOL PREP PADS PAD , 70 %	3	
ALCOHOL PREP PADS SHEET 70 %	3	
AMD FOAM DRESSING PAD 3-1/2"X3" , 4"X4" , 6"X6" (<i>gauze pads & dressings</i>)	3	
AMD FOAM DRESSING TOPSHEET PAD 4"X4" (<i>gauze pads & dressings</i>)	3	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	2	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	2	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	2	
AUM ALCOHOL PREP PADS PAD 70 %	3	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	2	
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM <i>(insulin pen needle)</i>	2	
AUTOLET II CLINISAFE KIT <i>(lancets misc.)</i>	3	
AUTOLET LANCING DEVICE <i>(lancet devices)</i>	3	
AUTOLET LITE LANCING DEVICE <i>(lancet devices)</i>	3	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM <i>(insulin pen needle)</i>	2	
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML <i>(insulin syringe-needle u-100)</i>	2	
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML <i>(insulin syringeneedle u-500)</i>	2	
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM <i>(insulin pen needle)</i>	2	
BREATHE COMFORT CHAMBER/ADULT DEVICE	2	
BREATHE COMFORT CHAMBER/CHILD DEVICE	2	
BREATHE EASE LARGE DEVICE	2	
BREATHE EASE MEDIUM DEVICE	2	
BREATHE EASE SMALL DEVICE	2	
BREATHERITE VALVED MDI CHAMBER DEVICE <i>(spacer/aero-holding chambers)</i>	2	
CARESENS LANCETS 30G <i>(lancets)</i>	2	
CARETOUCH LANCING/EJECTOR <i>(lancet devices)</i>	3	
CEFALY KIT DEVICE <i>(nerve stimulator)</i>	OA	
CEQUR SIMPLICITY INSERTER <i>(injection device for insulin)</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CHEMSTRIP BG LOG BOOK (<i>blood glucose monitoring suppl</i>)	3	
CHOSEN LANCETS 30G (<i>lancets</i>)	2	
CHOSEN LANCING DEVICE (<i>lancet devices</i>)	3	
CHOSEN SAFETY LANCETS 28G (<i>lancets</i>)	2	
CLEVER CHOICE COMFORT EZ (<i>lancets</i>)	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
CLEVER CHOICE TENS UNIT DEVICE (<i>nerve stimulator</i>)	OA	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	2	
COMFORT TOUCH TWIST LANCET 30G (<i>lancets</i>)	2	
COMPACT SPACE CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
COMPACT SPACE CHAMBER/LG MASK DEVICE (<i>spacer/aero-holding chambers</i>)	2	
COMPACT SPACE CHAMBER/MED MASK DEVICE (<i>spacer/aero-holding chambers</i>)	2	
COMPACT SPACE CHAMBER/SM MASK DEVICE (<i>spacer/aero-holding chambers</i>)	2	
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL (<i>blood glucose calibration</i>)	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL (<i>blood glucose calibration</i>)	2	
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4" (<i>gauze pads & dressings</i>)	3	
CURITY AMD ANTIMICROBIAL STRIP (<i>gauze pads & dressings</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CURITY IODOFORM PACKING STRIP (<i>gauze pads & dressings</i>)	3	
DIASCREEN 10 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 1B (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 1G STRIP (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 1K (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 1K STRIP (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 2GK STRIP (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 2GP (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 3 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 4NL (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 4OBL (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 4PH (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 5 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 6 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 7 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 8 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 9 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN LIQUID URINE CONTROL	3	
DIATHRIVE LANCING DEVICE (<i>lancet devices</i>)	3	
DROPLET GENTEEL LANCING DEVICE (<i>lancet devices</i>)	3	
DROPLET MICRON 34G X 3.5 MM (<i>insulin pen needle</i>)	2	
DROPSAFE ACTI-LANCE 23G (<i>lancets</i>)	2	
DROPSAFE ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	
EASIVENT (<i>spacer/aero-holding chambers</i>)	2	
EASY TOUCH LANCING DEVICE (<i>lancet devices</i>)	3	
ELECTRODES 25MM	OA	
ELECTRODES 50X100MM	OA	
ELECTRODES 50X50MM	OA	
ELECTRODES 50X90MM	OA	
ELECTRODES BUTTERFLY 105X155MM	OA	
ELECTRODES FACE 30X50MM	OA	
ELECTRODES JOINT 150MM	OA	
EMBECTA AUTOSHIELD DUO 30G X 5 MM (<i>insulin pen needle</i>)	2	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	2	
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	2	
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML, 28G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	2	
EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML (<i>insulin syringeneedle u-500</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM (<i>insulin pen needle</i>)	2	
EMBECTA PEN NEEDLE NANO 32G X 4 MM (<i>insulin pen needle</i>)	2	
EMBECTA PEN NEEDLE U/F 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	
EMBRACE LANCING DEVICE/EJECTOR	3	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	
EMJOI TENS DEVICE (<i>nerve stimulator</i>)	OA	
EXCILON AMD DRAIN SPONGES PAD 4"X4" (<i>gauze pads & dressings</i>)	3	
FLEXICHAMBER ADULT MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER CHILD MASK/LARGE (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER CHILD MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
FORA D40G GLUCOSE/PRESSURE DEVICE (<i>blood glucose-bp monitor</i>)	3	
GAMMACORE DEVICE (<i>nerve stimulator</i>)	OA	
GAMMACORE SAPPHIRE 31-DAY DEVICE (<i>nerve stimulator</i>)	OA	
GAMMACORE SAPPHIRE D DEVICE (<i>nerve stimulator</i>)	OA	
GAMMACORE SAPPHIRE REFILL KIT (<i>nerve stimulator</i>)	OA	
GENTEEL LANCING KIT (BLUE) KIT (<i>lancets misc.</i>)	3	
GOJJI LANCING DEVICE/CLEAR CAP (<i>lancet devices</i>)	3	
GOODSENSE ALCOHOL SWABS PAD 70 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IGLOVE	OA	
IHEALTH LANCING DEVICE (<i>lancet devices</i>)	3	
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	
INSPIREASE RESERVOIR BAGS (<i>spacer/aero-hold chamber bags</i>)	2	
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 8MM , 30G X 6 MM , 31G X 4 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM , 32G X 8 MM (<i>insulin pen needle</i>)	2	
INSULIN PEN NEEDLES 29G X 12MM , 29G X 4MM , 29G X 5MM , 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 0.5 ML, 29G X 5/16" 1 ML, 30G X 1/2" 1 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2	
INSULIN SYRINGES 27G X 5/8" 1 ML, 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	2	
ISOCK	OA	
KERLIX AMD ANTIMICROBIAL (<i>gauze pads & dressings</i>)	3	
KERLIX AMD SUPER SPONGES PAD 6"X6-3/4" (<i>gauze pads & dressings</i>)	3	
KNEESTIM	OA	
LANCETS (<i>lancets</i>)	2	
LANCETS 28G THIN	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LANCETS SUPER THIN (<i>lancets</i>)	2	
MICROCHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
MICROLET NEXT LANCING DEVICE (<i>lancet devices</i>)	3	
MOBILE LANCETS 30G	2	
MONARCH ETNS SYSTEM DEVICE	OA	
NERIVIO DEVICE (<i>nerve stimulator</i>)	OA	
NOVOFINE PEN NEEDLE 32G X 6 MM (<i>insulin pen needle</i>)	2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	2	
NS-2 ELECTRIC PATCH POUCH	OA	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT (<i>insulin disposable pump</i>)	3	PA
OMNIPOD 5 DEXG7G6 PODS GEN 5 (<i>insulin disposable pump</i>)	3	PA; QL (0.5 EA per 1 day)
OMNIPOD 5 LIBRE2 PLUS G6 KIT (<i>insulin disposable pump</i>)	3	PA
OMNIPOD 5 LIBRE2 PLUS G6 PODS (<i>insulin disposable pump</i>)	3	PA; QL (0.5 EA per 1 day)
OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	3	PA
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	3	PA
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	3	PA; QL (0.5 EA per 1 day)
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	3	
ONETOUCH DELICA SAFETY LANCING (<i>lancets</i>)	2	
OPTICHAMBER DIAMOND (<i>spacer/aero-holding chambers</i>)	2	
OPTICHAMBER DIAMOND-LG MASK DEVICE (<i>spacer/aero-holding chambers</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OPTICHAMBER DIAMOND-MD MASK (<i>spacer/aero-holding chambers</i>)	2	
OPTICHAMBER DIAMOND-SM MASK (<i>spacer/aero-holding chambers</i>)	2	
PAIN AIDE DEVICE	OA	
PAIN RELIEF WITH TENS S2000 DEVICE	OA	
PANDA MASK LARGE (<i>spacer/aero-hold chamber mask</i>)	2	
PANDA MASK MEDIUM (<i>spacer/aero-hold chamber mask</i>)	2	
PANDA MASK SMALL (<i>spacer/aero-hold chamber mask</i>)	2	
PARI VORTEX ADULT MASK (<i>spacer/aero-hold chamber mask</i>)	2	
PARI VORTEX PEDIATRIC MASK (<i>spacer/aero-hold chamber mask</i>)	2	
PEDIATRIC PANDA MASK (<i>spacer/aero-hold chamber mask</i>)	2	
PEN NEEDLE/5-BEVEL TIP 32G X 4 MM	2	
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM (<i>insulin pen needle</i>)	2	
PERFECT EMS DEVICE	OA	
PERFECT POINT SAFETY LANCETS (<i>lancets</i>)	2	
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	2	
POCKET SPACER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
PONS MOUTHPIECE (<i>nerve stimulator</i>)	OA	
PONS SYSTEM DEVICE (<i>nerve stimulator</i>)	OA	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT DEVICE	2	
PRO COMFORT TENS UNIT DEVICE	OA	

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PROCARE SPACER/ADULT MASK DEVICE	2	
PROCARE SPACER/CHILD MASK DEVICE	2	
PROCARE TENS & EMS DEVICE	OA	
PROLIXUS	OA	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	
PURE COMFORT SPACER CHAMBER DEVICE	2	
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM , 31G X 5 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM <i>(insulin pen needle)</i>	2	
RAPPORT RLS KIT <i>(impotence aid device)</i>	3	
RAPPORT VTD KIT <i>(impotence aid device)</i>	3	
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	2	
S.T. GENESIS NERVE STIMULATOR DEVICE <i>(nerve stimulator)</i>	OA	
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	2	
SPABUDDY SPORT ELITE DEVICE	OA	
SPORTS TENS 2 DEVICE	OA	
TECHLITE LANCETS 26G <i>(lancets)</i>	2	
TELFA AMD ISLAND DRESSING PAD 4"X5" , 4"X8" <i>(gauze pads & dressings)</i>	3	
TELFA AMD NON-ADHERENT PAD 3"X8" <i>(gauze pads & dressings)</i>	3	
TENS WIRED PAIN MANAGEMENT DEVICE	OA	
TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	

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ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	
UNIFINE OTC PEN NEEDLES 31G X 5 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	
VERIFINE SAFE LANCET MINI 21G (<i>lancets</i>)	2	
VERIFINE SAFE LANCET MINI 23G (<i>lancets</i>)	2	
VERIFINE SAFE LANCET MINI 28G (<i>lancets</i>)	2	
VERIFINE SAFE LANCET MINI 30G (<i>lancets</i>)	2	
VIVAGUARD LANCETS 30G (<i>lancets</i>)	2	
VIVAGUARD LANCING DEVICE (<i>lancet devices</i>)	3	
VIVAGUARD SAFETY LANCETS 28G (<i>lancets</i>)	2	
VORTEX VALVE CHAMBER-PEDI MASK DEVICE (<i>spacer/aero-holding chambers</i>)	2	
VORTEX VALVED HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
XEROFORM OCCLUSIVE GAUZE PATCH EXTERNAL PAD 3 % (<i>bismuth tribromoph-petrolatum</i>)	3	

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XEROFORM OIL EMULSION 2"X2" EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM OIL EMULSION GAUZE EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM OIL EMULSION STRIP EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM OIL ROLL 4"X9' EXTERNAL 3 % (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM PETROLAT PATCH 2"X2" EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM PETROLAT PATCH 4"X4" EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM PETROLATUM DRES 4"X4" EXTERNAL PAD 3 %	3	
XEROFORM PETROLATUM DRES 5"X9" EXTERNAL PAD 3 %	3	
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
ZEWA DIGITAL TENS UNIT DEVICE (<i>nerve stimulator</i>)	OA	
ZEWA TENS/EMS COMBO UNIT DEVICE (<i>nerve stimulator</i>)	OA	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	OA	PA; SP
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	OA	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	4	PA; SP
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	OA	PA; SP
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG (<i>cosyntropin</i>)	OA	
<i>cosyntropin injection solution reconstituted 0.25 mg</i>	OA	
ALLERGENIC EXTRACTS (DIAGNOSTIC)		
AMERICAN BEECH POLLEN SUBCUTANEOUS SOLUTION 1:20	OA	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10	OA	
CARDIAC FUNCTION		
<i>adenosine (diagnostic) intravenous solution 3 mg/ml</i>	OA	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
<i>dipyridamole intravenous solution 5 mg/ml</i>	OA	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
FLYRCADO INTRAVENOUS SOLUTION 5-55 MCI/ML (<i>flurpiridaz f 18</i>)	OA	
<i>indocyanine green intravenous solution reconstituted 25 mg</i>	OA	
LEXISCAN INTRAVENOUS SOLUTION 0.4 MG/5ML (<i>regadenoson</i>)	OA	
<i>regadenoson intravenous solution 0.4 mg/5ml</i>	OA	
DIABETES MELLITUS		
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	2	QL (10 EA per 1 day)
CONTOUR PLUS TEST IN VITRO STRIP (<i>glucose blood</i>)	2	QL (10 EA per 1 day)
CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	2	QL (10 EA per 1 day)

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DIAGNOSTIC AGENTS		
ADVIN COVID-19 ANTIGEN TEST IN VITRO KIT	3	^; QL (8 EA per 1 day)
AZO UTI/VAGINAL PH TEST EXTRACORPOREAL KIT (<i>uti & vaginal infection test</i>)	OA	
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	^; QL (8 EA per 1 day)
CARESTART COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	^; QL (8 EA per 1 day)
CLEARDETECT COVID-19 AG HOME IN VITRO KIT (<i>covid-19 at home test</i>)	3	^; QL (8 EA per 1 day)
CLINITEST RAPID COVID-19 TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	^; QL (8 EA per 1 day)
COVID-19 AT HOME ANTIGEN TEST IN VITRO KIT	3	^; QL (8 EA per 1 day)
COVID-19 AT-HOME TEST IN VITRO KIT	3	^; QL (8 EA per 1 day)
COVID-19 OTC ANTIGEN 1-PACK IN VITRO KIT	3	^; QL (8 EA per 1 day)
COVID-19 OTC ANTIGEN 2-PACK IN VITRO KIT	3	^; QL (8 EA per 1 day)
CYSVIEW INTRAVESICAL SOLUTION RECONSTITUTED 100 MG (<i>hexaminolevulinate hcl</i>)	OA	
DIATRUST COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	^; QL (8 EA per 1 day)
ELLUME COVID-19 HOME TEST IN VITRO KIT	3	^; QL (8 EA per 1 day)
FASTEP COVID-19 ANTIGEN TEST IN VITRO KIT	3	^; QL (8 EA per 1 day)
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	^; QL (8 EA per 1 day)
FLUDEOXYGLUCOSE F 18 INTRAVENOUS SOLUTION 20-200 MCI/ML	OA	
GENABIO COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	^; QL (8 EA per 1 day)

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GOTOKNOW COVID-19 ANTIGEN RAPI IN VITRO KIT (<i>covid-19 at home test</i>)	3	^; QL (8 EA per 1 day)
IHEALTH COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	^; QL (8 EA per 1 day)
INDICAID COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	^; QL (8 EA per 1 day)
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	^; QL (8 EA per 1 day)
<i>isosulfan blue subcutaneous solution 1 %</i>	OA	
METHACHOLINE CHLORIDE INHALATION KIT	OA	
OHC COVID-19 ANTIGEN SELF TEST IN VITRO KIT	3	^; QL (8 EA per 1 day)
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	^; QL (8 EA per 1 day)
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	^; QL (8 EA per 1 day)
PILOT COVID-19 AT-HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	^; QL (8 EA per 1 day)
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	^; QL (8 EA per 1 day)
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT (<i>covid-19 at home test</i>)	3	^; QL (8 EA per 1 day)
UDSX MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
UDSXMP MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % (<i>lidocaine hcl-blood collection</i>)	3	
DRUG HYPERSENSITIVITY		
PRE-PEN INTRADERMAL SOLUTION 0.25 ML (<i>benzylpenicilloyl polylysine</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GALLBLADDER FUNCTION		
KINEVAC INJECTION SOLUTION RECONSTITUTED 5 MCG (<i>sincalide</i>)	OA	
SINCALIDE INJECTION SOLUTION RECONSTITUTED 5 MCG	OA	
KETONES		
CHEMSTRIP K IN VITRO STRIP (<i>acetone (urine) test</i>)	3	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	3	
KIDNEY FUNCTION		
<i>mannitol intravenous solution 20 %, 25 %</i>	OA	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (<i>mannitol</i>)	OA	
LIVER FUNCTION		
<i>indocyanine green intravenous solution reconstituted 25 mg</i>	OA	
MYASTHENIA GRAVIS		
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML (<i>neostigmine methylsulfate</i>)	OA	
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML (<i>neostigmine methylsulfate</i>)	OA	
<i>neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml</i>	OA	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	OA	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 4 MG/4ML, 5 MG/5ML	OA	
<i>neostigmine methylsulfate rfid intravenous solution 10 mg/10ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>neostigmine methylsulfate rfid intravenous solution prefilled syringe 3 mg/3ml</i>	OA	
<i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i>	OA	
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 3 MG/3ML INTRAVENOUS	OA	
OCULAR DISORDERS		
<i>ak-fluor intravenous solution 10 %</i>	OA	
<i>fluorescein intravenous solution 10 %</i>	OA	
<i>fluorescein sodium intravenous solution 25 %</i>	OA	
FLUORESCITE INTRAVENOUS SOLUTION 10 % (<i>fluorescein sodium</i>)	OA	
VISIONBLUE INTRAOCCULAR SOLUTION PREFILLED SYRINGE 0.06 % (<i>trypan blue</i>)	OA	
PANCREATIC FUNCTION		
SECREFO INTRAVENOUS SOLUTION RECONSTITUTED 16 MCG (<i>secretin acetate</i>)	OA	
PHEOCHROMOCYTOMA		
DEMSEER ORAL CAPSULE 250 MG (<i>metirosine</i>)	3	PA; QL (16 EA per 1 day)
HISTATROL INJECTION SOLUTION 2.75 MG/ML (<i>histamine phosphate</i>)	OA	
HISTATROL INTRADERMAL SOLUTION 0.275 MG/ML (<i>histamine phosphate</i>)	OA	
<i>metirosine oral capsule 250 mg</i>	1	PA; QL (16 EA per 1 day)
PITUITARY FUNCTION		
R-GENE 10 INTRAVENOUS SOLUTION 10 % (<i>arginine hcl diagnostic</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ROENTGENOGRAPHY AND OTHER IMAGING AGENTS		
GADAVIST INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MMOL/10ML, 15 MMOL/15ML, 7.5 MMOL/7.5ML (<i>gadobutrol</i>)	OA	
GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM (<i>aminolevulinic acid hcl</i>)	OA	
SODIUM FLUORIDE F 18 INTRAVENOUS SOLUTION 10-200 MCI/ML	OA	
VUEWAY INTRAVENOUS SOLUTION 0.5 MMOL/ML (<i>gadopiclenol</i>)	OA	
SUGAR		
DIASTIX REAGENT IN VITRO STRIP (<i>glucose urine test-glucose ox</i>)	2	
URINE AND FECES CONTENTS		
CHEMSTRIP UGK IN VITRO STRIP (<i>urine glucose-ketones test</i>)	3	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	3	
KETONE CARE IN VITRO STRIP (<i>urine glucose-ketones test</i>)	3	
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
<i>formaldehyde external solution 37 %</i>	1	
<i>glutaraldehyde external solution 25 %</i>	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE 1-8.4 %	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML	3	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	1	
sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml, 500-334 mg/5ml	1	
sodium acetate intravenous solution 2 meq/ml, 4 meq/ml	OA	
sodium bicarbonate intravenous solution 4.2 %, 7.5 %	OA	
sodium bicarbonate solution 8.4 % intravenous	OA	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	OA	
THAM INTRAVENOUS SOLUTION 30 MEQ/100ML (tromethamine)	OA	
tromethamine intravenous solution 30 meq/100ml	OA	
AMMONIA DETOXICANTS		
CARBAGLU ORAL TABLET SOLUBLE 200 MG (carglumic acid)	4	PA; SP
carglumic acid oral tablet soluble 200 mg	4	PA; SP
constulose oral solution 10 gm/15ml	1	
enulose oral solution 10 gm/15ml	1	
generlac oral solution 10 gm/15ml	1	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (lactulose)	3	PA
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral packet 10 gm, 20 gm	1	
lactulose oral solution 10 gm/15ml, 20 gm/30ml	1	
LITHOSTAT ORAL TABLET 250 MG (acetohydroxamic acid)	3	
PHEBURANE ORAL PELLETT 483 MG/GM (sodium phenylbutyrate)	4	PA; SP
sod benz-sod phenylacet intravenous solution 10-10 %	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sodium phenylbutyrate oral powder 3 gmltsp</i>	4	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	PA; SP
CALORIC AGENTS - Drugs for Nutrition		
AMINO ACID INTRAVENOUS SOLUTION 5 %	OA	
AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 %	OA	
AMINOPROTECT INTRAVENOUS SOLUTION 5 % (<i>amino acid infusion</i>)	OA	
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 % (<i>amino acid infusion</i>)	OA	
AMINOSYN-PF 7% INTRAVENOUS SOLUTION 7 % (<i>amino acid infusion</i>)	OA	
AMINOSYN-PF INTRAVENOUS SOLUTION 10 % (<i>amino acid infusion</i>)	OA	
ARGININE HCL INJECTION SOLUTION 6 GM/30ML	3	
<i>bupivacaine in dextrose intrathecal solution 0.75-8.25 %</i>	OA	
<i>bupivacaine spinal intrathecal solution 0.75-8.25 %</i>	OA	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>	OA	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	OA	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)</i>	OA	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	OA	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	OA	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	OA	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 % (<i>amino ac elect-calc in d5w</i>)	OA	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 % (<i>amino ac elect-calc in d10w</i>)	OA	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 % (<i>amino ac elect-calc in d5w</i>)	OA	
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 % (<i>amino ac elect-calc in d15w</i>)	OA	
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 % (<i>amino ac elect-calc in d20w</i>)	OA	
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	OA	
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	OA	
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 % (<i>amino acid infusion in d10w</i>)	OA	
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 % (<i>amino acid infusion in d5w</i>)	OA	
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 % (<i>amino acid infusion in d15w</i>)	OA	
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 % (<i>amino acid infusion in d20w</i>)	OA	
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	OA	
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	OA	
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	OA	

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CLINISOL SF INTRAVENOUS SOLUTION 15 % (<i>amino acid infusion</i>)	OA	
CLINOLIPID INTRAVENOUS EMULSION 20 % (<i>fat emuls plant base(soy/oliv)</i>)	OA	
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	OA	
<i>dextrose in lactated ringers intravenous solution 5 %</i>	OA	
<i>dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %</i>	OA	
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	OA	
<i>dextrose solution 250 mg/ml intravenous</i>	OA	
DEXTROSE SOLUTION 50 % INTRAVENOUS	OA	
<i>dextrose solution 50 % intravenous</i>	OA	
<i>dextrose-nacl intravenous solution 5-0.9 %</i>	OA	
<i>dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	OA	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%, 5-125 %-MG/125ML	OA	
ELLIOTTS B INTRATHECAL SOLUTION (<i>intrathecal elec-dextrose</i>)	OA	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	
GLUTATHIONE INJECTION SOLUTION 200 MG/ML	3	
GLUTATHIONE INTRAVENOUS SOLUTION 6 GM/30ML	OA	

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GLYCINE INJECTION SOLUTION 50 MG/ML	3	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	OA	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % (fat emulsion plant based (soy))	OA	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION (electrolyte-mb in dextrose)	OA	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (electrolyte-p in dextrose)	OA	
KABIVEN INTRAVENOUS EMULSION 3.3-10.8-3.9 % (amino ac-dext-lipid-electrolyt)	OA	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meqll-%-%, 20-5-0.2 meqll-%-%, 20-5-0.225 meqll-%-%, 20-5-0.45 meqll-%-%, 20-5-0.9 meqll-%-%, 30-5-0.45 meqll-%-%, 40-5-0.45 meqll-%-%, 40-5-0.9 meqll-%-%	OA	
kcl-lactated ringers-d5w intravenous solution 20 meqll	OA	
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	OA	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	OA	
LMD IN D5W INTRAVENOUS SOLUTION 10-5 % (dextran 40 in d5w)	OA	
LYSINE HCL INJECTION SOLUTION 100 MG/ML	3	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	OA	
MARCAINE SPINAL INTRATHECAL SOLUTION 0.75-8.25 % (bupivacaine in dextrose)	OA	
milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/100ML	OA	
NEOKE ALCAR ORAL POWDER (<i>acetylcarnitine</i>)	3	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-% (<i>amiodarone hcl in dextrose</i>)	OA	
<i>nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%</i>	OA	
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 16-5 MG/250ML-%, 4-5 MG/250ML-%, 8-5 MG/250ML-%, 8-5 MG/500ML-%	OA	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-m in dextrose</i>)	OA	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-r in dextrose</i>)	OA	
NUTRILIPID INTRAVENOUS EMULSION 20 % (<i>fat emulsion plant based (soy)</i>)	OA	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 2 GM/50ML	OA	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 40000 UNIT/ML, 60000 UNIT/ML	OA	
PERIKABIVEN INTRAVENOUS EMULSION 2.4-6.8-3.5-0.5 % (<i>amino ac-dext-lipid-electrolyt</i>)	OA	
PLENAMINE INTRAVENOUS SOLUTION 15 % (<i>amino acid infusion</i>)	OA	
<i>potassium cl in dextrose 5% intravenous solution 10 meqll, 20 meqll</i>	OA	
PREMASOL INTRAVENOUS SOLUTION 10 % (<i>amino acid infusion</i>)	OA	

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PROSOL INTRAVENOUS SOLUTION 20 % (<i>amino acid infusion</i>)	OA	
SMOFLIPID INTRAVENOUS EMULSION 20 % (<i>fat emul fish oilplant based</i>)	OA	
TAURINE INJECTION SOLUTION 50 MG/ML	3	
TAZICEF INTRAVENOUS SOLUTION 1 GM/50ML (<i>ceftazidime sodium in dextrose</i>)	OA	
TRAVASOL INTRAVENOUS SOLUTION 10 % (<i>amino acid infusion</i>)	OA	
TRI-AMINO INJECTION SOLUTION 100-100-100 MG/ML	3	
TROPHAMINE INTRAVENOUS SOLUTION 10 % (<i>amino acid infusion</i>)	OA	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	OA	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	OA	
<i>vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous</i>	OA	
VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	OA	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML (<i>piperacillin-tazobactam in dex</i>)	OA	
CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	OA	

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

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DELFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 398 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION 344 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION 395 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION 483 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 346 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 396 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 485 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
EXTRANEAL INTRAPERITONEAL SOLUTION 7.5 % (<i>icodextrin-electrolytes</i>)	OA	
<i>glycine irrigation solution 1.5 %</i>	1	
<i>glycine urologic irrigation solution 1.5 %</i>	1	
<i>lactated ringers irrigation solution</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION (<i>irrigation solns physiological</i>)	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION (<i>irrigation solns physiological</i>)	3	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	3	
<i>ringers irrigation irrigation solution</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sterile water for irrigation irrigation solution	OA	
TIS-U-SOL IRRIGATION SOLUTION (<i>ringers irrigation</i>)	3	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION 346 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION 396 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
ULTRABAG/DIANEAL PD-2/4.25% DEX INTRAPERITONEAL SOLUTION 485 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 395 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION 483 MOSM/L (<i>peritoneal dialysis solutions</i>)	OA	
water for irrigation, sterile irrigation solution	OA	
LOOP DIURETICS (40:28) - Drugs for Water Balance		
bumetanide injection solution 0.25 mg/ml	OA	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
EDECIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	3	
ethacrynate sodium intravenous solution reconstituted 50 mg	OA	
ethacrynic acid oral tablet 25 mg	1	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	OA	
furosemide injection solution 10 mg/ml	OA	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
UDSX MEDICATED SYSTEM COMBINATION KIT 20 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UDSXMP MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
OSMOTIC DIURETICS - Drugs for Water Balance		
<i>mannitol intravenous solution 20 %, 25 %</i>	OA	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (<i>mannitol</i>)	OA	
<i>urea external cream 20 %</i>	1	
OTHER ION-REMOVING AGENTS		
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	3	
PHOSPHATE-REMOVING AGENTS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (<i>ferric citrate</i>)	3	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	3	ST
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
POTASSIUM-REMOVING AGENTS		
KIONEX COMBINATION SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	3	
<i>sodium polystyrene sulfonate oral powder</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (<i>sodium polystyrene sulfonate</i>)	3	
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	3	
POTASSIUM-SPARING DIURETICS - Drugs for Water Balance		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	PA
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
REPLACEMENT PREPARATIONS		
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-% (<i>tirofiban hcl in nacl</i>)	OA	
AQUASTAT INTRAVENOUS SOLUTION 0.9 % (<i>sodium chloride flush</i>)	OA	
AQUASTAT SFR INTRAVENOUS SOLUTION 0.9 % (<i>sodium chloride flush</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BD POSIFLUSH INTRAVENOUS SOLUTION 0.9 % (sodium chloride flush)	OA	
BD POSIFLUSH SAFESCRUB INTRAVENOUS SOLUTION 0.9 % (sodium chloride flush)	OA	
BREVIBLOC IN NAACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (esmolol hcl-sodium chloride)	OA	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (esmolol hcl-sodium chloride)	OA	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (esmolol hcl-sodium chloride)	OA	
BUPIVACAINE HCL-NAACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.25-0.9 %	OA	
CALCIFOL ORAL WAFER 1342-1.6 MG (ca carb-fa-d-b6-b12-boron-mg)	3	
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	
calcium acetate oral tablet 667 mg	1	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	OA	
calcium chloride solution 10 % intravenous	OA	
calcium gluconate intravenous solution 10 %	OA	
CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1000 MG/10ML	OA	
calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 1-0.8 gm/100ml-%, 2-0.675 gm/100ml-%	OA	
CALCIUM GLUCONATE-NAACL INTRAVENOUS SOLUTION 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	OA	
CARDIOPLEGIA INDUCTION HIGH K PERFUSION SOLUTION	OA	
cardioplegic perfusion solution	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDIOPLEGIC SOLN W/ LIDOCAINE PERFUSION SOLUTION	OA	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 2-0.9 GM/100ML-%, 3-0.9 GM/100ML-%	OA	
chromic chloride intravenous solution 40 mcg/10ml	OA	
CLINDAMYCIN PHOSPHATE IN NAACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	OA	
cupric chloride intravenous solution 0.4 mg/ml	OA	
DEXAMETHASONE SOD PHOS-NAACL INTRAVENOUS SOLUTION 6-0.9 MG/25ML-%	OA	
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 400 mcg/100ml, 80 mcg/20ml	OA	
DEXMEDETOMIDINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MCG/5ML-%	OA	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION 200MCG/50ML -5%, 400MCG/100ML -5%	OA	
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	OA	
dextrose in lactated ringers intravenous solution 5 %	OA	
dextrose-nacl intravenous solution 5-0.9 %	OA	
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.33 %, 5-0.45 %, 5-0.9 %	OA	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	OA	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (potassium bicarb-citric acid)	3	
effe-k oral tablet effervescent 25 meq	1	

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELLIOTTS B INTRATHECAL SOLUTION (<i>intrathecal dextrose</i>)	OA	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 50 MG/5ML	OA	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 25-0.9 MG/5ML-%, 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	
EPINEPHRINE BITARTRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-0.9 MCG/10ML-%	OA	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
<i>esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	OA	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1-0.9 MG/50ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%, 2.5-0.9 MG/50ML-%, 5-0.9 MG/100ML-%	OA	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 1000-0.9 MCG/50ML-%, 5-0.9 MCG/ML-%, 500-0.9 MCG/50ML-%, 550-0.9 MCG/55ML-%	OA	
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.2-0.9 MG/100ML-%, 0.3-0.2-0.9 MG/150ML-%, 0.4-0.1-0.9 MG/200ML-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.0625-0.9 MG/100ML-%, 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%	OA	

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FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.1-0.125-0.9 MG/50ML-%	OA	
fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%, 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	OA	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	OA	
GALZIN ORAL CAPSULE 25 MG, 50 MG (zinc acetate (oral))	3	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	OA	
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOLE/ML (sodium glycerophosphate)	OA	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%	OA	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	OA	
hetastarch-nacl intravenous solution 6-0.9 %	OA	
HEXTEND INTRAVENOUS SOLUTION 6 % (hetastarch-electrolytes)	OA	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION 20-0.9 MG/100ML-%	OA	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/50ML-%, 100-0.9 MG/50ML-%, 20-0.9 MG/100ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.2-0.9 MG/0.2ML-%, 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 10-0.9 MG/50ML-%, 15-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 5-0.9 MG/25ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%, 6-0.9 MG/30ML-%	OA	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (<i>calfactant in nacl</i>)	OA	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-mb in dextrose</i>)	OA	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-p in dextrose</i>)	OA	
ISOLYTE-S INTRAVENOUS SOLUTION (<i>electrolyte-s</i>)	OA	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION (<i>electrolyte-s (ph 7.4)</i>)	OA	
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meqll-%, 20-0.9 meqll-%</i>	OA	
<i>kcl (0.298%) in nacl intravenous solution 40-0.9 meqll-%</i>	OA	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meqll-%-%, 20-5-0.2 meqll-%-%, 20-5-0.225 meqll-%-%, 20-5-0.45 meqll-%-%, 20-5-0.9 meqll-%-%, 30-5-0.45 meqll-%-%, 40-5-0.45 meqll-%-%, 40-5-0.9 meqll-%-%</i>	OA	
<i>kcl-lactated ringers-d5w intravenous solution 20 meqll</i>	OA	
KCL-LIDOCAINE-NACL INTRAVENOUS SOLUTION 10-10 MEQ-MG /100ML	OA	
KETAMINE HCL-SODIUM CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 20-0.9 MG/2ML-%, 50-0.9 MG/5ML-%	OA	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 100-0.9 MG/100ML-%, 50-0.8 MG/50ML-%, 50-0.9 MG/50ML-%	OA	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2-0.9 MG/2ML-%, 30-0.9 MG/30ML-%, 5-0.9 MG/5ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%	OA	
midazolam-sodium chloride (pf) intravenous solution 100-0.8 mg/100ml-%	OA	
midazolam-sodium chloride intravenous solution 100-0.9 mg/100ml-%	OA	
midazolam-sodium chloride solution 50-0.9 mg/50ml-% intravenous	OA	
MIDAZOLAM-SODIUM CHLORIDE SOLUTION 50-0.9 MG/50ML-% INTRAVENOUS	OA	
MONOJECT FLUSH SYRINGE INTRAVENOUS SOLUTION 0.9 % (sodium chloride flush)	OA	
MONOJECT SODIUM CHLORIDE FLUSH INTRAVENOUS SOLUTION 0.9 % (sodium chloride flush)	OA	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/ML-%, 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%, 500-0.9 MG/100ML-%	OA	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%, 150-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 30-0.9 MG/30ML-%, 4-0.9 MG/ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%	OA	
multiple electro type 1 ph 5.5 intravenous solution	OA	
multiple electro type 1 ph 7.4 intravenous solution	OA	
MULTRYS INTRAVENOUS SOLUTION 60-3-6-1000 MCG/ML (trace minerals cu-mn-se-zn)	OA	

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MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% <i>(insulin regular(human) in nacl)</i>	OA	
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
<i>normal saline flush intravenous solution 0.9 %</i>	OA	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION <i>(electrolyte-m in dextrose)</i>	OA	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION <i>(electrolyte-r in dextrose)</i>	OA	
NORMOSOL-R INTRAVENOUS SOLUTION <i>(electrolyte-r)</i>	OA	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 10 UNIT/500ML, 15 UNIT/250ML, 20 UNIT/L, 30 UNIT/500ML	OA	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 20-0.9 UNIT/L-%, 30-0.9 UT/500ML-%, 40-0.9 UNIT/L-%	OA	
PANTOPRAZOLE SODIUM-NAACL INTRAVENOUS SOLUTION 40-0.9 MG/100ML-%, 40-0.9 MG/50ML-%, 80-0.9 MG/100ML-%	OA	
PHENYLEPHRINE HCL-NAACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	OA	
PHENYLEPHRINE HCL-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.4-0.9 MG/5ML-%, 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	OA	
<i>phosphorous oral tablet 155-852-130 mg</i>	1	

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phospho-trin 250 neutral oral tablet 155-852-130 mg	1	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG (potassium phosphate monobasic)	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION (electrolyte-148)	OA	
PLASMA-LYTE A INTRAVENOUS SOLUTION (electrolyte-a)	OA	
PLEGISOL PERFUSION SOLUTION (cardioplegic soln)	OA	
potassium acetate solution 2 meq/ml intravenous	OA	
POTASSIUM ACETATE SOLUTION 2 MEQ/ML INTRAVENOUS	OA	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	1	
potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%	OA	
potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	OA	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium cl in dextrose 5% intravenous solution 10 meq/l, 20 meq/l	OA	
potassium phosphates intravenous solution 15 mmole/5ml, 150 mmole/50ml, 45 mmole/15ml	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
potassium phosphates(66 meq k) intravenous solution 45 mmole/15ml	OA	
potassium phosphates(71 meq k) intravenous solution 45 mmole/15ml	OA	
POTASSIUM PHOSPHATES-NACL INTRAVENOUS SOLUTION 15 MMOL/250ML	OA	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML, 200 MCG/50ML, 400 MCG/100ML (dexmedetomidine hcl in nacl)	OA	
PREPIV SUPPLY COMBINATION KIT 2.5-2.5 & 0.9 %	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L (bicarb-dextrose-k (crrt))	OA	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L (bicarb-dextrose-ca (crrt))	OA	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L (bicarb-dextrose-k (crrt))	OA	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L (bicarb-dextrose-k-ca (crrt))	OA	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L (bicarb-dextrose-k-ca (crrt))	OA	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L (bicarb-mg (crrt))	OA	
ringers intravenous solution	OA	
ROPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.15-0.9 %	OA	
ROPIVACAINE HCL-NACL INJECTION SOLUTION 0.2-0.9 %	3	
ROPIVACAINE HCL-NACL INJECTION SOLUTION PREFILLED SYRINGE 0.5-0.9 %	3	
saline bacteriostatic injection solution 0.9 %	OA	
saline flush intravenous solution 0.9 %	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SALINE-PHENOL INJECTION SOLUTION 0.4-0.9 %	3	
sodium chloride (pf) injection solution 0.9 %	OA	
sodium chloride bacteriostatic injection solution 0.9 %	OA	
sodium chloride flush intravenous solution 0.9 %	OA	
sodium chloride injection solution 2.5 meq/ml	OA	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	OA	
SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS	OA	
sodium chloride solution 4 meq/ml intravenous	OA	
sodium phosphates intravenous solution 15 mmole/5ml, 150 mmole/50ml, 45 mmole/15ml	OA	
THE LIQUILIFT TRACE INTRAVENOUS KIT 10-1000-500-60 MCG/ML (trace minerals cr-cu-mn-se-zn)	OA	
tirofiban hcl in nacl intravenous solution 12.5-0.9 mg/250ml-%, 5-0.9 mg/100ml-%	OA	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE (parenteral electrolytes)	OA	
TRALEMENT INTRAVENOUS SOLUTION 300-55-60-3000 MCG/ML (trace minerals cu-mn-se-zn)	OA	
TRISODIUM CITRATE/CRRT EXTRACORPOREAL SOLUTION	OA	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	OA	
VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1-0.9 GM/250ML-%, 1.25-0.9 GM/250ML-%, 1.5-0.9 GM/250ML-%, 1.5-0.9 GM/500ML-%, 1.75-0.9 GM/250ML-%, 1.75-0.9 GM/500ML-%, 2-0.9 GM/500ML-%	OA	
VANCOMYCIN HCL IN NAACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	OA	

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vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	OA	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 20-0.9 UT/100ML-%, 40-0.9 UT/100ML-%	OA	
wes-phos 250 neutral oral tablet 155-852-130 mg	1	
zinc chloride intravenous solution 1 mg/ml	OA	
zinc sulfate intravenous solution 1 mg/ml, 3 mg/ml, 5 mg/ml	OA	
SALT AND SUGAR SUBSTITUTES		
sodium saccharin powder	1	
THIAZIDE DIURETICS - Drugs for Water Balance		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (quinapril-hydrochlorothiazide)	3	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
chlorothiazide sodium intravenous solution reconstituted 500 mg	OA	
DIURIL ORAL SUSPENSION 250 MG/5ML (chlorothiazide)	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (azilsartan-chlorthalidone)	3	ST

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enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (benazepril-hydrochlorothiazide)	3	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
spironolactone-hctz oral tablet 25-25 mg	1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
triamterene-hctz oral capsule 37.5-25 mg	1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	

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THIAZIDE-LIKE DIURETICS - Drugs for Water Balance		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol-chlorthalidone</i>)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol-chlorthalidone</i>)	3	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	3	
URICOSURIC AGENTS		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	4	PA; SP; QL (2 EA per 1 day)
ENZYMES		
ENZYME COFACTORS/CHAPERONES		
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	4	PA; SP; QL (0.5 EA per 1 day)
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG (<i>arimoclomol citrate</i>)	4	PA; SP; QL (3 EA per 1 day)
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	4	PA; SP
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	4	PA; SP
ENZYME INHIBITORS		
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	4	PA; SP
<i>miglustat oral capsule 100 mg</i>	4	PA; SP
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	4	PA; SP

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NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	4	PA; SP
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	4	PA; SP; QL (0.3 EA per 1 day)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	4	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	4	PA; SP
<i>yargesa oral capsule 100 mg</i>	4	PA; SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	4	PA; SP; QL (4 EA per 1 day)
ENZYMES		
ADZYNMA INTRAVENOUS KIT 1500 UNIT, 500 UNIT	OA	PA; SP
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (<i>laronidase</i>)	OA	PA; SP
AMPHADASE INJECTION SOLUTION 150 UNIT/ML (<i>hyaluronidase bovine</i>)	OA	
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (<i>calaspargase pegol-mknl</i>)	OA	SP
BRINEURA KIT 2 X 150 MG/5ML (<i>cerliponase alfa</i>)	OA	PA; SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	OA	PA; SP
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	OA	PA; SP
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	OA	PA; SP
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML, 5 MG/2.5ML (<i>pegunigalsidase alfa-iwxj</i>)	OA	PA; SP

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ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG (<i>rasburicase</i>)	OA	SP
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (<i>agalsidase beta</i>)	OA	PA; SP
HYLENEX INJECTION SOLUTION 150 UNIT/ML (<i>hyaluronidase human</i>)	OA	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	4	PA; SP
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (<i>sebelipase alfa</i>)	OA	PA; SP
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (<i>velmanase alfa-tycv</i>)	OA	PA; SP
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>alglucosidase alfa</i>)	OA	PA; SP
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML (<i>vestronidase alfa-vjbk</i>)	OA	PA; SP
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (<i>galsulfase</i>)	OA	PA; SP
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>avalglucosidase alfa-ngpt</i>)	OA	PA; SP
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED 105 MG (<i>cipaglucoisidase alfa-atga</i>)	OA	PA; SP
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	4	PA; SP
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML (<i>elapegademase-lvlr</i>)	OA	PA; SP
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML (<i>asparaginase erwinia chry-rywn</i>)	OA	PA; SP
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	QL (3 GM per 1 day)

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STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	4	PA; SP
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	4	PA; SP
TNKASE INTRAVENOUS KIT 50 MG (<i>tenecteplase</i>)	OA	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (<i>elosulfase alfa</i>)	OA	PA; SP
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>glucarpidase</i>)	OA	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglucerase alfa</i>)	OA	PA; SP
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 4 MG (<i>olipudase alfa-rpcp</i>)	OA	PA; SP
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (<i>collagenase clostrid histolyt</i>)	OA	PA; SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
<i>brimonidine tartrate external gel 0.33 %</i>	1	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	3	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	2	

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SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	2	
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALOCRIAL OPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	3	PA
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1	QL (2 ML per 1 day)
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	1	QL (0.77 GM per 1 day)
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	1	ST
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	2	QL (0.77 GM per 1 day)
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	
<i>olopatadine hcl nasal solution 0.6 %</i>	1	QL (1.02 GM per 1 day)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	1	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	QL (1 GM per 1 day)
ANTIBACTERIALS (52:04) - Drugs for Infections		
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	3	
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	3	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	

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BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	3	
CETRAXAL OTIC SOLUTION 0.2 % (<i>ciprofloxacin hcl</i>)	3	ST
CILOXAN OPHTHALMIC OINTMENT 0.3 % (<i>ciprofloxacin hcl</i>)	3	
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	3	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION 0.3-0.025 %	3	PA
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	3	
<i>doxycycline oral capsule delayed release 40 mg</i>	1	
<i>ery external pad 2 %</i>	1	
ERYGEL EXTERNAL GEL 2 % (<i>erythromycin</i>)	3	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	1	
<i>gentamicin sulfate external cream 0.1 %</i>	1	
<i>gentamicin sulfate external ointment 0.1 %</i>	1	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	OA	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<i>levofloxacin ophthalmic solution 1.5 %</i>	1	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (<i>neomycin-polymyxin-dexameth</i>)	3	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>minocycline hcl</i>)	OA	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
MITOSOL OPHTHALMIC KIT 0.2 MG (<i>mitomycin</i>)	3	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	1	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION 5 MG/ML	OA	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.16 %	OA	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 % (<i>bacitracin-polymyx-neo-hc</i>)	3	

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NEO-POLYCIN OPHTHALMIC OINTMENT 3.5-400-10000 (<i>neomycin-bacitracin zn-polymyx</i>)	3	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	3	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	3	PA
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM (<i>bacitracin-polymyxin b</i>)	3	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	OA	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	4	SP; QL (224 EA per 40 days)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	3	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	4	SP
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	4	SP
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	OA	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	OA	

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<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
TOBREX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	3	
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	3	ST
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	2	
ANTIGLAUCOMA AGENTS, MISCELLANEOUS - Drugs for the Eye		
<i>epinephrine (anaphylaxis) injection solution 30 mg/30ml</i>	OA	
EPINEPHRINE BITARTRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-0.9 MCG/10ML-%	OA	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	OA	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
<i>epinephrine injection solution 1 mg/ml, 10 mg/10ml</i>	OA	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	3	
EPINEPHRINE INTRAVENOUS SOLUTION 1 MG/10ML	OA	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	OA	
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	OA	
<i>epinephrine pf injection solution 1 mg/ml</i>	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	

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EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
ANTI-INFECTIVES, MISCELLANEOUS (52:04) - Drugs for Infections		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (<i>povidone-iodine</i>)	3	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3	
<i>periogard mouth/throat solution 0.12 %</i>	1	
POVIDONE-IODINE OPHTHALMIC SOLUTION 5 %	3	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylonol</i>)	3	
ANTI-INFLAMMATORY AGENTS (EENT) - Drugs for Inflammation		
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	3	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	1	PA
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	2	PA; QL (0.4 ML per 1 day)
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	3	

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NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	3	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	4	PA; SP; QL (2 ML per 1 day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	2	PA
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	2	PA
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	OA	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	3	
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>teprotumumab-trbw</i>)	OA	PA; SP
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	2	PA
ANTIVIRALS (EENT) - Drugs for Infections		
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250ML	OA	
<i>ganciclovir sodium intravenous solution 500 mg/10ml</i>	OA	
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	OA	
<i>trifluridine ophthalmic solution 1 %</i>	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	3	
ASTRINGENTS (52:04) - Drugs for Infections		
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3	
<i>perio gard mouth/throat solution 0.12 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	3	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	3	PA
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ocudose ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	1	
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	OA	
<i>brinzolamide ophthalmic suspension 1 %</i>	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	

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<i>dorzolamide hcl solution 2 % ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	2	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	1	QL (0.4 GM per 1 day)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	2	QL (1.1 GM per 1 day)
<i>ala-cort external cream 1 %</i>	1	
ALREX OPHTHALMIC SUSPENSION 0.2 % (<i>loteprednol etabonate</i>)	3	PA
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	2	QL (1 EA per 1 day)
<i>azelastine-fluticasone nasal suspension 137-50 mcglact</i>	1	QL (0.77 GM per 1 day)
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	1	QL (2 EA per 1 day)
CIPRO HC OTIC SUSPENSION 0.2-1 % (<i>ciprofloxacin-hydrocortisone</i>)	3	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION 0.3-0.025 %	3	PA
CLOBETASOL PROPIONATE OPHTHALMIC SUSPENSION 0.05 %	3	PA; QL (14 ML per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTENEMA RECTAL ENEMA 100 MG/60ML (<i>hydrocortisone</i>)	3	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	3	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	3	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	3	
DERMOTIC OTIC OIL 0.01 % (<i>fluocinolone acetonide</i>)	3	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	3	PA
DEXAMETHASONE (LA) INJECTION SUSPENSION 16 MG/ML, 8 MG/ML	OA	
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	1	
<i>dexamethasone sod phos +rfid injection solution prefilled syringe 4 mg/ml</i>	OA	
DEXAMETHASONE SOD PHOS-NACL INTRAVENOUS SOLUTION 6-0.9 MG/25ML-%	OA	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	OA	
<i>dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml</i>	1	

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dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	OA	
dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml	OA	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	OA	
dexamethasone sodium phosphate solution 10 mg/ml injection	OA	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	OA	
dexamethasone sodium phosphate solution 4 mg/ml injection	OA	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (dexamethasone sodium phosphate)	OA	
DEXYCU INTRAOCULAR SUSPENSION 9 % (dexamethasone)	OA	
difluprednate ophthalmic emulsion 0.05 %	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (azelastine-fluticasone)	2	QL (0.77 GM per 1 day)
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (loteprednol etabonate)	3	PA
flac otic oil 0.01 %	1	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (fluorometholone acetate)	3	
flunisolide nasal solution 25 mcg/lact (0.025%)	1	QL (0.84 ML per 1 day)
fluocinolone acetonide body external oil 0.01 %	1	
fluocinolone acetonide external cream 0.01 %, 0.025 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	
<i>fluocinolone acetonide external solution 0.01 %</i>	1	
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>fluticasone propionate nasal suspension 50 mcglact</i>	1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact</i>	1	QL (2 EA per 1 day)
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone</i>)	3	
HIDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) (<i>dexamethasone</i>)	3	PA
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2 %</i>	1	PA
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	

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hydrocortisone sod suc (pf) injection solution reconstituted 100 mg	1	
hydrocortisone valerate external cream 0.2 %	1	
hydrocortisone valerate external ointment 0.2 %	1	
hydrocortisone-acetic acid otic solution 1-2 %	1	
HYDROXATE EXTERNAL GEL 2 % (hydrocortisone)	3	PA
INVELTYS OPHTHALMIC SUSPENSION 1 % (loteprednol etabonate)	3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (loteprednol etabonate)	3	PA; QL (14 GM per 365 days)
LOTEMAX SM OPHTHALMIC GEL 0.38 % (loteprednol etabonate)	3	
loteprednol etabonate ophthalmic gel 0.5 %	1	QL (20 GM per 365 days)
loteprednol etabonate ophthalmic suspension 0.2 %	1	PA
loteprednol etabonate ophthalmic suspension 0.5 %	1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (dexamethasone)	3	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (neomycin-polymyxin-dexameth)	3	
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
mometasone furoate nasal suspension 50 mcglact	1	QL (1.14 GM per 1 day)
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	

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neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 % (bacitracin-polymyx-neo-hc)	3	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (ciclesonide)	3	QL (0.42 GM per 1 day)
OTOVEL OTIC SOLUTION 0.3-0.025 % (ciprofloxacin-fluocinolone)	3	PA
PEDIAPRED ORAL SOLUTION 5 MG/5ML (prednisolone sodium phosphate)	3	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	3	
prednisolone acetate ophthalmic suspension 1 %	1	
prednisolone oral solution 15 mg/5ml	1	
prednisolone oral tablet 5 mg	1	PA
prednisolone sodium phosphate ophthalmic solution 1 %	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	2	
procto-med hc external cream 2.5 %	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (beclomethasone diprop (nasal))	3	QL (0.23 GM per 1 day)

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QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	QL (0.36 GM per 1 day)
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	QL (1 GM per 1 day)
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG (<i>hydrocortisone sod succinate</i>)	3	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	3	
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	3	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	3	PA
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21) (<i>dexamethasone</i>)	3	PA
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	3	PA
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	3	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	3	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	2	QL (2 EA per 1 day)
TRIESENCE INTRAOCULAR SUSPENSION 40 MG/ML (<i>tiamcinolone acetonide</i>)	OA	

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wixela inhub inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact	1	QL (2 EA per 1 day)
XIPERE INTRAOCULAR SUSPENSION 40 MG/ML (triamcinolone acetonide)	OA	PA
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	3	
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
CEQUA OPHTHALMIC SOLUTION 0.09 % (cyclosporine)	3	PA
cyclosporine ophthalmic emulsion 0.05 %	1	PA
DISCOVISC INTRAOCULAR SOLUTION 40-17 MG/ML (na chondroit sulf-na hyaluron)	OA	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (cyclosporine)	2	PA
RESTASIS OPHTHALMIC EMULSION 0.05 % (cyclosporine)	2	PA
XIIDRA OPHTHALMIC SOLUTION 5 % (lifitegrast)	2	PA
EENT DRUGS, MISCELLANEOUS		
acetic acid otic solution 2 %	1	
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 9.6 MG/0.8ML (sodium hyaluronate)	OA	
apraclonidine hcl ophthalmic solution 0.5 %	1	
AQUORAL MOUTH/THROAT SOLUTION (artificial saliva)	3	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2.5 MG/0.1ML, 3.25 MG/0.13ML	OA	SP
BSS INTRAOCULAR SOLUTION (ophth irr soln-intraocular)	OA	
BSS PLUS INTRAOCULAR SOLUTION (ophth irr soln-intraocular)	OA	
CAPHOSOL MOUTH/THROAT SOLUTION (artificial saliva)	3	

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CELLUGEL INTRAOCULAR SOLUTION 2 % (<i>hypromellose</i>)	OA	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	4	SP; QL (0.72 ML per 1 day)
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	4	SP; QL (2.15 ML per 1 day)
DISCOVISC INTRAOCULAR SOLUTION 40-17 MG/ML (<i>na chondroit sulf-na hyaluron</i>)	OA	
ENCELTO INTRAVITREAL IMPLANT 200000 CELLS (<i>revakinagene taroretcel-lwey</i>)	OA	SP
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>afibercept</i>)	OA	PA; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>afibercept</i>)	OA	PA; SP
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 5.5 MG/0.55ML, 8.5 MG/0.85ML (<i>sodium hyaluronate</i>)	OA	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 13.8 MG/0.6ML (<i>sodium hyaluronate</i>)	OA	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	3	
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML (<i>avacincaptad pegol</i>)	OA	PA; SP
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE 1-1.5 % (1ML)	OA	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	OA	PA; SP

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MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	2	PA; QL (0.4 ML per 1 day)
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	4	PA; SP; QL (2 ML per 1 day)
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE 0.146 & 0.146-20 % (<i>riboflav5 & riboflav5-dextran</i>)	3	
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (<i>ranibizumab</i>)	OA	PA; SP
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (<i>ranibizumab</i>)	OA	PA; SP
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (<i>pegcetacoplan (ophthalmic)</i>)	OA	PA; SP
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>teprotumumab-trbw</i>)	OA	PA; SP
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (<i>varenicline tartrate</i>)	3	PA; QL (0.3 ML per 1 day)
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>)	OA	SP
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	3	
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	3	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	3	PA
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1	QL (6.8 ML per 365 days)
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	1	ST; QL (12 ML per 365 days)
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	1	ST; QL (20 ML per 365 days)

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<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	1	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	QL (20 EA per 1 fill)
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	1	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	3	
OMIDRIA INTRAOCULAR SOLUTION 1-0.3 % (<i>phenylephrine-ketorolac</i>)	OA	
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
AKTEN OPHTHALMIC GEL 3.5 % (<i>lidocaine hcl</i>)	3	
ALCAINE OPHTHALMIC SOLUTION 0.5 % (<i>proparacaine hcl</i>)	3	
ALTACAIN OPHTHALMIC SOLUTION 0.5 % (<i>tetracaine hcl</i>)	3	
COCAINE HCL NASAL SOLUTION 40 MG/ML	OA	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE 1-1.5 % (1ML)	OA	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylonol</i>)	3	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	1	
MACULAR DEGENERATION AGENTS		
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	4	SP; QL (0.72 ML per 1 day)

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CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	4	SP; QL (2.15 ML per 1 day)
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML (<i>avacincaptad pegol</i>)	OA	PA; SP
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (<i>pegcetacoplan (ophthalmic)</i>)	OA	PA; SP
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>)	OA	SP
MIOTICS - Drugs for the Eye		
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED 20 MG (<i>acetylcholine chloride</i>)	OA	
MIOSTAT INTRAOCULAR SOLUTION 0.01 % (<i>carbachol</i>)	OA	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (<i>echothiophate iodide</i>)	3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	3	
MYDRIATICS - Drugs for the Eye		
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	
<i>atropine sulfate injection solution 8 mg/20ml</i>	OA	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	OA	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	3	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	OA	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	OA	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	3	

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atropine sulfate ophthalmic solution 1 %	1	
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML (phenylephrine hcl (pressors))	OA	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (cyclopentolate hcl)	3	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (cyclopentolate-phenylephrine)	3	
cyclopentolate hcl ophthalmic solution 1 %	1	
epinephrine (anaphylaxis) injection solution 30 mg/30ml	OA	
EPINEPHRINE BITARTRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-0.9 MCG/10ML-%	OA	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	OA	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
epinephrine injection solution 1 mg/ml, 10 mg/10ml	OA	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	3	
EPINEPHRINE INTRAVENOUS SOLUTION 1 MG/10ML	OA	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	OA	
epinephrine intravenous solution prefilled syringe 1 mg/10ml	OA	
epinephrine pf injection solution 1 mg/ml	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	

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EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 % <i>(homatropine hbr)</i>	3	
IMMPHENTIV INTRAVENOUS SOLUTION 0.5 MG/5ML, 1 MG/10ML <i>(phenylephrine hcl (pressors))</i>	OA	
OMIDRIA INTRAOCULAR SOLUTION 1-0.3 % <i>(phenylephrine-ketorolac)</i>	OA	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML	OA	
<i>phenylephrine hcl (pressors) intravenous solution 10 mg/ml</i>	OA	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.5 MG/5ML, 1 MG/10ML, 5 MG/50ML	OA	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 1 MG/10ML	OA	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/10ML, 1 MG/10ML	OA	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	OA	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.4-0.9 MG/5ML-%, 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	OA	
VAZCULEP INTRAVENOUS SOLUTION 10 MG/ML <i>(phenylephrine hcl (pressors))</i>	OA	

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OSMOTIC AGENTS - Drugs for the Eye		
<i>mannitol intravenous solution 20 %, 25 %</i>	OA	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (<i>mannitol</i>)	OA	
<i>urea external cream 20 %</i>	1	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
<i>bimatoprost ophthalmic solution 0.03 %</i>	1	QL (0.1 ML per 1 day)
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	2	QL (0.1 ML per 1 day)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	3	QL (0.1 ML per 1 day)
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	1	QL (1 EA per 1 day)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	QL (0.12 ML per 1 day)
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	3	ST; QL (0.1 ML per 1 day)
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	3	QL (0.1 ML per 1 day)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	3	QL (0.1 ML per 1 day)
VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG		
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-maly</i>)	OA	PA; SP
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab</i>)	OA	PA; SP
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML (<i>brolucizumab-dbil</i>)	OA	PA; SP

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BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2 MG/0.08ML, 2.25 MG/0.09ML, 2.5 MG/0.1ML, 2.75 MG/0.11ML, 3.25 MG/0.13ML	OA	SP
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (<i>ranibizumab-nuna</i>)	OA	PA; SP
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab-eqrn</i>)	OA	PA; SP
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07ML (<i>aflibercept</i>)	OA	PA; SP
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	OA	PA; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	OA	PA; SP
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	OA	PA; SP
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-awwb</i>)	OA	PA; SP
PAVBLU INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept-ayyh</i>)	OA	PA; SP
PAVBLU INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept-ayyh</i>)	OA	PA; SP
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (<i>ranibizumab</i>)	OA	PA; SP
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (<i>ranibizumab</i>)	OA	PA; SP
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05ML (<i>faricimab-svoa</i>)	OA	PA; SP
VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML (<i>faricimab-svoa</i>)	OA	PA; SP
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-adcd</i>)	OA	PA; SP

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ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-bvzr</i>)	OA	PA; SP
VASOCONSTRICTORS		
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML (<i>phenylephrine hcl (pressors)</i>)	OA	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	3	
<i>epinephrine (anaphylaxis) injection solution 30 mg/30ml</i>	OA	
EPINEPHRINE BITARTRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-0.9 MCG/10ML-%	OA	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	OA	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
<i>epinephrine injection solution 1 mg/ml, 10 mg/10ml</i>	OA	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	3	
EPINEPHRINE INTRAVENOUS SOLUTION 1 MG/10ML	OA	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	OA	
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	OA	
<i>epinephrine pf injection solution 1 mg/ml</i>	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	

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EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
IMMPHENTIV INTRAVENOUS SOLUTION 0.5 MG/5ML, 1 MG/10ML (<i>phenylephrine hcl (pressors)</i>)	OA	
L.E.T. (RACEPINEPHRINE) EXTERNAL GEL 4-0.05-0.5 %	3	
L.E.T. (RACEPINEPHRINE) EXTERNAL SOLUTION 4-0.05-0.5 %	3	
L.E.T. EXTERNAL GEL 4-0.05-0.5 %	3	
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE 1-1.5 % (1ML)	OA	
LIDO-RACEPINEPHRINE-TETRACAINE EXTERNAL GEL 4-0.05-0.5 %	3	
LIDO-RACEPINEPHRINE-TETRACAINE EXTERNAL SOLUTION 4-0.05-0.5 %	3	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML	OA	
<i>phenylephrine hcl (pressors) intravenous solution 10 mg/ml</i>	OA	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.5 MG/5ML, 1 MG/10ML, 5 MG/50ML	OA	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 1 MG/10ML	OA	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/10ML, 1 MG/10ML	OA	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	OA	

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PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4-0.9 MG/10ML-%, 0.4-0.9 MG/5ML-%, 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	OA	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 % (<i>lido-epinephrine-tetracaine</i>)	OA	
TOPICAL L.E.T. EXTERNAL GEL 4-0.09-0.5 %	3	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (<i>oxymetazoline hcl</i>)	3	PA
VAZCULEP INTRAVENOUS SOLUTION 10 MG/ML (<i>phenylephrine hcl (pressors)</i>)	OA	
GASTROINTESTINAL DRUGS		
CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	QL (2 EA per 1 day)
GUANYLATE CYCLASE C (GCC) RECEPT AGONIST		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	2	ST; QL (1 EA per 1 day)
IMMUNOMODULATORY AGENTS (56:44)		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	OA	PA; SP
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	4	PA; SP; QL (0.05 ML per 1 day)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML & 200 MG/2ML (<i>mirikizumab-mrkz</i>)	4	PA; SP; QL (0.11 ML per 1 day)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML & 200 MG/2ML (<i>mirikizumab-mrkz</i>)	4	PA; SP; QL (0.18 ML per 1 day)

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OMVOH INTRAVENOUS SOLUTION 300 MG/15ML (<i>mirikizumab-mrkz</i>)	OA	PA; SP; QL (45 ML per 365 days)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	4	PA; SP; QL (0.08 ML per 1 day)
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mirikizumab-mrkz</i>)	4	PA; SP; QL (0.08 ML per 1 day)
VELSIPITY ORAL TABLET 2 MG (<i>etrasimod arginine</i>)	4	PA; SP; QL (1 EA per 1 day)
OPIOID ANTAGONISTS (56:18)		
<i>alvimopan oral capsule 12 mg</i>	1	
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	2	ST; QL (1 EA per 1 day)
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	OA	
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	OA	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (<i>fosnetupitant-palonosetron</i>)	OA	
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	3	QL (0.07 EA per 1 day)
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	3	QL (0.07 EA per 1 day)
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	OA	
<i>granisetron hcl oral tablet 1 mg</i>	1	QL (0.14 EA per 1 day)
<i>ondansetron hcl +rfid injection solution 4 mg/2ml</i>	OA	
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	OA	
<i>ondansetron hcl injection solution prefilled syringe 4 mg/2ml</i>	OA	

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	QL (4 ML per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	1	QL (0.07 EA per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron odt oral tablet dispersible 16 mg, 4 mg, 8 mg</i>	1	
<i>palonosetron hcl intravenous solution 0.25 mg/2ml, 0.25 mg/5ml</i>	OA	
<i>palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml</i>	OA	
POSFREA INTRAVENOUS SOLUTION 0.25 MG/5ML (<i>palonosetron hcl</i>)	OA	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML (<i>granisetron</i>)	OA	QL (0.03 ML per 1 day)
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	3	
<i>loperamide hcl oral capsule 2 mg</i>	1	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	3	QL (2 EA per 1 day)
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
RESTORA RX ORAL CAPSULE 60-1.25 MG (<i>lactobacillus casei-folic acid</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUREBIOTIC PROBIOTIC SUPPORT ORAL CAPSULE	3	
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	3	PA; QL (2 EA per 1 day)
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	4	PA; SP; QL (3 EA per 1 day)
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4ML, 5 MG/2ML (<i>amisulpride (antiemetic)</i>)	OA	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA; QL (2 EA per 1 day)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	OA	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (1 EA per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	QL (1 EA per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	QL (3 EA per 1 day)
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	OA	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	OA	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	3	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (<i>olanzapine-fluoxetine hcl</i>)	3	QL (3 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	3	PA; QL (4 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (<i>olanzapine</i>)	OA	
ANTI-HISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (<i>doxylamine-pyridoxine</i>)	3	PA; QL (2 EA per 1 day)
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	3	PA; QL (4 EA per 1 day)
<i>dimenhydrinate injection solution 50 mg/ml</i>	OA	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	1	PA; QL (4 EA per 1 day)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	OA	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (<i>trimethobenzamide hcl</i>)	OA	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1	PA
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	2	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
<i>balsalazide disodium oral capsule 750 mg</i>	1	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>mesalamine oral capsule delayed release 400 mg</i>	1	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gm</i>	1	
<i>mesalamine rectal suppository 1000 mg</i>	1	
<i>mesalamine-cleanser rectal kit 4 gm</i>	1	
ROWASA RECTAL KIT 4 GM (<i>mesalamine-cleanser</i>)	3	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	2	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidazl/tetracyclin oral capsule 140-125-125 mg</i>	1	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (<i>amoxicill-rifabutin-omeprazole</i>)	3	
ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	OA	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	PA
CATHARTICS AND LAXATIVES - Drugs for Constipation		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acid</i>)	3	
<i>gavilyte-c oral solution reconstituted 240 gm</i>	1	PV
<i>gavilyte-g oral solution reconstituted 236 gm</i>	1	PV
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	1	PV
<i>mineral oil heavy oral oil</i>	1	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	1	PV
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	PV
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	PV
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	1	
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (<i>peg 3350-kcl-nacl-nasulf-mgsul</i>)	3	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	3	
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate- mag sulfate-kcl</i>)	3	
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (<i>odevixibat</i>)	4	PA; SP
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (<i>odevixibat</i>)	4	PA; SP
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	4	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	4	PA; SP
IQIRVO ORAL TABLET 80 MG (<i>elafibranor</i>)	4	PA; SP; QL (1 EA per 1 day)
LIVDELZI ORAL CAPSULE 10 MG (<i>seladelpar lysine</i>)	4	PA; SP; QL (1 EA per 1 day)
OALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	4	PA; SP; QL (1 EA per 1 day)
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
DIGESTANTS - Drugs for the Stomach		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip- prot-amyl)</i>)	2	
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	4	PA; SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (<i>pancrelipase (lip- prot-amyl)</i>)	2	

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DOPAMINE RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4ML, 5 MG/2ML (<i>amisulpride (antiemetic)</i>)	OA	
<i>droperidol injection solution 2.5 mg/ml</i>	OA	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	3	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
<i>alvimopan oral capsule 12 mg</i>	1	
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.12 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.12 EA per 1 day)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.02 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.03 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.06 EA per 1 day)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	OA	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (<i>odevixibat</i>)	4	PA; SP
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (<i>odevixibat</i>)	4	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	4	PA; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (0.08 EA per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA; QL (2 EA per 1 day)
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	OA	PA; SP
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	4	PA; SP; QL (0.05 ML per 1 day)
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	4	PA; SP
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML (<i>adalimumab</i>)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.15 EA per 1 day)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.08 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	4	PA; SP; QL (3 EA per 365 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	OA	PA; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	PA; SP
IQIRVO ORAL TABLET 80 MG (<i>elafibranor</i>)	4	PA; SP; QL (1 EA per 1 day)
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	2	ST; QL (1 EA per 1 day)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	QL (2 EA per 1 day)
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	3	ST; QL (1 EA per 1 day)
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	4	PA; SP; QL (1 EA per 1 day)
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA; SP
<i>octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg</i>	OA	PA; SP
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA; SP
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML (<i>mirikizumab-mrkz</i>)	OA	PA; SP; QL (45 ML per 365 days)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	4	PA; SP; QL (0.08 ML per 1 day)
<i>prucalopride succinate oral tablet 1 mg, 2 mg</i>	1	ST; QL (1 EA per 1 day)
REBYOTA RECTAL SUSPENSION 150 ML (<i>fecal microbiota, live-jslm</i>)	OA	PA; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	OA	PA; SP

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RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	OA	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	OA	PA; SP
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	OA	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	4	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	4	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (<i>risankizumab-rzaa</i>)	OA	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (<i>risankizumab-rzaa</i>)	4	PA; SP; QL (0.03 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	4	PA; SP; QL (0.05 ML per 1 day)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab</i>)	OA	PA; SP
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	2	ST; QL (1 EA per 1 day)
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	3	PA; QL (4 ML per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	3	PA; QL (2 EA per 1 day)
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>famotidine (pf) intravenous solution 20 mg/2ml</i>	OA	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	OA	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	OA	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
LIPOTROPIC AGENTS - Drugs for the Stomach		
LIPO INTRAMUSCULAR SOLUTION 50-50-25 MG/ML	3	
LIPO-C INTRAMUSCULAR SOLUTION	3	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	OA	
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	OA	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (<i>fosnetupitant-palonosetron</i>)	OA	
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	3	QL (0.07 EA per 1 day)
APONVIE INTRAVENOUS EMULSION 32 MG/4.4ML (<i>aprepitant</i>)	OA	
<i>aprepitant oral 80 & 125 mg</i>	1	QL (6 EA per 30 days)
<i>aprepitant oral capsule 125 mg</i>	1	QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	1	QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	QL (6 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	1	QL (4 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML (<i>aprepitant</i>)	OA	
EMEND BIPACK ORAL CAPSULE 80 MG (<i>aprepitant</i>)	3	QL (4 EA per 30 days)
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (<i>fosaprepitant dimeglumine</i>)	OA	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	3	QL (0.1 EA per 1 day)
EMEND TRIPACK ORAL CAPSULE 80 & 125 MG (<i>aprepitant</i>)	3	QL (6 EA per 30 days)
FOCINVEZ INTRAVENOUS SOLUTION 150 MG/50ML <i>fosaprepitant dimeglumine intravenous solution reconstituted 150 mg</i>	OA	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	3	QL (0.15 EA per 1 day)
PROKINETIC AGENTS - Drugs for the Stomach		
<i>metoclopramide hcl injection solution 5 mg/ml</i>	OA	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	1	
REGLAN ORAL TABLET 10 MG, 5 MG (<i>metoclopramide hcl</i>)	3	
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	3	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	^
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
<i>sucralfate oral suspension 1 gm/10ml</i>	1	
<i>sucralfate oral tablet 1 gm</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	1	QL (1 EA per 1 day)
<i>esomeprazole magnesium oral packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	OA	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML (<i>lansoprazole</i>)	3	ST
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (<i>omeprazole</i>)	3	ST
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	1	QL (1 EA per 1 day)
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	1	QL (1 EA per 1 day)
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	1	PA; QL (2 EA per 1 day)
NEXIUM ORAL PACKET 2.5 MG, 5 MG (<i>esomeprazole magnesium</i>)	3	QL (1 EA per 1 day)
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicillin-clarithro-omeprazole</i>)	2	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	QL (1 EA per 1 day)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (<i>omeprazole</i>)	3	ST
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	OA	
<i>pantoprazole sodium oral packet 40 mg</i>	1	QL (1 EA per 1 day)

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<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	QL (1 EA per 1 day)
PANTOPRAZOLE SODIUM-NACL INTRAVENOUS SOLUTION 40-0.9 MG/100ML-%, 40-0.9 MG/50ML-%, 80-0.9 MG/100ML-%	OA	
<i>PRILOSEC ORAL PACKET 10 MG, 2.5 MG (omeprazole magnesium)</i>	3	ST; QL (2 EA per 1 day)
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>pantoprazole sodium</i>)	OA	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	1	QL (1 EA per 1 day)
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	4	SP
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	3	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	1	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	1	PA
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	OA	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	4	SP
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	OA	
EDETATE CALCIUM DISODIUM INJECTION SOLUTION 1 GM/5ML	OA	
EDETATE DISODIUM INTRAVENOUS SOLUTION 150 MG/ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	3	PA
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>)	3	PA
NITHIODOTE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML (<i>sodium nitrite-sod thiosulfate</i>)	OA	
<i>penicillamine oral tablet 250 mg</i>	4	SP
PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION 200 MG/ML	3	
PENTETATE ZINC TRISODIUM COMBINATION SOLUTION 200 MG/ML	3	
<i>sodium nitrite intravenous solution 30 mg/ml</i>	OA	
<i>sodium thiosulfate intravenous solution 250 mg/ml</i>	OA	
<i>trientine hcl oral capsule 250 mg, 500 mg</i>	4	PA; SP
HORMONES AND SYNTHETIC SUBSTITUTES		
MELANOCORTIN RECEPTOR ANTAGONISTS		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (<i>afamelanotide acetate</i>)	OA	PA; SP
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	3	PA; QL (0.06 ML per 1 day)
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	1	QL (0.4 GM per 1 day)
AGAMREE ORAL SUSPENSION 40 MG/ML (<i>vamorolone</i>)	4	PA; SP
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	2	QL (1.1 GM per 1 day)
<i>ala-cort external cream 1 %</i>	1	

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ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	2	QL (1 EA per 1 day)
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml</i>	OA	
BETAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 12 MG/2ML, 6 MG/ML	OA	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external foam 0.12 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
BLT-25 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (<i>triamcinolone & bupiv & lido</i>)	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	1	QL (2 EA per 1 day)
<i>breyndin inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact</i>	1	QL (0.35 GM per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	2	QL (0.36 GM per 1 day)
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	1	QL (4 ML per 1 day)
budesonide oral capsule delayed release particles 3 mg	1	
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcglact, 80-4.5 mcglact	1	QL (0.35 GM per 1 day)
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 (3-3) MG/ML (betamethasone sod phos & acet)	OA	
CORTENEMA RECTAL ENEMA 100 MG/60ML (hydrocortisone)	3	
CORTIFOAM EXTERNAL FOAM 10 % (hydrocortisone acetate)	3	
deflazacort oral suspension 22.75 mg/ml	4	PA; SP
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	4	PA; SP
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML (methylprednisolone acetate)	OA	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	3	PA
DEXAMETHASONE (LA) INJECTION SUSPENSION 16 MG/ML, 8 MG/ML	OA	
dexamethasone intensol oral concentrate 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5ml	1	
dexamethasone oral solution 0.5 mg/5ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)	1	
dexamethasone sod phos +rfid injection solution prefilled syringe 4 mg/ml	OA	
DEXAMETHASONE SOD PHOS-NAACL INTRAVENOUS SOLUTION 6-0.9 MG/25ML-%	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
dexamethasone sod phosphate pf injection solution 10 mg/ml	OA	
dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml	1	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	OA	
dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml	OA	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	OA	
dexamethasone sodium phosphate solution 10 mg/ml injection	OA	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	OA	
dexamethasone sodium phosphate solution 4 mg/ml injection	OA	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (dexamethasone sodium phosphate)	OA	
DIPROLENE EXTERNAL OINTMENT 0.05 % (betamethasone dipropionate aug)	3	
EOHILIA ORAL SUSPENSION 2 MG/10ML (budesonide)	3	PA; QL (20 ML per 1 day)
fludrocortisone acetate oral tablet 0.1 mg	1	
flunisolide nasal solution 25 mcglact (0.025%)	1	QL (0.84 ML per 1 day)
fluticasone propionate external cream 0.05 %	1	
fluticasone propionate external lotion 0.05 %	1	
fluticasone propionate external ointment 0.005 %	1	
fluticasone propionate nasal suspension 50 mcglact	1	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact	1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEXATRIONE INTRA-ARTICULAR SUSPENSION 20 MG/ML (<i>triamcinolone hexacetonide</i>)	OA	
HIDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) (<i>dexamethasone</i>)	3	PA
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2 %</i>	1	PA
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
HYDROXATE EXTERNAL GEL 2 % (<i>hydrocortisone</i>)	3	PA
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	3	ST
KENALOG-10 INJECTION SUSPENSION 10 MG/ML (<i>triamcinolone acetonide</i>)	OA	
KENALOG-40 INJECTION SUSPENSION 40 MG/ML (<i>triamcinolone acetonide</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KENALOG-80 INJECTION SUSPENSION 80 MG/ML (<i>triamcinolone acetonide</i>)	3	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (<i>methylprednisolone</i>)	3	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	2	
MEDROL ORAL TABLET THERAPY PACK 4 MG (<i>methylprednisolone</i>)	3	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	OA	
<i>methylprednisolone acetate injection suspension 80 mg/ml</i>	OA	
<i>methylprednisolone acetate suspension 40 mg/ml injection</i>	OA	
METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION	OA	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg</i>	OA	
<i>methylprednisolone sodium succ injection solution reconstituted 500 mg</i>	1	
METHYLPREDNISOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML, 80-5 MG/ML	OA	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	1	QL (1.14 GM per 1 day)
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	3	QL (0.42 GM per 1 day)
PEDIAPRED ORAL SOLUTION 5 MG/5ML (<i>prednisolone sodium phosphate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	
<i>prednisolone oral tablet 5 mg</i>	1	PA
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	2	
<i>procto-med hc external cream 2.5 %</i>	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	QL (0.23 GM per 1 day)
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	QL (0.36 GM per 1 day)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (0.71 GM per 1 day)
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	QL (1 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SERNIVO EXTERNAL EMULSION 0.05 % (betamethasone dipropionate)	3	ST
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG (hydrocortisone sod succinate)	3	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG (methylprednisolone sodium succ)	OA	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 500 MG (methylprednisolone sodium succ)	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM (methylprednisolone sodium succ)	OA	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 500 MG (methylprednisolone sodium succ)	3	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (budesonide-formoterol fumarate)	3	ST; QL (0.35 GM per 1 day)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (dexamethasone)	3	PA
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21) (dexamethasone)	3	PA
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (dexamethasone)	3	PA
TEXACORT EXTERNAL SOLUTION 2.5 % (hydrocortisone)	3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	2	QL (2 EA per 1 day)
triamcinolone acetonide external aerosol solution 0.147 mg/gm	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide suspension 40 mg/ml injection</i>	OA	
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	OA	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	OA	
<i>triamcinolone in absorbase external ointment 0.05 %</i>	1	
TRIAMCINOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML	OA	
<i>triderm external cream 0.5 %</i>	1	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>olezarsen sodium</i>)	4	PA; SP; QL (0.03 ML per 1 day)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact</i>	1	QL (2 EA per 1 day)
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER 32 MG (<i>triamcinolone acetonide</i>)	OA	PA
ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
AMYLINOMIMETICS - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	3	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANDROGENS - Hormones		
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (<i>testosterone undecanoate</i>)	OA	PA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (<i>testosterone undecanoate</i>)	3	PA
METHITEST ORAL TABLET 10 MG	3	PA
<i>methyltestosterone oral capsule 10 mg</i>	1	PA
TESTOPEL IMPLANT PELLETT 75 MG (<i>testosterone</i>)	OA	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	PA
TESTOSTERONE IMPLANT PELLETT 37.5 MG, 87.5 MG	OA	PA
<i>testosterone transdermal gel 1.62 %, 10 mg/lact (2%), 12.5 mg/lact (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA
<i>testosterone transdermal solution 30 mg/lact</i>	1	PA
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	3	ST
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	4	PA; SP; QL (4 EA per 1 day)
<i>mifepristone oral tablet 300 mg</i>	4	PA; SP; QL (4 EA per 1 day)
TZIELD INTRAVENOUS SOLUTION 2 MG/2ML (<i>teplizumab-mzwv</i>)	OA	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIESTROGENS - Drugs for Women		
<i>anastrozole oral tablet 1 mg</i>	1	PV*; AC
<i>exemestane oral tablet 25 mg</i>	1	PV*; AC
<i>letrozole oral tablet 2.5 mg</i>	1	AC
ANTIGONADTROPINS - Hormones		
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (<i>testosterone undecanoate</i>)	OA	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	OA	PA; SP; QL (2 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	OA	PA; SP; QL (0.036 EA per 1 day)
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	OA	
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (<i>testosterone undecanoate</i>)	3	PA
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	OA	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	OA	
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix- estradiol-norethind</i>)	2	PA; QL (1 EA per 1 day)
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	OA	
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	4	PA; SP; AC
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	2	PA; QL (2 EA per 1 day)
ORLISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	2	PA; QL (1 EA per 1 day)
ORLISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	2	PA; QL (2 EA per 1 day)

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	OA	
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	3	PV
TESTOPEL IMPLANT PELLETT 75 MG (<i>testosterone</i>)	OA	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	PA
TESTOSTERONE IMPLANT PELLETT 37.5 MG, 87.5 MG	OA	PA
<i>testosterone transdermal gel 1.62 %, 10 mg/lact (2%), 12.5 mg/lact (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA
<i>testosterone transdermal solution 30 mg/lact</i>	1	PA
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
<i>diazoxide oral suspension 50 mg/ml</i>	1	
ANTIPARATHYROID AGENTS - Drugs for Bones		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	OA	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	1	QL (0.13 ML per 1 day)
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin (salmon)</i>)	OA	
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (<i>etelcalcetide hcl</i>)	OA	SP
ANTITHYROID AGENTS - Drugs for the Thyroid		
<i>iodine strong oral solution 5 %</i>	1	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SODIUM IODIDE I-131 ORAL SOLUTION 1000 MCI/ML	OA	
BIGUANIDES - Drugs for Diabetes		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin phos-metformin hcl</i>)	2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin phos-metformin hcl</i>)	2	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	2	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>metformin hcl oral solution 500 mg/5ml</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 750 mg, 850 mg</i>	1	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	3	ST
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>	1	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	2	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	2	
CONTRACEPTIVES - Drugs for Women		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>amethyst oral tablet 90-20 mcg</i>	1	PV
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	3	PV; QL (1 EA per 350 days)
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	PV
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	3	PV

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<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>camila oral tablet 0.35 mg</i>	1	PV
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	PV
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	PV
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
<i>deblitane oral tablet 0.35 mg</i>	1	PV
<i>delyla oral tablet 0.1-20 mg-mcg</i>	1	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	OA	PV; QL (0.02 ML per 1 day)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	OA	PV; QL (0.02 ML per 1 day)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	OA	PV; QL (0.02 ML per 1 day)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>dolishale oral tablet 90-20 mcg</i>	1	PV

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<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	PV
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	PV
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	PV
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	3	PV
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>emzahh oral tablet 0.35 mg</i>	1	PV
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>errin oral tablet 0.35 mg</i>	1	PV
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	PV
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>feirza 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>feirza 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (<i>norethindrone acet-ethinyl est</i>)	3	PV
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	1	PV
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV

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<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>heather oral tablet 0.35 mg</i>	1	PV
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	PV; QL (1 EA per 1 day)
<i>incassia oral tablet 0.35 mg</i>	1	PV
<i>introvale oral tablet 0.15-0.03 mg</i>	1	PV; QL (1 EA per 1 day)
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
<i>jasmiel oral tablet 3-0.02 mg</i>	1	PV
<i>jencycla oral tablet 0.35 mg</i>	1	PV
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	PV; QL (1 EA per 1 day)
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	1	PV
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	PV
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	PV
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (<i>levonorgestrel</i>)	OA	

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<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	PV
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	1	PV; QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	1	PV; QL (1 EA per 1 day)
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	PV
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	PV
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	OA	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	3	PV
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
<i>loryna oral tablet 3-0.02 mg</i>	1	PV
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	PV
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	1	PV
<i>lutra oral tablet 0.1-20 mg-mcg</i>	1	PV

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<i>lyleq oral tablet 0.35 mg</i>	1	PV
<i>lyza oral tablet 0.35 mg</i>	1	PV
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	OA	PV; QL (0.02 ML per 1 day)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	OA	PV; QL (0.02 ML per 1 day)
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	1	PV
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>minzoya oral tablet 0.1-20 mg-mcg(21)</i>	1	PV
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	OA	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	PV
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	2	PV
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	PV
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	OA	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	3	PV
<i>nikki oral tablet 3-0.02 mg</i>	1	PV
<i>nora-be oral tablet 0.35 mg</i>	1	PV

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	PV
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	PV
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	PV
<i>norethindrone oral tablet 0.35 mg</i>	1	PV
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>norlyroc oral tablet 0.35 mg</i>	1	PV
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	PV
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	PV
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	PV
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (etonogestrel-ethinyl estradiol)	3	PV
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>ocella oral tablet 3-0.03 mg</i>	1	PV
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	PV

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

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

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin phos-metformin hcl</i>)	2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin phos-metformin hcl</i>)	2	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	2	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	2	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	
<i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>	1	
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>	1	
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	2	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linaglip-metform</i>)	2	
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	2	
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	3	
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	3	
<i>raloxifene hcl oral tablet 60 mg</i>	1	PV*
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	3	PV*; AC

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<i>tamoxifen citrate oral tablet 10 mg</i>	1	AC
<i>tamoxifen citrate oral tablet 20 mg</i>	1	PV*; AC
<i>toremifene citrate oral tablet 60 mg</i>	1	AC
ESTROGENS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	3	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	PV
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	ST
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>amethyst oral tablet 90-20 mcg</i>	1	PV
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	3	PV; QL (1 EA per 350 days)
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	PV
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	PV

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<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	3	PV
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	PV
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (<i>estradiol-progesterone</i>)	3	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	1	PV
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	3	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	PV
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	PV
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
<i>delyla oral tablet 0.1-20 mg-mcg</i>	1	PV
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	3	

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desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	PV
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (estradiol)	3	
dolishale oral tablet 90-20 mcg	1	PV
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	1	PV
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	PV
DUAVEE ORAL TABLET 0.45-20 MG (conj estrogens-bazedoxifene)	2	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (estradiol)	3	
elinest oral tablet 0.3-30 mg-mcg	1	PV
eluryng vaginal ring 0.12-0.015 mg/24hr	1	PV
enilloring vaginal ring 0.12-0.015 mg/24hr	1	PV
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	PV
enskyce oral tablet 0.15-30 mg-mcg	1	PV
estarylla oral tablet 0.25-35 mg-mcg	1	PV
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 0.75 mg/1.25 gm (0.06%), 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	

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estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ESTRING VAGINAL RING 7.5 MCG/24HR (estradiol)	3	QL (0.012 EA per 1 day)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (estradiol)	3	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	PV
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	1	PV
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (estradiol)	3	
falmina oral tablet 0.1-20 mg-mcg	1	PV
feirza 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
feirza 1/20 oral tablet 1-20 mg-mcg	1	PV
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (norethindrone acet-ethinyl est)	3	PV
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (estradiol acetate)	3	ST; QL (0.012 EA per 1 day)
finzala oral tablet chewable 1-20 mg-mcg(24)	1	PV
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
gemmily oral capsule 1-20 mg-mcg(24)	1	PV
hailey 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	PV; QL (1 EA per 1 day)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	2	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	2	
<i>introvale oral tablet 0.15-0.03 mg</i>	1	PV; QL (1 EA per 1 day)
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
<i>jasmiel oral tablet 3-0.02 mg</i>	1	PV
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	PV; QL (1 EA per 1 day)
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	1	PV
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	PV

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<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	PV
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	1	PV; QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	1	PV; QL (1 EA per 1 day)
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	PV
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	PV
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphase</i>)	3	PV
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
<i>loryna oral tablet 3-0.02 mg</i>	1	PV
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	PV
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	1	PV
<i>lutra oral tablet 0.1-20 mg-mcg</i>	1	PV

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<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	PV
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>esterified estrogens</i>)	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	3	ST
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	1	PV
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>minzoya oral tablet 0.1-20 mg-mcg(21)</i>	1	PV
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	PV
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	2	PA; QL (1 EA per 1 day)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	2	PV
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	PV
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	3	PV
<i>nikki oral tablet 3-0.02 mg</i>	1	PV
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	PV

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<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	PV
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	PV
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	PV
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	PV
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	PV
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	3	PV
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>ocella oral tablet 3-0.03 mg</i>	1	PV
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	2	PA; QL (2 EA per 1 day)
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	PV

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG (<i>estrogens conjugated</i>)	OA	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	2	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrogen-medroxyprogesterone</i>)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrogen-medroxyprogesterone</i>)	2	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	PV; QL (1 EA per 1 day)
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	PV; QL (1 EA per 1 day)
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>simpesse oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>syeda oral tablet 3-0.03 mg</i>	1	PV
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	PV
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	PV
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	3	PV
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV

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<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	PV
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	3	PV
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	3	PV
<i>valtya 1/50 oral tablet 1-50 mg-mcg</i>	1	PV
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	PV
<i>vestura oral tablet 3-0.02 mg</i>	1	PV
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	PV
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	PV
<i>xarah fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>xelria fe oral tablet chewable 0.4-35 mg-mcg</i>	1	PV
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
<i>yuvaferm vaginal tablet 10 mcg</i>	1	

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<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	PV
<i>zumandimine oral tablet 3-0.03 mg</i>	1	PV
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
<i>glucagon emergency kit injection kit 1 mg</i>	OA	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GLUCAGON HCL (DIAGNOSTIC) INJECTION SOLUTION RECONSTITUTED 1 MG	OA	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	2	
GONADOTROPINS - Hormones		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG (<i>leuprolide mesylate (6 month)</i>)	OA	PA; SP; QL (0.006 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	OA	PA; SP; QL (0.012 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	OA	PA; SP; QL (0.009 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	OA	PA; SP; QL (0.006 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	OA	PA; SP; QL (0.036 EA per 1 day)

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG <i>(leuprolide acetate (6 month))</i>	OA	PA; SP; QL (0.006 EA per 1 day)
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG <i>leuprolide acetate injection kit 1 mg/0.2ml</i>	OA	PA; SP; QL (0.012 EA per 1 day)
LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION 25-5 MG/ML	OA	PA; SP
LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION 25-5 MG/ML	3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG, 7.5 MG <i>(leuprolide acetate)</i>	OA	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG <i>(leuprolide acetate (3 month))</i>	OA	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG <i>(leuprolide acetate (4 month))</i>	OA	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG <i>(leuprolide acetate (6 month))</i>	OA	PA; SP
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG <i>(leuprolide acetate)</i>	OA	PA; SP; QL (1 EA per 1 day)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG <i>(leuprolide acetate (3 month))</i>	OA	PA; SP; QL (1 EA per 1 day)
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG <i>(leuprolide acetate (6 month))</i>	OA	PA; SP
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE 22.5 MG <i>(leuprolide acetate (3 month))</i>	OA	PA; SP; QL (0.012 EA per 1 day)
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG <i>(histrelin acetate)</i>	OA	PA; SP; QL (1 EA per 250 days)
SYNAREL NASAL SOLUTION 2 MG/ML <i>(nafarelin acetate)</i>	2	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG <i>(triptorelin pamoate)</i>	OA	PA; SP; QL (0.012 EA per 1 day)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG <i>(triptorelin pamoate)</i>	OA	PA; SP; QL (0.006 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (<i>triptorelin pamoate</i>)	OA	PA; SP; QL (0.036 EA per 1 day)
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	OA	PA; SP; QL (0.006 EA per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (<i>goserelin acetate</i>)	OA	SP; QL (0.012 EA per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (<i>goserelin acetate</i>)	OA	SP; QL (0.036 EA per 1 day)
INCRETIN MIMETICS - Drugs for Diabetes		
EXENATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	3	PA; QL (0.08 ML per 1 day)
<i>liraglutide subcutaneous solution pen-injector 18 mg/3ml</i>	1	PA; QL (0.3 ML per 1 day)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide</i>)	2	PA; QL (0.08 ML per 1 day)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML (<i>semaglutide</i>)	2	PA; QL (0.11 ML per 1 day)
RYBELSUS ORAL TABLET 14 MG, 7 MG (<i>semaglutide</i>)	2	PA; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 3 MG (<i>semaglutide</i>)	2	PA; QL (0.11 EA per 1 day)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	2	
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	2	PA; QL (0.08 ML per 1 day)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	3	
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	1	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	1	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	1	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	1	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	1	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	1	
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	1	
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	4	PA; SP
LONG-ACTING INSULINS - Drugs for Diabetes		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	1	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	1	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	1	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-aglr</i>)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	2	
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	1	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	1	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	3	
MEGLITINIDES - Drugs for Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
PARATHYROID AGENTS - Drugs for Bones		
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	4	PA; SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	4	PA; SP
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML (<i>palopegteriparatide</i>)	4	PA; SP; QL (0.04 ML per 1 day)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML (<i>palopegteriparatide</i>)	4	PA; SP; QL (0.07 ML per 1 day)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML (<i>palopegteriparatide</i>)	4	PA; SP; QL (0.1 ML per 1 day)
PITUITARY - Hormones		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	OA	PA; SP
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	OA	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (<i>corticotropin</i>)	4	PA; SP
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	OA	PA; SP
DDAVP INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	OA	
DDAVP PF INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	OA	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	OA	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	OA	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (<i>somatrogon-ghla</i>)	4	PA; SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	3	PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	4	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	4	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	4	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	4	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	4	PA; SP
<i>vasopressin +rfid intravenous solution 20 unit/ml</i>	OA	
<i>vasopressin intravenous solution 20 unit/ml</i>	OA	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 20-0.9 UT/100ML-%, 40-0.9 UT/100ML-%	OA	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML (<i>vasopressin</i>)	OA	
PROGESTINS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	3	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>amethyst oral tablet 90-20 mcg</i>	1	PV
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	3	PV; QL (1 EA per 350 days)
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	PV
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV

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<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	3	PV
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	PV
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (<i>estradiol-progesterone</i>)	3	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>camila oral tablet 0.35 mg</i>	1	PV
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	1	PV
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	3	
CRINONE VAGINAL GEL 4 %, 8 % (<i>progesterone</i>)	3	QL (0.6 GM per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	PV
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	PV
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
<i>deblitane oral tablet 0.35 mg</i>	1	PV
<i>delyla oral tablet 0.1-20 mg-mcg</i>	1	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	OA	PV; QL (0.02 ML per 1 day)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	OA	PV; QL (0.02 ML per 1 day)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	OA	PV; QL (0.02 ML per 1 day)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>dolishale oral tablet 90-20 mcg</i>	1	PV
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	PV
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	PV
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	PV
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	3	PV
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>emzahh oral tablet 0.35 mg</i>	1	PV
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>errin oral tablet 0.35 mg</i>	1	PV
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	PV
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>feirza 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>feirza 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (norethindrone acet-ethinyl est)	3	PV
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>gallifrey oral tablet 5 mg</i>	1	
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	1	PV
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	PV
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	PV
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	PV
<i>heather oral tablet 0.35 mg</i>	1	PV
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	PV; QL (1 EA per 1 day)
<i>incassia oral tablet 0.35 mg</i>	1	PV
<i>introvale oral tablet 0.15-0.03 mg</i>	1	PV; QL (1 EA per 1 day)
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	PV

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

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<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	PV
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	1	PV; QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	1	PV; QL (1 EA per 1 day)
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	PV
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	PV
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	OA	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphase</i>)	3	PV
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
<i>loryna oral tablet 3-0.02 mg</i>	1	PV
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	PV
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	1	PV
<i>lutra oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>lyleq oral tablet 0.35 mg</i>	1	PV
<i>lyza oral tablet 0.35 mg</i>	1	PV
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	OA	PV; QL (0.02 ML per 1 day)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	OA	PV; QL (0.02 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml	1	AC
megestrol acetate oral suspension 625 mg/5ml	1	
megestrol acetate oral tablet 20 mg, 40 mg	1	AC
merzee oral capsule 1-20 mg-mcg(24)	1	PV
mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	PV
microgestin 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
microgestin 1/20 oral tablet 1-20 mg-mcg	1	PV
microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	PV
microgestin fe 1/20 oral tablet 1-20 mg-mcg	1	PV
mili oral tablet 0.25-35 mg-mcg	1	PV
mimvey oral tablet 1-0.5 mg	1	
minzoya oral tablet 0.1-20 mg-mcg(21)	1	PV
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	OA	
mono-linyah oral tablet 0.25-35 mg-mcg	1	PV
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	2	PA; QL (1 EA per 1 day)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	2	PV
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	PV
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	OA	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	3	PV
nikki oral tablet 3-0.02 mg	1	PV

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<i>nora-be oral tablet 0.35 mg</i>	1	PV
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	PV
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	PV
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	PV
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	PV
<i>norethindrone oral tablet 0.35 mg</i>	1	PV
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg</i>	1	PV
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>norlyroc oral tablet 0.35 mg</i>	1	PV
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	PV
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	PV
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	PV
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (<i>etonogestrel-ethinyl estradiol</i>)	3	PV
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	PV
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	PV

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<i>ocella oral tablet 3-0.03 mg</i>	1	PV
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	2	PA; QL (2 EA per 1 day)
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	PV
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrogen-medroxyprogesterone ace</i>)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrogen-medroxyprogesterone ace</i>)	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	1	
<i>progesterone oral capsule 100 mg, 200 mg</i>	1	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	3	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	PV
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	PV; QL (1 EA per 1 day)
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	PV; QL (1 EA per 1 day)
<i>sharobel oral tablet 0.35 mg</i>	1	PV
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>simpesse oral tablet 0.15-0.03 & 0.01 mg</i>	1	PV; QL (1 EA per 1 day)
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	OA	
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	3	PV
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>syeda oral tablet 3-0.03 mg</i>	1	PV
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	PV

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<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	PV
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	PV
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	3	PV
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	PV
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	PV
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	PV
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	PV
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	3	PV
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	3	PV
<i>valtya 1/50 oral tablet 1-50 mg-mcg</i>	1	PV
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	PV
<i>vestura oral tablet 3-0.02 mg</i>	1	PV
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	PV
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV

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<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	PV
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	PV
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	PV
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	PV
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	PV
<i>xarah fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	PV
<i>xelria fe oral tablet chewable 0.4-35 mg-mcg</i>	1	PV
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	PV
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	PV
<i>zumandimine oral tablet 3-0.03 mg</i>	1	PV
RAPID-ACTING INSULINS - Drugs for Diabetes		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	1	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	1	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	3	PA
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	1	
APIDRA VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	1	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	1	
FIASP INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	1	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	1	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	1	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	1	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	1	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	1	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	1	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	1	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	1	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	1	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	1	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	1	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	1	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	1	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	1	
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	1	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	1	
NOVOLOG U-100 VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	1	
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	1	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	1	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	1	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	1	
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	1	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	OA	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	1	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	1	
NOVOLIN R VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	1	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	2	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	2	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	2	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	2	
SOMATOSTATIN AGONISTS - Hormones		
<i>lanreotide acetate subcutaneous solution 120 mg/0.5ml</i>	OA	PA; SP
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	PA; SP
<i>octreotide acetate intramuscular kit 10 mg, 20 mg, 30 mg</i>	OA	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (octreotide acetate)	OA	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (pasireotide pamoate)	OA	PA; SP; QL (0.04 EA per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (lanreotide acetate)	OA	PA; SP
SOMATOTROPIN AGONISTS - Hormones		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG (tesamorelin acetate)	4	PA; SP; QL (1 EA per 1 day)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (mecasermin)	4	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (somatropin)	4	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (somatropin)	4	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (somatropin)	4	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (somatropin)	4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (somatropin)	4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (somatropin)	4	PA; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (somatropin (non-refrigerated))	4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOMATOTROPIN ANTAGONISTS - Hormones		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	4	PA; SP
SULFONYLUREAS - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	3	
<i>glimepiride oral tablet 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (<i>glipizide</i>)	3	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	
THIAZOLIDINEDIONES - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	3	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THYROID AGENTS - Drugs for the Thyroid		
ADTHYZA ORAL TABLET 120 MG, 130 MG, 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG <i>(thyroid)</i>	3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG <i>(thyroid)</i>	3	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine sodium intravenous solution 100 mcg/5ml, 100 mcg/ml, 200 mcg/5ml, 500 mcg/5ml</i>	OA	
<i>levothyroxine sodium intravenous solution reconstituted 100 mcg, 200 mcg, 500 mcg</i>	OA	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine sodium intravenous solution 10 mcg/ml</i>	OA	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	

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<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
IMMUNOMODULATORY AGENTS (90:00)		
AMINO ACID POLYMERS		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	4	PA; SP; QL (0.43 ML per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	4	PA; SP; QL (1 ML per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	4	PA; SP; QL (0.43 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	4	PA; SP; QL (1 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	4	PA; SP; QL (0.43 ML per 1 day)
ANTIMETABOLITES		
<i>cladribine intravenous solution 10 mg/10ml</i>	OA	SP
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	4	PA; SP
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; SP; QL (1 EA per 1 day)
ANTIMETABOLITES, IMMUNOSUPP THERAPY MISC		
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	OA	
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	3	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	3	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BONE-MODIFYING AGENTS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	OA	PA; SP; QL (0.09 ML per 1 day)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	OA	PA; SP; QL (180 day supply per 1 fill)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	4	PA; SP
CALCINEURIN INHIBITORS, MISC (90:28)		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	3	
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	3	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	1	PA
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	3	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	3	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	3	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	OA	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	3	

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	2	PA
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	2	PA
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	OA	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	3	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	QL (2 GM per 1 day)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
COMPLEMENT INHIBITOR AGENTS (90:20)		
BKEMV INTRAVENOUS SOLUTION 300 MG/30ML (<i>eculizumab-aeeb</i>)	OA	PA; SP
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML (<i>sutimlimab-jome</i>)	OA	PA; SP
EPYSQLI INTRAVENOUS SOLUTION 300 MG/30ML (<i>eculizumab-aagh</i>)	OA	PA; SP
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	4	PA; SP; QL (2 EA per 1 day)
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML (<i>avacincaptad pegol</i>)	OA	PA; SP
PIASKY INJECTION SOLUTION 340 MG/2ML (<i>crovalimab-akkz</i>)	OA	PA; SP
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (<i>eculizumab</i>)	OA	PA; SP
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (<i>pegcetacoplan (ophthalmic)</i>)	OA	PA; SP
COMPLEMENT INHIBITORS (90:08)		
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (<i>zilucoplan sodium</i>)	OA	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DISEASE-MODIFYING ANTIRHEUMAT DRUGS MISC		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	OA	PA; SP
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	4	PA; SP; QL (0.05 ML per 1 day)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	4	PA; 3P; SP; QL (0.15 ML per 1 day)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	OA	PA; 3P; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	4	PA; 3P; SP; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	4	PA; 3P; SP; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	4	PA; 3P; SP; QL (0.1 ML per 1 day)
DISEASE-MODIFYING ANTIRHEUMATIC DRUGS		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	OA	PA; SP
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (0.08 EA per 1 day)
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	

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INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	OA	PA; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA; AC
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	OA	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	AC
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	2	PA; QL (0.84 ML per 28 days)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	OA	PA; SP
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	OA	PA; SP
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	4	SP
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	4	PA; SP; QL (0.08 ML per 1 day)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML (<i>guselkumab</i>)	OA	PA; SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	4	PA; SP; QL (0.08 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	4	PA; SP; QL (0.08 ML per 1 day)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	3	AC
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	PA; AC
FUMARATES		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	4	PA; SP; QL (4 EA per 1 day)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	4	PA; SP; QL (2 EA per 1 day)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	4	PA; SP; QL (120 EA per 365 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	4	PA; SP; QL (4 EA per 1 day)
IGG1 MONOCLONAL ANTIBODIES		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (<i>belimumab</i>)	OA	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	4	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	4	PA; SP
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML (<i>anifrolumab-fnia</i>)	OA	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IMMUNOMODULATORY AGENTS (90:00)		
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	OA	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/2ML, 1 GM/5ML, 1000 MG/10ML, 2 GM/10ML, 2 GM/4ML, 2000 MG/20ML, 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML	OA	SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	AC
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	AC
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; SP; AC; QL (1 EA per 1 day)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	4	PA; SP; AC
FRINDOVYX INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML, 500 MG/ML (<i>cyclophosphamide</i>)	OA	SP
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	4	SP; AC
<i>mercaptopurine oral tablet 50 mg</i>	1	AC
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	4	SP; AC
<i>torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; SP; AC; QL (1 EA per 1 day)
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>everolimus</i>)	3	
INTERFERON GAMMA INHIBITOR AGENTS, MISC		
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML (<i>emapalumab-lzsg</i>)	OA	PA; SP
INTERFERONS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	4	PA; SP; QL (0.04 EA per 1 day)

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AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	4	PA; SP; QL (0.04 EA per 1 day)
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	4	PA; SP; QL (0.5 EA per 1 day)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	4	PA; SP
INTERLEUKIN INHIBITOR AGENTS, MISC		
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (<i>basiliximab</i>)	OA	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>omalizumab</i>)	4	PA; SP; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>omalizumab</i>)	4	PA; SP; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (<i>omalizumab</i>)	4	PA; SP; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>omalizumab</i>)	4	PA; SP; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>omalizumab</i>)	4	PA; SP; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>omalizumab</i>)	4	PA; SP; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	OA	PA; SP
INTERLEUKIN-MEDIATED AGENTS, MISC		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; 3P; SP; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	OA	PA; 3P; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; 3P; SP; QL (0.13 ML per 1 day)
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (<i>secukinumab</i>)	OA	PA; SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	4	PA; SP; QL (0.09 ML per 1 day)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	4	PA; SP; QL (0.09 ML per 1 day)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	4	PA; SP
OTULFI INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab-aaaz (iv)</i>)	OA	PA; SP; QL (0.11 ML per 1 day)
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab-ttwe (iv)</i>)	OA	PA; SP
SELARSDI INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab-aekn (iv)</i>)	OA	PA; SP
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab</i>)	OA	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	4	PA; SP; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	4	PA; SP; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab-stba (iv)</i>)	OA	PA; SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	4	PA; SP; QL (0.04 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML (<i>ixekizumab</i>)	4	PA; SP; QL (0.01 ML per 1 day)

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TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.5ML (<i>ixekizumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	4	PA; SP; QL (0.04 ML per 1 day)
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab-bavi</i>)	OA	PA; SP
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab-aazg</i>)	OA	PA; SP
<i>ustekinumab-ttwe intravenous solution 130 mg/26ml</i>	OA	PA; SP
WEZLANA INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab-auub (iv)</i>)	OA	PA; SP
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab-auub</i>)	4	PA; SP; QL (0.009 ML per 1 day)
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab-auub</i>)	4	PA; SP; QL (0.009 ML per 1 day)
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab-auub</i>)	4	PA; SP; QL (0.02 ML per 1 day)
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab-kfce (iv)</i>)	OA	PA; SP
JANUS KINASE INHIBITORS, MISCELLANEOUS		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	4	PA; SP; QL (1 EA per 1 day)
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	4	PA; SP; QL (1 EA per 1 day)
RINVOQ LQ ORAL SOLUTION 1 MG/ML (<i>upadacitinib</i>)	4	PA; SP; QL (12 ML per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (<i>upadacitinib</i>)	4	PA; SP; QL (1 EA per 1 day)
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	4	PA; SP; QL (10 ML per 1 day)

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	4	PA; SP; QL (2 EA per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	4	PA; SP; QL (1 EA per 1 day)
MONOCARBOXYLIC ACID AMIDE AGENTS		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
MONOCLONAL ANTIBODIES (90:04)		
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML (<i>ublituximab-xiyy</i>)	OA	PA; SP
MONOCLONAL ANTIBODIES (90:10)		
KISUNLA INTRAVENOUS SOLUTION 350 MG/20ML (<i>donanemab-azbt</i>)	OA	PA; SP; QL (2.9 ML per 1 day)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (<i>alemtuzumab</i>)	OA	PA; SP
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML (<i>lecanemab-irmb</i>)	OA	PA; SP
LEQEMBI INTRAVENOUS SOLUTION 500 MG/5ML (<i>lecanemab-irmb</i>)	OA	PA; SP; QL (0.9 ML per 1 day)
MONOCLONAL ANTIBODIES (90:12)		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	4	PA; SP
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML (<i>inebilizumab-cdon</i>)	OA	PA; SP
MTOR INHIBITORS, MISCELLANEOUS		
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
NEONATAL FC RECEPTOR BLOCKERS		
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML (<i>rozanolixizumab-noli</i>)	OA	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RYSTIGGO SUBCUTANEOUS SOLUTION 420 MG/3ML (<i>rozanolixizumab-noli</i>)	OA	PA; SP; QL (0.5 ML per 1 day)
RYSTIGGO SUBCUTANEOUS SOLUTION 560 MG/4ML (<i>rozanolixizumab-noli</i>)	OA	PA; SP; QL (0.6 ML per 1 day)
RYSTIGGO SUBCUTANEOUS SOLUTION 840 MG/6ML (<i>rozanolixizumab-noli</i>)	OA	PA; SP; QL (0.9 ML per 1 day)
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML (<i>efgartigimod alfa-hyalur-qvfc</i>)	OA	PA; SP
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML (<i>efgartigimod alfa-fcab</i>)	OA	PA; SP
PHOSPHODIESTERASE-4 INHIBITORS, MISC		
OTEZLA ORAL TABLET 20 MG, 30 MG (<i>apremilast</i>)	4	PA; SP; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (<i>apremilast</i>)	4	PA; SP; QL (55 EA per 365 days)
POLYCLONAL ANTIBODIES, MISCELLANEOUS		
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (<i>anti-thymocyte glob (rabbit)</i>)	OA	
SPHINGOSINE 1-PHOSPHATE (S1P) AGENTS		
<i>fingolimod hcl oral capsule 0.5 mg</i>	4	PA; SP; QL (1 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	4	PA; SP; QL (1 EA per 1 day)
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (14 EA per 365 days)
T-CELL COSTIMULATORY BLOCKERS, MISC		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>belatacept</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TUMOR NECROSIS FACTOR INHIBITORS, MISC		
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.12 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.12 EA per 1 day)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.02 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.03 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.06 EA per 1 day)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	OA	PA; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (0.08 EA per 1 day)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (0.15 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	4	PA; SP; QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (0.15 ML per 1 day)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (0.15 ML per 1 day)
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML (<i>adalimumab</i>)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.15 EA per 1 day)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	4	PA; SP; QL (3 EA per 365 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	OA	PA; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	PA; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	OA	PA; SP
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	OA	PA; SP

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SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	OA	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	4	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	4	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
LOCAL ANESTHETICS - Drugs for Numbing		
LOCAL ANESTHETICS - Drugs for Numbing		
ALTACAINE OPHTHALMIC SOLUTION 0.5 % (<i>tetracaine hcl</i>)	3	
ARTICADENT DENTAL INJECTION SOLUTION CARTRIDGE 4 %-1:100000 (<i>articaine-epinephrine</i>)	OA	
BLT-25 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (<i>triamcinolone & bupiv & lido</i>)	3	
<i>bupivacaine fisiopharma injection solution 2.5 mg/ml, 5 mg/ml</i>	OA	
<i>bupivacaine hcl (pf) injection solution 0.25 %, 0.5 %, 0.75 %</i>	OA	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.25 % (10 ML)	OA	
<i>bupivacaine hcl solution 0.25 % injection</i>	OA	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	OA	
<i>bupivacaine hcl solution 0.5 % injection</i>	OA	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	OA	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.25-0.9 %	OA	
<i>bupivacaine in dextrose intrathecal solution 0.75-8.25 %</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
bupivacaine spinal intrathecal solution 0.75-8.25 %	OA	
bupivacaine-epinephrine (pf) injection solution 0.25% - 1:200000, 0.5% -1:200000	OA	
bupivacaine-epinephrine injection solution 0.5% -1:200000	OA	
bupivacaine-epinephrine solution 0.25% -1:200000 injection	OA	
BUPIVACAINE-EPINEPHRINE SOLUTION 0.25% -1:200000 INJECTION	OA	
chloroprocaine hcl (pf) injection solution 2 %, 3 %	OA	
COLOROTEKAL INTRATHECAL SOLUTION 50 MG/5ML (chloroprocaine hcl)	OA	
EXPAREL INJECTION SUSPENSION 1.3 % (bupivacaine liposome)	OA	
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.2-0.9 MG/100ML-%, 0.3-0.2-0.9 MG/150ML-%, 0.4-0.1-0.9 MG/200ML-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.0625-0.9 MG/100ML-%, 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%	OA	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.1-0.125-0.9 MG/50ML-%	OA	
KCL-LIDOCAINE-NACL INTRAVENOUS SOLUTION 10-10 MEQ-MG /100ML	OA	
LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION 25-5 MG/ML	3	
LIDOCAINE HCL (BUFFERED) INJECTION SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %	OA	
lidocaine hcl injection solution 0.5 %	OA	

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LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML, 100 MG/10ML, 200 MG/10ML	OA	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 9 MG/ML	3	
LIDOCAINE HCL SOLUTION 1 % INJECTION	OA	
<i>lidocaine hcl solution 1 % injection</i>	OA	
LIDOCAINE HCL SOLUTION 2 % INJECTION	OA	
<i>lidocaine hcl solution 2 % injection</i>	OA	
<i>lidocaine hcl solution prefilled syringe 100 mg/5ml injection</i>	OA	
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 100 MG/5ML INJECTION	OA	
LIDOCAINE(BUFFERD)-EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.5 %-1:100000, 1 %-1:100000	3	
LIDOCAINE-EPINEPHRINE (3 ML) INJECTION SOLUTION PREFILLED SYRINGE 0.5 %-1:100000	3	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200000, 2 %-1:200000</i>	OA	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200000, 2 %-1:100000</i>	OA	
LIDOCAINE-EPINEPHRINE INJECTION SOLUTION 2 %-1:200000	OA	
<i>lidocaine-epinephrine solution 1 %-1:100000 injection</i>	OA	
LIDOCAINE-EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	OA	
LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE 1-8.4 %	OA	
MARCAINE INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 % (<i>bupivacaine hcl</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.25 %, 0.5 % (<i>bupivacaine hcl</i>)	OA	
MARCAINE SPINAL INTRATHECAL SOLUTION 0.75-8.25 % (<i>bupivacaine in dextrose</i>)	OA	
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% - 1:200000, 0.25-1:200000 %, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	OA	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	OA	
METHYLPREDNISOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML, 80-5 MG/ML	OA	
NAROPIN INJECTION SOLUTION 10 MG/ML, 5 MG/ML, 7.5 MG/ML (<i>ropivacaine hcl</i>)	OA	
NESACAINE INJECTION SOLUTION 1 %, 2 % (<i>chloroprocaine hcl</i>)	OA	
NESACAINE-MPF INJECTION SOLUTION 2 %, 3 % (<i>chloroprocaine hcl</i>)	OA	
ORABLOC INJECTION SOLUTION CARTRIDGE 4 %-1:100000, 4 %-1:200000 (<i>articaine-epinephrine</i>)	OA	
POLOCAINE INJECTION SOLUTION 1 %, 2 % (<i>mepivacaine hcl</i>)	OA	
POLOCAINE-MPF INJECTION SOLUTION 1 %, 1.5 %, 2 % (<i>mepivacaine hcl</i>)	OA	
ROPIVACAINE HCL EPIDURAL SOLUTION 0.2 %	OA	
ropivacaine hcl injection solution 10 mg/ml, 2 mg/ml, 5 mg/ml, 7.5 mg/ml	OA	
ROPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.15-0.9 %	OA	
ROPIVACAINE HCL-NACL INJECTION SOLUTION 0.2-0.9 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ROPIVACAINE HCL-NACL INJECTION SOLUTION PREFILLED SYRINGE 0.5-0.9 %	3	
SENSORCAINE INJECTION SOLUTION 0.25 %, 0.5 % (<i>bupivacaine hcl</i>)	OA	
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	OA	
SENSORCAINE-MPF INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 % (<i>bupivacaine hcl</i>)	OA	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000, 0.75-1:200000 % (<i>bupivacaine-epinephrine</i>)	OA	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	1	
TRIAMCINOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML	OA	
XYLOCAINE INJECTION SOLUTION 0.5 %, 1 %, 2 % (<i>lidocaine hcl</i>)	OA	
XYLOCAINE MPF +RFID INJECTION SOLUTION 1 % (<i>lidocaine hcl</i>)	OA	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000 (<i>lidocaine-epinephrine</i>)	OA	
XYLOCAINE-MPF +RFID INJECTION SOLUTION 2 % (<i>lidocaine hcl</i>)	OA	
XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 % (<i>lidocaine hcl</i>)	OA	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000, 1.5 %-1:200000, 2 %-1:200000 (<i>lidocaine-epinephrine</i>)	OA	
ZYNRELEF INJECTION SOLUTION 400-12 MG/14ML (<i>bupivacaine-meloxicam</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	3	ST; QL (1 EA per 1 day)
<i>finasteride oral tablet 5 mg</i>	1	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	3	
5-ALPHA-REDUCTASE INHIBITORS (92:04) - Drugs for Alcohol Dependence		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	3	ST; QL (1 EA per 1 day)
<i>finasteride oral tablet 5 mg</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	3	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	OA	SP
ANTIDOTES (92:12) - Drugs for Overdose or Poisoning		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML (<i>acetylcysteine</i>)	OA	
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
<i>acetylcysteine intravenous solution 200 mg/ml</i>	OA	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae immune fab (equine)</i>)	OA	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	OA	
<i>atropine sulfate injection solution 8 mg/20ml</i>	OA	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	OA	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	3	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	OA	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	OA	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML (<i>sugammadex sodium</i>)	OA	
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae polyval immune fab</i>)	OA	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM (<i>hydroxocobalamin</i>)	OA	
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	OA	
DEFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	OA	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>digoxin immune fab</i>)	OA	
EDETATE CALCIUM DISODIUM INJECTION SOLUTION 1 GM/5ML	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EDETATE DISODIUM INTRAVENOUS SOLUTION 150 MG/ML	OA	
<i>flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml</i>	OA	
<i>fomepizole intravenous solution 1.5 gm/1.5ml</i>	OA	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	3	ST
<i>glucagon emergency kit injection kit 1 mg</i>	OA	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GLUCAGON HCL (DIAGNOSTIC) INJECTION SOLUTION RECONSTITUTED 1 MG	OA	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (<i>levoleucovorin</i>)	OA	SP
KIONEX COMBINATION SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	
<i>leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml</i>	OA	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	OA	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	AC
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	OA	SP
<i>levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml</i>	OA	SP
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	OA	
<i>magnesium sulfate injection solution 50 %</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	OA	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	OA	
methylene blue intravenous solution 50 mg/10ml	OA	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	1	
naltrexone hcl oral tablet 50 mg	1	
PEDMARK INTRAVENOUS SOLUTION 12.5 % (sodium thiosulfate)	OA	PA
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	OA	
phytonadione oral tablet 5 mg	1	
protamine sulfate intravenous solution 10 mg/ml	OA	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (pralidoxime chloride)	OA	
PROVAYBLUE INTRAVENOUS SOLUTION 50 MG/10ML (methylene blue (antidote))	OA	
PYRIMETHAMINE-LEUCOVORIN ORAL CAPSULE 12.5-2.5 MG, 25-10 MG, 25-5 MG, 50-10 MG, 50-20 MG, 50-25 MG, 75-25 MG	3	
RADIOGARDASE ORAL CAPSULE 0.5 GM (prussian blue insoluble)	3	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	
sevelamer carbonate oral tablet 800 mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	1	
sodium polystyrene sulfonate oral powder	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
sodium thiosulfate intravenous solution 250 mg/ml	OA	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML (sodium polystyrene sulfonate)	3	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML (sodium polystyrene sulfonate)	3	
VISTOGARD ORAL PACKET 10 GM (uridine triacetate)	OA	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	OA	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (naltrexone)	OA	SP
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (glucarpidase)	OA	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (dasiglucagon hcl)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (dasiglucagon hcl)	2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (naloxone hcl)	3	
ANTIGOUT AGENTS - Drugs for Gout		
allopurinol oral tablet 100 mg, 200 mg, 300 mg	1	
allopurinol sodium intravenous solution reconstituted 500 mg	OA	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (allopurinol sodium)	OA	
colchicine oral capsule 0.6 mg	1	
colchicine oral tablet 0.6 mg	1	
colchicine-probenecid oral tablet 0.5-500 mg	1	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
febuxostat oral tablet 40 mg, 80 mg	1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral suspension 25 mg/5ml</i>	1	ST
<i>indomethacin rectal suppository 50 mg</i>	1	ST
<i>indomethacin sodium intravenous solution reconstituted 1 mg</i>	OA	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (<i>pegloticase</i>)	OA	PA; SP
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral suspension 125 mg/5ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	1	PA
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	
ANTISENSE OLIGONUCLEOTIDES		
AMONDYS 45 INTRAVENOUS SOLUTION 100 MG/2ML	OA	PA; SP
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML (<i>etepplirsen</i>)	OA	PA; SP
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (<i>tofersen</i>)	OA	PA; SP
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; M; SP; QL (18 ML per 1 day)
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML (<i>nusinersen</i>)	OA	PA; SP
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>olezarsen sodium</i>)	4	PA; SP; QL (0.03 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML (<i>viltolarsen</i>)	OA	PA; SP
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML (<i>golodirsen</i>)	OA	PA; SP
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (<i>eplontersen sodium</i>)	4	PA; SP; QL (0.03 ML per 1 day)
BONE ANABOLIC AGENTS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	OA	PA; SP; QL (0.09 ML per 1 day)
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	4	PA; SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	4	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	4	PA; SP
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
<i>alendronate sodium oral solution 70 mg/75ml</i>	1	
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1	
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (0.15 EA per 1 day)
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	ST
ATELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	3	QL (0.15 EA per 1 day)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	3	QL (0.15 EA per 1 day)
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	OA	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	1	QL (0.13 ML per 1 day)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	3	

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DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	3	
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 0.75 mg/1.25 gm (0.06%), 1 mg/gm, 1.25 mg/1.25gm</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
ESTRING VAGINAL RING 7.5 MCG/24HR (<i>estradiol</i>)	3	QL (0.012 EA per 1 day)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	3	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	3	
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	3	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	3	ST; QL (0.012 EA per 1 day)
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	3	QL (0.15 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	3	PA; QL (0.15 EA per 1 day)
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	OA	QL (0.04 ML per 1 day)
<i>ibandronate sodium oral tablet 150 mg</i>	1	QL (0.04 EA per 1 day)
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>esterified estrogens</i>)	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	3	ST
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin (salmon)</i>)	OA	
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>	OA	SP
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG (<i>estrogens conjugated</i>)	OA	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	2	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	OA	PA; SP; QL (180 day supply per 1 fill)
<i>raloxifene hcl oral tablet 60 mg</i>	1	PV*
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	OA	SP
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (0.04 EA per 1 day)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	
<i>risedronate sodium oral tablet 35 mg</i>	1	QL (0.15 EA per 1 day)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	1	QL (0.15 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	4	PA; SP
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	OA	SP
<i>zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml</i>	OA	SP
BRADYKININ RECEPTOR ANTAGONISTS		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	4	PA; SP; QL (0.6 ML per 1 day)
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
<i>dichlorphenamide oral tablet 50 mg</i>	4	PA; SP; QL (4 EA per 1 day)
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	4	PA; SP; QL (4 EA per 1 day)
COMPLEMENT INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	OA	PA; SP; QL (0.34 EA per 1 day)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	OA	PA; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	4	PA; SP
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	4	PA; SP; QL (2 EA per 1 day)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	4	PA; SP
PIASKY INJECTION SOLUTION 340 MG/2ML (<i>crovalimab-akkz</i>)	OA	PA; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	OA	PA; SP; QL (0.27 EA per 1 day)
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (<i>eculizumab</i>)	OA	PA; SP

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ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (<i>ravulizumab-cwvz</i>)	OA	PA; SP
VEOPOZ INJECTION SOLUTION 400 MG/2ML (<i>pozelimab-bbfg</i>)	OA	PA; SP
VOYDEYA ORAL TABLET 100 MG (<i>danicopan</i>)	4	PA; SP; QL (6 EA per 1 day)
VOYDEYA ORAL TABLET THERAPY PACK 50 & 100 MG (<i>danicopan</i>)	4	PA; SP; QL (6 EA per 1 day)
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (<i>zilucoplan sodium</i>)	OA	PA; SP
COMPLEMENT INHIBITORS (92:32)		
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	OA	PA; SP; QL (0.34 EA per 1 day)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	OA	PA; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	4	PA; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	4	PA; SP
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	4	PA; SP; QL (0.6 ML per 1 day)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	OA	PA; SP; QL (0.4 ML per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	4	PA; SP; QL (1 EA per 1 day)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	OA	PA; SP; QL (0.27 EA per 1 day)
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (<i>eculizumab</i>)	OA	PA; SP

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TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	4	PA; SP
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (<i>ravulizumab-cwvz</i>)	OA	PA; SP
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; 3P; SP; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	OA	PA; 3P; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; 3P; SP; QL (0.13 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.12 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.12 EA per 1 day)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.02 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.03 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.06 EA per 1 day)

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AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	OA	PA; SP
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	OA	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	4	PA; SP; QL (1 EA per 1 day)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	4	PA; SP; QL (0.08 EA per 1 day)
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (<i>secukinumab</i>)	OA	PA; SP
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	4	SP
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	4	PA; SP; QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (0.15 ML per 1 day)

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ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (0.15 ML per 1 day)
gengraf oral capsule 100 mg, 25 mg	1	
gengraf oral solution 100 mg/ml	1	
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML (<i>adalimumab</i>)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.15 EA per 1 day)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	4	PA; SP; QL (3 EA per 365 days)
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	3	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	OA	PA; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA; AC
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	4	PA; SP; QL (0.09 ML per 1 day)

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KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	4	PA; SP; QL (0.09 ML per 1 day)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	4	PA; SP
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	OA	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	AC
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	3	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	3	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	4	PA; SP; QL (1 EA per 1 day)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	4	PA; 3P; SP; QL (0.15 ML per 1 day)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	OA	PA; 3P; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	4	PA; 3P; SP; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	4	PA; 3P; SP; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	4	PA; 3P; SP; QL (0.1 ML per 1 day)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	4	PA; SP; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	4	PA; SP; QL (55 EA per 365 days)

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penicillamine oral tablet 250 mg	4	SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML (methotrexate (anti-rheumatic))	2	PA; QL (0.84 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML (methotrexate (anti-rheumatic))	2	PA; QL (1.12 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML, 17.5 MG/0.35ML (methotrexate (anti-rheumatic))	2	PA; QL (1.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (methotrexate (anti-rheumatic))	2	PA; QL (1.68 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML (methotrexate (anti-rheumatic))	2	PA; QL (1.96 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML (methotrexate (anti-rheumatic))	2	PA; QL (2.24 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML (methotrexate (anti-rheumatic))	2	PA; QL (2.52 ML per 28 days)
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab)	OA	PA; SP
RENFLIXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab-abda)	OA	PA; SP
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (rituximab-arrx)	OA	PA; SP
RIDAURA ORAL CAPSULE 3 MG (auranofin)	4	SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (upadacitinib)	4	PA; SP; QL (1 EA per 1 day)
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (cyclosporine)	OA	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (cyclosporine)	3	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (golimumab)	OA	PA; SP

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	4	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	4	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab-bavi</i>)	OA	PA; SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	3	AC
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab-aazg</i>)	OA	PA; SP
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	PA; AC
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	4	PA; SP; QL (10 ML per 1 day)
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	4	PA; SP; QL (2 EA per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	4	PA; SP; QL (1 EA per 1 day)
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; 3P; SP; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	OA	PA; 3P; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	4	PA; 3P; SP; QL (0.13 ML per 1 day)
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (<i>interferon gamma-1b</i>)	4	PA; SP
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.12 ML per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.06 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.12 EA per 1 day)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.02 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.03 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML (<i>adalimumab-atto</i>)	4	PA; SP; QL (0.06 EA per 1 day)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	4	PA; SP; QL (0.04 EA per 1 day)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	4	PA; SP; QL (0.04 EA per 1 day)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	OA	PA; SP
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
azathioprine sodium injection solution reconstituted 100 mg	OA	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (sulfasalazine)	3	
AZULFIDINE ORAL TABLET 500 MG (sulfasalazine)	3	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (monomethyl fumarate)	4	PA; SP; QL (4 EA per 1 day)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (ropeginterferon alfa-2b-njft)	4	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG (interferon beta-1b)	4	PA; SP; QL (0.5 EA per 1 day)
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML (ublituximab-xiyy)	OA	PA; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (certolizumab pegol)	4	PA; SP; QL (0.08 EA per 1 day)
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (certolizumab pegol)	4	PA; SP; QL (0.08 EA per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (glatiramer acetate)	4	PA; SP; QL (0.43 ML per 1 day)
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg, 25 mg	1	
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	4	PA; SP; QL (2 EA per 1 day)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	4	PA; SP; QL (120 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	4	PA; SP; QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (0.15 ML per 1 day)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	4	PA; SP; QL (0.15 ML per 1 day)
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	4	PA; SP
<i>fingolimod hcl oral capsule 0.5 mg</i>	4	PA; SP; QL (1 EA per 1 day)
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	4	PA; SP; QL (1 EA per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	4	PA; SP; QL (1 ML per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	4	PA; SP; QL (0.43 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	4	PA; SP; QL (1 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	4	PA; SP; QL (0.43 ML per 1 day)
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML (<i>adalimumab</i>)	4	PA; SP; QL (0.08 EA per 1 day)

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HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.15 EA per 1 day)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	4	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	4	PA; SP; QL (3 EA per 365 days)
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	3	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	OA	PA; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA; AC
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	4	PA; SP
leflunomide oral tablet 10 mg, 20 mg	1	
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (<i>alemtuzumab</i>)	OA	PA; SP
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	4	PA; SP; AC
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	4	PA; SP
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	4	PA; SP; QL (14 EA per 365 days)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	OA	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	AC
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	3	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	3	
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML (<i>ocrelizumab</i>)	OA	PA; SP
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML (<i>ocrelizumab-hyaluronidase-ocsq</i>)	OA	PA; SP; QL (180 day supply per 1 fill)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	4	PA; 3P; SP; QL (0.15 ML per 1 day)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	OA	PA; 3P; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	4	PA; 3P; SP; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	4	PA; 3P; SP; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	4	PA; 3P; SP; QL (0.1 ML per 1 day)
OTEZLA ORAL TABLET 20 MG, 30 MG (<i>apremilast</i>)	4	PA; SP; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (<i>apremilast</i>)	4	PA; SP; QL (55 EA per 365 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	4	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG (<i>pomalidomide</i>)	4	PA; SP; AC; QL (1 EA per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG (<i>pomalidomide</i>)	4	PA; SP; AC
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (<i>aldesleukin</i>)	OA	SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	OA	PA; SP
RENFLIXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	OA	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	4	PA; SP; AC
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	4	SP
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML (<i>rozanolixizumab-noli</i>)	OA	PA; SP
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	OA	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	3	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	OA	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	4	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	4	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; SP; QL (1 EA per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	4	PA; SP; AC
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab-bavi</i>)	OA	PA; SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	3	AC
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab-aazg</i>)	OA	PA; SP
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	OA	PA; SP; QL (0.54 ML per 1 day)
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML (<i>inebilizumab-cdon</i>)	OA	PA; SP
VELSIPITY ORAL TABLET 2 MG (<i>etrasimod arginine</i>)	4	PA; SP; QL (1 EA per 1 day)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	4	PA; SP; QL (4 EA per 1 day)
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML (<i>efgartigimod alfa-hyalur-qvfc</i>)	OA	PA; SP
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML (<i>efgartigimod alfa-fcab</i>)	OA	PA; SP
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	PA; AC
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	4	PA; SP; QL (14 EA per 365 days)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	4	PA; SP; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (<i>ozanimod hcl</i>)	4	PA; SP; QL (56 EA per 365 days)
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	3	
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	OA	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (<i>belimumab</i>)	OA	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	4	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	4	PA; SP
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>mycophenolate mofetil hcl</i>)	OA	
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (<i>mycophenolate mofetil</i>)	3	
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	3	
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	OA	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 1000 MG/10ML, 2 GM/10ML, 2000 MG/20ML, 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML	OA	SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	AC
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	AC

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<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	3	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	
FRINDOVYX INTRAVENOUS SOLUTION 500 MG/ML (<i>cyclophosphamide</i>)	OA	SP
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML (<i>emapalumab-lzsg</i>)	OA	PA; SP
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	3	
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA; AC
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	4	PA; SP
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	4	SP; AC
<i>mercaptopurine oral tablet 50 mg</i>	1	AC
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	OA	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	AC
<i>mycophenolate mofetil hcl intravenous solution reconstituted 500 mg</i>	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>mycophenolate mofetil intravenous solution reconstituted 500 mg</i>	OA	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	1	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	3	
MYHIBBIN ORAL SUSPENSION 200 MG/ML (<i>mycophenolate mofetil</i>)	3	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	3	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	3	
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>belatacept</i>)	OA	
<i>pimecrolimus external cream 1 %</i>	1	ST; QL (2 GM per 1 day)
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	OA	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	3	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	4	SP; AC
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	OA	

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SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	3	
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML (<i>anifrolumab-fnia</i>)	OA	PA; SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (<i>basiliximab</i>)	OA	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	QL (2 GM per 1 day)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (<i>anti-thymocyte glob (rabbit)</i>)	OA	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	3	AC
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	PA; AC
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>everolimus</i>)	3	
KALLIKREIN INHIBITORS		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	OA	PA; SP; QL (0.4 ML per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	4	PA; SP; QL (1 EA per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	4	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (<i>lanadelumab-flyo</i>)	4	PA; SP
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ALPHA-LIPOIC ACID INJECTION SOLUTION 25 MG/ML	3	

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AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>vutrisiran sodium</i>)	OA	PA; SP; QL (0.5 ML per 81 days)
AQNEURSA ORAL PACKET 1 GM (<i>levacetylleucine</i>)	4	PA; SP; QL (4 EA per 1 day)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	4	PA; SP
<i>betaine oral powder</i>	4	SP
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (<i>onabotulinumtoxinA (cosmetic)</i>)	OA	PA
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxinA</i>)	OA	PA
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML (<i>levocarnitine</i>)	OA	
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	4	PA; SP
CYSTADANE ORAL POWDER (<i>betaine</i>)	4	SP
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	4	SP
CYTOTINE ORAL POWDER (<i>creatine monohydrate</i>)	3	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	4	PA; SP; QL (2 EA per 1 day)
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (<i>daxibotulinumtoxinA-lanm</i>)	OA	PA
DEMSEER ORAL CAPSULE 250 MG (<i>metirosine</i>)	3	PA; QL (16 EA per 1 day)
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
DYSPORE INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxinA</i>)	OA	PA
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	3	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA

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EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	4	PA; SP; QL (8 ML per 1 day)
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	4	PA; SP; QL (1 EA per 1 day)
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	4	PA; SP; QL (0.5 EA per 1 day)
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE 30 MG/3ML (<i>cross-linked hyaluronate</i>)	OA	PA
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML (<i>givosiran sodium</i>)	OA	PA; SP
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (<i>hyaluronan</i>)	OA	PA
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	4	PA; SP; QL (0.08 ML per 1 day)
LEVOCARNITINE INJECTION SOLUTION 500 MG/ML	OA	
<i>levocarnitine intravenous solution 200 mg/ml</i>	OA	
<i>levocarnitine oral solution 1 gm/10ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	1	
<i>l-glutamine oral packet 5 gm</i>	1	PA
<i>metyrosine oral capsule 250 mg</i>	1	PA; QL (16 EA per 1 day)

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miglustat oral capsule 100 mg	4	PA; SP
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (hyaluronan)	OA	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (rimabotulinumtoxinb)	OA	PA
NEOKE RA LIPOIC ORAL POWDER 800 MG/GM (alpha-lipoic acid)	3	
NEXAVIR INJECTION SOLUTION 25.5 MG/ML (liver derivative complex)	OA	
NIKTIMVO INTRAVENOUS SOLUTION 22 MG/0.44ML, 9 MG/0.18ML (axatilimab-csfr)	OA	PA; SP
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	4	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (nitisinone)	4	PA; SP
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG (fosdenopterin hydrobromide)	OA	PA; SP
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML (patisiran sodium)	OA	PA; SP
OPFOLDA ORAL CAPSULE 65 MG (miglustat (gaa deficiency))	4	PA; SP; QL (0.3 EA per 1 day)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (nitisinone)	4	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (nitisinone)	4	PA; SP
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (hyaluronan)	OA	PA
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML (lumasiran sodium)	OA	PA; SP
PREZCOBIX ORAL TABLET 800-150 MG (darunavir-cobicistat)	2	

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PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	4	PA; SP
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	4	PA; SP
REBYOTA RECTAL SUSPENSION 150 ML (<i>fecal microbiota, live-jslm</i>)	OA	PA; SP
RIMSO-50 INTRAVESICAL SOLUTION 50 % (<i>dimethyl sulfoxide</i>)	OA	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (<i>nedosiran sodium</i>)	4	PA; SP; QL (0.04 ML per 1 day)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML (<i>nedosiran sodium</i>)	4	PA; SP; QL (0.03 ML per 1 day)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>nedosiran sodium</i>)	4	PA; SP; QL (0.04 ML per 1 day)
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	4	PA; SP
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	4	PA; SP
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	4	PA; SP; QL (3 EA per 1 day)
SOHONOS ORAL CAPSULE 1 MG (<i>palovarotene</i>)	4	PA; SP; QL (20 EA per 1 day)
SOHONOS ORAL CAPSULE 1.5 MG (<i>palovarotene</i>)	4	PA; SP; QL (13 EA per 1 day)
SOHONOS ORAL CAPSULE 10 MG (<i>palovarotene</i>)	4	PA; SP; QL (2 EA per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG (<i>palovarotene</i>)	4	PA; SP; QL (8 EA per 1 day)
SOHONOS ORAL CAPSULE 5 MG (<i>palovarotene</i>)	4	PA; SP; QL (4 EA per 1 day)
SOLESTA INJECTION GEL 50-15 MG/ML (<i>dextranomer-sodium hyaluronate</i>)	OA	SP
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobicentricit-tenofaf</i>)	3	
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (<i>hylan g-f 20</i>)	OA	PA
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (<i>hylan g-f 20</i>)	OA	PA
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	4	SP
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	4	SP
<i>tiopronin oral tablet 100 mg</i>	4	SP
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	4	SP
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	2	
VIJOICE ORAL PACKET 50 MG (<i>alpelisib</i>)	4	PA; SP; QL (1 EA per 1 day)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (<i>alpelisib</i>)	4	PA; SP; QL (1 EA per 1 day)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (<i>alpelisib</i>)	4	PA; SP; QL (2 EA per 1 day)
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	OA	PA
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	4	PA; SP; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	4	PA; SP; QL (1 EA per 1 day)
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	4	PA; SP; QL (4 EA per 1 day)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	OA	PA
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	4	PA; SP; QL (4 EA per 1 day)
<i>yargesa oral capsule 100 mg</i>	4	PA; SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	4	PA; SP; QL (4 EA per 1 day)
PROTECTIVE AGENTS		
<i>adapalene external cream 0.1 %</i>	1	
<i>adapalene external gel 0.1 %, 0.3 %</i>	1	
ADAPALENE EXTERNAL PAD 0.1 %	3	PA
ADAPALENE EXTERNAL SOLUTION 0.1 %	3	PA
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	1	
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>trilaciclib dihydrochloride</i>)	OA	PA; SP
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	4	PA; SP; QL (2 EA per 1 day)
<i>dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg</i>	OA	SP
<i>dexrazoxane intravenous solution reconstituted 250 mg</i>	OA	SP
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	3	
<i>mesna intravenous solution 100 mg/ml</i>	OA	SP
<i>mesna oral tablet 400 mg</i>	4	SP; AC
MESNEX INTRAVENOUS SOLUTION 100 MG/ML (<i>mesna</i>)	OA	SP
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	4	SP; AC

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PEDMARK INTRAVENOUS SOLUTION 12.5 % (<i>sodium thiosulfate</i>)	OA	PA
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (<i>afamelanotide acetate</i>)	OA	PA; SP
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	3	PV
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical caps</i>)	3	PV
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	OA	
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	3	PV
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	3	PV
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	3	PV
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	3	PV
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	3	PV
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	3	PV
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	3	PV
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	3	PV
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	3	PV

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NONTHERAPEUTIC		
NONTHERAPEUTIC		
EUA PATIENT ASSESSMENT	3	
OXYTOCICS - Drugs for Women		
OXYTOCICS - Drugs for Women		
<i>carboprost tromethamine intramuscular solution 250 mcg/ml</i>	OA	
CERVIDIL VAGINAL INSERT 10 MG (<i>dinoprostone</i>)	3	
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML (<i>carboprost tromethamine</i>)	OA	
METHERGINE ORAL TABLET 0.2 MG (<i>methylergonovine maleate</i>)	3	QL (28 EA per 1 fill)
<i>methylergonovine maleate injection solution 0.2 mg/ml</i>	OA	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	1	QL (28 EA per 1 fill)
MIFEPREX ORAL TABLET 200 MG (<i>mifepristone</i>)	3	
<i>mifepristone oral tablet 200 mg</i>	1	^
<i>oxytocin injection solution 10 unit/ml</i>	OA	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 10 UNIT/500ML, 15 UNIT/250ML, 20 UNIT/L, 30 UNIT/500ML	OA	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 20-0.9 UNIT/L-%, 30-0.9 UT/500ML-%, 40-0.9 UNIT/L-%	OA	
PITOCIN INJECTION SOLUTION 10 UNIT/ML (<i>oxytocin</i>)	OA	
PREPIDIL VAGINAL GEL 0.5 MG/3GM (<i>dinoprostone</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
BACTERIOSTATIC WATER(BENZ ALC) INJECTION SOLUTION	3	
<i>diluent for treprostinil intravenous solution</i>	OA	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
STERILE DILUENT FLOLAN PH 12 INTRAVENOUS SOLUTION (<i>glycine diluent</i>)	OA	
STERILE DILUENT FOR REMODULIN INTRAVENOUS SOLUTION (<i>glycine diluent</i>)	OA	
<i>sterile water for injection injection solution</i>	OA	
RADIOACTIVE AGENTS		
RADIOACTIVE AGENTS		
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML (<i>radium ra 223 dichloride</i>)	OA	
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML (<i>epinephrine</i>)	OA	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (<i>ephedrine sulfate (pressors)</i>)	OA	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML (<i>ephedrine sulfate (pressors)</i>)	OA	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	3	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML (<i>ephedrine sulfate (pressors)</i>)	OA	

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EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE 50 MG/10ML, 50 MG/5ML	3	
<i>ephedrine sulfate (pressors) intravenous solution 50 mg/ml</i>	OA	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 50 MG/5ML	OA	
<i>ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous</i>	OA	
EPHEDRINE SULFATE (PRESSORS) SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS	OA	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 25-0.9 MG/5ML-%, 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	OA	
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml, 30 mg/30ml</i>	OA	
EPINEPHRINE BITARTRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-0.9 MCG/10ML-%	OA	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	OA	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	OA	
<i>epinephrine injection solution 1 mg/ml, 10 mg/10ml</i>	OA	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	3	
EPINEPHRINE INTRAVENOUS SOLUTION 1 MG/10ML	OA	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	OA	
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	OA	

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<i>epinephrine pf injection solution 1 mg/ml</i>	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	OA	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	OA	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	OA	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	3	ST
REZIPRES INTRAVENOUS SOLUTION 47 MG/10ML (<i>ephedrine hcl</i>)	OA	
ANTICHOLINERGIC AGENTS (RESPIR.TRACT) - Drugs for Asthma/COPD		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (<i>hyoscyamine sulfate</i>)	3	
<i>atropine sulfate injection solution 8 mg/20ml</i>	OA	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	OA	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	3	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	OA	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	OA	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	3	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	3	QL (0.86 GM per 1 day)

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COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	2	QL (0.27 GM per 1 day)
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	1	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	QL (10.42 ML per 1 day)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	QL (18 ML per 1 day)
OSCIMIN ORAL TABLET 0.125 MG	3	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	QL (0.14 GM per 1 day)
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	1	QL (1 EA per 1 day)
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	3	QL (3 ML per 1 day)
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	4	PA; SP
<i>pirfenidone oral capsule 267 mg</i>	4	PA; SP
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	4	PA; SP
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	4	PA; SP; QL (0.11 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	4	PA; SP; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	OA	PA; SP; QL (0.11 EA per 1 day)
ANTITUSSIVES - Drugs for Cough and Cold		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
<i>bromphen-pseudoeph-dm oral syrup 2-30-10 mg/5ml</i>	1	
<i>codeine sulfate oral tablet 15 mg</i>	1	QL (21 EA per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	1	QL (10 EA per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	1	QL (5 EA per 1 day)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	1	PA; QL (240 ML per 1 fill); AL (Min 18 Years)
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (<i>hydrocodone bit-homatrop mbr</i>)	3	PA; QL (240 ML per 1 fill); AL (Min 18 Years)
HYCODAN ORAL TABLET 5-1.5 MG (<i>hydrocodone bit-homatrop mbr</i>)	3	PA; QL (6 EA per 1 day); AL (Min 18 Years)
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	PA; QL (240 ML per 1 fill); AL (Min 18 Years)
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	1	PA; QL (240 ML per 1 fill); AL (Min 18 Years)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	1	PA; QL (6 EA per 1 day); AL (Min 18 Years)
<i>hydromet oral solution 5-1.5 mg/5ml</i>	1	PA; QL (240 ML per 1 fill); AL (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	1	PA; QL (240 ML per 1 fill); AL (Min 18 Years)
NEOTUSS PLUS ORAL LIQUID 7.5-4-30 MG/5ML (<i>phenylephrine-chlorphen-dm</i>)	3	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	PA; QL (240 ML per 1 fill); AL (Min 18 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	3	PA; QL (2 EA per 1 day)
CORTICOSTEROIDS (RESPIRATORY TRACT) - Drugs for Inflammation		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	1	QL (0.4 GM per 1 day)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	2	QL (1.1 GM per 1 day)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	2	QL (1 EA per 1 day)
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	1	QL (0.77 GM per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	1	QL (2 EA per 1 day)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	QL (4 ML per 1 day)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	2	QL (0.77 GM per 1 day)
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	1	QL (0.84 ML per 1 day)
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	1	

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fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/lact, 250-50 mcg/lact, 500-50 mcg/lact	1	QL (2 EA per 1 day)
mometasone furoate external cream 0.1 %	1	
mometasone furoate external ointment 0.1 %	1	
mometasone furoate external solution 0.1 %	1	
mometasone furoate nasal suspension 50 mcg/lact	1	QL (1.14 GM per 1 day)
OMNARIS NASAL SUSPENSION 50 MCG/ACT (ciclesonide)	3	QL (0.42 GM per 1 day)
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (beclomethasone diprop (nasal))	3	QL (0.23 GM per 1 day)
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (beclomethasone diprop (nasal))	3	QL (0.36 GM per 1 day)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (beclomethasone diprop hfa)	2	QL (0.71 GM per 1 day)
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (olopatadine-mometasone)	3	QL (1 GM per 1 day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	2	QL (2 EA per 1 day)
wixela inhub inhalation aerosol powder breath activated 100-50 mcg/lact, 250-50 mcg/lact, 500-50 mcg/lact	1	QL (2 EA per 1 day)
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (lumacaftor-ivacaftor)	4	PA; SP; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (lumacaftor-ivacaftor)	4	PA; SP; QL (4 EA per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (tezacaftor-ivacaftor)	4	PA; SP; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	4	PA; SP; QL (3 EA per 1 day)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	4	PA; SP; QL (2 EA per 1 day)
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	4	PA; SP; QL (2 EA per 1 day)
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	4	PA; SP
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (<i>lumacaftor-ivacaftor</i>)	4	PA; SP; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	4	PA; SP; QL (4 EA per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	4	PA; SP; QL (2 EA per 1 day)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	4	PA; SP; QL (3 EA per 1 day)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	4	PA; SP; QL (2 EA per 1 day)
ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; SP; QL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; SP; QL (2 EA per 1 day)
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	4	PA; SP; QL (1 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	4	PA; SP; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	4	PA; SP; QL (4 EA per 1 day)
TRYVIO ORAL TABLET 12.5 MG (<i>aprocitentan</i>)	3	PA; QL (1 EA per 1 day)

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EXPECTORANTS - Drugs for the Lungs		
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	1	PA; QL (240 ML per 1 fill); AL (Min 18 Years)
<i>iodine strong oral solution 5 %</i>	1	
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	1	PA; QL (240 ML per 1 fill); AL (Min 18 Years)
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML	3	PA
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	3	PA
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	OA	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	OA	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (<i>promethazine hcl</i>)	3	

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<i>ryvent oral tablet 6 mg</i>	1	
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	4	PA; SP
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (<i>reslizumab</i>)	OA	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	4	PA; SP; QL (0.17 ML per 1 day)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML (<i>benralizumab</i>)	OA	PA; SP; QL (0.01 ML per 1 day)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (<i>benralizumab</i>)	OA	PA; SP; QL (0.02 ML per 1 day)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	4	PA; SP; QL (0.08 ML per 1 day)
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	4	PA; SP; QL (0.07 ML per 1 day)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	OA	PA; SP; QL (0.07 ML per 1 day)
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
ACCOLATE ORAL TABLET 10 MG, 20 MG (<i>zafirlukast</i>)	3	
<i>montelukast sodium oral packet 4 mg</i>	1	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	1	
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	3	

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MAST-CELL STABILIZERS - Drugs for Inflammation		
ALOCRILOPHthalmic SOLUTION 2 % (<i>nedocromil sodium</i>)	3	PA
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
MUCOLYTIC AGENTS - Drugs for the Lungs		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % (<i>sodium chloride</i>)	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % (<i>sodium chloride</i>)	3	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 % (<i>sodium chloride</i>)	3	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	4	PA; SP
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	1	
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	1	QL (0.77 GM per 1 day)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	2	QL (0.77 GM per 1 day)
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	1	QL (0.84 ML per 1 day)
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	1	QL (1.14 GM per 1 day)
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	QL (0.23 GM per 1 day)

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QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	QL (0.36 GM per 1 day)
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	QL (1 GM per 1 day)
NON-SELECT.BETA-ADRENERGIC AGONT(RESPIR) - Drugs for Asthma/COPD		
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	OA	
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	2	QL (1.1 GM per 1 day)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	2	QL (1 EA per 1 day)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	QL (4 ML per 1 day)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (0.71 GM per 1 day)
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	3	PA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	PA
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast</i>)	2	ST
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3	PA
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
<i>alyq oral tablet 20 mg</i>	4	PA; SP; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	OA	PA; SP
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	OA	PA; SP
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; SP; QL (7.5 ML per 1 day)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (0.27 EA per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	4	PA; SP; QL (3 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	4	PA; SP; QL (2 EA per 1 day)
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (0.27 EA per 1 day)
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES - Drugs for the Lungs		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	OA	PA; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	OA	PA; SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (336 EA per 365 days)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (672 EA per 365 days)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (504 EA per 365 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	4	PA; SP
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	OA	PA; SP
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	OA	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	4	PA; SP; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	4	PA; SP; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	4	PA; SP; QL (2 EA per 365 days)
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (2.9 ML per 1 day)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (2.9 ML per 1 day)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	OA	PA; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	4	PA; SP; QL (9 ML per 1 day)
PULMONARY SURFACTANTS - Drugs for the Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML (<i>poractant alfa</i>)	OA	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (<i>calfactant in nacl</i>)	OA	
SURVANTA INTRATRACHEAL SUSPENSION 25-0.9 MG/ML-% (<i>beractant in nacl</i>)	OA	
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	OA	PA; SP
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (<i>alpha1-proteinase inhibitor</i>)	OA	PA; SP
<i>pirfenidone oral capsule 267 mg</i>	4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	4	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (alpha1-proteinase inhibitor)	OA	PA; SP
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (tezepelumab-ekko)	4	PA; SP; QL (0.07 ML per 1 day)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (tezepelumab-ekko)	OA	PA; SP; QL (0.07 ML per 1 day)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG (sotatercept-csrk)	OA	PA; SP; QL (0.05 EA per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (omalizumab)	4	PA; SP; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (omalizumab)	4	PA; SP; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML (omalizumab)	4	PA; SP; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (omalizumab)	4	PA; SP; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (omalizumab)	4	PA; SP; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (omalizumab)	4	PA; SP; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (omalizumab)	OA	PA; SP
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (alpha1-proteinase inhibitor)	OA	PA; SP
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	QL (2 ML per 1 day)
azelastine hcl ophthalmic solution 0.05 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	1	QL (0.77 GM per 1 day)
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	2	QL (0.77 GM per 1 day)
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	2	QL (1.1 GM per 1 day)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact</i>	1	QL (1.2 GM per 1 day)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	1	QL (18 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	1	QL (5 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL (12.5 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1	QL (5 EA per 1 day)
<i>albuterol sulfate oral syrup 2 mg/5ml, 8 mg/20ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	1	QL (4 ML per 1 day)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	1	QL (4 ML per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	1	QL (18 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	1	QL (3 EA per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	1	QL (9 ML per 1 day)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	3	QL (4 ML per 1 day)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (salmeterol xinafoate)	2	QL (2 EA per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	2	QL (4.2 GM per 30 days)
terbutaline sulfate injection solution 1 mg/ml	OA	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (riociguat)	4	PA; SP; QL (90 EA per 30 days)
alyq oral tablet 20 mg	4	PA; SP; QL (2 EA per 1 day)
ambrisentan oral tablet 10 mg, 5 mg	4	PA; SP; QL (1 EA per 1 day)
bosentan oral tablet 125 mg, 62.5 mg	4	PA; SP; QL (2 EA per 1 day)
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	OA	PA; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (epoprostenol sodium)	OA	PA; SP
OPSUMIT ORAL TABLET 10 MG (macitentan)	4	PA; SP; QL (1 EA per 1 day)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (treprostinil diolamine)	4	PA; SP; QL (336 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (672 EA per 365 days)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	4	PA; SP; QL (504 EA per 365 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	4	PA; SP
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	OA	PA; SP
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	OA	PA; SP
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	OA	PA; SP
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; SP; QL (7.5 ML per 1 day)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (0.27 EA per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	4	PA; SP; QL (3 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	4	PA; SP; QL (2 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	4	PA; SP; QL (4 EA per 1 day)
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	OA	PA; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	4	PA; SP; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	4	PA; SP; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	4	PA; SP; QL (2 EA per 365 days)
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (2.9 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	4	PA; SP; QL (2.9 ML per 1 day)
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (<i>selexipag</i>)	OA	PA; SP
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	4	PA; SP; QL (2 EA per 1 day)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	4	PA; SP; QL (400 EA per 365 days)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	OA	PA; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	4	PA; SP; QL (9 ML per 1 day)
VASODILATING AGENTS, MISC - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	4	PA; SP; QL (90 EA per 30 days)
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (<i>selexipag</i>)	OA	PA; SP
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	4	PA; SP; QL (2 EA per 1 day)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	4	PA; SP; QL (400 EA per 365 days)
XANTHINE DERIVATIVES - Drugs for Asthma/COPD		
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTIPROLIFERANTS		
<i>bexarotene external gel 1 %</i>	4	PA; SP
<i>bexarotene oral capsule 75 mg</i>	4	PA; SP; AC
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	OA	SP
<i>imiquimod external cream 3.75 %</i>	1	ST
<i>imiquimod external cream 5 %</i>	1	
<i>imiquimod pump external cream 3.75 %</i>	1	ST
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	3	ST
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	3	ST
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	3	
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	3	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	3	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ADRENERGIC AGONISTS - Drugs for the Skin		
<i>brimonidine tartrate external gel 0.33 %</i>	1	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	2	
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>naftifine hcl external cream 1 %, 2 %</i>	1	
<i>naftifine hcl external gel 2 %</i>	1	
ANTIBACTERIALS (84:04) - Drugs for the Skin		
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	3	
AVIDOXY ORAL TABLET 100 MG	3	ST
<i>azelaic acid external gel 15 %</i>	1	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	3	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>)	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML, 600 MG/4ML, 9 GM/60ML, 900 MG/6ML (<i>clindamycin phosphate</i>)	OA	
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	3	
<i>clindacin etz external swab 1 %</i>	1	
<i>clindacin external foam 1 %</i>	1	
<i>clindacin-p external swab 1 %</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>clindamycin phos (once-daily) external gel 1 %</i>	1	
<i>clindamycin phos (twice-daily) external gel 1 %</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %</i>	1	
<i>clindamycin phosphate external foam 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	OA	
CLINDAMYCIN PHOSPHATE IN NAACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	OA	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml</i>	OA	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	

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CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate</i> (1 dose))	3	
<i>dapsone external gel 5 %, 7.5 %</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	OA	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	OA	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline oral capsule delayed release 40 mg</i>	1	
<i>ery external pad 2 %</i>	1	
ERYGEL EXTERNAL GEL 2 % (<i>erythromycin</i>)	3	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	3	
<i>gentamicin sulfate external cream 0.1 %</i>	1	
<i>gentamicin sulfate external ointment 0.1 %</i>	1	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	OA	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KLARON EXTERNAL LOTION 10 % (<i>sulfacetamide sodium (acne)</i>)	3	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	OA	
<i>levofloxacin intravenous solution 25 mg/ml</i>	OA	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>mafenide acetate external packet 5 %</i>	1	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	3	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	3	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole intravenous solution 500 mg/100ml</i>	OA	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>minocycline hcl</i>)	OA	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
MONDOXYNE NL ORAL CAPSULE 100 MG (<i>doxycycline monohydrate</i>)	3	ST
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	OA	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML	OA	

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<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
<i>mupirocin calcium external cream 2 %</i>	1	
<i>mupirocin external ointment 2 %</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 % (<i>bacitracin-polymyx-neo-hc</i>)	3	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	3	
<i>neuac external gel 1.2-5 %</i>	1	
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phos-benzoyl perox</i>)	3	ST
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM (<i>bacitracin-polymyxin b</i>)	3	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	OA	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur external suspension 9-4.25 %</i>	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	3	PA
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	PA
VANDAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	3	ST
XACIATO VAGINAL GEL 2 % (<i>clindamycin phosphate</i>)	3	
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC - Drugs for the Skin		
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	3	
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	2	ST
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	3	PA
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
<i>doxepin hcl external cream 5 %</i>	1	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	1	QL (1 EA per 1 day)
EPIFOAM EXTERNAL FOAM 1-1 % (<i>pramoxine-hc</i>)	3	
<i>ethyl chloride external aerosol</i>	1	
GEBAUERS PAIN EASE EXTERNAL AEROSOL (<i>pentafluoroprop-tetrafluoroeth</i>)	3	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL (<i>pentafluoroprop-tetrafluoroeth</i>)	3	
<i>glydo external prefilled syringe 2 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML (<i>difelikefalin acetate</i>)	OA	PA; SP
L.E.T. (RACEPINEPHRINE) EXTERNAL GEL 4-0.05-0.5 %	3	
L.E.T. (RACEPINEPHRINE) EXTERNAL SOLUTION 4-0.05-0.5 %	3	

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L.E.T. EXTERNAL GEL 4-0.05-0.5 %	3	
<i>lidocaine external ointment 5 %</i>	1	
<i>lidocaine external patch 5 %</i>	1	
<i>lidocaine hcl external solution 4 %</i>	1	
<i>lidocaine hcl urethral mucosal external gel 2 %</i>	1	
<i>lidocaine hcl urethral mucosal external prefilled syringe 2 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	
LIDO-RACEPINEPHRINE-TETRACAINE EXTERNAL GEL 4-0.05-0.5 %	3	
LIDO-RACEPINEPHRINE-TETRACAINE EXTERNAL SOLUTION 4-0.05-0.5 %	3	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
PREPIV SUPPLY COMBINATION KIT 2.5-2.5 & 0.9 %	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	2	
REGENECARE EXTERNAL GEL 2 % (<i>lidocaine-collagen-aloe vera</i>)	3	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 % (<i>lido-epinephrine-tetracaine</i>)	OA	
TOPICAL L.E.T. EXTERNAL GEL 4-0.09-0.5 %	3	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % (<i>lidocaine hcl-blood collection</i>)	3	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>acyclovir external cream 5 %</i>	1	QL (0.17 GM per 1 day)
<i>acyclovir external ointment 5 %</i>	1	QL (1 GM per 1 day)
<i>acyclovir oral capsule 200 mg</i>	1	

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<i>acyclovir oral suspension 200 mg/5ml, 800 mg/20ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	OA	
<i>peniclovir external cream 1 %</i>	1	QL (0.17 GM per 1 day)
SITAVIG BUCCAL TABLET 50 MG (<i>acyclovir</i>)	3	PA; QL (0.07 EA per 1 day)
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	3	PA
YCANTH EXTERNAL SOLUTION 0.7 % (<i>cantharidin</i>)	OA	PA
ASTRINGENTS (84:12) - Drugs for the Skin		
DRYSOL EXTERNAL SOLUTION 20 % (<i>aluminum chloride</i>)	3	
GLYCATO ORAL TABLET 1.5 MG (<i>glycopyrrolate</i>)	3	PA; QL (6 EA per 1 day)
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml</i>	OA	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	OA	
GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	OA	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	QL (4 EA per 1 day)
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	PA; QL (6 EA per 1 day)
<i>glycopyrrolate pf +rfid injection solution prefilled syringe 0.4 mg/2ml</i>	OA	
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i>	OA	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	OA	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML (<i>glycopyrrolate</i>)	OA	

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GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML (<i>glycopyrrolate</i>)	OA	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	PA
QBREXZA EXTERNAL PAD 2.4 % (<i>glycopyrronium tosylate</i>)	3	QL (1 EA per 1 day)
SOFDRA EXTERNAL GEL 12.45 % (<i>sofipironium bromide</i>)	3	QL (1.4 ML per 1 day)
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	3	PA
XERAC AC EXTERNAL SOLUTION 6.25 % (<i>aluminum chloride in alcohol</i>)	3	
ASTRINGENTS, ANTI-INFECTIVE - Drugs for the Skin		
<i>benzalkonium chloride external solution , 50 %</i>	1	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	
<i>iodine strong oral solution 5 %</i>	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3	
<i>perio gard mouth/throat solution 0.12 %</i>	1	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>silver sulfadiazine external cream 1 %</i>	1	
<i>ssd external cream 1 %</i>	1	
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>clotrimazole external cream 1 %</i>	1	
<i>clotrimazole external solution 1 %</i>	1	
<i>clotrimazole mouth/throat troche 10 mg</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
<i>econazole nitrate external cream 1 %</i>	1	
ECOZA EXTERNAL FOAM 1 % (<i>econazole nitrate</i>)	3	PA
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	3	PA
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	3	PA
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	3	PA
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate (1 dose)</i>)	3	
<i>ketoconazole external cream 2 %</i>	1	
<i>ketoconazole external foam 2 %</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketodan external foam 2 %</i>	1	
LULICONAZOLE EXTERNAL CREAM 1 %	3	PA
LUZU EXTERNAL CREAM 1 % (<i>luliconazole</i>)	3	PA
<i>miconazole 3 vaginal suppository 200 mg</i>	1	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	PA
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	3	PA
<i>oxiconazole nitrate external cream 1 %</i>	1	
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	3	PA
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	3	PA
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	3	PA
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i>	1	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (<i>salicylic acid-lactic acid</i>)	3	
BASIC OILS AND OTHER SOLVENTS - Drugs for the Skin		
<i>lactic acid e external cream 10-3500 %-unt/30gm</i>	1	
BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin		
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
ARTISS EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
<i>calcipotriene external cream 0.005 %</i>	1	
<i>calcipotriene external ointment 0.005 %</i>	1	
<i>calcipotriene external solution 0.005 %</i>	1	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	1	QL (13.4 GM per 1 day)
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	1	QL (4 GM per 1 day)
CALCITRENE EXTERNAL OINTMENT 0.005 % (<i>calcipotriene</i>)	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
<i>hydrocortisone external cream 1 %</i>	1	
<i>lactic acid e external cream 10-3500 %-unt/30gm</i>	1	
<i>nitroglycerin rectal ointment 0.4 %</i>	1	
REGENECARE EXTERNAL GEL 2 % (<i>lidocaine-collagen-aloe vera</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	QL (3 GM per 1 day)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	QL (4 GM per 1 day)
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
TISSEEL EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	3	PA
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (<i>collagenase clostrid histolyt</i>)	OA	PA; SP
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	3	PA
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	3	PA
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	3	ST; QL (1 EA per 1 day)
<i>finasteride oral tablet 5 mg</i>	1	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG (<i>palifermin</i>)	OA	SP
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	3	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % (<i>tretinoin microsphere</i>)	3	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	1	
<i>tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %</i>	1	
<i>tretinoin oral capsule 10 mg</i>	4	SP; AC
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	3	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
<i>ala-cort external cream 1 %</i>	1	
<i>alclometasone dipropionate external cream 0.05 %</i>	1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
<i>amcinonide external cream 0.1 %</i>	1	
<i>amcinonide external ointment 0.1 %</i>	1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml</i>	OA	
BETAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 12 MG/2ML, 6 MG/ML	OA	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external foam 0.12 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	3	PA
<i>budesonide rectal foam 2 mg, 2 mg/lact</i>	1	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	1	QL (13.4 GM per 1 day)
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	1	QL (4 GM per 1 day)
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 (3-3) MG/ML (<i>betamethasone sod phos & acet</i>)	OA	
<i>clobetasol propionate e external cream 0.05 %</i>	1	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external foam 0.05 %</i>	1	
<i>clobetasol propionate external gel 0.05 %</i>	1	
<i>clobetasol propionate external liquid 0.05 %</i>	1	
<i>clobetasol propionate external lotion 0.05 %</i>	1	
<i>clobetasol propionate external ointment 0.05 %</i>	1	
<i>clobetasol propionate external shampoo 0.05 %</i>	1	
<i>clobetasol propionate external solution 0.05 %</i>	1	
<i>clocortolone pivalate external cream 0.1 %</i>	1	
<i>clodan external shampoo 0.05 %</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
CORTENEMA RECTAL ENEMA 100 MG/60ML (<i>hydrocortisone</i>)	3	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	3	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	3	
DERMOTIC OTIC OIL 0.01 % (<i>fluocinolone acetonide</i>)	3	
<i>desonide external cream 0.05 %</i>	1	
<i>desonide external gel 0.05 %</i>	1	
<i>desonide external lotion 0.05 %</i>	1	
<i>desonide external ointment 0.05 %</i>	1	
DESOWEN EXTERNAL CREAM 0.05 % (<i>desonide</i>)	3	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone external gel 0.05 %</i>	1	
<i>desoximetasone external liquid 0.25 %</i>	1	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	1	
<i>diflorasone diacetate external cream 0.05 %</i>	1	
<i>diflorasone diacetate external ointment 0.05 %</i>	1	
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
EPIFOAM EXTERNAL FOAM 1-1 % (<i>pramoxine-hc</i>)	3	
<i>flac otic oil 0.01 %</i>	1	
<i>fluocinolone acetonide body external oil 0.01 %</i>	1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	
<i>fluocinolone acetonide external solution 0.01 %</i>	1	
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	

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<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	1	
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>flurandrenolide external cream 0.05 %</i>	1	
<i>flurandrenolide external lotion 0.05 %</i>	1	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>halcinonide external cream 0.1 %</i>	1	
HALCINONIDE EXTERNAL SOLUTION 0.1 %	3	PA
<i>halobetasol propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external foam 0.05 %</i>	1	PA
<i>halobetasol propionate external ointment 0.05 %</i>	1	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2 %</i>	1	PA
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	

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<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>hydrocortisone sod suc (pf) injection solution reconstituted 100 mg</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
HYDROXATE EXTERNAL GEL 2 % (<i>hydrocortisone</i>)	3	PA
KOURZEQ MOUTH/THROAT PASTE 0.1 % (<i>triamcinolone acetonide</i>)	3	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	3	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
ORALONE MOUTH/THROAT PASTE 0.1 % (<i>triamcinolone acetonide</i>)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	2	
<i>procto-med hc external cream 2.5 %</i>	1	
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	3	ST
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG (<i>hydrocortisone sod succinate</i>)	3	

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SYNALAR EXTERNAL CREAM 0.025 % (fluocinolone acetonide)	3	
SYNALAR EXTERNAL OINTMENT 0.025 % (fluocinolone acetonide)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (calcipotriene-betameth diprop)	3	QL (4 GM per 1 day)
TEXACORT EXTERNAL SOLUTION 2.5 % (hydrocortisone)	3	
TOPICORT EXTERNAL CREAM 0.25 % (desoximetasone)	3	
TOPICORT EXTERNAL GEL 0.05 % (desoximetasone)	3	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (desoximetasone)	3	
tovet external foam 0.05 %	1	
triamcinolone acetonide external aerosol solution 0.147 mg/gm	1	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide mouth/throat paste 0.1 %	1	
triamcinolone in absorbase external ointment 0.05 %	1	
triderm external cream 0.5 %	1	
UCERIS RECTAL FOAM 2 MG/ACT (budesonide)	3	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (calcipotriene-betameth diprop)	3	QL (15 GM per 1 day)
XERESE EXTERNAL CREAM 5-1 % (acyclovir-hydrocortisone)	3	PA

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS - Drugs for the Skin		
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	PA
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	3	PA
XEROFORM OCCLUSIVE GAUZE PATCH EXTERNAL PAD 3 % (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM OIL EMULSION 2"X2" EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM OIL EMULSION GAUZE EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM OIL EMULSION STRIP EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM OIL ROLL 4"X9' EXTERNAL 3 % (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	
XEROFORM PETROLAT PATCH 2"X2" EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM PETROLAT PATCH 4"X4" EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM PETROLATUM DRES 4"X4" EXTERNAL PAD 3 %	3	
XEROFORM PETROLATUM DRES 5"X9" EXTERNAL PAD 3 %	3	
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	OA	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
<i>ciclodan external solution 8 %</i>	1	
<i>ciclopirox external gel 0.77 %</i>	1	
<i>ciclopirox external shampoo 1 %</i>	1	
<i>ciclopirox external solution 8 %</i>	1	
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	1	
IMMUNOMODULATORY AGENTS (84:06) - Drugs for the Skin		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>tralokinumab-ldrm</i>)	4	PA; SP; QL (0.15 ML per 1 day)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	4	PA; SP; QL (0.15 ML per 1 day)
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	3	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML (<i>bimekizumab-bkzx</i>)	4	PA; SP; QL (0.08 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML (<i>bimekizumab-bkzx</i>)	4	PA; SP; QL (0.08 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (<i>dupilumab</i>)	4	PA; SP; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>dupilumab</i>)	4	PA; SP; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	4	PA; SP; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>dupilumab</i>)	4	PA; SP; QL (0.29 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	4	PA; SP; QL (0.15 ML per 1 day)
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML (<i>lebrikizumab-lbkz</i>)	4	PA; SP; QL (0.15 ML per 1 day)
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	3	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	OA	PA; SP; QL (0.02 ML per 1 day)
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR 30 MG (<i>nemolizumab-ilto</i>)	4	PA; SP; QL (0.08 EA per 1 day)
<i>pimecrolimus external cream 1 %</i>	1	ST; QL (2 GM per 1 day)
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	OA	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	3	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	4	PA; SP; QL (0.11 ML per 1 day)
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	4	PA; SP; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	4	PA; SP; QL (0.02 ML per 1 day)
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML (<i>spesolimab-sbzo</i>)	OA	PA; SP; QL (30 ML per 84 days)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>spesolimab-sbzo</i>)	OA	PA; SP; QL (0.08 ML per 1 day)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	QL (2 GM per 1 day)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	4	PA; SP; QL (0.08 ML per 1 day)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML (<i>guselkumab</i>)	OA	PA; SP
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>guselkumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML (<i>guselkumab</i>)	4	PA; SP; QL (0.08 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML (<i>guselkumab</i>)	4	PA; SP; QL (0.08 ML per 1 day)
JANUS KINASE INHIBITORS (84:06) - Drugs for the Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	4	PA; SP; QL (1 EA per 1 day)
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	3	PA
JAKAFI ORAL TABLET 10 MG, 5 MG (<i>ruxolitinib phosphate</i>)	4	PA; SP; AC; QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG (<i>ruxolitinib phosphate</i>)	4	PA; SP; AC
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	4	PA; SP; QL (1 EA per 1 day)
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	2	ST; QL (3.34 GM per 1 day)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	PA
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	4	PA; SP; QL (1 EA per 1 day)
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast</i>)	2	ST
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KERATOLYTIC AGENTS - Drugs for the Skin		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	3	PA
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>adapalene external cream 0.1 %</i>	1	
<i>adapalene external gel 0.1 %, 0.3 %</i>	1	
ADAPALENE EXTERNAL PAD 0.1 %	3	PA
ADAPALENE EXTERNAL SOLUTION 0.1 %	3	PA
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	1	
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	3	PA
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	3	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	3	
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	3	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (<i>salicylic acid-lactic acid</i>)	3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	
KERALYT EXTERNAL SHAMPOO 6 % (<i>salicylic acid</i>)	3	
<i>podofilox external gel 0.5 %</i>	1	
<i>podofilox external solution 0.5 %</i>	1	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sulfacetamide sodium-sulfur external suspension 9-4.25 %</i>	1	
<i>tazarotene external cream 0.05 %, 0.1 %</i>	1	PA
<i>tazarotene external gel 0.05 %, 0.1 %</i>	1	PA
<i>urea external cream 20 %</i>	1	
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	3	PA
XALIX EXTERNAL SOLUTION 28 % (<i>salicylic acid</i>)	3	
YCANTH EXTERNAL SOLUTION 0.7 % (<i>cantharidin</i>)	OA	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
KERATOPLASTIC AGENTS - Drugs for the Skin		
<i>coal tar external solution 20 %</i>	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	1	
<i>benzalkonium chloride external solution , 50 %</i>	1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %</i>	1	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	3	
<i>hydrogen peroxide solution 30 %</i>	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
<i>mafenide acetate external packet 5 %</i>	1	
<i>neuac external gel 1.2-5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phosphorox</i>)	3	ST
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3	
<i>perio gard mouththroat solution 0.12 %</i>	1	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>silver sulfadiazine external cream 1 %</i>	1	
<i>ssd external cream 1 %</i>	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	3	PA
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	3	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
<i>diclofenac sodium external gel 1 %</i>	1	QL (33.33 GM per 1 day)
<i>diclofenac sodium external gel 3 %</i>	1	QL (10 GM per 1 day)
<i>diclofenac sodium external solution 1.5 %, 2 %</i>	1	PA
DICLOFONO EXTERNAL GEL 1.6 % (<i>diclofenac sodium</i>)	3	
OXABOROLES - Drugs for the Skin		
<i>tavaborole external solution 5 %</i>	1	PA
PHOSPHODIESTERASE-4 INHIBITORS (84:06) - Drugs for the Skin		
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	3	PA
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	2	ST
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	PA
ZORYVE EXTERNAL CREAM 0.15 % (<i>roflumilast</i>)	2	ST
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PIGMENTING AGENTS - Drugs for the Skin		
<i>methoxsalen rapid oral capsule 10 mg</i>	1	
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML (<i>methoxsalen (photopheresis)</i>)	OA	
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>klayesta external powder 100000 unit/gm</i>	1	
<i>nyamyc external powder 100000 unit/gm</i>	1	
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>nystop external powder 100000 unit/gm</i>	1	
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	3	
ELIMITE EXTERNAL CREAM 5 % (<i>permethrin</i>)	3	
<i>ivermectin external cream 1 %</i>	1	
<i>malathion external lotion 0.5 %</i>	1	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	3	
<i>permethrin external cream 5 %</i>	1	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	3	
<i>spinosad external suspension 0.9 %</i>	1	
<i>sulfurated lime external solution</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	3	PA
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>adapalene external cream 0.1 %</i>	1	
<i>adapalene external gel 0.1 %, 0.3 %</i>	1	
ADAPALENE EXTERNAL PAD 0.1 %	3	PA
ADAPALENE EXTERNAL SOLUTION 0.1 %	3	PA
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	1	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	4	PA; SP; QL (0.15 ML per 1 day)
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	3	PA
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AQUACEL AG BURN EXTERNAL PAD 4"X5" (<i>silver-carboxymethylcellulose</i>)	3	
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
ARTISS EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
ATRAPRO DERMAL SPRAY EXTERNAL LIQUID (<i>wound cleansers</i>)	3	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	OA	PA; SP
<i>azelaic acid external gel 15 %</i>	1	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	3	
B & C EXTERNAL OINTMENT	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
balsam peru-castor oil external ointment	1	
bexarotene external gel 1 %	4	PA; SP
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (bimekizumab-bkzx)	4	PA; SP; QL (0.08 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (bimekizumab-bkzx)	4	PA; SP; QL (0.08 ML per 1 day)
BPCO EXTERNAL OINTMENT	3	
brimonidine tartrate external gel 0.33 %	1	
calcipotriene external cream 0.005 %	1	
calcipotriene external ointment 0.005 %	1	
calcipotriene external solution 0.005 %	1	
calcipotriene-betameth diprop external ointment 0.005-0.064 %	1	QL (13.4 GM per 1 day)
calcipotriene-betameth diprop external suspension 0.005-0.064 %	1	QL (4 GM per 1 day)
CALCITRENE EXTERNAL OINTMENT 0.005 % (calcipotriene)	3	
calcitriol external ointment 3 mcg/gm	1	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	4	PA; SP; QL (1 EA per 1 day)
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CONDYLOX EXTERNAL GEL 0.5 % (podofilox)	3	
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (secukinumab)	OA	PA; SP
dapsone external gel 5 %, 7.5 %	1	
dapsone oral tablet 100 mg, 25 mg	1	
diclofenac sodium external gel 1 %	1	QL (33.33 GM per 1 day)

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diclofenac sodium external solution 1.5 %, 2 %	1	PA
DICLOFONO EXTERNAL GEL 1.6 % (diclofenac sodium)	3	
doxycycline oral capsule delayed release 40 mg	1	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (dupilumab)	4	PA; SP; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (dupilumab)	4	PA; SP; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (dupilumab)	4	PA; SP; QL (0.29 ML per 1 day)
ENDARI ORAL PACKET 5 GM (glutamine (sickle cell))	3	PA
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	3	QL (15 GM per 1 day)
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (adapalene-benzoyl peroxide)	3	
FILSUEZ EXTERNAL GEL 10 % (birch triterpenes)	4	PA; SP; QL (15 GM per 1 day)
FINACEA EXTERNAL FOAM 15 % (azelaic acid)	3	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
HYPOCYN ANTIPRURITIC EXTERNAL GEL 0.012 % (hypochlorous acid)	3	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (tildrakizumab-asmn)	OA	PA; SP; QL (0.02 ML per 1 day)
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
imiquimod pump external cream 3.75 %	1	ST
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab-dyyb)	OA	PA; SP

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INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	OA	PA; SP
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	1	
KLISYRI (250 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	3	ST
KLISYRI (350 MG) EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	3	ST
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML (<i>difelikefalin acetate</i>)	OA	PA; SP
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	3	
l-glutamine oral packet 5 gm	1	PA
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	4	PA; SP; QL (1 EA per 1 day)
L-MESITRAN SOFT WOUND EXTERNAL GEL (wound dressings)	3	
LUXAMEND EXTERNAL CREAM (wound dressings)	3	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL (wound dressings)	3	
MICROCYN EXTERNAL LIQUID 0.023 % (wound cleansers)	3	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	2	
nitroglycerin rectal ointment 0.4 %	1	
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	2	ST; QL (3.34 GM per 1 day)
OTEZLA ORAL TABLET 20 MG, 30 MG (<i>apremilast</i>)	4	PA; SP; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X 20 MG (<i>apremilast</i>)	4	PA; SP; QL (55 EA per 365 days)
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	3	

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PETROLEUM GAUZE NON-WOVEN 3X9" EXTERNAL (<i>wound dressings</i>)	3	
<i>pimecrolimus external cream 1 %</i>	1	ST; QL (2 GM per 1 day)
<i>podofilox external gel 0.5 %</i>	1	
<i>podofilox external solution 0.5 %</i>	1	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
QBREXZA EXTERNAL PAD 2.4 % (<i>glycopyrronium tosylate</i>)	3	QL (1 EA per 1 day)
RADIAPLEXRX EXTERNAL GEL (<i>wound dressings</i>)	3	
REGENECARE EXTERNAL GEL 2 % (<i>lidocaine-collagen-aloe vera</i>)	3	
REGRANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	3	PA
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	OA	PA; SP
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	OA	PA; SP
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	QL (3 GM per 1 day)
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (<i>afamelanotide acetate</i>)	OA	PA; SP
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	4	PA; SP; QL (0.11 ML per 1 day)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	4	PA; SP; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	4	PA; SP; QL (0.02 ML per 1 day)
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	4	PA; SP; QL (1 EA per 1 day)
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML (<i>spesolimab-sbzo</i>)	OA	PA; SP; QL (30 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	4	PA; SP; QL (0.009 ML per 1 day)

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STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	4	PA; SP; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	QL (4 GM per 1 day)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	QL (2 GM per 1 day)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	4	PA; SP; QL (0.04 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	4	PA; SP; QL (0.04 ML per 1 day)
<i>tazarotene external cream 0.05 %, 0.1 %</i>	1	PA
<i>tazarotene external gel 0.05 %, 0.1 %</i>	1	PA
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
TISSEEL EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	3	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	4	PA; SP; QL (0.02 ML per 1 day)
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	4	PA; SP
VEELEX EXTERNAL OINTMENT (<i>balsam peru-castor oil</i>)	3	
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	3	PA
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	3	PA
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (<i>beremagene geperpavec-svdt</i>)	OA	PA; SP; QL (0.36 ML per 1 day)
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	

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ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3	PA
SUNSCREEN AGENTS - Drugs for the Skin		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (<i>afamelanotide acetate</i>)	OA	PA; SP
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG (<i>xanomeline-trospium chloride</i>)	3	ST; QL (2 EA per 1 day)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG (<i>xanomeline-trospium chloride</i>)	3	ST; QL (102 EA per 365 days)
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	
DETROL ORAL TABLET 2 MG (<i>tolterodine tartrate</i>)	3	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	1	
<i>flavoxate hcl oral tablet 100 mg</i>	1	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	3	ST; QL (0.29 EA per 1 day)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	
<i>trospium chloride er oral capsule extended release 24 hour 60 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tropium chloride oral tablet 20 mg</i>	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
<i>aminophylline intravenous solution 25 mg/ml</i>	OA	
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	OA	PA; SP
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	OA	PA; SP
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	4	PA; SP; QL (7.5 ML per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	4	PA; SP; QL (3 EA per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System		
<i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	2	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
INFUVITE ADULT INTRAVENOUS SOLUTION (<i>multiple vitamin</i>)	OA	

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INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (<i>pediatric multiple vitamins</i>)	OA	
VITAMIN A		
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML (<i>vitamin a</i>)	OA	
VITAMIN B COMPLEX		
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	3	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	1	
DEXPANTHENOL INJECTION SOLUTION 250 MG/ML	3	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	PV
<i>folic acid injection solution 5 mg/ml</i>	OA	
<i>folic acid oral tablet 1 mg</i>	1	
<i>hematinic/folic acid oral tablet 324-1 mg</i>	1	
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	OA	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (<i>levoleucovorin</i>)	OA	SP
<i>leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml</i>	OA	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	OA	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	AC
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	OA	SP
<i>levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml</i>	OA	SP

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Effective Date 05/01/2025

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIPO-C INTRAMUSCULAR SOLUTION	3	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED 10000 MCG, 50000 MCG	3	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	3	
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	1	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	
<i>niacor oral tablet 500 mg</i>	1	
<i>pyridoxine hcl solution 100 mg/ml injection</i>	1	
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	3	
RESTORA RX ORAL CAPSULE 60-1.25 MG (<i>lactobacillus casei-folic acid</i>)	3	
<i>thiamine hcl injection solution 100 mg/ml, 200 mg/2ml</i>	1	
VITAMIN C		
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	1	
VITAMIN D		
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	3	
<i>calcitriol intravenous solution 1 mcg/ml</i>	OA	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>doxercalciferol intravenous solution 4 mcg/2ml</i>	OA	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (<i>ergocalciferol</i>)	3	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	1	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	3	PA; QL (0.15 EA per 1 day)
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML (<i>doxercalciferol</i>)	OA	
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	OA	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	3	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>)	3	
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	3	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1	
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML (<i>paricalcitol</i>)	OA	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>)	3	
VITAMIN K ACTIVITY		
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	OA	
<i>phytonadione oral tablet 5 mg</i>	1	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	OA	

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Effective Date 05/01/2025

Index of Drugs

abacavir sulfate	47	ACULAR.....	245, 318	AFLURIA.....	94
abacavir sulfate-lamivudine ...	47	ACULAR LS.....	244, 318	AFLURIA PRESERVATIVE	
ABECMA.....	64, 182	ACUVAIL.....	245, 318	FREE.....	94
ABELCET.....	58	acyclovir	54, 480, 481	AFREZZA.....	392
ABILIFY ASIMTUFII.....	196, 204	acyclovir sodium	54, 481	AFSTYLA.....	128
ABILIFY MAINTENA.....	196, 204	ADACEL.....	92, 94	AGAMREE.....	343
ABILIFY MYCITE		ADAKVEO.....	124	AGGRASTAT.....	136, 283
MAINTENANCE KIT.....	196, 204	adapalene	451, 496, 500	AIMOVIG.....	214
ABILIFY MYCITE STARTER		ADAPALENE.....	451, 496, 500	AIRSUPRA	
KIT.....	196, 205	adapalene-benzoyl peroxide		.....	117, 309, 343, 459, 465, 469
abiraterone acetate	64	.....	451, 496, 497, 500	AJOVY.....	214
ABLYSINOL.....	140, 176	ADASUVE.....	202, 217	ak-fluor	270
ABRAXANE.....	64	ADBRY.....	493, 500	AKLIEF.....	496, 500
ABRYSVO.....	93	ADCETRIS.....	64	AKOVAZ.....	100, 454
ABSORICA LD.....	496, 500	ADDERALL XR.....	186	AKTEN.....	319
ACAM2000.....	93	ADDYI.....	215	AKYNZEO.....	328, 339
acamprosate calcium	13, 215	adefovir dipivoxil	54	AKYNZEO (READY-TO-USE)	
acarbose	351	ADEMPAS.....	470, 472	.....	328, 339
ACCOLATE.....	463	adenosine	162	AKYNZEO (TO-BE-DILUTED)	
ACCU-CHEK FASTCLIX		adenosine (diagnostic)	266	.....	328, 339
LANCET KIT.....	253	ADMELOG.....	392	ala-cort	309, 343, 486
ACCU-CHEK SOFTCLIX		ADMELOG SOLOSTAR.....	392	albendazole	29
LANCET DEVICE KIT.....	253	ADRENALIN.....	100, 454	ALBUKED 25.....	121
ACCUPRIL.....	143, 144	adriamycin	64	ALBUKED 5.....	121
ACCURETIC.....	144, 295	ADSTILADRIN.....	64, 182	ALBUMIN HUMAN.....	121
accutane	496, 500	ADTHYZA.....	398	ALBUMINEX.....	121
ACD FORMULA A.....	123	ADVAIR HFA..	117, 309, 343, 459	ALBUMIN-ZLB.....	121
ACD-A NOCLOT-50.....	123	ADVATE.....	128	ALBURX.....	121
acebutolol hcl		ADVIN COVID-19 ANTIGEN		ALBUTEIN.....	121
.....	119, 146, 155, 159, 170	TEST.....	267	albuterol sulfate	117, 118, 469
ACETADOTE.....	15, 418	ADYNOVATE.....	128	albuterol sulfate hfa	117, 469
acetaminophen	187, 200, 226	ADZYNMA.....	298	ALCAINE.....	319
acetaminophen-codeine		AEROCHAMBER HOLDING		alclometasone dipropionate	486
.....	187, 226, 230, 231	CHAMBER.....	253	ALCOHOL PREP PADS.....	254
acetazolamide		AEROCHAMBER MINI		ALDACTONE	
.....	137, 154, 191, 278, 308	CHAMBER.....	253	.....	139, 169, 170, 176, 177, 283
acetazolamide er		AEROCHAMBER MV.....	253	ALDURAZYME.....	298
.....	137, 154, 190, 278, 308	AEROCHAMBER PLS FLOVU		ALECENSA.....	64
acetazolamide sodium		MTHPIECE.....	253	alendronate sodium	424
.....	137, 154, 191, 278, 308	AEROCHAMBER PLUS FLO-		alfuzosin hcl er	116
acetic acid	279, 316	VU INTERM.....	253	ALIMTA.....	64
acetylcysteine ...	13, 15, 418, 464	AEROCHAMBER PLUS FLO-		aliskiren fumarate	176
acitretin	496, 500	VU LARGE.....	253	allopurinol	422
ACTEMRA		AEROCHAMBER PLUS FLO-		allopurinol sodium	422
.....	406, 407, 429, 434, 435	VU MEDIUM.....	253	ALLZITAL.....	187, 208, 226
ACTEMRA ACTPEN		AEROCHAMBER PLUS FLO-		almotriptan malate	248
.....	406, 429, 434	VU SMALL.....	254	ALOCRIL.....	301, 464
ACTHAR.....	265, 380	AEROCHAMBER PLUS		ALOPRIM.....	422
ACTHAR GEL.....	265, 380	FLOW VU.....	254	ALORA.....	366, 424
ACTHIB.....	93	AEROCHAMBER		alose tron hcl	331
ACTIMMUNE.....	435	W/FLOWSIGNAL.....	254	ALPHA-LIPOIC ACID.....	445
ACTIVELLA.....	366, 382	afirmelle	356, 366, 382	ALPHANATE.....	128

ALPHANINE SD.....	128	amlodipine besylate	..... 164, 165, 178	ANTICOAGULANT SODIUM	
alprazolam	211	amlodipine besylate-		CITRATE.....	123
alprazolam er	211	benazepril hcl	144, 164	ANTIVENIN LATRODECTUS	
alprazolam intensol	211	amlodipine besylate-		MACTANS.....	13, 90, 418
alprazolam xr	211	valsartan	141, 164	ANTIVENIN MICRURUS	
ALPROLIX.....	128	amlodipine-atorvastatin	164, 168	FULVIUS.....	13, 90, 419
alprostadi	166, 178	amlodipine-olmesartan	142, 164	ANZEMET.....	328
ALREX.....	309	amlodipine-valsartan-hctz	..... 142, 164, 295	apap-caff-dihydrocodeine	..... 187, 226, 231, 242
ALTACAINE.....	319, 413	ammonium lactate	484	APHEXDA.....	126
altafrin	320, 325	amnestem	496, 500	APIDRA SOLOSTAR.....	392
altavera	356, 366, 382	AMONDYS 45.....	423	APIDRA VIAL.....	392
ALTOPREV.....	168	amoxapine	251	APLENZIN.....	195
ALTRENO.....	64, 485	amoxicillin	28, 332	apomorphine hcl	225
ALTUVIIO.....	129	amoxicillin-potassium		APONVIE.....	339
ALUNBRIG.....	64	clavulanate	28	apraclonidine hcl	300, 316
ALVAIZ.....	126	amoxicillin-potassium		aprepitant	339
alvimopan	328, 335	clavulanate er	28	APRETUDE.....	45
alyacen 1/35	356, 366, 382	AMPHADASE.....	298	apri	356, 366, 382
alyacen 7/7/7	356, 366, 382	amphetamine sulfate	186	APRISO.....	331
ALYGLO.....	89	amphetamine-		APTENSIO XR.....	242
ALYMSYS.....	64, 323	dextroamphetamine	186	APTIOM.....	191, 221
alyq	174, 175, 465, 470	amphetamine-		APTIVUS.....	49
amantadine hcl	25, 26, 186	dextroamphetamine er	186	AQ INSULIN SYRINGE.....	254
AMBISOME.....	58	amphet-dextroamphet 3-		AQINJECT PEN NEEDLE.....	254
ambrisentan	178, 461, 470	bead er	186	AQNEURSA.....	446
amcinonide	486	amphotericin b	58	AQUACEL AG BURN.....	500
AMD FOAM DRESSING.....	254	amphotericin b liposome	58	AQUASOL A.....	508
AMD FOAM DRESSING		ampicillin	28	AQUASTAT.....	283
TOPSHEET.....	254	ampicillin sodium	28	AQUASTAT SFR.....	283
AMERICAN BEECH POLLEN		ampicillin-sulbactam sodium	29	AQUORAL.....	316
.....	89, 266	AMTAGVI.....	182	ARAKODA.....	30
amethyst	356, 366, 382	AMVISC.....	316	ARALAST NP.....	121, 467
AMIDATE.....	220, 223	AMVUTTRA.....	446	aranelle	356, 366, 382
amikacin sulfate	26	AMZEEQ.....	30, 61, 301, 474	ARANESP (ALBUMIN FREE)	
amiloride hcl	139, 176, 283	anagrelide hcl	137	.....	122, 126
amiloride-		ANASCORP.....	13, 90	ARCALYST.....	446, 463
hydrochlorothiazide	283, 295	ANASPAZ.....	13, 105, 456	AREXVY.....	94
AMINO ACID.....	273	anastrozole	64, 353	arformoterol tartrate	118, 469
AMINO ACID-CALCIUM-HEP		ANAVIP.....	90, 418	argatroban	125
IN D10W.....	273	ANCOBON.....	59	ARGININE HCL.....	273
aminocaproic acid	129	ANDEXXA.....	124, 129	ARGYLE STERILE SALINE...	279
aminophylline	507	ANECTINE.....	112	argyle sterile water	279
AMINOPROTECT.....	273	ANESTHESIA S/I-40A...	202, 220	ARIKAYCE.....	26
AMINOSYN II.....	273	ANESTHESIA S/I-40H...	202, 220	aripiprazole	196, 205
AMINOSYN-PF.....	273	ANESTHESIA S/I-40S...	202, 220	ARISTADA.....	197, 205
AMINOSYN-PF 7%.....	273	ANGELIQ.....	366, 382	ARISTADA INITIO.....	197, 205
amiodarone hcl	162	ANGIOMAX.....	125	ARIXTRA.....	123, 135
amitriptyline hcl	251	ANKTIVA.....	64	armodafinil	252
AMJEVITA.....	335, 411, 429, 435	ANNOVERA.....	356, 366, 382	ARMOUR THYROID.....	398
AMJEVITA-PED 10KG TO		ANORO ELLIPTA.....	106, 118	ARNUITY ELLIPTA	
<15KG.....	335, 411, 429, 435			.....	309, 344, 459, 465
AMJEVITA-PED 15KG TO				ARRANON.....	64
<30KG.....	335, 411, 429, 435				

arsenic trioxide	65	aurovela 1/20	356, 366, 383	bacitracin-polymyxin b	..... 38, 301, 474
ARTESUNATE.....	30	aurovela 24 fe	356, 366, 383	bacitra-neomycin-	
ARTICADENT DENTAL..	100, 413	aurovela fe 1.5/30 ..	356, 366, 383	polymyxin-hc ... 38, 301, 309, 474	
ARTISS.....	484, 500	aurovela fe 1/20	356, 366, 383	baclofen	111
ARZERRA.....	65	AURYXIA.....	282	BACLOFEN REFILL KIT-	
ASCENIV.....	90	AUSTEDO.....	252	SYNCHROMED.....	111
ASCLERA.....	140, 176	AUSTEDO XR.....	252	BACTERIOSTATIC	
ascomp-codeine		AUSTEDO XR PATIENT		WATER(BENZ ALC).....	454
.....	208, 231, 242, 247	TITRATION.....	252	BACTRIM.....	32, 61, 63
asenapine maleate	197, 205	AUTOLET II CLINISAFE.....	255	BACTRIM DS.....	32, 61, 63
ashlyna	356, 366, 382	AUTOLET LANCING DEVICE	255	BAFIERTAM.....	404, 436
ASPARLAS.....	65, 298	AUTOLET LITE LANCING		BALCOLTRA.....	356, 367, 383
aspirin-dipyridamole er		DEVICE.....	255	BALFAXAR.....	129
.....	136, 174, 247, 266	AUVI-Q.....	100, 454	balsalazide disodium	331
ASSURE ID DUO PRO PEN		avanafil	174, 175	balsam peru-castor oil	501
NEEDLES.....	254	AVASTIN.....	65, 323	BALVERSA.....	65
ASSURE ID PRO PEN		AVEED.....	352, 353	balziva	357, 367, 383
NEEDLES.....	254	aviane	356, 366, 383	BAQSIMI ONE PACK 13, 376, 419	
ASTAGRAF XL.....	400, 442, 493	AVIDOXY.....	30, 61, 474	BAQSIMI TWO PACK	
ASTRINGYN.....	129	AVONEX PEN.....	405, 435	.....	13, 376, 419
atazanavir sulfate	49	AVONEX PREFILLED....	406, 435	BARACLUDGE.....	54
ATELVIA.....	424	AVSOLA		BARHEMSYS.....	330, 335
atenolol ..	119, 146, 155, 159, 170	.....	335, 402, 411, 430, 435, 500	BASAGLAR KWIKPEN.....	379
atenolol-chlorthalidone		AVYCAZ.....	24	BAVENCIO.....	65
.....	146, 155, 297	AXTLE.....	65	BAXDELA.....	59
ATIVAN.....	209, 211	ayuna	356, 367, 383	BCG VACCINE.....	94
atomoxetine hcl	215, 242	AYVAKIT.....	65	BD AUTOSHIELD DUO PEN	
atorvastatin calcium	168	azacitidine	65	NEEDLES.....	255
atovaquone	32	AZACTAM.....	51	bd heparin posiflush	134
atovaquone-proguanil hcl	30	AZASAN.....	399, 430, 435, 442	BD POSIFLUSH.....	284
atracurium besylate	112	AZASITE.....	301	BD POSIFLUSH SAFESCRUB	
ATRALIN.....	65, 485	azathioprine ... 399, 430, 435, 442		.....	284
ATRAPRO DERMAL SPRAY.	500	azathioprine sodium		BD ULTRA-FINE INSULIN	
ATROPINE SULFATE		.....	399, 430, 436, 442	SYRINGES.....	255
.....	13, 15, 106, 320, 419, 456	azelaic acid	474, 500	BD ULTRA-FINE PEN	
atropine sulfate		azelastine hcl	301, 468	NEEDLES.....	255
....	13, 15, 106, 320, 321, 419, 456	azelastine-fluticasone		BELBUCA.....	239
ATROVENT HFA.....	106, 456	.....	301, 309, 459, 464, 469	BELEODAQ.....	65
aubra eq	356, 366, 382	AZELEX.....	474, 500	BELRAPZO.....	65
AUCATZYL.....	65, 183	azithromycin	55, 56	BELSOMRA.....	202, 241
AUGMENTIN.....	29	AZO UTI/VAGINAL PH TEST.	267	benazepril hcl	143, 144
AUGMENTIN ES-600.....	29	AZSTARYS.....	242	benazepril-	
AUGTYRO.....	65	aztreonam	51	hydrochlorothiazide	144, 295
AUM ALCOHOL PREP PADS	254	AZULFIDINE		BENDAMUSTINE HCL.....	65
AUM INSULIN SAFETY PEN		.....	61, 331, 402, 430, 436	bendamustine hcl	65
NEEDLE.....	254	AZULFIDINE EN-TABS		BENDEKA.....	66
AUM MINI INSULIN PEN		.....	61, 331, 402, 430, 436	BENEFIX.....	129
NEEDLE.....	254	azurette	356, 367, 383	BENLYSTA.....	404, 442
AUM PEN NEEDLE.....	254	B & C.....	500	BENTYL.....	106
AUM READYGARD DUO PEN		bac (butalbital-acetamin-		benzalkonium chloride .	482, 497
NEEDLE.....	254	caff)	187, 208, 226, 242	BENZNIDAZOLE.....	32, 53
AUM SAFETY PEN NEEDLE.	255	bacitracin	38, 301, 474	benzonatate	458
aurovela 1.5/30	356, 366, 382				

benzoyl peroxide-erythromycin	474, 497	bisoprolol fumarate	119, 147, 155, 160, 170	brimonidine tartrate	300, 474, 501
benztropine mesylate ...	109, 190	bisoprolol-hydrochlorothiazide	147, 155, 295	brimonidine tartrate-timolol	300, 308, 474
BEOVU.....	323	bivalirudin trifluoroacetate ...	125	BRINEURA.....	298
bepotastine besilate	20, 301	BIVIGAM.....	90	brinzolamide	308
BEQVEZ.....	129, 183	BIZENGRI (750 MG DOSE).....	66	BRIUMVI.....	409, 436
BERINERT.....	427, 428	BKEMV.....	401	BRIVIACT.....	191
BESIVANCE.....	302	bleomycin sulfate	66	BRIXADI.....	240
BESPONSA.....	66	BLINCYTO.....	66	BRIXADI (WEEKLY).....	240
BESREMI.....	50, 66, 436	blisovi 24 fe	357, 367, 383	bromfenac sodium	318
BETADINE OPHTHALMIC PREP.....	306	blisovi fe 1.5/30	357, 367, 383	bromfenac sodium (once-daily)	318
betaine	446	blisovi fe 1/20	357, 367, 383	bromocriptine mesylate	218
betamethasone dipropionate	344, 486	BLOXIVERZ.....	115, 269	bromphen-pseudoeph-dm	19, 22, 100, 458
betamethasone dipropionate aug	344, 486	BLT-25.....	344, 413	BRUKINSA.....	66
betamethasone sod phos & acet	344, 486	BONJESTA.....	331	BRYHALI.....	487
BETAMETHASONE SODIUM PHOSPHATE.....	344, 486	BOOSTRIX.....	93, 94	BSS.....	316
betamethasone valerate	344, 486	bortezomib	66	BSS PLUS.....	316
BETASERON.....	406, 436	bosentan	178, 461, 470	budesonide	345, 459, 465, 487
betaxolol hcl	119, 147, 155, 159, 170, 308	BOSULIF.....	66	budesonide er	344
bethanechol chloride	115	BOTOX.....	110, 120, 446	budesonide-formoterol fumarate	118, 345
BETIMOL.....	113, 147, 160, 308	BOTOX COSMETIC.....	109, 120, 446	bumetanide	138, 169, 281
BETOPTIC-S.....	119, 160, 308	BPCO.....	501	BUMEX.....	138, 169, 281
BEVACIZUMAB.....	66, 316, 324	BRAFTOVI.....	66	bupivacaine fisiopharma	413
bexarotene	66, 473, 501	BREATHE COMFORT CHAMBER/ADULT.....	255	BUPIVACAINE HCL.....	413
BEXSERO.....	94	BREATHE COMFORT CHAMBER/CHILD.....	255	bupivacaine hcl	413
BEYFORTUS.....	52	BREATHE EASE LARGE.....	255	bupivacaine hcl (pf)	413
bicalutamide	66	BREATHE EASE MEDIUM.....	255	BUPIVACAINE HCL-NACL.....	284, 413
BICILLIN C-R.....	52	BREATHE EASE SMALL.....	255	bupivacaine in dextrose	273, 413
BICILLIN C-R 900/300.....	52	BREATHERITE VALVED MDI CHAMBER.....	255	bupivacaine spinal	273, 414
BICILLIN L-A.....	52	BREO ELLIPTA.....	118, 309, 344, 459	bupivacaine-epinephrine	100, 414
BIDIL.....	166, 170, 173	BREVIBLOC.....	120, 147, 155, 160, 170	BUPIVACAINE-EPINEPHRINE.....	100, 414
BIJUVA.....	367, 383	BREVIBLOC IN NACL.....	120, 147, 155, 160, 170, 284	bupivacaine-epinephrine (pf)	100, 414
BIKTARVY.....	45, 46, 47	BREVIBLOC PREMIXED.....	120, 147, 156, 160, 171, 284	buprenorphine	240
BILTRICIDE.....	29	BREVIBLOC PREMIXED DS.....	120, 147, 155, 160, 171, 284	buprenorphine hcl	240
bimatoprost	323	BREVITAL SODIUM.....	208, 209	buprenorphine hcl-naloxone hcl	238, 240
BIMZELX.....	493, 501	BREYANZI.....	66, 183	bupropion hcl	195
BINAXNOW COVID-19 AG HOME TEST.....	267	breyana	118, 344	bupropion hcl er (smoking det)	99, 195
BINOSTO.....	424	BREZTRI AEROSPHERE.....	106, 118, 344	bupropion hcl er (sr)	195
BIORPHEN.....	103, 321, 325	BRIDION.....	17, 419	bupropion hcl er (xl)	195
BIOTHRAX.....	94	brilintyn	357, 367, 383	buspironone hcl	202, 224
bis subcit-metronid-tetracyc	30, 33, 61, 329, 332	BRILINTA.....	136	busulfan	66
bismuth/metronidaz/tetracyc lin	30, 33, 61, 329, 332			BUSULFEX.....	67

butalbital-acetaminophen	captopril 143, 144	cefazolin sodium-dextrose
..... 187, 208, 226	captopril-	..... 23, 273
butalbital-apap-caff-cod	hydrochlorothiazide 144, 295	CEFAZOLIN SODIUM-
..... 188, 209, 226, 231, 242	CAPVAXIVE..... 94	DEXTROSE..... 23, 273
butalbital-apap-caffeine	CARBAGLU..... 272	cefdinir 24
..... 188, 209, 226, 242	carbamazepine 191, 197	cefepime hcl 25
butalbital-asa-caff-codeine	carbamazepine er 191, 197	cefepime-dextrose 25, 273
..... 209, 231, 242, 247	carbidopa 217	cefixime 24
butalbital-aspirin-caffeine	carbidopa-levodopa 217	CEFOTAN..... 23, 38
..... 209, 242, 247	carbidopa-levodopa er 217	CEFOTAXIME SODIUM..... 24
butorphanol tartrate 200, 240	carbidopa-levodopa-	cefotetan disodium 23, 38
BYLVAY..... 334, 336	entacapone 215, 217	cefoxitin sodium 24, 39
BYLVAY (PELLETS)..... 334, 336	carbinoxamine maleate	CEFOXITIN SODIUM-
BYOOVIZ..... 324	..... 18, 19, 462	DEXTROSE..... 24, 39
CABENUVA..... 45, 46	CARBINOXAMINE MALEATE	cefpodoxime proxetil 24
cabergoline 218	ER..... 18, 19, 462	cefprozil 24
CABLIVI..... 124, 137	carboplatin 67	ceftazidime 24
CABOMETYX..... 67	carboprost tromethamine 453	ceftriaxone sodium 25
caffeine citrate 200, 242	CARDENE IV..... 164, 165, 178	ceftriaxone sodium in
CAFFEINE-SODIUM	CARDIOPLEGIA INDUCTION	dextrose 25, 273
BENZOATE..... 200, 242	HIGH K..... 284	ceftriaxone sodium-dextrose
CALCIFOL..... 284, 508, 509	cardioplegic 284	..... 25, 274
calcipotriene 484, 501	CARDIOPLEGIC SOLN W/	cefuroxime axetil 24
calcipotriene-betameth	LIDOCAINE..... 285	cefuroxime sodium 24
diprop 484, 487, 501	CARDURA XL..... 114, 140, 147	celecoxib 217
calcitonin (salmon) 354, 424	CARESENS LANCETS 30G... 255	CELESTONE SOLUSPAN
CALCITRENE..... 484, 501	CARESTART COVID-19	..... 345, 487
calcitriol 501, 509	HOME TEST..... 267	CELLCEPT..... 399, 442
calcium acetate 282, 284	CARETOUCH	CELLCEPT INTRAVENOUS.. 442
calcium acetate (phos	LANCING/EJECTOR..... 255	CELLUGEL..... 317
binder) 282, 284	carglumic acid 272	cephalexin 23
CALCIUM CHLORIDE..... 284	carisoprodol 110	CEPROTIN..... 123
calcium chloride 284	carmustine 67	CEQUA..... 306, 316, 400
calcium gluconate 284	CARNITOR..... 446	CEQUR SIMPLICITY
CALCIUM GLUCONATE..... 284	carteolol hcl 308	INSERTER..... 255
calcium gluconate-nacl 284	cartia xt .. 150, 151, 152, 162, 178	CERDELGA..... 297, 446
CALCIUM GLUCONATE-	carvedilol	CEREBYX..... 221
NACL..... 284	113, 116, 140, 147, 156, 160, 171	CEREZYME..... 298
CALDOLOR..... 228, 245	carvedilol phosphate er	CERVIDIL..... 453
CALQUENCE..... 67	113, 116, 140, 147, 156, 160, 171	cetirizine hcl 22, 469
CAMCEVI..... 67, 376	CARVYKTI..... 67, 183	CETRAXAL..... 302
camila 357, 383	CASGEVY..... 183	cevimeline hcl 115
CAMPTOSAR..... 67	CASODEX..... 67	charlotte 24 fe 357, 367, 383
camrese 357, 367, 383	caspofungin acetate 39	chateal eq 357, 367, 383
camrese lo 357, 367, 383	CAYA..... 452	CHEMET..... 13, 342, 419
CANCIDAS..... 39	cefaclor 23	CHEMSTRIP BG LOG BOOK. 256
candesartan cilexetil 141, 142	cefaclor er 23	CHEMSTRIP K..... 269
candesartan cilexetil-hctz	cefadroxil 22	CHEMSTRIP UGK..... 271
..... 142, 295	CEFALY KIT..... 255	CHENODAL..... 334
capecitabine 67	CEFAZOLIN IN SODIUM	chloramphenicol sod
CAPHOSOL..... 316	CHLORIDE..... 22, 285	succinate 39
CAPLYTA..... 205	CEFAZOLIN SODIUM..... 23	chlordiazepoxide hcl 211
CAPRELSA..... 67	cefazolin sodium 23	

chlordiazepoxide-amitriptyline	211, 251	cisplatin	67	CLINIMIX E/DEXTROSE (8/10).....	274
chlordiazepoxide-clidinium	106, 212	CISPLATIN.....	67	CLINIMIX E/DEXTROSE (8/14).....	274
chlorhexidine gluconate	26, 306, 307, 482, 497	cialopram hydrobromide	249	CLINIMIX/DEXTROSE (4.25/10).....	274
CHLORHEXIDINE GLUCONATE.....	26, 307, 482, 497	cladribine	67, 399	CLINIMIX/DEXTROSE (4.25/5).....	274
chloroprocaine hcl (pf)	414	claravis	496, 501	CLINIMIX/DEXTROSE (5/15).....	274
chloroquine phosphate	30	clarithromycin	34, 56, 333	CLINIMIX/DEXTROSE (5/20).....	274
chlorothiazide sodium	139, 177, 295	clarithromycin er	34, 56, 332	CLINIMIX/DEXTROSE (6/5).....	274
chlorpromazine hcl	241	CLEARDETECT COVID-19 AG HOME.....	267	CLINIMIX/DEXTROSE (8/10).....	274
chlorthalidone	139, 177, 297	clemastine fumarate	18, 19, 462	CLINIMIX/DEXTROSE (8/14).....	274
chlorzoxazone	110	CLENPIQ.....	333	CLINISOL SF.....	275
CHOLBAM.....	334, 336	CLEOCIN.....	50, 474	CLINITEST RAPID COVID-19 TEST.....	267
cholestyramine	149	CLEOCIN PHOSPHATE.....	50, 475	CLINOLIPID.....	275
cholestyramine light	149	CLEOCIN-T.....	50, 475	clobazam	209, 210, 212
CHOSEN LANCETS 30G.....	256	CLEVER CHOICE COMFORT EZ.....	256	CLOBETASOL PROPIONATE.....	309
CHOSEN LANCING DEVICE.....	256	CLEVER CHOICE HOLDING CHAMBER.....	256	clobetasol propionate	487
CHOSEN SAFETY LANCETS 28G.....	256	CLEVER CHOICE TENS UNIT.....	256	clobetasol propionate e	487
chromic chloride	285	CLEVIPREX.....	164, 165	clobetasol propionate emulsion	487
CIBINQO.....	408, 430, 495, 501	CLIMARA PRO.....	367, 383	clocortolone pivalate	487
ciclodan	493	clindacin	50, 475	clodan	487
ciclopirox	493	clindacin etz	50, 475	clofarabine	67
ciclopirox olamine	493	clindacin-p	50, 475	clomipramine hcl	251
cidofovir	54	clindamycin hcl	50, 475	clonazepam	210, 212
cilostazol	136, 174, 175	clindamycin palmitate hcl	50, 475	clonidine	104, 156, 166
CILOXAN.....	302	clindamycin phos (once-daily)	50, 475	CLONIDINE ER.....	103, 156, 166
CIMDUO.....	47	clindamycin phos (twice-daily)	50, 475	clonidine hcl	104, 156, 166
CIMERLI.....	324	clindamycin phos-benzoyl perox	50, 475, 497	clonidine hcl (analgesia)	103, 166
cimetidine	20, 338	clindamycin phosphate	51, 475	clonidine hcl er	104, 166
cimetidine hcl	20, 338	clindamycin phosphate in d5w	51, 274, 475	clopidogrel bisulfate	136
CIMZIA.....	336, 402, 411, 430, 436	CLINDAMYCIN PHOSPHATE IN NACL.....	51, 285, 475	clorazepate dipotassium	210, 212
CIMZIA (2 SYRINGE).....	336, 402, 411, 430, 436	clindamycin-tretinoin	51, 475, 485, 501	CLOROTEKAL.....	414
CIMZIA-STARTER.....	336, 402, 411, 430, 436	CLINDESSE.....	51, 476	clotrimazole	482
cinacalcet hcl	354	CLINIMIX E/DEXTROSE (2.75/5).....	274	clotrimazole-betamethasone	482, 483, 487
CINQAIR.....	463	CLINIMIX E/DEXTROSE (4.25/10).....	274	clozapine	205
CINRYZE.....	427, 428	CLINIMIX E/DEXTROSE (4.25/5).....	274	CNJ-016.....	90
CINVANTI.....	340	CLINIMIX E/DEXTROSE (4.25/5).....	274	COAGADEX.....	129
CIPRO.....	34, 59	CLINIMIX E/DEXTROSE (5/15).....	274	coal tar	497
CIPRO HC.....	302, 309	CLINIMIX E/DEXTROSE (5/20).....	274	COARTEM.....	31
ciprofloxacin hcl	34, 59, 302			COBENFY.....	202, 506
ciprofloxacin in d5w	34, 59			COBENFY STARTER PACK.....	202, 506
ciprofloxacin-dexamethasone	302, 309			COCAINE HCL.....	319
CIPROFLOXACIN-FLUOCINOLONE PF.....	302, 309			codeine sulfate	231, 458
cisatracurium besylate	112			colchicine	422
cisatracurium besylate (pf)	112			colchicine-probenecid	297, 422

colesevelam hcl	149, 352	COVID-19 OTC ANTIGEN 2- PACK.....	267	dacarbazine	68
colestipol hcl	149	CREON.....	298, 334	dactinomycin	68
colistimethate sodium (cba) ..	59	CRESEMBA.....	36	dalfampridine er	446, 451
COLUMVI.....	67	CREXONT.....	217	DALIRESP.....	465, 495, 498
COLY-MYCIN M.....	59	CRINONE.....	383	DALVANCE.....	41
COMBIPATCH.....	367, 383	CROFAB.....	90, 419	danazol	352
COMBIVENT RESPIMAT	106, 118, 457	cromolyn sodium ..	301, 317, 464	DANTRIUM.....	110
COMBOGESIC.....	188, 200, 226	CROTAN.....	499	dantrolene sodium	111
COMETRIQ.....	68	cryselle-28	357, 367, 384	DANYELZA.....	68
COMFORT EZ PRO PEN NEEDLES.....	256	CRYSVITA.....	279	dapsone	30, 32, 33, 476, 501
COMFORT TOUCH TWIST LANCET 30G.....	256	cupric chloride	285	DAPTACEL.....	93, 94
COMIRNATY.....	94	CURITY AMD ANTIMICROBIAL SPNGE.....	256	daptomycin	39
COMPACT SPACE CHAMBER.....	256	CURITY AMD ANTIMICROBIAL STRIP.....	256	DAPTOMYCIN-SODIUM CHLORIDE.....	39
COMPACT SPACE CHAMBER/LG MASK.....	256	CURITY IODOFORM PACKING STRIP.....	257	DARAPRIM.....	31
COMPACT SPACE CHAMBER/MED MASK.....	256	CURITY STERILE SALINE.....	279	darifenacin hydrobromide er	506
COMPACT SPACE CHAMBER/SM MASK.....	256	CUROSURF.....	467	darunavir	49
COMPLERA.....	46, 47, 54	CUTAQUIG.....	90	DARZALEX.....	68
CONCERTA.....	242	CUVITRU.....	90	DARZALEX FASPRO.....	68
CONDYLOX.....	496, 501	cyanocobalamin	136, 508	dasatinib	68
constulose	272	CYANOKIT.....	15, 419	dasetta 1/35 (28)	357, 367, 384
CONTOUR CONTROL.....	256	cyclobenzaprine hcl	110	dasetta 7/7/7	357, 367, 384
CONTOUR NEXT CONTROL.....	256	cyclobenzaprine hcl er	110	DATROWAY.....	68
CONTOUR NEXT TEST.....	266	CYCLOGYL.....	321	daunorubicin hcl	69
CONTOUR PLUS TEST.....	266	CYCLOMYDRIL.....	321, 325	DAURISMO.....	69
CONTOUR TEST.....	266	cyclopentolate hcl	321	DAXXIFY.....	110, 120, 446
COPAXONE.....	399, 436	cyclophosphamide	68, 405, 442	DAYPRO.....	228, 245
COPIKTRA.....	68	CYCLOPHOSPHAMIDE	68, 405, 442	daysee	357, 367, 384
CORIFACT.....	129	cycloserine	34	DAYVIGO.....	202, 241
CORLANOR.....	154, 178	CYCLOSET.....	352	DDAVP.....	129, 381
CORTENEMA.....	310, 345, 487	cyclosporine	306, 316, 400, 430, 436, 443	DDAVP PF.....	129, 381
CORTIFOAM.....	310, 345, 487	cyclosporine modified	306, 400, 430, 436, 443	deblitane	357, 384
CORTISPORIN-TC.....	302, 310	CYKLOKAPRON.....	129	decitabine	69
CORTROPHIN.....	266, 381	cyproheptadine hcl	19, 462	DEFENCATH.....	29, 30, 134
CORTROPHIN GEL.....	266, 381	CYRAMZA.....	68	deferasirox	342
CORTROSYN.....	266	cyred eq	357, 367, 384	deferasirox granules	342
CORVERT.....	162	CYSTADANE.....	446	deferiprone	342
COSELA.....	17, 451	CYSTADROPS.....	317, 319	deferoxamine mesylate	13, 342, 419
COSENTYX 150 MG/ML	407, 430, 501	CYSTAGON.....	446	deflazacort	345
cosyntropin	266	CYSTARAN.....	317, 320	DELFLEX-LC/1.5% DEXTROSE.....	279
COTELLIC.....	68	CYSVIEW.....	267	DELFLEX-LC/2.5% DEXTROSE.....	279
COVID-19 AT HOME ANTIGEN TEST.....	267	cytarabine	68	DELFLEX-LC/4.25% DEXTROSE.....	279
COVID-19 AT-HOME TEST....	267	cytarabine (pf)	68	DELFLEX-SM/1.5% DEXTROSE.....	279
COVID-19 OTC ANTIGEN 1- PACK.....	267	CYTOTEC.....	340	DELFLEX-SM/2.5% DEXTROSE.....	280
		CYTOTINE.....	446	DELSTRIGO.....	46, 47
		dabigatran etexilate mesylate	125	delyla	357, 367, 384
				demeclocycline hcl	62

DEMEROL.....	231	dexmedetomidine hcl in nacl	104, 202, 285	DIASCREEN 9.....	257
DEMSEER.....	270, 446	.....		DIASCREEN LIQUID URINE	
DENGVAXIA.....	94	DEXMEDETOMIDINE HCL IN		CONTROL.....	257
DEPEN TITRATABS. 13,	342, 430	NACL.....	104, 202, 285	DIASTIX REAGENT.....	271
DEPO-ESTRADIOL.....	367, 424	DEXMEDETOMIDINE HCL-		DIATHRIVE LANCING	
DEPO-MEDROL.....	345	DEXTROSE.....	104, 203, 285	DEVICE.....	257
DEPO-PROVERA.....	357, 384	dexmethylphenidate hcl	243	DIATRUST COVID-19 HOME	
DEPO-SUBQ PROVERA 104		dexmethylphenidate hcl er ...	243	TEST.....	267
.....	357, 384	DEXONTO 0.4%.....	311, 346	diazepam	210, 212
DERMA-SMOOTHIE/FS BODY		DEXPANTHENOL.....	508	DIAZEPAM.....	210, 212
.....	310, 488	dexrazoxane	17, 451	diazepam intensol	210, 212
DERMA-SMOOTHIE/FS		dexrazoxane hcl	17, 451	diazoxide	354
SCALP.....	310, 488	dextroamphetamine sulfate		DIBENZYLIN.....	114, 178
DERMOTIC.....	310, 488	.....	186, 187	dichlorphenamide	137, 427
DESCOVY.....	47, 54	dextroamphetamine sulfate		DICLEGIS.....	331
DESFERAL.....	14, 342, 419	er	186	diclofenac potassium	228
desipramine hcl	251	dextrose	275	diclofenac	
desloratadine	22, 469	DEXTROSE.....	275	potassium(migraine)	200, 228
desmopressin ace spray		DEXTROSE		diclofenac sodium	
refrig	129, 381	5%/ELECTROLYTE #48.	275, 285	228, 245, 252, 319, 498, 501, 502	
desmopressin acetate		dextrose in lactated ringers		diclofenac sodium er	228
.....	129, 130, 381	.....	275, 285	diclofenac-misoprostol	228, 340
desmopressin acetate pf		dextrose-nacl	275, 285	DICLOFONO.....	498, 502
.....	130, 381	dextrose-sodium chloride		dicloxacillin sodium	58
desmopressin acetate spray		.....	275, 285	dicyclomine hcl	106
.....	130, 381	DEXYCU.....	311	DIFICID.....	56, 57
desogestrel-ethinyl estradiol		DIACOMIT.....	191, 219	diflorasone diacetate	488
.....	357, 368, 384	DIANEAL LOW		DIFLUCAN.....	36
desonide	488	CALCIUM/1.5% DEX.....	280	diflunisal	228, 245
DESOWEN.....	488	DIANEAL LOW		difluprednate	311
desoximetasone	488	CALCIUM/2.5% DEX.....	280	DIGIFAB.....	14, 90, 419
DESVENLAFAXINE ER.....	247	DIANEAL LOW		digoxin	145, 154
desvenlafaxine succinate er	247	CALCIUM/4.25% DEX.....	280	dihydroergotamine mesylate	
DETROL.....	506	DIANEAL PD-2/1.5%		.....	114, 200
DEXABLISS.....	310, 345	DEXTROSE.....	280	DILANTIN.....	158, 221
dexamethasone	310, 345	DIANEAL PD-2/2.5%		DILAUDID.....	231
DEXAMETHASONE (LA) 310,	345	DEXTROSE.....	280	diltiazem hcl	
dexamethasone intensol		DIANEAL PD-2/4.25%		.....	150, 151, 153, 163, 179
.....	310, 345	DEXTROSE.....	280	diltiazem hcl er	
dexamethasone sod phos		DIASCREEN 10.....	257	150, 151, 153, 162, 163, 178, 179	
+rfid	310, 345	DIASCREEN 1B.....	257	diltiazem hcl er beads	
DEXAMETHASONE SOD		DIASCREEN 1G.....	257	.....	150, 151, 152, 162, 178
PHOS-NACL.....	285, 310, 345	DIASCREEN 1K.....	257	diltiazem hcl er coated	
dexamethasone sod		DIASCREEN 2GK.....	257	beads	150, 151, 152, 162, 178
phosphate pf	310, 346	DIASCREEN 2GP.....	257	DILTIAZEM HCL-DEXTROSE	
dexamethasone sodium		DIASCREEN 3.....	257	.....	150, 152, 153, 163, 179, 275
phosphate	311, 346	DIASCREEN 4NL.....	257	DILTIAZEM HCL-SODIUM	
DEXAMETHASONE SODIUM		DIASCREEN 4OBL.....	257	CHLORIDE	
PHOSPHATE.....	311, 346	DIASCREEN 4PH.....	257	.....	150, 152, 153, 163, 179, 285
dexlansoprazole	341	DIASCREEN 5.....	257	dilt-xr	150, 152, 153, 163, 179
dexmedetomidine hcl ...	104, 203	DIASCREEN 6.....	257	diluent for treprostinil	454
		DIASCREEN 7.....	257	dimenhydrinate	19, 331
		DIASCREEN 8.....	257	dimethyl fumarate	404, 436

dimethyl fumarate starter pack	404, 436	dronabinol	330, 336	efavirenz-lamivudine-tenofovir	46, 47
diphenhydramine hcl	19, 109, 190, 203, 458, 462	droperidol	203, 335	EFFER-K.....	285
diphenoxylate-atropine	106, 329	DROPLET GENTEEL		effer-k	285
DIPRIVAN.....	203, 220, 223	LANCING DEVICE.....	257	EGATEN.....	29
DIPROLENE.....	346, 488	DROPLET MICRON.....	257	EGRIFTA SV.....	396
dipyridamole ..	136, 174, 179, 266	DROPSAFE ACTI-LANCE		ELAHERE.....	69
DISCOVISC.....	316, 317	23G.....	257	ELAPRASE.....	298
disopyramide phosphate	158	DROPSAFE ALCOHOL PREP	257	ELECTRODES 25MM.....	258
disulfiram	13, 418	DROPSAFE SAFETY		ELECTRODES 50X100MM....	258
DIURIL.....	139, 177, 295	SYRINGE/NEEDLE.....	258	ELECTRODES 50X50MM.....	258
divalproex sodium		drospiren-eth estrad-levomefol	358, 368, 384, 508	ELECTRODES 50X90MM.....	258
.....	191, 197, 200, 219	drospirenone-ethinyl estradiol	358, 368, 384	ELECTRODES BUTTERFLY	
divalproex sodium er		DROXIA.....	69	105X155MM.....	258
.....	191, 197, 200, 219	droxidopa	100	ELECTRODES FACE	
DIVIGEL.....	368, 425	DRYSOL.....	481	30X50MM.....	258
dobutamine hcl	117, 154	DUAVEE.....	365, 368	ELECTRODES JOINT 150MM	258
dobutamine-dextrose ...	117, 155	DUETACT.....	397	ELELYSO.....	298
docetaxel	69	duloxetine hcl	218, 247	ELESTRIN.....	368, 425
DOCIVYX.....	69	DUOPA.....	217	eletriptan hydrobromide	248
dofetilide	162	DUPIXENT.....	463, 493, 502	ELEVIDYS.....	183
DOG EPITHELIUM.....	89, 266	DURACLON.....	104, 167	ELFABRIO.....	298
dolishale	357, 368, 384	DURAMORPH.....	231	ELIGARD.....	69, 376
DOLOBID.....	245	DUROLANE.....	446	ELIMITE.....	499
donepezil hcl	115	dutasteride	418	elinest	358, 368, 384
dopamine hcl	117, 155	dutasteride-tamsulosin hcl		ELIQUIS.....	125
dopamine-dextrose	117, 155	.....	117, 418	ELIQUIS DVT/PE STARTER	
DOPRAM.....	243	DYMISTA 301, 311, 459, 464, 469		PACK.....	125
DOPTLET.....	126	DYRENIUM.....	139, 176, 283	ELITEK.....	299
DORZOLAMIDE HCL.....	308	DYSPORT.....	110, 121, 446	elixophyllin	
dorzolamide hcl	309	E.E.S. 400.....	40	.....	167, 243, 279, 472, 507
dorzolamide hcl-timolol mal		E.E.S. GRANULES.....	40	ELLA.....	358, 384
.....	308, 309	EASIVENT.....	258	ELLENCE.....	70
dorzolamide hcl-timolol mal pf	308, 309	EASY TOUCH LANCING		ELLIOTTS B.....	275, 286
dotti	368, 425	DEVICE.....	258	ELLUME COVID-19 HOME	
DOVATO.....	45, 47	EBGLYSS.....	494	TEST.....	267
doxazosin mesylate		ec-naproxen ...200, 228, 245, 422		ELOCTATE.....	130
.....	114, 140, 147	econazole nitrate	483	ELREXFIO.....	70
doxepin hcl	251, 479	ECOZA.....	483	eluryng	358, 368, 384
doxercalciferol	509	edaravone	185, 215	ELZONRIS.....	70
DOXIL.....	69	EDARBI.....	141, 142	EMBECTA AUTOSHIELD	
doxorubicin hcl	69	EDARBYCLOR.....	142, 295	DUO.....	258
doxorubicin hcl liposomal	69	EDECIN.....	138, 169, 281	EMBECTA INS SYR U/F 1/2	
doxy 100	31, 62, 476	EDETATE CALCIUM		UNIT.....	258
doxycycline 31, 62, 302, 476, 502		DISODIUM.....	14, 342, 419	EMBECTA INSULIN SYRINGE	
doxycycline hyclate ..	31, 62, 476	EDETATE DISODIUM		.....	258
doxycycline monohydrate		.....	15, 342, 420	U/F.....	258
.....	31, 62, 476	EDLUAR.....	203, 225	EMBECTA INSULIN SYRINGE	
doxylamine-pyridoxine	331	EDURANT.....	46	U-100.....	258
DRISDOL.....	510	efavirenz	46	EMBECTA INSULIN SYRINGE	
DRIZALMA SPRINKLE.....	247	efavirenz-emtricitab-tenofo df	46, 47	U-500.....	258

EMBECTA PEN NEEDLE			
NANO.....	259		
EMBECTA PEN NEEDLE			
NANO 2 GEN.....	259		
EMBECTA PEN NEEDLE U/F	259		
EMBRACE LANCING			
DEVICE/EJECTOR.....	259		
EMBRACE PEN NEEDLES...	259		
EMEND.....	340		
EMEND BIPACK.....	340		
EMEND TRIPACK.....	340		
EMERPHED.....	100, 454		
EMGALITY.....	214		
EMJOI TENS.....	259		
EMPAVELI.....	427, 428		
EMPLICITI.....	70		
EMSAM.....	222, 223		
emtricitabine	47		
emtricitabine-tenofovir df	47, 54		
EMTRIVA.....	47		
EMVERM.....	29		
emzahn	358, 384		
enalapril maleate	143, 144		
enalaprilat	143, 144		
enalapril-			
hydrochlorothiazide	144, 296		
ENBREL.....	412, 430, 437		
ENBREL MINI.....	411, 430, 437		
ENBREL SURECLICK			
.....	412, 431, 437		
ENCELTO.....	183, 317		
ENDARI.....	446, 502		
endocet	188, 226, 231		
ENGERIX-B.....	94, 95		
ENHERTU.....	70		
enilloring	358, 368, 384		
ENJAYMO.....	124, 401		
enoxaparin sodium	134		
enpresse-28	358, 368, 384		
enskyce	358, 368, 385		
ENSPRYNG.....	409, 437		
ENSTILAR.....	484, 488, 502		
entacapone	215		
ENTADFI.....	175, 418, 485		
entecavir	54		
ENTRESTO.....	141, 142, 176		
ENTYVIO.....	327, 336, 402		
ENTYVIO PEN.....	327, 336, 402		
enulose	272		
ENVARUSUS XR.....	400, 443, 494		
EOHILIA.....	346		
EPCLUSA.....	42, 43, 44		
EPHEDRINE SULFATE			
(PRESSORS)..	100, 101, 286, 455		
ephedrine sulfate (pressors)			
.....	100, 101, 455		
EPHEDRINE SULFATE-NACL			
.....	101, 286, 455		
EPIDIOLEX.....	191		
EPIDUO FORTE			
.....	451, 496, 497, 502		
EPIFOAM.....	479, 488		
epinastine hcl	22, 301		
epinephrine			
.....	101, 305, 321, 325, 455		
EPINEPHRINE			
.....	101, 305, 321, 325, 455		
epinephrine (anaphylaxis)			
.....	101, 305, 321, 325, 455		
EPINEPHRINE BITARTRATE-			
NACL			
.....	101, 286, 305, 321, 325, 455		
EPINEPHRINE HCL-			
DEXTROSE			
.....	101, 275, 305, 321, 325, 455		
EPINEPHRINE HCL-NACL			
.....	101, 286, 305, 321, 325, 455		
epinephrine pf			
.....	101, 305, 321, 325, 456		
EPINEPHRINE-DEXTROSE			
.....	101, 275, 305, 306, 321, 325, 456		
EPINEPHRINE-NACL			
.....	102, 286, 306, 322, 326, 456		
EPIPEN 2-PAK.....	102, 456		
epitol	191, 197		
EPIVIR.....	47, 48		
EPKINLY.....	70		
eplerenone			
.....	139, 169, 170, 176, 177, 283		
EPOGEN.....	122, 126		
epoprostenol sodium			
.....	179, 466, 470		
eptifibatide	136		
EPYSQLI.....	401		
EQUETRO.....	191, 197		
ERAXIS.....	39		
ERBITUX.....	70		
ergocalciferol	510		
ERGOMAR.....	114, 200		
ergotamine-caffeine			
.....	114, 200, 243		
eribulin mesylate	70		
ERIVEDGE.....	70		
ERLEADA.....	70		
erlotinib hcl	70		
errin	358, 385		
ERTACZO.....	483		
ertapenem sodium	38		
ERVEBO.....	95		
ery	40, 302, 476		
ERYGEL.....	40, 302, 476		
ERYPED 400.....	40		
ERYTHROCIN			
LACTOBIONATE.....	40		
erythromycin	40, 302, 476		
erythromycin base	40		
erythromycin ethylsuccinate	40		
erythromycin lactobionate	40		
escitalopram oxalate	249		
esmolol hcl			
.....	120, 147, 156, 160, 171		
ESMOLOL HCL			
.....	120, 147, 156, 160, 171		
esmolol hcl-sodium chloride			
.....	120, 147, 156, 160, 171, 286		
esomeprazole magnesium ...	341		
esomeprazole sodium	341		
ESPEROCT.....	130		
estarylla	358, 368, 385		
estazolam	212		
estradiol	368, 369, 425		
estradiol valerate	369, 425		
estradiol-norethindrone acet			
.....	369, 385		
ESTRING.....	369, 425		
ESTROGEL.....	369, 425		
eszopiclone	203, 225		
ethacrynate sodium			
.....	138, 169, 281		
ethacrynic acid	138, 169, 281		
ethambutol hcl	34		
ETHAMOLIN.....	140, 177		
ethosuximide	251		
ethyl chloride	479		
ethynodiol diac-eth estradiol			
.....	358, 369, 385		
etodolac	228, 245		
etodolac er	228, 245		
etomidate	220, 224		
etonogestrel-ethinyl			
estradiol	358, 369, 385		
ETOPOPHOS.....	70		
etoposide	70		
etravirine	46		
EUA PATIENT ASSESSMENT			
.....	453		
EUCRISA.....	479, 498		
EUFLEXXA.....	446		

EULEXIN.....	70	fenoprofen calcium	.....	228, 229, 245	FLEXICHAMBER CHILD		
euthyrox	398	FENSOLVI (6 MONTH).....	377	fentanyl	232	MASK/SMALL.....	259
EVAMIST.....	369, 425	fentanyl citrate	232	FENTANYL CITRATE.....	231, 232	FLOLAN.....	179, 466, 470
EVENITY.....	400, 424	fentanyl citrate (pf)	231	fentanyl citrate pf	232	FLOLIPID.....	168
everolimus	70, 71, 405, 443	FENTANYL CITRATE-NACL	.....	FENTANYL CIT-	.....	FLOWFLEX COVID-19 AG	
EVISTA.....	365, 425	.....	232, 286	ROPIVACAINE-NACL	.....	HOME TEST.....	267
EVKEEZA.....	145, 146	.....	232, 286, 414	FENTANYL-BUPIVACAINE-	.....	floxuridine	71
EVOMELA.....	71	FENTANYL-BUPIVACAINE-	.....	NACL.....	232, 286, 287, 414	FLUAD.....	95
EVOTAZ.....	49, 447	FERAHEME.....	135	FERRIPROX.....	343	FLUARIX.....	95
EVRYSDI.....	447	FERRIPROX TWICE-A-DAY..	343	FERRLECIT.....	135	FLUBLOK.....	95
EXCILON AMD DRAIN		ferumoxytol	135	fesoterodine fumarate er	506	FLUCELVAX.....	95
SPONGES.....	259	FETROJA.....	61	FETZIMA.....	248	fluconazole	37
EXELDERM.....	483	FETZIMA TITRATION.....	248	FIASP.....	392	fluconazole in sodium	
exemestane	71, 353	FIASP FLEXTOUCH.....	392	FIASP PENFILL.....	393	chloride	36, 287
EXENATIDE.....	378	FIASP PUMPCART.....	393	FIBRYGA.....	130	flucytosine	59
EXODERM.....	18, 479, 496	FILSPARI.....	176, 447, 461	FILSUVEZ.....	502	fludarabine phosphate	71
EXONDYS 51.....	423	FINACEA.....	476, 502	finasteride	418, 485	FLUDEOXYGLUCOSE F 18... 267	
EXPAREL.....	414	finaglimod hcl	410, 437	FINTEPLA.....	192	fludrocortisone acetate	346
EXTENCILLINE.....	52	finzala	358, 369, 385	finzala	358, 369, 385	FLULAVAL.....	95
EXTRANEAL.....	280	FIRMAGON.....	71, 353	FIRMAGON (240 MG DOSE)	.....	flumazenil	15, 18, 215, 420
EYLEA.....	317, 324	.....	71, 353	FIRST-LANSOPRAZOLE.....	341	FLUMIST.....	95
EYLEA HD.....	324	FIRST-OMEPRAZOLE.....	341	FIRVANQ.....	41	flunisolid	311, 346, 459, 464
EYSUVIS.....	311	flac	311, 488	flac	311, 488	fluocinolone acetonide	
EZALLOR SPRINKLE.....	168	FLAREX.....	311	flavoxate hcl	506	.....	311, 312, 488
ezetimibe	158	FLEBOGAMMA DIF.....	90	FLEBOGAMMA DIF.....	90	fluocinolone acetonide body	
ezetimibe-simvastatin ... 158, 168		flecainide acetate	159	flecainide acetate	159	.....	311, 488
FABHALTA.....	401, 427	FLEXBUMIN.....	121	FLEXBUMIN.....	121	fluocinolone acetonide scalp	
FABRAZYME.....	299	FLEXICHAMBER.....	259	FLEXICHAMBER.....	259	.....	312, 489
falmina	358, 369, 385	FLEXICHAMBER ADULT	.....	MASK/SMALL.....	259	fluocinonide	489
famciclovir	54	MASK/SMALL.....	259	FLEXICHAMBER CHILD	.....	fluocinonide emulsified base	
famotidine	21, 339	MASK/LARGE.....	259	MASK/LARGE.....	259	.....	489
famotidine (pf)	21, 339					fluorescein	270
famotidine premixed	21, 339					fluorescein sodium	270
FANAPT.....	205					FLUORESCITE.....	270
FANAPT TITRATION PACK... 205						fluorometholone	312
FARXIGA.....	395					fluorouracil	71, 473, 502
FASENRA.....	463					fluoxetine hcl	249
FASENRA PEN.....	463					fluoxetine hcl (pmd)	249
FASLODEX.....	71					fluphenazine decanoate	241
FASTEP COVID-19 ANTIGEN						fluphenazine hcl	241
TEST.....	267					flurandrenolide	489
febuxostat	422					flurazepam hcl	212
FEIBA.....	130					flurbiprofen	229, 245, 319
feirza 1.5/30	358, 369, 385					flurbiprofen sodium	245, 319
feirza 1/20	358, 369, 385					fluticasone propionate	
felbamate	192					.....	312, 346, 459, 464, 489
felodipine er	164, 165					fluticasone-salmeterol	
FEMCAP.....	452					.....	118, 312, 346, 460
FEMLYV.....	358, 369, 385					fluvastatin sodium	168
FEMRING.....	369, 425					fluvastatin sodium er	168
fenofibrate	168					fluvoxamine maleate	249
fenofibrate micronized	167					fluvoxamine maleate er	249
fenofibric acid	168					FLUZONE.....	95

FLUZONE HIGH-DOSE.....	95	GAMMACORE SAPPHIRE 31-		glucagon emergency kit	
FLYRCADO.....	266	DAY.....	259	.....	14, 376, 420
FML FORTE.....	312	GAMMACORE SAPPHIRE D.	259	GLUCAGON EMERGENCY	
FML LIQUIFILM.....	312	GAMMACORE SAPPHIRE		KIT.....	14, 376, 420
FOCINVEZ.....	340	REFILL KIT.....	259	GLUCAGON HCL	
folic acid	508	GAMMAGARD.....	91	(DIAGNOSTIC).....	14, 376, 420
FOLOTYN.....	71	GAMMAGARD S/D LESS IGA..	91	GLUCOTROL XL.....	397
fomepizole	18, 420	GAMMAKED.....	91	glutaraldehyde	271
fondaparinux sodium ...	123, 135	GAMMAPLEX.....	91	GLUTATHIONE.....	275
FORA D40G		GAMUNEX-C.....	91	glyburide	397
GLUCOSE/PRESSURE.....	259	GANCICLOVIR.....	54, 307	glyburide micronized	397
formaldehyde	271	ganciclovir sodium ...	54, 55, 307	glyburide-metformin	355, 397
formoterol fumarate	118, 469	GARDASIL 9.....	95	GLYCATATE.....	107, 481
FOSAMAX.....	425	gatifloxacin	302	GLYCINE.....	276
FOSAMAX PLUS D.....	426, 510	GATTEX.....	334, 336	glycine	280
fosamprenavir calcium	49	gavilyte-c	333	glycine urologic	280
fosaprepitant dimeglumine ..	340	gavilyte-g	333	GLYCOPHOS.....	287
foscarnet sodium	36	gavilyte-n with flavor pack ...	333	glycopyrrolate	107, 481
FOSCAVIR.....	36	GAVRETO.....	71	GLYCOPYRROLATE.....	107, 481
fosfomycin tromethamine	63	GAZYVA.....	72	glycopyrrolate pf	107, 481
fosinopril sodium	143, 144	GEBAUERS PAIN EASE.....	479	GLYCOPYRROLATE PF	107, 481
fosinopril sodium-hctz .	144, 296	GEBAUERS SPRAY AND		glycopyrrolate pf +rfid ..	107, 481
fosphenytoin sodium	221	STRETCH.....	479	glydo	479
FOSRENOL.....	282, 420	gefitinib	72	GLYRX-PF.....	107, 481, 482
FRAGMIN.....	134	GEL-ONE.....	447	GLYXAMBI.....	365, 395
fresenius propoven		GELSYN-3.....	447	GOHIBIC.....	52
.....	203, 220, 224	gemcitabine hcl	72	GOJJI LANCING	
FRINDOVYX.....	71, 405, 443	gemfibrozil	168	DEVICE/CLEAR CAP.....	259
frovatriptan succinate	248	gemmily	358, 369, 385	GOODSENSE ALCOHOL	
FRUZAQLA.....	71	GENABIO COVID-19 RAPID		SWABS.....	259
fulvestrant	71	TEST.....	267	GORDOFILM.....	484, 496
furosemide	138, 169, 281	generlac	272	GOTOKNOW COVID-19	
FUROSEMIDE IN SODIUM		gengraf ... 306, 400, 431, 437, 443		ANTIGEN RAPI.....	268
CHLORIDE.....	138, 169, 281, 287	gentamicin in saline	27, 287	GRAFAPEX.....	72
FUZEON.....	44	gentamicin sulfate ..	27, 302, 476	GRALISE.....	188, 192, 219
FYARRO.....	71	GENTEEL LANCING KIT		granisetron hcl	328
fyavolv	369, 385	(BLUE).....	259	GRASTEK.....	89
FYCOMPA.....	192	GENVISC 850.....	447	griseofulvin microsize	29, 30
gabapentin	188, 192, 219	GENVOYA.....	45, 48	griseofulvin ultramicrosize	30
gabapentin (once-daily)		GEODON.....	197, 205	guaifenesin-codeine	458, 462
.....	188, 192, 219	GILENYA.....	410, 437	guanfacine hcl	156, 167, 215
GABLOFEN.....	111	GILOTRIF.....	72	guanfacine hcl er	215
GADAVIST.....	271	GIVLAARI.....	447	GYNAZOLE-1.....	483
GALAFOLD.....	297, 447	GLASSIA.....	121, 467	HAEGARDA.....	427, 428
galantamine hydrobromide ..	115	glatiramer acetate	399, 437	hailey 1.5/30	358, 369, 385
galantamine hydrobromide		glatopa	399, 437	hailey 24 fe	358, 370, 385
er	115	GLEOLAN.....	271	hailey fe 1.5/30	358, 370, 385
gallifrey	385	GLEOSTINE.....	72	hailey fe 1/20	359, 370, 385
GALZIN.....	287	GLIADEL WAFER.....	72	HALAVEN.....	72
GAMASTAN.....	90	glimepiride	397	halcinonide	489
GAMIFANT.....	405, 443	glipizide	397	HALCINONIDE.....	489
GAMMACORE.....	259	glipizide er	397	HALCION.....	212
		glipizide-metformin hcl .	355, 397	HALDOL DECANOATE.....	214

halobetasol propionate	489	HUMALOG MIX 75/25		hydrocortisone sod suc (pf)	313, 347, 490
haloette	359, 370, 385	KWIKPEN.....	393	hydrocortisone valerate	313, 347, 490
haloperidol	214	HUMALOG MIX 75/25 VIAL....	393	hydrocortisone-acetic acid	313, 317, 347, 490
haloperidol decanoate	214	HUMALOG U-100 JUNIOR		hydrogen peroxide	497
haloperidol lactate	214	KWIKPEN.....	393	hydromet	108, 458
HARVONI.....	43, 44	HUMATE-P.....	131	hydromorphone hcl	233, 234
HAVRIX.....	95	HUMATIN.....	26, 27	HYDROMORPHONE HCL	233, 234
HEALON PRO.....	317	HUMIRA (1 PEN)		hydromorphone hcl er	233
HEALON5 PRO.....	317	.....	336, 412, 431, 437	hydromorphone hcl pf	234
heather	359, 385	HUMIRA (2 PEN)		HYDROMORPHONE HCL-	
HECTOROL.....	510	.....	336, 412, 431, 437	NACL.....	234, 287, 288
HELIDAC THERAPY		HUMIRA (2 SYRINGE)		HYDROXATE.....	313, 347, 490
.....	30, 33, 53, 62, 329, 332	.....	336, 412, 431, 437, 438	hydroxocobalamin acetate	136, 508
HEMABATE.....	453	HUMIRA-CD/UC/HS		hydroxychloroquine sulfate	31, 402, 431, 438
HEMANGEOL		STARTER.....	336, 412, 431, 438	hydroxyurea	73
.....	113, 147, 156, 160, 171, 200	HUMIRA-PSORIASIS/UVEIT		hydroxyzine hcl ... 19, 20, 21, 203	
hematinic/folic acid	135, 508	STARTER.....	337, 412, 431, 438	hydroxyzine pamoate 20, 21, 203	
HEMGENIX.....	130, 184	HUMULIN 70/30 KWIKPEN		HYLENEX.....	299
HEMLIBRA.....	130	.....	378, 394	HYMOVIS.....	447
HEMOFIL M.....	130	HUMULIN 70/30 VIAL....	379, 394	hyoscyamine sulfate	14, 108, 457
HEPAGAM B.....	91	HUMULIN N KWIKPEN.....	379	hyoscyamine sulfate er	14, 108, 457
heparin (porcine) in nacl		HUMULIN N VIAL.....	379	HYPERHEP B.....	91
.....	134, 287	HUMULIN R U-500 KWIKPEN	394	HYPERRHO S/D.....	91
HEPARIN (PORCINE) IN		HUMULIN R U-500 VIAL.....	394	HYPERSAL.....	464
NACL.....	134, 287	HUMULIN R VIAL.....	394	HYPOCYN ANTIPRURITIC....	502
heparin na (pork) lock flsh pf		HYALGAN.....	447	HYQVIA.....	91, 299
.....	134	HYCAMTIN.....	72	HYSINGLA ER.....	234
heparin sod (porcine) in d5w		HYCODAN.....	107, 458	ibandronate sodium	426
.....	134, 276	hydralazine hcl	167	IBRANCE.....	73
heparin sod (pork) lock flush		HYDREA.....	72	ibuprofen	201, 229, 245
.....	134	hydrochlorothiazide		ibuprofen lysine ... 201, 229, 245	
heparin sodium (porcine)		.....	139, 177, 296	ibutilide fumarate	162
.....	134, 135	hydrocod poli-chlorphe poli		icatibant acetate 137, 427, 428	
heparin sodium (porcine) pf	135	er	19, 22, 458	iclevia	359, 370, 385
HEPLISAV-B.....	96	hydrocodone bitartrate er		ICLUSIG.....	73
HERCEPTIN.....	72	.....	232, 233	icosapent ethyl	146, 174
HERCEPTIN HYLECTA.....	72	hydrocodone bit-homatrop		IDAMYCIN PFS.....	73
HERCESSI.....	72	mbr	107, 458	idarubicin hcl	73
HERZUMA.....	72	hydrocodone-		IDELVION.....	131
hetastarch-nacl	287	acetaminophen		IDHIFA.....	73
HEXATRIONE.....	347	.....	188, 189, 226, 227, 233	IFEX.....	73
HEXTEND.....	287	hydrocodone-ibuprofen		ifosfamide	73
HIBERIX.....	96	.....	229, 233, 245	IGALMI.....	104, 203
HIDEX 6-DAY.....	312, 347	hydrocortisone		IGLOVE.....	260
HIPREX.....	63	.....	312, 347, 484, 489, 490		
HISTATROL.....	270	hydrocortisone (perianal)			
HIZENTRA.....	91	.....	312, 347, 489		
HOMATROPAIRE.....	322	hydrocortisone ace-			
HORIZANT.....	188, 192, 219	pramoxine	312, 347, 479, 489		
HUMALOG.....	393	hydrocortisone butyrate			
HUMALOG KWIKPEN.....	393	.....	312, 347, 489		
HUMALOG MIX 50/50					
KWIKPEN.....	393				

IHEALTH COVID-19 RAPID TEST.....	268	INSULIN LISPRO.....	393	ISTODAX.....	74
IHEALTH LANCING DEVICE.....	260	INSULIN LISPRO (1 UNIT DIAL).....	393	ITOVEBI.....	74
ILARIS.....	52, 189, 447, 463	INSULIN LISPRO JUNIOR KWIKPEN.....	393	itraconazole	37
ILUMYA.....	494, 502	INSULIN LISPRO PROT & LISPRO.....	393	ivabradine hcl	154, 155, 179
imatinib mesylate	73	INSULIN PEN NEEDLES.....	260	ivermectin	29, 499
IMBRUVICA.....	73	INSULIN SYRINGES.....	260	IVRA.....	74
IMDELLTRA.....	73	INTELENCE.....	46	IWILFIN.....	74
IMFINZI.....	74	INTELISWAB COVID-19 RAPID TEST.....	268	IXEMPRA KIT.....	74
imipenem-cilastatin	38	INTRALIPID.....	276	IXIARO.....	96
imipramine hcl	251	INTRAROSA.....	347	IXINITY.....	131
imipramine pamoate	251	introvale	359, 370, 385	IZERVAY.....	317, 320, 401
imiquimod	473, 502	INVEGA.....	206	jaimiess	359, 370, 386
imiquimod pump	473, 502	INVEGA HAFYERA.....	206	JAKAFI.....	74, 495
IMJUDO.....	74	INVEGA SUSTENNA.....	206	jantoven	125
IMLYGIC.....	74, 184	INVEGA TRINZA.....	206	JANUMET.....	355, 365
IMMPHENTIV.....	104, 322, 326	INVELTYS.....	313	JANUMET XR.....	355, 365
IMOVAX RABIES.....	96	iodine strong	14, 30, 354, 462, 482	JANUVIA.....	365
IMPAVIDO.....	33, 53	IONOSOL-MB IN D5W... ..	276, 288	JARDIANCE.....	395
IMURAN.....	399, 431, 438, 443	IOPIDINE.....	300, 317	jasmiel	359, 370, 386
IMVEXXY MAINTENANCE PACK.....	370	IPOL.....	96	JAYPIRCA.....	74
IMVEXXY STARTER PACK... ..	370	ipratropium bromide	108, 457	JEMPERLI.....	74
INBRIJA.....	217	ipratropium-albuterol	108, 118, 457	jencycla	359, 386
incassia	359, 385	IQIRVO.....	334, 337	JENTADUETO.....	355, 365
INCONTROL ULTICARE PEN NEEDLES.....	260	irbesartan	141, 142	JENTADUETO XR.....	355, 365
INCRELEX.....	396	irbesartan-hydrochlorothiazide	142, 296	JEVTANA.....	75
indapamide	139, 177, 297	IRESSA.....	74	jinteli	370, 386
INDICAID COVID-19 RAPID TEST.....	268	irinotecan hcl	74	JIVI.....	131
indocyanine green	266, 269	ISENTRESS.....	45	jolessa	359, 370, 386
indomethacin	229, 245, 246, 423	ISENTRESS HD.....	45	JORNAY PM.....	243
indomethacin er	229, 245, 423	isibloom	359, 370, 385	JOURNAVX.....	189
indomethacin sodium	229, 246, 423	ISOCK.....	260	joyeaux	359, 370, 386
INFANRIX.....	93, 96	ISOLYTE-P IN D5W.....	276, 288	juleber	359, 370, 386
INFASURF.....	288, 467	ISOLYTE-S.....	288	JULUCA.....	45, 46
INFED.....	135	ISOLYTE-S PH 7.4.....	288	junel 1.5/30	359, 370, 386
INFLECTRA.....	337, 403, 412, 431, 438, 502	isoniazid	35	junel 1/20	359, 370, 386
INFLIXIMAB.....	337, 403, 412, 431, 438, 503	isoproterenol hcl	115, 465	junel fe 1.5/30	359, 370, 386
INFUMORPH 200.....	234	ISORDIL TITRADOSE... ..	171, 173	junel fe 1/20	359, 370, 386
INFUMORPH 500.....	234	isosorb dinitrate-hydralazine	167, 171, 173	junel fe 24	359, 370, 386
INFUVITE ADULT.....	507	isosorbide dinitrate	171, 173	JUXTAPID.....	146, 170
INFUVITE PEDIATRIC.....	508	isosorbide mononitrate	171, 173	JYLAMVO.....	75, 403, 431, 438, 443
INGREZZA.....	252	isosorbide mononitrate er	171, 173	JYNNEOS.....	96
INJECTAFER.....	135	isosulfan blue	268	KABIVEN.....	276
INLYTA.....	74	isotretinoin	496, 503	KADCYLA.....	75
INREBIC.....	74	isradipine	164, 165	kaitlib fe	359, 370, 386
INSPIREASE RESERVOIR BAGS.....	260			KALBITOR.....	138, 428, 445

<i>kcl (0.149%) in nacl</i>	288	KLARON.....	477	<i>lamotrigine starter kit-green</i>	193, 198
<i>kcl (0.298%) in nacl</i>	288	<i>klayesta</i>	58, 499	.....
<i>kcl in dextrose-nacl</i>	276, 288	KLISYRI (250 MG).....	473, 503	<i>lamotrigine starter kit-</i>	
<i>kcl-lactated ringers-d5w</i>		KLISYRI (350 MG).....	473, 503	<i>orange</i>	193, 198
.....	276, 288	<i>klor-con</i>	289	LAMPIT.....	33
KCL-LIDOCAINE-NACL.....	288, 414	<i>klor-con 10</i>	289	LAMZEDE.....	299
KEDBUMIN.....	122	<i>klor-con m10</i>	289	LANCETS.....	260
<i>kelnor 1/35</i>	359, 370, 386	<i>klor-con m15</i>	289	LANCETS 28G THIN.....	260
<i>kelnor 1/50</i>	359, 370, 386	<i>klor-con m20</i>	289	LANCETS SUPER THIN.....	261
KENALOG-10.....	347	KLOXXADO.....	14, 238	LANOXIN.....	145, 155
KENALOG-40.....	347	KNEESTIM.....	260	LANOXIN PEDIATRIC....	145, 155
KENALOG-80.....	348	KOATE.....	131	<i>lanreotide acetate</i>	395
KENGREAL.....	136	KOATE-DVI.....	131	<i>lansoprazole</i>	341
KEPIVANCE.....	485	KOGENATE FS.....	131	<i>lanthanum carbonate</i>	282, 420
KEPPRA.....	192	KORLYM.....	352	LANTIDRA.....	182
KERALYT.....	496	KORSUVA.....	479, 503	LANTUS SOLOSTAR.....	379
KERENDIA.....	170	KOSELUGO.....	75	LANTUS U-100 VIAL.....	379
KERLIX AMD		KOURZEQ.....	490	<i>lapatinib ditosylate</i>	75
ANTIMICROBIAL.....	260	KOVALTRY.....	131	<i>larin 1.5/30</i>	360, 371, 386
KERLIX AMD SUPER		K-PHOS.....	289	<i>larin 1/20</i>	360, 371, 386
SPONGES.....	260	K-PRIME.....	289	<i>larin 24 fe</i>	360, 371, 386
KESIMPTA.....	438	KRAZATI.....	75	<i>larin fe 1.5/30</i>	360, 371, 386
KETALAR.....	195, 220, 224	KRINTAFEL.....	31	<i>larin fe 1/20</i>	360, 371, 386
KETAMINE HCL		KRISTALOSE.....	272	<i>latanoprost</i>	323
.....	195, 196, 220, 221, 224	KRYSTEXXA.....	423	<i>layolis fe</i>	360, 371, 386
<i>ketamine hcl</i>	195, 220, 224	<i>kurvelo</i>	359, 371, 386	LAZCLUZE.....	75
KETAMINE HCL-SODIUM		KYLEENA.....	353, 359, 386	<i>leena</i>	360, 371, 387
CHLORIDE.....	221, 224, 288	KYMRIAH.....	184	<i>leflunomide</i>	409, 432, 438, 443
<i>ketoconazole</i>	37, 483	KYPROLIS.....	75	LEMTRADA.....	409, 438
<i>ketodan</i>	37, 483	KYZATREX.....	352, 353	<i>lenalidomide</i>	75, 438
KETO-DIASTIX.....	271	L.E.T.....	326, 480	LENMELDY.....	184
KETONE CARE.....	271	L.E.T. (RACEPINEPHRINE)		LENTOCILIN.....	52
<i>ketoprofen</i>	201, 229	.....	326, 479	LENVIMA.....	76
<i>ketoprofen er</i>	201, 229	LABETALOL HCL		LEQEMBI.....	215, 409
<i>ketorolac tromethamine</i>		113, 117, 141, 147, 148, 156, 160,		LEQVIO.....	146, 174
.....	229, 246, 319	171		<i>lessina</i>	360, 371, 387
KETOROLAC		<i>labetalol hcl</i>		<i>letrozole</i>	76, 353
TROMETHAMINE...229, 246, 319		113, 117, 141, 148, 156, 160, 171		<i>leucovorin calcium</i> . 17, 420, 508	
KETOSTIX.....	269	<i>lacosamide</i>	192, 221, 222	LEUKERAN.....	76
KEVEYIS.....	137, 427	<i>lactated ringers</i>	280, 289	LEUKINE.....	126
KEVZARA.....	407, 431, 432	<i>lactic acid e</i>	484	<i>leuprolide acetate</i>	76, 377
KEYTRUDA.....	75	<i>lactulose</i>	272	LEUPROLIDE ACETATE (3	
KHAPZORY.....	17, 420, 508	<i>lactulose encephalopathy</i>	272	MONTH).....	76, 377
KIMMTRAK.....	75	LAGEVRIO.....	55	LEUPROLIDE ACETATE-	
KIMYRSA.....	41	LAMICTAL XR.....	192, 197	BUPIVACAINE.....	377, 414
KINERET.....	407, 432, 438	<i>lamivudine</i>	48	<i>levabuterol hcl</i>	
KINEVAC.....	269	<i>lamivudine-zidovudine</i>	48	.....	118, 119, 469, 470
KINRIX.....	93, 96	<i>lamotrigine</i>	193, 198	<i>levetiracetam</i>	193
KIONEX.....	15, 282, 420	<i>lamotrigine er</i>	192, 197	<i>levetiracetam er</i>	193
KISQALI (200 MG DOSE).....	75	<i>lamotrigine starter kit-blue</i>		<i>levetiracetam in nacl</i>	193, 289
KISQALI (400 MG DOSE).....	75	.....	193, 198	<i>levobunolol hcl</i>	308
KISQALI (600 MG DOSE).....	75			LEVOCARNITINE.....	447
KISUNLA.....	409			<i>levocarnitine</i>	447

levocarnitine sf	447	lidocaine-epinephrine (pf)	102, 415	loryna	360, 371, 387
levocetirizine		.....		losartan potassium	141, 142
dihydrochloride	22	LIDOCAINE-		losartan potassium-hctz	
levofloxacin	35, 60, 302, 477	PHENYLEPHRINE-BSS		.....	142, 296
levofloxacin in d5w ...	35, 59, 477	.....	317, 319, 326	LOTEMAX.....	313
levoleucovorin calcium		lidocaine-prilocaine	480	LOTEMAX SM.....	313
.....	17, 420, 508	LIDOCAINE-SODIUM		LOTENSIN.....	143, 144
levoleucovorin calcium pf		BICARBONATE.....	271, 415	LOTENSIN HCT.....	144, 296
.....	17, 420, 508	LIDO-RACEPINEPHRINE-		loteprednol etabonate	313
levonest	360, 371, 387	TETRACAINE.....	326, 480	lovastatin	168
levonorgest-eth est & eth est		LILETTA (52 MG)....	353, 360, 387	LOVENOX.....	135
.....	360, 371, 387	LINCOCIN.....	51	low-ogestrel	360, 371, 387
levonorgest-eth estrad 91-		lincomycin hcl	51	loxapine succinate	202, 217
day	360, 371, 387	linezolid	57	lo-zumandimine	360, 371, 387
levonorgest-eth estradiol-		linezolid in sodium chloride		lubiprostone	327, 337
iron	360, 371, 387	.....	57, 289	LUCEMYRA.....	104
levonorgestrel-ethinyl estrad		LINZESS.....	327, 337	LUCENTIS.....	317, 324
.....	360, 371, 387	liothyronine sodium	398	LUGOLS STRONG IODINE	
levonorg-eth estrad triphasic		LIPO.....	339	.....	482, 497
.....	360, 371, 387	LIPO-C.....	339, 509	LULICONAZOLE.....	483
LEVOPHED.....	102	LIPOFEN.....	168	LUMAKRAS.....	76
levora 0.15/30 (28)	360, 371, 387	liraglutide	190, 378	LUMIGAN.....	323
levorphanol tartrate	234	lisdexamphetamine dimesylate		LUMIZYME.....	299
levo-t	398	.....	187	LUNSUMIO.....	76
levothyroxine sodium	398	lisinopril	143, 144	LUPRON DEPOT (1-MONTH)	
levoxyl	398	lisinopril-		.....	76, 377
LEVULAN KERASTICK..	473, 503	hydrochlorothiazide	144, 296	LUPRON DEPOT (3-MONTH)	
LEXISCAN.....	266	LITFULO.....	495, 503	.....	76, 377
l-glutamine	447, 503	lithium	198	LUPRON DEPOT (4-MONTH)	
LIBTAYO.....	76	lithium carbonate	198	INTRAMUSCULAR KIT 30MG	
lidocaine	480	lithium carbonate er	198	.....	76, 377
lidocaine hcl ..	159, 414, 415, 480	LITHOSTAT.....	272	LUPRON DEPOT (6-MONTH)	
LIDOCAINE HCL.....	159, 415	LIVDELZI.....	334	INTRAMUSCULAR KIT 45MG	
LIDOCAINE HCL		LIVTENCITY.....	36	.....	76, 377
(BUFFERED).....	414	LMD IN D5W.....	128, 276, 289	LUPRON DEPOT-PED (1-	
LIDOCAINE HCL (CARDIAC)		LMD IN NACL.....	128, 289	MONTH).....	377
.....	158, 159	L-MESITRAN SOFT WOUND.	503	LUPRON DEPOT-PED (3-	
lidocaine hcl (cardiac)	158	LO LOESTRIN FE...360, 371, 387		MONTH).....	377
lidocaine hcl (cardiac) pf	158	LODINE.....	229, 246	LUPRON DEPOT-PED (6-	
lidocaine hcl (pf)	414	lofexidine hcl	104	MONTH).....	377
lidocaine hcl		lojaimiess	360, 371, 387	lurasidone hcl	206
urethral/mucosal	480	LOKELMA.....	282	lutera	360, 371, 387
LIDOCAINE IN D5W.....	159, 276	LOMOTIL.....	108, 329	LUTRATE DEPOT.....	76, 377
lidocaine in d5w	159, 276	LONSURF.....	76	LUXAMEND.....	503
lidocaine viscous hcl	319	loperamide hcl	329	LUXTURNA.....	184
LIDOCAINE(BUFFERD)-		LOPID.....	168	LUZU.....	483
EPINEPHRINE.....	102, 415	lopinavir-ritonavir	49	LYFGENIA.....	184
lidocaine-epinephrine ... 102, 415		LOPRESSOR		lyleq	361, 387
LIDOCAINE-EPINEPHRINE		.....	120, 148, 156, 161, 171	lyllana	372, 426
.....	102, 415	LOQTORZI.....	76	LYNPARZA.....	77
LIDOCAINE-EPINEPHRINE (3		lorazepam	210, 212, 213	LYSINE HCL.....	276
ML).....	102, 415	lorazepam intensol	210, 212	LYSODREN.....	77
		LORBRENA.....	76		

LYTGOBI (12 MG DAILY DOSE).....	77	<i>mefloquine hcl</i>	31	<i>methotrexate sodium (pf)</i>	77, 403, 432, 439, 443
LYTGOBI (16 MG DAILY DOSE).....	77	<i>megestrol acetate</i>	77, 388	<i>methoxsalen rapid</i>	499
LYTGOBI (20 MG DAILY DOSE).....	77	MEKINIST.....	77	<i>methscopolamine bromide</i> ..	108
LYUMJEV KWIKPEN.....	393	MEKTOVI.....	77	<i>methsuximide</i>	251
LYUMJEV VIAL.....	394	<i>meloxicam</i>	229, 230, 246	METHYLCOBALAMIN....	136, 509
<i>lyza</i>	361, 387	MELOXICAM.....	230, 246	<i>methyl dopa</i>	104, 156, 167
MACROBID.....	63	<i>melphalan hcl</i>	77	<i>methylene blue</i>	16, 421
MACRODANTIN.....	63	<i>memantine hcl</i>	215, 216	<i>methylergonovine maleate</i> ...	453
<i>mafenide acetate</i>	477, 497	<i>memantine hcl er</i>	215	METHYLIN.....	243
<i>magnesium chloride</i>	289	<i>memantine hcl-donepezil hcl</i>	115, 216	<i>methylphenidate</i>	244
<i>magnesium sulfate</i>	14, 16, 145, 193, 420, 421	MENEST.....	372, 426	<i>methylphenidate hcl</i>	244
<i>magnesium sulfate in d5w</i>	16, 145, 193, 276, 289, 420	MENOSTAR.....	372, 426	<i>methylphenidate hcl er</i> ..	243, 244
MAGNESIUM SULFATE-NACL.....	16, 146, 193, 289, 421	MENQUADFI.....	96	<i>methylphenidate hcl er (cd)</i> ..	243
MALARONE.....	31	MENVEO.....	96	<i>methylphenidate hcl er (la)</i> ..	243
<i>malathion</i>	499	<i>mepidine hcl</i>	234, 235	<i>methylphenidate hcl er (osm)</i>	243
MANGANESE CHLORIDE....	289	<i>meprobamate</i>	203, 224	<i>methylphenidate hcl er (xr)</i> ..	243
<i>mannitol</i> ..	138, 174, 269, 282, 323	MEPRON.....	33	<i>methylprednisolone</i>	348
<i>maraviroc</i>	44	MEPSEVII.....	299	METHYLPREDNISOLONE ACETATE.....	348
MARCAINE.....	415	<i>mercaptapurine</i>	77, 405, 443	<i>methylprednisolone acetate</i>	348
MARCAINE PRESERVATIVE FREE.....	416	<i>meropenem</i>	38	<i>methylprednisolone sodium succ</i>	348
MARCAINE SPINAL.....	276, 416	MEROPENEM-SODIUM CHLORIDE.....	38	METHYLPREDNISOLONE-BUPIVACAINE.....	348, 416
MARCAINE/EPINEPHRINE.....	102, 416	<i>merzee</i>	361, 372, 388	<i>methyltestosterone</i>	352
MARCAINE/EPINEPHRINE PF.....	102, 416	<i>mesalamine</i>	332	<i>metoclopramide hcl</i>	340
MARGENZA.....	77	<i>mesalamine er</i>	331	<i>metolazone</i>	139, 178, 297
<i>marlissa</i>	361, 372, 387	<i>mesalamine-cleanser</i>	332	<i>metoprolol succinate er</i>	120, 148, 156, 161, 172
MARPLAN.....	223	<i>mesna</i>	451	<i>metoprolol tartrate</i>	120, 148, 156, 157, 161, 172
MATULANE.....	77	MESNEX.....	451	<i>metoprolol-hydrochlorothiazide</i>	148, 157, 296
<i>matzim la</i> ..	150, 152, 153, 163, 179	<i>metaxalone</i>	110	METROCREAM.....	26, 53, 477
MAVENCLAD...77, 399, 438, 443		<i>metformin hcl</i>	355	METROLOTION.....	26, 53, 477
MAVYRET.....	43, 44	<i>metformin hcl er</i>	355	<i>metronidazole</i>	26, 33, 53, 54, 333, 477
MAXIDEX.....	313	METHACHOLINE CHLORIDE.....	268	<i>metyrosine</i>	270, 447
MAXITROL.....	302, 303, 313	<i>methadone hcl</i>	235	<i>mexiletine hcl</i>	159
<i>maxi-tuss ac</i>	459, 462	<i>methadone hcl intensol</i>	235	MI PASTE.....	253
MAYZENT.....	410, 438	METHADONE HCL-SODIUM CHLORIDE.....	235, 289	MI PASTE PLUS.....	253
MAYZENT STARTER PACK.....	410, 439	METHADOSE.....	235	MIACALCIN.....	354, 426
<i>meclizine hcl</i>	20, 331	<i>methadose</i>	235	<i>mibelas 24 fe</i>	361, 372, 388
<i>meclofenamate sodium</i> ..	229, 246	METHADOSE SUGAR-FREE.....	235	<i>micafungin sodium</i>	39
MEDIHONEY WOUND/BURN DRESSING.....	503	<i>methamphetamine hcl</i>	187	MICAFUNGIN SODIUM-NACL.....	39
MEDROL.....	348	<i>methazolamide</i>	137, 154, 309	<i>miconazole 3</i>	483
<i>medroxyprogesterone acetate</i>	361, 387, 388	<i>methenamine hippurate</i>	63	MICONAZOLE-ZINC OXIDE-PETROLAT.....	482, 483, 492
<i>mefenamic acid</i>	229, 246	METHERGINE.....	453	MICROCHAMBER.....	261
		<i>methimazole</i>	354	MICROCYN.....	503
		METHITEST.....	352		
		<i>methocarbamol</i>	46, 110		
		<i>methohexital sodium</i>	208, 209		
		METHOHEXITAL SODIUM.....	208, 209		
		<i>methotrexate sodium</i>	77, 78, 403, 432, 439, 443		

<i>microgestin 1.5/30</i>	361, 372, 388	MOBILE LANCETS 30G.....	261	<i>mycophenolate mofetil hcl</i> ...	443
<i>microgestin 1/20</i>	361, 372, 388	<i>modafinil</i>	252	<i>mycophenolate sodium</i>	444
<i>microgestin fe 1.5/30</i>		MODERNA COVID-19 VAC		<i>mycophenolic acid</i>	444
.....	361, 372, 388	6M-11Y.....	96	MYFEMBREE.....	353, 372, 388
<i>microgestin fe 1/20</i>	361, 372, 388	<i>moexipril hcl</i>	143, 145	MYFORTIC.....	444
MICROLET NEXT LANCING		<i>molindone hcl</i>	202, 217	MYHIBBIN.....	444
DEVICE.....	261	<i>mometasone furoate</i>		MYLERAN.....	78
MIDAZOLAM.....	213	.....	313, 348, 460, 464, 490	MYLOTARG.....	78
<i>midazolam hcl</i>	213	MONARCH ETNS SYSTEM...	261	MYOBLOC.....	110, 121, 448
<i>midazolam hcl (pf)</i>	213	MONDOXYNE NL.....	32, 62, 477	MYRBETRIQ.....	507
<i>midazolam hcl (pf) +rfid</i>	213	MONJUVI.....	78	MYTESI.....	329
MIDAZOLAM HCL-SODIUM		MONOFERRIC.....	135	MYXREDLIN.....	291, 394
CHLORIDE.....	213, 290	MONOJECT FLUSH		<i>na ferric gluc cplx in sucrose</i>	
<i>midazolam-sodium chloride</i>		SYRINGE.....	290	.....	135
.....	213, 290	MONOJECT SODIUM		<i>na sulfate-k sulfate-mg sulf.</i>	333
MIDAZOLAM-SODIUM		CHLORIDE FLUSH.....	290	NABI-HB.....	92
CHLORIDE.....	213, 290	<i>mono-lynyah</i>	361, 372, 388	<i>nabumetone</i>	230, 246
<i>midazolam-sodium chloride</i>		MONOVISC.....	448	<i>nadolol</i>	
<i>(pf)</i>	213, 290	<i>montelukast sodium</i>	463	113, 120, 140, 148, 157, 161, 172	
<i>midodrine hcl</i>	104	MORPHINE SULFATE.....	236	<i>nafcillin sodium</i>	58
MIEBO.....	306, 318	<i>morphine sulfate</i>	236	NAFCILLIN SODIUM IN	
MIFEPREX.....	453	<i>morphine sulfate</i>		DEXTROSE.....	58, 277
<i>mifepristone</i>	352, 453	<i>(concentrate)</i>	235	<i>naftifine hcl</i>	474
MIGERGOT.....	114, 201, 244	<i>morphine sulfate (pf)</i>	235	NAGLAZYME.....	299
<i>miglitol</i>	351	<i>morphine sulfate er</i>	235	<i>nalbuphine hcl</i>	240
<i>miglustat</i>	297, 448	<i>morphine sulfate er beads</i> ...	235	NALMEFENE HCL.....	238
<i>mili</i>	361, 372, 388	MORPHINE SULFATE-NACL		NALOCET.....	189, 227, 236
<i>milrinone lactate</i>	155	.....	236, 290	<i>naloxone hcl</i>	14, 16, 239, 421
<i>milrinone lactate in dextrose</i>		MOTEGRITY.....	337	<i>naltrexone hcl</i>	
.....	155, 276	MOTPOLY XR.....	193, 222	.....	13, 16, 99, 239, 418, 421
<i>mimvey</i>	372, 388	MOUNJARO.....	378	NAMZARIC.....	115, 216
<i>mineral oil heavy</i>	333	MOXIFLOXACIN HCL		<i>naproxen</i>	201, 230, 246, 423
MINOCIN.....	31, 62, 303, 477	.....	35, 60, 303, 477	<i>naproxen dr</i> ...	201, 230, 246, 423
<i>minocycline hcl</i>		<i>moxifloxacin hcl</i>	35, 60, 303, 478	<i>naproxen sodium</i>	
.....	31, 32, 62, 303, 477	<i>moxifloxacin hcl (2x day)</i>	60, 303	.....	201, 230, 246, 423
<i>minocycline hcl er</i>		<i>moxifloxacin hcl in nacl</i>		<i>naproxen sodium er</i>	
.....	31, 62, 303, 477, 503	.....	35, 60, 477	.....	201, 230, 246, 423
<i>minoxidil</i>	167, 485	MOZOBIL.....	126	<i>naproxen-esomeprazole mg</i>	
<i>minzoya</i>	361, 372, 388	MRESVIA.....	96	.....	230, 246, 341
MIOCHOL-E.....	320	MULPLETA.....	127	<i>naratriptan hcl</i>	248
MIOSTAT.....	320	MULTAQ.....	162	NARCAN.....	14, 239
MIPLYFFA.....	297	<i>multiple electro type 1 ph 5.5</i>		NARDIL.....	223
<i>mirabegron er</i>	507	.....	290	NAROPIN.....	416
MIRCERA.....	126	<i>multiple electro type 1 ph 7.4</i>		NASCOBAL.....	136, 509
MIRENA (52 MG)....	353, 361, 388	.....	290	NATACYN.....	305
<i>mirtazapine</i>	196, 250	MULTRYIS.....	290	NATAZIA.....	361, 372, 388
MIRVASO.....	300, 474, 503	<i>mupirocin</i>	478	<i>nateglinide</i>	380
<i>misoprostol</i>	340	<i>mupirocin calcium</i>	478	NAYZILAM.....	210, 213
<i>mitigo</i>	235	MUTAMYCIN.....	78	<i>nebivolol hcl</i> ..	113, 148, 157, 161
<i>mitomycin</i>	78	MVASI.....	78, 324	NEBUPENT.....	33
MITOSOL.....	303	MYALEPT.....	379	NEBUSAL.....	464
<i>mitoxantrone hcl</i>	78	MYCAMINE.....	39	<i>necon 0.5/35 (28)</i> ...	361, 372, 388
M-M-R II.....	96	<i>mycophenolate mofetil</i>	399, 444	<i>nefazodone hcl</i>	250

NEFFY.....	102	niacin (antihyperlipidemic)	146, 509	NOREPINEPHRINE-SODIUM	103, 291
nelarabine	78	.....		CHLORIDE.....	
NEMLUVIO.....	494	niacin er		norethin ace-eth estrad-fe	362, 372, 373, 389
NEOKE ALCAR.....	277	(antihyperlipidemic)	146, 509	norethindrone	362, 389
NEOKE RA LIPOIC.....	448	niacor	146, 509	norethindrone acetate	389
neomycin sulfate	27, 303, 478	nicardipine hcl	164, 166, 179	norethindrone acet-ethinyl	
neomycin-bacitracin zn-		nicardipine hcl in nacl		est	362, 373, 389
polymyx	303	.....	164, 165, 179	norethindrone-eth estradiol	
neomycin-polymyxin b gu	478	NICARDIPINE HCL IN NAACL		.....	373, 389
neomycin-polymyxin-		.....	164, 166, 179, 291	norethin-eth estradiol-fe	
dexameth	303, 313, 314	NICOTROL.....	99, 109	.....	362, 373, 389
neomycin-polymyxin-		NICOTROL NS.....	99, 109	norgestimate-eth estradiol	
gramicidin	303	nifedipine	165, 166, 180	.....	362, 373, 389
neomycin-polymyxin-hc		nifedipine er	164, 166, 180	norgestimate-ethinyl	
.....	303, 314	nifedipine er osmotic release		estradiol triphasic	362, 373, 389
NEO-POLYCIN.....	304	.....	165, 166, 180	NORLIQVA.....	165, 166, 180
NEO-POLYCIN HC		nikki	361, 372, 388	norlyroc	362, 389
.....	38, 303, 314, 478	NIKTIMVO.....	448	normal saline flush	291
NEOPROFEN.....	201, 230, 247	NILANDRON.....	78	NORMOSOL-M IN D5W.....	277, 291
NEORAL		nilutamide	78	NORMOSOL-R.....	291
.....	306, 307, 400, 432, 439, 444	nimodipine	165, 166, 180	NORMOSOL-R IN D5W.....	277, 291
neostigmine methylsulfate		NIMODIPINE.....	165, 166, 180	NORPACE.....	158
.....	115, 116, 269, 270	NINLARO.....	78	NORPACE CR.....	158
NEOSTIGMINE		NIPENT.....	78	NORPRAMIN.....	251
METHYLSULFATE		nisoldipine er	165, 166	nortrel 0.5/35 (28)	362, 373, 389
.....	115, 116, 269, 270	nitazoxanide	32, 33	nortrel 1/35 (21)	362, 373, 389
neostigmine methylsulfate		NITHIODOTE.....	343	nortrel 1/35 (28)	362, 373, 389
rfid	116, 269, 270	nitisinone	297, 448	nortrel 7/7/7	362, 373, 389
NEO-SYNALAR.....	478, 490	NITRO-BID.....	172, 173	nortriptyline hcl	252
NEOTUSS PLUS 20, 22, 104, 459		NITRO-DUR.....	172, 173	NORVIR.....	49
NERIVIO.....	261	nitrofurantoin	63	NOURIANZ.....	186, 216
NERLYNX.....	78	nitrofurantoin macrocrystal ...	63	NOVAVAX COVID-19	
NESACAINE.....	416	nitrofurantoin monohydrate		VACCINE.....	97
NESACAINE-MPF.....	416	macrocrystals	63	NOVOEIGHT.....	131
neuac	51, 478, 497	nitroglycerin	172, 173, 484, 503	NOVOFINE PEN NEEDLE.....	261
NEULASTA.....	127	nitroglycerin in d5w		NOVOFINE PLUS PEN	
NEULASTA ONPRO.....	127	.....	172, 173, 277	NEEDLE.....	261
NEUPRO.....	225	NITROLINGUAL.....	172, 173	NOVOLIN 70/30 FLEXPEN	
nevirapine	46	nitroprusside sodium	167	.....	379, 394
nevirapine er	46	NITYR.....	298, 448	NOVOLIN 70/30 VIAL.....	379, 395
NEXAVAR.....	78	NIVA THYROID.....	398	NOVOLIN N FLEXPEN.....	379
NEXAVIR.....	448	NIVESTYM.....	127	NOVOLIN N VIAL.....	379
NEXICLON XR.....	104, 157, 167	nizatidine	21, 339	NOVOLIN R FLEXPEN.....	395
NEXIUM.....	341	NOCDURNA.....	131, 381	NOVOLIN R VIAL.....	395
NEXLETOL.....	139, 146	nora-be	361, 389	NOVOLOG FLEXPEN.....	394
NEXLIZET.....	139, 146, 158	NORDITROPIN FLEXPEN		.....	394
NEXPLANON.....	353, 361, 388	.....	381, 396	NOVOLOG MIX 70/30	
NEXTERONE.....	162, 277	norelgestromin-eth estradiol		FLEXPEN.....	394
NEXTSTELLIS.....	361, 372, 388	.....	362, 372, 389	NOVOLOG MIX 70/30 VIAL.....	394
NEXVIAZYME.....	299	norepinephrine bitartrate	102	NOVOLOG PENFILL.....	394
NGENLA.....	381	NOREPINEPHRINE-		NOVOLOG U-100 VIAL.....	394
		DEXTROSE.....	103, 277	NOVOSEVEN RT.....	132
				NOXAFIL.....	37

<i>np thyroid</i>	398	OHC COVID-19 ANTIGEN		ONIVYDE.....	79
NPLATE.....	127	SELF TEST.....	268	ONPATTRO.....	448
NS-2 ELECTRIC PATCH		OJEMDA.....	79	ONTRUZANT.....	79
POUCH.....	261	olanzapine	198, 206, 330	ONUREG.....	79
NUBEQA.....	78	olanzapine-fluoxetine hcl		ONYDA XR.....	104
NUCALA.....	457, 458	.....	198, 206, 250, 330	OPDIVO.....	79
NUEDEXTA.....	216	olmesartan medoxomil . 141, 142		OPDUALAG.....	79
NULIBRY.....	448	olmesartan medoxomil-hctz		OPFOLDA.....	298, 448
NULOJIX.....	410, 444	.....	142, 296	OPSUMIT.....	180, 461, 470
NUPLAZID.....	206	olmesartan-amlodipine-hctz		OPTICHAMBER DIAMOND....	261
NURTEC.....	214	.....	142, 165, 296	OPTICHAMBER DIAMOND-	
NUTRILIPID.....	277	olopatadine hcl	21, 301	LG MASK.....	261
NUTROPIN AQ NUSPIN 10		OLUMIANT.....	408, 432	OPTICHAMBER DIAMOND-	
.....	381, 396	OMECLAMOX-PAK		MD MASK.....	262
NUTROPIN AQ NUSPIN 20		.....	29, 56, 57, 341	OPTICHAMBER DIAMOND-	
.....	381, 396	omega-3-acid ethyl esters		SM MASK.....	262
NUTROPIN AQ NUSPIN 5		.....	146, 174	OPVEE.....	239
.....	381, 396	omeprazole	341	OPZELURA.....	79, 495, 503
NUVARING.....	362, 373, 389	OMEPRAZOLE+SYRSPEND		ORABLOC.....	103, 416
NUWIQ.....	132	SF ALKA.....	341	ORAL CITRATE.....	272
NUZYRA.....	28	OMIDRIA.....	319, 322	ORALAIR.....	89
nyamyc	58, 499	OMNARIS.....	314, 348, 460	ORALAIR ADULT STARTER	
nylia 1/35	362, 373, 389	OMNIPOD 5 DEXG7G6		PACK.....	89
nylia 7/7/7	362, 373, 389	INTRO GEN 5.....	261	ORALAIR CHILDRENS	
NYMALIZE.....	165, 166, 180	OMNIPOD 5 DEXG7G6 PODS		STARTER PACK.....	89
nystatin	58, 499	GEN 5.....	261	ORALONE.....	490
nystatin-triamcinolone		OMNIPOD 5 LIBRE2 PLUS G6		ORAVIG.....	483
.....	59, 490, 499	.....	261	ORBACTIV.....	41
nystop	59, 499	OMNIPOD 5 LIBRE2 PLUS G6		ORENCIA.....	402, 432, 439
OBIZUR.....	132	PODS.....	261	ORENCIA CLICKJECT	
OICALIVA.....	334, 337	OMNIPOD DASH INTRO		.....	402, 432, 439
ocella	362, 373, 390	(GEN 4).....	261	ORENITRAM.....	180, 466, 471
OCREVUS.....	439	OMNIPOD DASH PDM (GEN		ORENITRAM MONTH 1	
OCREVUS ZUNOVO.....	439	4).....	261	.....	180, 466, 470
OCTAGAM.....	92	OMNIPOD DASH PODS (GEN		ORENITRAM MONTH 2	
OCTAPLAS BLOOD GROUP		4).....	261	.....	180, 466, 471
A.....	122	OMNITROPE.....	381, 396	ORENITRAM MONTH 3	
OCTAPLAS BLOOD GROUP		OMVOH.....	328, 337	.....	180, 466, 471
AB.....	122	OMVOH (300 MG DOSE).....	327	ORFADIN.....	298, 448
OCTAPLAS BLOOD GROUP		ON/GO COVID-19 ANTIGEN		ORGOVYX.....	79, 353
B.....	122	TEST.....	268	ORIAHNN.....	353, 373, 390
OCTAPLAS BLOOD GROUP		ON/GO ONE COVID-19		ORLISSA.....	353
O.....	122	HOME TEST.....	268	ORKAMBI.....	460, 461
octreotide acetate . 337, 395, 396		ONCASPAR.....	79	ORLADEYO.....	138, 428, 445
OCUFLOX.....	60, 304	ondansetron hcl	328, 329	orphenadrine citrate	
ODACTRA.....	89	ondansetron hcl +rfid	328	.....	111, 121, 190
ODEFSEY.....	46, 48, 55	ondansetron odt	329	orphenadrine citrate er	
ODOMZO.....	78	ONETOUCH DELICA PLUS		.....	111, 121, 190
OFEV.....	457	LANCING.....	261	orphenadrine-aspirin-	
ofloxacin	60, 304	ONETOUCH DELICA SAFETY		caffeine	111, 121, 244, 247
OGIVRI.....	78	LANCING.....	261	ORSERDU.....	79
OGSIVEO.....	79	ONEXTON.....	51, 478, 498	ORTHOVISC.....	448
		ONGENTYS.....	215	OSCIMIN.....	15, 108, 457

oseltamivir phosphate	53	PANDA MASK SMALL.....	262	penicillin g sodium	52
OSMITROL		PANRETIN.....	473, 503	penicillin v potassium	53
.....	138, 174, 269, 282, 323	pantoprazole sodium	341, 342	PENTACEL.....	93, 97
OSPHENA.....	365	PANTOPRAZOLE SODIUM-		PENTAM.....	33
OTEZLA..	410, 432, 439, 440, 503	NACL.....	291, 342	pentamidine isethionate	33
OTOVEL.....	304, 314	PANZYGA.....	92	pentazocine-naloxone hcl	
OTULFI.....	407	PARAGARD INTRAUTERINE		.....	239, 240
OVIDE.....	499	COPPER.....	452	PENTETATE CALCIUM	
oxacillin sodium	58	PARAPLATIN.....	80	TRISODIUM.....	343
OXACILLIN SODIUM IN		PARI VORTEX ADULT MASK	262	PENTETATE ZINC	
DEXTROSE.....	58, 277	PARI VORTEX PEDIATRIC		TRISODIUM.....	343
oxaliplatin	79	MASK.....	262	PENTIPS GENERIC PEN	
oxaprozin	230, 247	paricalcitol	510	NEEDLES.....	262
oxazepam	213	PARLODEL.....	218	pentobarbital sodium	209
oxcarbazepine	194, 222	paroxetine hcl	250	pentoxifylline er	128
oxcarbazepine er	193, 222	paroxetine hcl er	250	PERFECT EMS.....	262
OXERVATE.....	307, 318	paroxetine mesylate	250	PERFECT POINT SAFETY	
oxiconazole nitrate	483	PARSABIV.....	354	LANCETS.....	262
OXISTAT.....	483	PAVBLU.....	324	PERFOROMIST.....	119, 470
OXLUMO.....	448	PAXIL.....	250	PERIDEX..	26, 306, 307, 482, 498
oxybutynin chloride	506	PAXLOVID (150/100).....	36	PERIKABIVEN.....	277
oxybutynin chloride er	506	PAXLOVID (300/100).....	36	perindopril erbumine	143, 145
oxycodone hcl	236	pazopanib hcl	80	perio gard ..	26, 306, 307, 482, 498
OXYCODONE-		PEDIAPRED.....	314, 348	PERJETA.....	80
ACETAMINOPHEN		PEDIARIX.....	93, 97	permethrin	499
.....	189, 227, 236, 237	PEDIATRIC PANDA MASK....	262	perphenazine	241
oxycodone-acetaminophen		PEDMARK.....	17, 421, 452	perphenazine-amitriptyline	
.....	189, 227, 237	PEDVAX HIB.....	97	.....	241, 252
OXYCONTIN.....	237	peg 3350-kcl-na bicarb-nacl ..	333	PERSERIS.....	198, 207
oxymorphone hcl	237	peg-3350/electrolytes	333	PETROLEUM GAUZE NON-	
oxymorphone hcl er	237	peg-		WOVEN 3X9".....	504
oxytocin	453	3350/electrolytes/ascorbat		PFIZER COVID-19 VAC-TRIS	
OXYTOCIN-LACTATED		.....	333, 509	5-11Y.....	97
RINGERS.....	291, 453	PEGASYS.....	50, 80, 406, 440	PFIZER COVID-19 VAC-TRIS	
OXYTOCIN-SODIUM		peg-kcl-nacl-nasulf-na asc-c		6M-4Y.....	97
CHLORIDE.....	291, 453	.....	333, 509	PFIZERPEN.....	53
OXYTROL.....	506	PEG-PREP.....	333	PHEBURANE.....	272
OZEMPIC.....	378	PEMETREXED.....	80	phenazopyridine hcl	480
PACERONE.....	162	PEMETREXED		phenelzine sulfate	223
paclitaxel	79	DIPOTASSIUM.....	80	PHENERGAN	
paclitaxel protein-bound part	79	PEMETREXED DISODIUM.....	80	.....	20, 21, 203, 330, 462
PADCEV.....	80	pemetrexed disodium	80	phenobarbital	208, 209
PAIN AIDE.....	262	PEMETREXED		phenobarbital sodium ..	208, 209
PAIN RELIEF WITH TENS		DITROMETHAMINE.....	80	phenoxybenzamine hcl	114, 178
S2000.....	262	PEMFEXY.....	80	phentolamine mesylate	114, 178
PALFORZIA.....	89	PEMRYDI RTU.....	80	PHENYLEPHRINE HCL	
PALFORZIA INITIAL DOSE 4-		PEN NEEDLE/5-BEVEL TIP ..	262	.....	105, 322, 326
17YRS.....	89	PENBRAYA.....	97	phenylephrine hcl	322, 326
paliperidone er	206	penciclovir	481	PHENYLEPHRINE HCL	
palonosetron hcl	329	penicillamine	15, 343, 433	(PRESSORS).....	105, 322, 326
pamidronate disodium	426	PENICILLIN G POT IN		phenylephrine hcl (pressors)	
PANDA MASK LARGE.....	262	DEXTROSE.....	52, 277	.....	105, 322, 326
PANDA MASK MEDIUM.....	262	penicillin g potassium	52		

PHENYLEPHRINE HCL-NACL 105, 291, 322, 326, 327	POLOCAINE-MPF 416	PREMPHASE 374, 390
<i>phenytek</i> 159, 221	POLYCIN 38, 304, 478	PREMPRO 374, 390
<i>phenytoin</i> 159, 221	<i>polymyxin b sulfate</i> 59, 304, 478	PRE-PEN 268
<i>phenytoin infatabs</i> 159, 221	<i>polymyxin b-trimethoprim</i> 59, 304, 478	PREPIDIL 453
<i>phenytoin sodium</i> 159, 221	POMALYST 81, 440	PREPIV SUPPLY 293, 480
<i>phenytoin sodium extended</i> 159, 221	POMBILITI 299	PRESTALIA 143, 145, 165
PHESGO 80	PONS MOUTHPIECE 262	PRETOMANID 35
PHEXXI 452	PONS SYSTEM 262	<i>prevalite</i> 149
<i>philith</i> 362, 373, 390	<i>portia-28</i> 362, 373, 390	PREVDUO 108, 116
PHOSPHOLINE IODIDE 320	PORTRAZZA 81	PREVNAR 20 97
<i>phosphorous</i> 291	<i>posaconazole</i> 37	PREVYMIS 36
<i>phospho-trin 250 neutral</i> 292	POSFREA 329	PREZCOBIX 49, 448
PHOSPHO-TRIN K500 292	<i>potassium acetate</i> 292	PREZISTA 49
PHOTOFRIN 80	POTASSIUM ACETATE 292	PRIALT 189, 227
PHOTREXA-PHOTREXA	<i>potassium chloride</i> 292	PRIFTIN 35, 60
VISCOUS KIT 318	<i>potassium chloride crys er</i> .. 292	PRIOSEC 342
PHYSIOLYTE 280	<i>potassium chloride er</i> 292	<i>primaquine phosphate</i> 32
PHYSIOSOL IRRIGATION 280	<i>potassium chloride in nacl</i> ... 292	PRIMAXIN IV 38
<i>phytonadione</i> 15, 421, 510	<i>potassium citrate er</i> 272	<i>primidone</i> 208
PIASKY 401, 427	<i>potassium cl in dextrose 5%</i> 277, 292	PRIORIX 97
PIFELTRO 46	<i>potassium phosphates</i> 292	PRISMASOL B22GK 4/0 293
<i>pilocarpine hcl</i> 116, 320	<i>potassium phosphates(66</i> <i>meq k)</i> 293	PRISMASOL BGK 0/2.5 293
PILOT COVID-19 AT-HOME	<i>potassium phosphates(71</i> <i>meq k)</i> 293	PRISMASOL BGK 2/0 293
TEST 268	POTASSIUM PHOSPHATES- NACL 293	PRISMASOL BGK 2/3.5 293
<i>pimecrolimus</i> 444, 494, 504	POTELIGEO 81	PRISMASOL BGK 4/2.5 293
<i>pimozide</i> 202, 217	POVIDONE-IODINE 306	PRISMASOL BK 0/0/1.2 293
<i>pimtree</i> 362, 373, 390	PRADAXA 126	PRIVIGEN 92
<i>pindolol</i> .. 113, 148, 157, 161, 172	<i>pramipexole dihydrochloride</i> 225	PRO COMFORT SPACER ADULT 262
<i>pioglitazone hcl</i> 397	<i>pramipexole dihydrochloride</i> <i>er</i> 225	PRO COMFORT SPACER CHILD 262
<i>pioglitazone hcl-glimepiride</i> 397	PRAMOTIC 306, 319	PRO COMFORT SPACER INFANT 262
<i>pioglitazone hcl-metformin</i> <i>hcl</i> 355, 397	<i>prasugrel hcl</i> 137	PRO COMFORT TENS UNIT . 262
PIP PEN NEEDLES 32G X 4MM 262	<i>pravastatin sodium</i> 169	<i>probenecid</i> 297, 423
<i>piperacillin sod-tazobactam</i> <i>so</i> 41	<i>praziquantel</i> 29	<i>procainamide hcl</i> 158
PIQRAY 81	<i>prazosin hcl</i> ... 114, 140, 141, 148	PROCARE SPACER/ADULT MASK 263
<i>pirfenidone</i> 457, 467, 468	PRECEDEX 105, 203, 293	PROCARE SPACER/CHILD MASK 263
<i>piroxicam</i> 230, 247	PRED MILD 314, 349	PROCARE TENS & EMS 263
<i>pitavastatin calcium</i> 169	<i>prednisolone</i> 314, 349	PROCENTRA 187
PITOCIN 453	<i>prednisolone acetate</i> 314, 349	<i>prochlorperazine</i> 241, 331
PLASMA-LYTE 148 292	<i>prednisolone sodium</i> <i>phosphate</i> 314, 349	<i>prochlorperazine edisylate</i> 241, 331
PLASMA-LYTE A 292	<i>prednisone</i> 349	<i>prochlorperazine maleate</i> 241, 331
PLEGISOL 292	<i>prednisone intensol</i> 349	PROCRIT 123, 127
PLENAMINE 277	<i>pregabalin</i> 194, 218, 219	PROCTOFOAM HC 314, 349, 480, 490
<i>plerixafor</i> 127	<i>pregabalin er</i> 189, 218, 219	<i>procto-med hc</i> 314, 349, 490
PNEUMOVAX 23 97	PREMARIN 374, 426	PROCYSBI 449
POCKET SPACER 262	PREMASOL 277	PROFILNINE 132
<i>podofilox</i> 496, 504		
POLIVY 81		
POLOCAINE 416		

progesterone	390	pyrimethamine	32	REBINYN.....	132
PROGRAF.....	400, 444, 494	PYRIMETHAMINE-		REBLOZYL.....	123, 127
PROLASTIN-C.....	122, 468	LEUCOVORIN.....	18, 32, 421	REBYOTA.....	337, 449
PROLATE.....	189, 190, 227, 228, 237	PYROGALLIC ACID.....	454, 496, 504	RECARBRIO.....	38
PROLEUKIN.....	81, 440	PYRUKYND.....	124	RECLAST.....	426
PROLIA.....	400, 426	PYRUKYND TAPER PACK....	124	reclipsen	363, 374, 390
PROLIXUS.....	263	PYZCHIVA.....	407	RECOMBINATE.....	132
PROMACTA.....	127	QALSODY.....	185, 216, 423	RECOMBIVAX HB.....	97, 98
promethazine hcl		QBRELIS.....	145	RECOTHROM.....	132
18, 20, 21, 203, 204, 330, 335,		QBREXZA.....	108, 482, 504	RECOTHROM SPRAY KIT....	132
462		QINLOCK.....	81	regadenoson	266
promethazine-codeine		QNASL.....	315, 349, 460, 465	REGENECARE.....	480, 484, 504
.....	20, 21, 459	QNASL CHILDRENS		REGLAN.....	340
promethazine-dm	20, 21, 459	.....	314, 349, 460, 464	REGONOL.....	116
PROMETHEGAN		QUADRACEL.....	93, 97	REGRANEX.....	504
.....	20, 21, 204, 330, 335, 462	QUALAQUIN.....	32	RELENZA DISKHALER.....	53
propafenone hcl	159	quazepam	213	RELEXXII.....	244
propafenone hcl er	159	QUELICIN.....	112	REMERON.....	196, 250
proparacaine hcl	319	quetiapine fumarate	199, 207	REMERON SOLTAB.....	196, 250
propofol	204, 221, 224	quetiapine fumarate er	198, 207	REMESENSE.....	253
propofol-lipuro	204, 221, 224	QUICK TOUCH INSULIN PEN		REMICADE	
propranolol hcl		NEEDLE.....	263	.....	337, 403, 412, 433, 440, 504
.....	113, 148, 157, 161, 172, 201	QUICKVUE AT-HOME		remifentanil hcl	237
propranolol hcl er		COVID-19 TEST.....	268	REMODULIN.....	180, 466, 471
.....	113, 148, 157, 161, 172, 201	quinapril hcl	143, 145	RENACIDIN.....	280
propylthiouracil	354	quinapril-		RENFLEXIS	
PROQUAD.....	97	hydrochlorothiazide	145, 296	.....	338, 403, 412, 433, 440, 504
PROSCAR.....	418, 485	quinidine gluconate er	32, 158	repaglinide	380
PROSOL.....	278	quinidine sulfate	32, 158	REPATHA.....	174
PROSTIN VR.....	167, 180	quinine sulfate	32	REPATHA PUSHTRONEX	
protamine sulfate	16, 124, 421	QULIPTA.....	214	SYSTEM.....	174
PROTONIX.....	342	QVAR REDHALER.....	349, 460, 465	REPATHA SURECLICK.....	174
PROTOPAM CHLORIDE..	18, 421	RABAVERT.....	97	RESTASIS.....	307, 316, 401
protriptyline hcl	252	rabeprazole sodium	342	RESTASIS MULTIDOSE	
PROVAYBLUE.....	16, 421	RADIAPLEXRX.....	504	.....	307, 316, 401
PROVENGE.....	81, 182	RADICAVA.....	185, 216	RESTORA RX.....	329, 509
PROVERA.....	390	RADICAVA ORS.....	185, 216	RETACRIT.....	123, 127
prucalopride succinate	337	RADICAVA ORS STARTER		RETEVMO.....	81
pseudoephedrine-		KIT.....	185, 216	RETIN-A MICRO PUMP...	81, 485
bromphen-dm	20, 22, 103, 459	RADIOGARDASE.....	16, 282, 421	RETROVIR.....	48
PULMOSAL.....	464	RAGWITEK.....	89	REVATIO.....	175, 466, 471, 507
PULMOZYME.....	299, 464	raloxifene hcl	365, 426	REVCIVI.....	299
PURE COMFORT SAFETY		ramelteon	204, 222	REVLIMID.....	81, 440
PEN NEEDLE.....	263	ramipril	143, 145	revonto	111
PURE COMFORT SPACER		ranolazine er	154	REXTOVY.....	15, 239
CHAMBER.....	263	RAPIBLYK.....	148	REXULTI.....	207
PURIXAN.....	81, 405, 444	RAPIVAB.....	53	REYATAZ.....	49
PYLERA.....	30, 33, 62, 329, 332	RAPPORT RLS.....	263	REZIPRES.....	103, 456
pyrazinamide	35	RAPPORT VTD.....	263	REZVOGLAR KWIKPEN.....	379
pyridostigmine bromide	116	rasagiline mesylate	222, 223	REZZAYO.....	39
pyridostigmine bromide er ...	116	RASUVO.....	403, 433	R-GENE 10.....	270
pyridoxine hcl	509	RAYA SURE PEN NEEDLE...	263	RHOGAM ULTRA-FILTERED	
PYRIDOXINE HCL.....	509	RAYALDEE.....	510	PLUS.....	92

RHOPHYLAC.....	92	RUCONEST.....	427, 428	scopolamine	108, 330, 339
RHOPRESSA.....	323	rufinamide	194, 222	SECRETFO.....	270
RIABNI.....	81, 433	RUKOBIA.....	44	SELARSDI.....	407
RIASTAP.....	132	RUXIENCE.....	82	selegiline hcl	222, 223
ribavirin	55	RYALTRIS		selenium sulfide	482, 498
RIDAURA.....	342, 403, 433, 440	.....	21, 301, 315, 349, 460, 465	SELZENTRY.....	44
rifabutin	35, 60	RYANODEX.....	111	SENSORCAINE.....	417
RIFADIN.....	35, 60	RYBELSUS.....	378	SENSORCAINE/EPINEPHRIN	
rifampin	35, 60	RYBREVANT.....	82	E.....	103, 417
riluzole	185, 216	RYCLORA.....	20, 22	SENSORCAINE-MPF.....	417
rimantadine hcl	26	RYDAPT.....	82	SENSORCAINE-	
RIMSO-50.....	449	RYKINDO.....	199, 207	MPF/EPINEPHRINE.....	103, 417
ringers	293	RYLAZE.....	82, 299	SEREVENT DISKUS.....	119, 470
ringers irrigation	280	RYONCIL <12.5KG.....	182	SERNIVO.....	350, 490
RINVOQ.....	408, 433	RYONCIL.12.5KG.TO.<25KG.	182	SEROSTIM.....	382, 396
RINVOQ LQ.....	408	RYONCIL 25KG.TO.<37.5KG.	182	sertraline hcl	250
RIOMET.....	355	RYONCIL.37.5KG.TO.<50KG.	182	setlakin	363, 374, 390
risedronate sodium	426	RYONCIL 50KG.TO.<62.5KG.	182	sevelamer carbonate	
RISPERDAL CONSTA....	199, 207	RYONCIL.62.5KG.TO.<75KG.	182	.....	16, 282, 421
risperidone	199, 207	RYONCIL 75KG.TO.<87.5KG.	182	sevelamer hcl	16, 282, 421
risperidone microspheres er		RYONCIL 87.5KG.TO.<100KG	182	SEVENFACT.....	133
.....	199, 207	RYPLAZIM.....	122	SEYSARA.....	28
ritonavir	49	RYSTIGGO.....	409, 410, 440	SEZABY.....	208, 209
RITUXAN.....	82	RYTARY.....	218	SFROWASA.....	332
RITUXAN HYCELA.....	82	RYTELO.....	82	sharobel	363, 390
rivaroxaban	125	ryvent	19, 20, 463	SHINGRIX.....	98
rivastigmine	116	S.T. GENESIS NERVE		SIGNIFOR LAR.....	396
rivastigmine tartrate	116	STIMULATOR.....	263	SIKLOS.....	82
rivelsa	363, 374, 390	SAFETY PEN NEEDLES.....	263	sildenafil citrate	
RIVFLOZA.....	449	SALAGEN.....	116, 320	.....	175, 466, 471, 507
RIXUBIS.....	132	saline bacteriostatic	293	SILIQ.....	494, 504
rizatriptan benzoate	248	saline flush	293	silodosin	117
ROBAXIN.....	110	SALINE-PHENOL.....	294	silver sulfadiazine	482, 498
ROCALTROL.....	510	SANDIMMUNE		SIMBRINZA.....	301, 309
ROCKLATAN.....	323	.....	307, 401, 433, 440, 444, 445	simliya	363, 374, 390
ROCTAVIAN.....	132, 184	SANDOSTATIN LAR DEPOT		simpesse	363, 374, 390
rocuronium bromide	112	.....	338, 396	SIMPONI.338, 413, 434, 440, 441	
ROCURONIUM BROMIDE....	112	SANTYL.....	299, 485, 504	SIMPONI ARIA338, 413, 433, 440	
roflumilast	465, 495, 498	SAPHNELO.....	404, 445	SIMULECT.....	406, 445
ROLVEDON.....	127	sapropterin dihydrochloride		simvastatin	169
romidepsin	82	.....	297, 449	SINCALIDE.....	269
ropinirole hcl	225	SARCLISA.....	82	SINEMET.....	218
ropinirole hcl er	225	SAVAYSA.....	125	sirolimus	409, 445, 494
ROPIVACAINE HCL.....	416	SAVELLA.....	218, 248	SIRTURO.....	35
ropivacaine hcl	416	SAVELLA TITRATION PACK		SITAVIG.....	55, 481
ROPIVACAINE HCL-NACL		.....	218, 248	SIVEXTRO.....	57
.....	293, 416, 417	saxagliptin hcl	365	SKYCLARYS.....	449
rosuvastatin calcium	169	saxagliptin-metformin er		SKYLA.....	354, 363, 390
ROTARIX.....	98	.....	355, 365	SKYRIZI.....	338, 494, 504
ROTATEQ.....	98	SCSEMBLIX.....	82	SKYRIZI PEN.....	494, 504
ROWASA.....	332	SCENESSE....	343, 452, 504, 506	SKYSONA.....	184
roweepra	194	SCLEROSOL		SKYTROFA.....	382
ROZLYTREK.....	82	INTRAPLEURAL.....	140, 177	SLYND.....	354, 363, 390

SMOFLIPID.....	278	SPABUDDY SPORT ELITE....	263	subvenite starter kit-green	194, 199
sod benz-sod phenylacet	272	SPEEDY SWAB COVID-19		subvenite starter kit-orange	194, 199
sod citrate-citric acid	272	ANTIGEN.....	268	SUCCINYLC HOLINE	
sodium acetate	272	SPEVIGO.....	494, 504	CHLORIDE.....	112
sodium bicarbonate	272	SPIKEVAX.....	98	succinylcholine chloride	112
SODIUM BICARBONATE.....	272	spinosad	499	SUCRAID.....	300
sodium chloride	280, 294, 464	SPINRAZA.....	423	sucrafate	340
SODIUM CHLORIDE.....	294	SPIRIVA RESPIMAT.....	108, 457	sufentanil citrate	237
sodium chloride (pf)	294	spironolactone	139, 170, 176, 177, 283	SUFLAVE.....	334
sodium chloride		spironolactone-hctz	139, 170, 177, 283, 296	SULCONAZOLE NITRATE....	483
bacteriostatic	294	SPORANOX.....	37	sulfacetamide sodium	304
sodium chloride flush	294	SPORTS TENS 2.....	263	sulfacetamide sodium (acne)	478
SODIUM CITRATE.....	123	SPRAVATO (56 MG DOSE)	196, 223	sulfacetamide sodium-sulfur	478, 496, 497
SODIUM CITRATE LOCK		SPRAVATO (84 MG DOSE)	196, 223	sulfacetamide-prednisolone	304, 315
FLUSH.....	123	sprintec 28	363, 374, 390	sulfadiazine	61
SODIUM CITRATE-		SPRITAM.....	194	sulfamethoxazole-	
GENTAMICIN SULF.....	27, 124	SPRYCEL.....	82	trimethoprim	33, 34, 61, 63
SODIUM FLUORIDE F 18.....	271	SPS (SODIUM		SULFAMYLON.....	478, 498
SODIUM IODIDE I-131.....	355	POLYSTYRENE SULF)	16, 283, 422	sulfasalazine	61, 332, 403, 434, 441
sodium nitrite	18, 343	sronyx	363, 374, 390	sulfatrim pediatric	34, 61, 63
sodium nitroprusside	167	ssd	482, 498	sulfurated lime	499
SODIUM OXYBATE.....	216, 253, 423	STAMARIL.....	98	sulindac	230, 247
sodium phenylbutyrate	273	STELARA.....	338, 407, 504, 505	sumatriptan	248
sodium phosphates	294	STEQEYMA.....	407	sumatriptan succinate	249
sodium polystyrene		STERILE DILUENT FLOLAN		sumatriptan succinate refill	
sulfonate	16, 282, 421	PH 12.....	454	subcutaneous solution	
sodium saccharin	295	STERILE DILUENT FOR		cartridge	249
sodium thiosulfate ..	18, 343, 422	REMODULIN.....	454	sumatriptan-naproxen	
SOFDRA.....	482	STERILE TALC POWDER	140, 177	sodium	230, 247, 249
SOHONOS.....	449	STERILE TOPICAL L.E.T.		sunitinib malate	83
SOLESTA.....	449	GEL.....	327, 480	SUNLENCA.....	34, 44
solifenacin succinate	506	sterile water for injection	454	SUNOSI.....	253
SOLIQUA.....	378, 380	sterile water for irrigation	281	SUPARTZ FX.....	450
SOLIRIS.....	401, 427, 428	STERITALC.....	140, 177	SUPPRELIN LA.....	377
SOLOSEC.....	33	STIOLTO RESPIMAT....	108, 119	SUPREP BOWEL PREP KIT..	334
SOLTAMOX.....	82, 365	STIVARGA.....	82	SUREBIOTIC PROBIOTIC	
SOLU-CORTEF.....	315, 350, 490	STRENSIQ.....	300	SUPPORT.....	330
SOLU-MEDROL.....	350	streptomycin sulfate	27, 35	SURVANTA.....	467
SOLU-MEDROL (PF).....	350	STRIBILD.....	45, 48, 449	SUSTOL.....	329
SOMATULINE DEPOT.....	396	STRIVERDI RESPIMAT. 119,	470	SUSVIMO (IMPLANT 1ST	
SOMAVERT.....	397	STROMECTOL.....	29	FILL).....	318, 324
SOOLANTRA.....	499	SUBLOCADE.....	240	SUSVIMO (IMPLANT REFILL)	318, 324
sorafenib tosylate	82	subvenite	194, 199	SUTAB.....	334
SORBITOL.....	280	subvenite starter kit-blue	194, 199	syeda	363, 374, 390
sorbitol-mannitol	280	.....		SYFOVRE.....	318, 320, 401
sotalol hcl				SYLVANT.....	83
.....	113, 148, 157, 161, 162, 173				
sotalol hcl (af)					
.....	113, 148, 157, 161, 162, 172				
SOTYKTU.....	495, 504				
SOTYLIZE					
.....	113, 148, 157, 161, 162, 173				
SOVALDI.....	43				

SYMBICORT.....	119, 350	TECENTRIQ HYBREZA.....	83	<i>theophylline</i>	167, 244, 279, 473, 507
SYMBYAX.....	199, 207, 250, 330	TECHLITE LANCETS 26G.....	263	<i>theophylline er</i>	167, 244, 279, 473, 507
SYMDEKO.....	460, 461	TECVAYLI.....	83	<i>thiamine hcl</i>	509
SYMFI.....	47, 48	TEFLARO.....	25	THIOLA.....	450
SYMFI LO.....	47, 48	TEGLUTIK.....	185, 216	THIOLA EC.....	450
SYMLINPEN 120.....	351	TEKTURNA.....	176	<i>thioridazine hcl</i>	241
SYMLINPEN 60.....	351	TELFAM AMD ISLAND		<i>thiotepa</i>	84
SYMPAZAN.....	210, 213	DRESSING.....	263	<i>thiothixene</i>	251
SYMPROIC.....	328, 338	TELFAM AMD NON-		THROMBIN-JMI.....	133
SYMTUZA.....	48, 49, 450	ADHERENT.....	263	THROMBIN-JMI EPISTAXIS..	133
SYNAGIS.....	52	<i>telmisartan</i>	141, 142	THROMBOGEN.....	133
SYNALAR.....	315, 491	<i>telmisartan-amlodipine</i>	142, 165	THYMOGLOBULIN.....	410, 445
SYNAREL.....	377	<i>telmisartan-hctz</i>	143, 296	<i>thyroid</i>	398
SYNDROS.....	330, 338	<i>temazepam</i>	214	<i>tiadylt er</i>	150, 152, 153, 163, 180
SYNJARDY.....	355, 395	TEMBEXA.....	55	<i>tiagabine hcl</i>	194, 219
SYNJARDY XR.....	355, 395	TEMODAR.....	84	TIAZAC... ..	151, 152, 153, 163, 181
SYNOJOYNT.....	450	<i>temozolomide</i>	84	TIBSOVO.....	84
SYNVISC.....	450	<i>temsirolimus</i>	84	<i>ticagrelor</i>	137
SYNVISC ONE.....	450	TENCON.....	190, 209, 228	TICE BCG.....	84, 98
TABLOID.....	83	TENIVAC.....	93	TICOVAC.....	98
TABRECTA.....	83	<i>tenofovir disoproxil fumarate</i>	48	TIGAN.....	331
TACLONEX.....	485, 491, 505	TENORETIC 100....	149, 157, 297	<i>tigecycline</i>	42
<i>tacrolimus</i>	401, 445, 494, 505	TENORETIC 50....	149, 157, 297	TIGLUTIK.....	185, 216
<i>tadalafil</i>	175, 466	TENS WIRED PAIN		<i>tilia fe</i>	363, 374, 391
<i>tadalafil (pah)</i>	175, 466, 471	MANAGEMENT.....	263	<i>timolol hemihydrate</i>	113, 149, 161, 308
TAFINLAR.....	83	TEPADINA.....	84	<i>timolol maleate</i>	114, 149, 157, 161, 173, 201, 308
<i>tafluprost (pf)</i>	323	TEPEZZA.....	307, 318	<i>timolol maleate (once-daily)</i>	113, 149, 161, 308
TAGRISSE.....	83	<i>terazosin hcl</i> ..	114, 140, 141, 149	<i>timolol maleate ocudose</i>	114, 149, 161, 308
TAKHZYRO.....	138, 429, 445	<i>terbinafine hcl</i>	26	<i>timolol maleate pf</i>	114, 149, 161, 308
TALICIA.....	332	<i>terbutaline sulfate</i>	119, 470	.....	114, 149, 161, 308
TALTZ.....	407, 408, 505	<i>terconazole</i>	483	<i>tinidazole</i>	34
TALVEY.....	83	<i>teriflunomide</i>	399, 441	<i>tiopronin</i>	450
<i>tamoxifen citrate</i>	83, 366	<i>teriparatide</i>	380, 424	<i>tiotropium bromide</i>	
<i>tamsulosin hcl</i>	117	TERIPARATIDE.....	380, 424	<i>monohydrate</i>	108, 457
TAPERDEX 12-DAY.....	315, 350	TESTOPEL.....	352, 354	<i>tirofiban hcl in nacl</i>	137, 294
TAPERDEX 6-DAY.....	315, 350	TESTOSTERONE.....	352, 354	TISSEEL.....	485, 505
TAPERDEX 7-DAY.....	315, 350	<i>testosterone</i>	352, 354	TIS-U-SOL.....	281
<i>tarina 24 fe</i>	363, 374, 390	<i>testosterone cypionate</i>	352, 354	TIVDAK.....	84
<i>tarina fe 1/20 eq</i>	363, 374, 391	<i>testosterone enanthate</i>	352, 354	TIVICAY.....	45
TASIGNA.....	83	<i>tetrabenazine</i>	252	TIVICAY PD.....	45
<i>tasimelteon</i>	204, 222	<i>tetracaine hcl</i>	319, 417	<i>tizanidine hcl</i>	110
TASMAR.....	215	<i>tetracycline hcl</i> ..	32, 62, 333, 478	.....	137, 300
TAURINE.....	278	TETRACYCLINE HCL		TOBI PODHALER.....	27, 304
<i>tavaborole</i>	498	.....	32, 62, 333, 478	TOBRADEX.....	27, 304, 315
TAVALISSE.....	124	TEVIMBRA.....	84	TOBRADEX ST.....	27, 304, 315
<i>taysofy</i>	363, 374, 391	TEXACORT.....	315, 350, 491	<i>tobramycin</i>	27, 304
TAYTULLA.....	363, 374, 391	TEZRULY.....	114, 140	<i>tobramycin sulfate</i>	27, 304
<i>tazarotene</i>	497, 505	TEZSPIRE.....	463, 468		
<i>tazicef</i>	25	THALITONE.....	139, 178, 297		
TAZICEF.....	25, 278	THALOMID.....	84, 441		
TECARTUS.....	83, 184	THAM.....	272		
TECELRA.....	83, 184	THE LIQUILIFT TRACE.....	294		
TECENTRIQ.....	83	THEO-24.....	167, 244, 279, 472, 507		

tobramycin-dexamethasone	tretinoin	tri-vylibra lo
..... 27, 305, 315	85, 485, 486	364, 375, 391
TOBREX..... 28, 305	tretinoin microsphere	TRODELVY.....
TOFIDENCE..... 408, 434, 441	85, 485	85
TOLAK..... 84, 473, 505	tretinoin microsphere pump	TROGARZO.....
tolcapone.....	..... 85, 486	45
215	TRETTEN.....	tromethamine
tolmetin sodium	133	272
230	TREXALL.. 85, 404, 434, 441, 445	TROPHAMINE.....
tolterodine tartrate	TREZIX..... 190, 228, 238, 244	278
506	triamcinolone acetonide	trospium chloride
tolterodine tartrate er.....	..... 350, 351, 491	507
506	TRIAMCINOLONE	trospium chloride er
tolvaptan	TRIAMCINOLONE	506
297	ACETONIDE.....	TRUE COMFORT SAFETY
TOPICAL L.E.T..... 327, 480	351	PEN NEEDLE.....
TOPICORT..... 491	TRIAMCINOLONE	263
topiramate 194, 201	DIACETATE.....	TRULICITY.....
topiramate er 194, 201	351	378
topotecan hcl 84	triamcinolone in absorbase	TRUMENBA.....
toremifene citrate 84, 366	..... 351, 491	98
TORISEL..... 84	TRIAMCINOLONE-	TRUQAP.....
torpenz 84, 405	BUPIVACAINE.....	85
torsemide 138, 169, 281	351, 417	TRUXIMA.....
TOUJEO MAX SOLOSTAR... 380	TRI-AMINO.....	85
TOUJEO SOLOSTAR..... 380	278	TRYNGOLZA..... 146, 351, 423
tovet 491	triamterene 139, 176, 283	TRYVIO.....
TPN ELECTROLYTES..... 294	triamterene-hctz 283, 296	461
TPOXX..... 36	triazolam	TUKYSA.....
TRACLEER..... 181, 461, 471	214	85
TRADJENTA..... 365	TRICITRASOL.....	TURALIO.....
TRALEMENT..... 294	124	85
tramadol hcl 238	triderm	turqoz 364, 375, 391
tramadol hcl (er biphasic) ... 238	351, 491	TUXARIN ER..... 20, 22, 459
tramadol hcl er 238	trientine hcl	TWINRIX.....
tramadol-acetaminophen	343	98
..... 190, 228, 238	TRIESENCE.....	TWIRLA..... 364, 375, 391
trandolapril 143, 145	315	TWYNEO..... 486, 498
trandolapril-verapamil hcl er	tri-estarylla	TYBLUME..... 364, 375, 391
..... 145, 153	363, 374, 391	TYBOST.....
tranexamic acid 133	trifluoperazine hcl	450
tranexamic acid-nacl 133	242	TYENNE..... 408, 434, 441
tranylcypramine sulfate 223	trifluridine	TYGACIL.....
TRAVASOL..... 278	307	42
travoprost (bak free) 323	trihexyphenidyl hcl	TYMLOS..... 380, 424
TRAZIMERA..... 84	109, 190	TYPHIM VI.....
trazodone hcl 250	TRIJARDY XR..... 356, 365, 395	98
TREANDA..... 84	TRIKAFTA.....	TYRVAYA..... 99, 318
TRECTOR..... 35	461	TYSABRI.....
TRELEGY ELLIPTA	tri-legest fe	441
..... 109, 119, 315, 350, 460	363, 374, 391	TYVASO..... 181, 467, 471
TRELSTAR MIXJECT	tri-lynyah	TYVASO DPI INSTITUTIONAL
..... 85, 377, 378	363, 374, 391	KIT..... 181, 467, 471
TREMFYA..... 403, 404, 495, 505	TRILIPIX.....	TYVASO DPI MAINTENANCE
TREMFYA CROHNS	168	KIT..... 181, 467, 471
INDUCTION..... 403, 495	tri-lo-estarylla	TYVASO DPI TITRATION KIT
TREMFYA PEN..... 403, 495	363, 374, 391	..... 181, 467, 471
treprostinil 181, 466, 471	tri-lo-marzia	TYVASO REFILL KIT
	363, 375, 391	..... 181, 467, 472
	tri-lo-mili	TYVASO STARTER KIT
	363, 375, 391	..... 181, 467, 472
	tri-lo-sprintec	TZIELD.....
	363, 375, 391	352
	TRILURON.....	UBRELVY.....
	450	214
	trimethobenzamide hcl	UCERIS.....
	331	491
	trimethoprim	UDENYCA..... 127, 128
	63	UDENYCA ONBODY..... 127
	tri-mili	UDSX MEDICATED SYSTEM
	363, 375, 391	..... 169, 268, 281
	trimipramine maleate	UDSXMP MEDICATED
	252	SYSTEM..... 169, 268, 282
	TRINTELLIX.....	ULTIGUARD SAFEPACK
	250	SYR/NEEDLE.....
	TRIPTODUR.....	264
	378	ULTIVA.....
	TRISENOX.....	238
	85	
	TRISODIUM CITRATE/CRRT 294	
	tri-sprintec	
	363, 375, 391	
	TRIUMEQ.....	
	45, 48	
	TRIUMEQ PD.....	
	46, 48	
	TRIVISC.....	
	450	
	trivora (28)	
	364, 375, 391	
	tri-vylibra	
	364, 375, 391	

ULTOMIRIS.....	428, 429	VANCOMYCIN HCL IN NAACL	..... 42, 294	VERIFINE INSULIN PEN	
ULTRABAG/DIANEAL PD-		VANDAZOLE.....	26, 54, 478	NEEDLE.....	264
2/1.5% DEX.....	281	VANFLYTA.....	86	VERIFINE INSULIN SYRINGE	
ULTRABAG/DIANEAL PD-		VAQTA.....	98	.....	264
2/2.5% DEX.....	281	vardenafil hcl	175, 176	VERIFINE PLUS PEN	
ULTRABAG/DIANEAL PD-		varenicline tartrate	99, 109	NEEDLE.....	264
2/4.25%DEX.....	281	varenicline tartrate (starter)	..... 99, 109	VERIFINE SAFE LANCET	
ULTRABAG/DIANEAL/2.5%		varenicline tartrate(continue)	..... 99, 109	MINI 21G.....	264
DEXTROSE.....	281	VARITHENA.....	140, 177	VERIFINE SAFE LANCET	
ULTRABAG/DIANEAL/4.25%		VARIVAX.....	98	MINI 23G.....	264
DEX.....	281	VARIZIG.....	92	VERIFINE SAFE LANCET	
UNASYN.....	29	VARUBI (180 MG DOSE).....	340	MINI 28G.....	264
UNIFINE OTC PEN NEEDLES		VASCEPA.....	146, 174	VERIFINE SAFE LANCET	
.....	264	vasopressin	382	MINI 30G.....	264
UNIFINE PROTECT PEN		vasopressin +rfid	382	VERQUVO.....	157, 182
NEEDLE.....	264	VASOPRESSIN-SODIUM		VERSACLOZ.....	207
unithroid	399	CHLORIDE.....	295, 382	VERZENIO.....	86
UNITUXIN.....	85	VASOSTRICT.....	382	vestura	364, 375, 391
UPLIZNA.....	409, 441	VAXELIS.....	93, 99	VFEND.....	37
UPNEEQ.....	327	VAXNEUVANCE.....	99	VFEND IV.....	37
UPTRAVI.....	472	VAZCULEP.....	105, 322, 327	VIBATIV.....	42
UPTRAVI TITRATION.....	472	VECAMEYL.....	178	VIBERZI.....	330, 338
urea	138, 282, 323, 497	VECTIBIX.....	86	VIDAZA.....	86
ursodiol	334	VECURONIUM BROMIDE.....	112	vienna	364, 375, 391
ustekinumab-ttwe	408	vecuronium bromide	112	vigabatrin	194, 195, 220
UVADEX.....	499	VEGZELMA.....	86, 324	VIGAFYDE.....	220
UZEDY.....	207	VEKLURY.....	55	vigpoder	195, 220
VABOMERE.....	38	VELCADE.....	86	VIIBRYD.....	250
VABYSMO.....	324	VELETRI.....	181, 467, 472	VIJOICE.....	450
valacyclovir hcl	55	velivet	364, 375, 391	vilazodone hcl	250
VALCHLOR.....	473, 505	VELSIPITY.....	328, 441	VILTEPSO.....	424
valganciclovir hcl	55	VELTASSA.....	283	VIMIZIM.....	300
valproate sodium		VENCLEXTA.....	86	VIMPAT.....	195, 222
.....	194, 199, 202, 220	VENCLEXTA STARTING		vinblastine sulfate	86
valproic acid ..	194, 199, 202, 220	PACK.....	86	vincristine sulfate	86
valrubicin	85	VENELEX.....	505	vinorelbine tartrate	86
valsartan	141, 143	VENIPUNCTURE PX1		viorele	364, 375, 391
valsartan-		PHLEBOTOMY.....	268, 480	VIRACEPT.....	50
hydrochlorothiazide	143, 296	venlafaxine hcl	248	VIRAZOLE.....	55
VALSTAR.....	85	venlafaxine hcl er	248	VIREAD.....	48
VALTOCO 10 MG DOSE.....	210	VENOFER.....	136	VISCO-3.....	450
VALTOCO 15 MG DOSE.....	211	VENTAVIS.....	181, 467, 472	VISIONBLUE.....	270
VALTOCO 20 MG DOSE.....	211	VEOPOZ.....	428	VISTOGARD.....	18, 422
VALTOCO 5 MG DOSE.....	211	verapamil hcl		VISUDYNE.....	318, 320
valtya 1/50	364, 375, 391	.....	151, 152, 153, 154, 163, 181	vitamin d (ergocalciferol)	510
vancomycin hcl	42	verapamil hcl er		vitamin k1	15, 422, 510
VANCOMYCIN HCL IN		.....	151, 152, 153, 163, 181	VITRAKVI.....	86
DEXTROSE.....	41, 278	VEREGEN.....	497, 505	VIVAGUARD LANCETS 30G.	264
vancomycin hcl in dextrose		VERELAN.....	151, 152, 154, 163, 181	VIVAGUARD LANCING	
.....	41, 278			DEVICE.....	264
vancomycin hcl in nacl				VIVAGUARD SAFETY	
.....	41, 42, 294, 295			LANCETS 28G.....	264
				VIVIMUSTA.....	86

VIVITROL	468	XIIDRA.....	307, 316
..... 13, 16, 99, 239, 418, 422		XIPERE.....	316
VIZIMPRO.....	86	XOFIGO.....	454
volnea	364, 375, 392	XOFLUZA (40 MG DOSE)..	36, 40
VONJO.....	86	XOFLUZA (80 MG DOSE)..	36, 40
VONVENDI.....	133	XOLAIR.....	406, 468
VORANIGO.....	87	XOLREMDI.....	128
VORAXAZE.....	17, 300, 422	XOSPATA.....	87
voriconazole	37	XPOVIO (100 MG ONCE	
VORTEX VALVE CHAMBER-		WEEKLY).....	87
PEDI MASK.....	264	XPOVIO (40 MG ONCE	
VORTEX VALVED HOLDING		WEEKLY).....	87
CHAMBER.....	264	XPOVIO (40 MG TWICE	
VOSEVI.....	43, 44	WEEKLY).....	87
VOXZOGO.....	450	XPOVIO (60 MG ONCE	
VOYDEYA.....	428	WEEKLY).....	87
VPRIV.....	300	XPOVIO (60 MG TWICE	
VRAYLAR.....	207	WEEKLY).....	87
VTAMA.....	479, 485, 505	XPOVIO (80 MG ONCE	
VUEWAY.....	271	WEEKLY).....	87
VUMERITY.....	404, 441	XPOVIO (80 MG TWICE	
VUSION.....	482, 483, 492	WEEKLY).....	87
VYALEV.....	218	XTAMPZA ER.....	238
VYEPTI.....	214	XTANDI.....	87
vyfemla	364, 375, 392	xulane	364, 375, 392
VYJUVEK.....	133, 184, 505	XULTOPHY.....	378, 380
VYLEESI.....	216, 343	XURIDEN.....	18, 451
vylibra	364, 375, 392	XYLOCAINE.....	417
VYLOY.....	87	XYLOCAINE MPF +RFID.....	417
VYNDAMAX.....	154, 216, 451	XYLOCAINE/EPINEPHRINE	
VYNDAQEL.....	154, 451	.....	103, 417
VYONDYS 53.....	424	XYLOCAINE-MPF.....	417
VYVANSE.....	187	XYLOCAINE-MPF +RFID.....	417
VYVGART.....	410, 441	XYLOCAINE-	
VYVGART HYTRULO.....	410, 441	MPF/EPINEPHRINE.....	103, 417
VYXEOS.....	87	XYNTHA.....	133
WAINUA.....	424	XYNTHA SOLOFUSE.....	133
WAKIX.....	253	XYWAV.....	216
warfarin sodium	125	yargesa	298, 451
water for irrigation, sterile	281	YCANTH.....	481, 497
WELIREG.....	87	YERVOY.....	87
wera	364, 375, 392	YESCARTA.....	88, 185
wes-phos 250 neutral	295	YESINTEK.....	408
WEZLANA.....	408	YF-VAX.....	99
WIDE-SEAL DIAPHRAGM 60	452	YONDELIS.....	88
WIDE-SEAL DIAPHRAGM 65	452	YORVIPATH.....	380
WIDE-SEAL DIAPHRAGM 70	452	YUPELRI.....	109, 457
WIDE-SEAL DIAPHRAGM 75	452	yuvafem	375, 427
WIDE-SEAL DIAPHRAGM 80	452	zafemy	364, 376, 392
WIDE-SEAL DIAPHRAGM 85	452	zafirlukast	463
WIDE-SEAL DIAPHRAGM 90	452	zaleplon	204, 225
WIDE-SEAL DIAPHRAGM 95	452	ZALTRAP.....	88
WILATE.....	133	ZARONTIN.....	251
WINREVAIR.....	468		
WINRHO SDF.....	92		
wixela inhub ..	119, 316, 351, 460		
wymzya fe	364, 375, 392		
WYNZORA.....	485, 491, 505		
XACDURO.....	57		
XACIATO.....	51, 478		
XADAGO.....	223		
XALIX.....	497		
xarah fe	364, 375, 392		
XARELTO.....	125		
XARELTO STARTER PACK...	125		
XATMEP... 87, 404, 434, 441, 445			
XCOPRI.....	195, 222		
XELJANZ.....	408, 409, 434		
XELJANZ XR.....	409, 434		
XELPROS.....	323		
xelria fe	364, 375, 392		
XEMBIFY.....	92		
XENPOZYME.....	300		
XEOMIN.....	110, 121, 451		
XERAC AC.....	482		
XERAVA.....	41		
XERESE.....	55, 481, 491		
XERMELO.....	330		
XEROFORM OCCLUSIVE			
GAUZE PATCH.....	264, 492		
XEROFORM OIL EMULSION			
2"X2".....	265, 492		
XEROFORM OIL EMULSION			
GAUZE.....	265, 492		
XEROFORM OIL EMULSION			
STRIP.....	265, 492		
XEROFORM OIL ROLL 4"X9'			
.....	265, 492		
XEROFORM PETROLAT			
GAUZE 1"X8".....	265, 492		
XEROFORM PETROLAT			
GAUZE 5"X9".....	265, 492		
XEROFORM PETROLAT			
PATCH 2"X2".....	265, 492		
XEROFORM PETROLAT			
PATCH 4"X4".....	265, 492		
XEROFORM PETROLATUM			
DRES 4"X4".....	265, 492		
XEROFORM PETROLATUM			
DRES 5"X9".....	265, 492		
XEROFORM PETROLATUM			
ROLL 4"X9'.....	265, 492		
XGEVA.....	400, 427		
XIAFLEX.....	300, 485		
XIFAXAN.....	60		
XIGDUO XR.....	356, 395		

ZARXIO.....	128	ZORYVE.....	465, 495, 498, 506
ZAVZPRET.....	215	ZOSYN.....	41, 278
ZEGALOGUE.....	17, 376, 422	zovia 1/35 (28)	364, 376, 392
ZEJULA.....	88	ZTALMY.....	195, 220
ZELAPAR.....	223	ZUBSOLV.....	239, 240, 241
ZELBORAF.....	88	zumandimine	364, 376, 392
ZEMAIRA.....	122, 468	ZURZUVAE.....	196
ZEMDRI.....	28	ZYDELIG.....	88
ZEMPLAR.....	510	ZYFLO.....	463
zenatane	497, 505	ZYKADIA.....	88
ZENPEP.....	300, 334	ZYLET.....	305, 316
ZEPATIER.....	43, 44	ZYNLONTA.....	88
ZEPOSIA.....	441	ZYNRELEF.....	230, 247, 417
ZEPOSIA 7-DAY STARTER PACK.....	441	ZYNTEGLO.....	185
ZEPOSIA STARTER KIT.....	442	ZYNYZ.....	89
ZEPZELCA.....	88	ZYPREXA.....	200, 208, 331
ZERBAXA.....	25	ZYVOX.....	57, 58
ZEVALIN Y-90.....	88		
ZEWA DIGITAL TENS UNIT...265 UNIT.....	265		
ZIAGEN.....	49		
zidovudine	49		
ZIIHERA.....	88		
ZILBRYSQ.....	401, 428		
zileuton er	463		
ZILRETTA.....	351		
ZILXI.....	32, 63, 305, 478		
ZIMHI.....	15, 17, 239, 422		
zinc chloride	295		
zinc sulfate	295		
ZINPLAVA.....	92		
ziprasidone hcl	199, 208		
ziprasidone mesylate	199, 208		
ZIRABEV.....	88, 325		
ZIRGAN.....	55, 307		
ZITHROMAX.....	56, 57		
ZITHROMAX TRI-PAK.....	56, 57		
ZITHROMAX Z-PAK.....	56, 57		
ZOKINVY.....	298, 451		
ZOLADEX.....	88, 378		
zoledronic acid	427		
ZOLGENSMA.....	185		
ZOLINZA.....	88		
ZOLMITRIPTAN.....	249		
zolmitriptan	249		
zolpidem tartrate	204, 225		
zolpidem tartrate er	204, 225		
ZOMIG.....	249		
zonisamide	195, 222		
ZONTIVITY.....	137		
ZORTRESS.....	88, 405, 445		

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