

Traditional Open Drug List California Student Health Plans

Drug list — Four Tier Drug Plan

Your prescription benefit comes with a drug list, which is also called a formulary. This list is made up of brand-name and generic prescription drugs approved by the U.S. Food & Drug Administration (FDA). We're here to help. If you are a current Anthem member with questions about your pharmacy benefits, we're here to help. Just call us at the Member Services number on your ID card.

The product names to which this formulary applies are shown below.

California State University, East Bay Custom Medical Plan
California State University, Long Beach Custom Medical Plan
California State University, San Bernardino Custom Medical Plan
Los Angeles Community College District Custom Medical Plan
Otis College of Art and Design Custom Medical Plan
Pepperdine University Custom Medical Plan
Samuel Merritt University Custom Medical Plan
SCI-Arc Custom Medical Plan
SOKA University Custom Medical Plan
University of the Pacific Custom Medical Plan

Here are a few things to remember:

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 Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.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

Traditional Drug List - California Student Health Plans

Four-Tier

Table of Contents

INFORMATIONAL SECTION	7
*5-HT4 RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH	14
*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***	14
*ADENOSINE DEAMINASE SCID TREATMENT - AGENTS*** - DRUGS FOR METABOLIC DISEASE	14
*ADENOSINE RECEPTOR ANTAGONIST*** - DRUGS FOR THE NERVOUS SYSTEM	14
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS*** - DRUGS FOR THE HEART	14
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM	14
*AGENTS FOR FACIAL LIPOATROPHY*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT	17
*AGENTS FOR NARCOTIC WITHDRAWAL *** - DRUGS FOR ADDICTION	17
*AGENTS FOR OPIOID WITHDRAWAL *** - DRUGS FOR ADDICTION	18
*ALS AGENTS - MISCELLANEOUS*** - DRUGS FOR NERVES AND MUSCLES	18
AMEBICIDES - DRUGS FOR INFECTIONS	18
*AMINO ACIDS*** - DRUGS FOR THE BLOOD	18
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS	18
*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA*** - DRUGS FOR THE LIVER	18
*AMINOMETHYLCYCLINES*** - DRUGS FOR INFECTIONS	19
*ANALGESIC COMBINATIONS - TOPICAL *** - DRUGS FOR THE SKIN	19
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER	19
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER	24
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER	28
*ANDROGEN COMBINATIONS*** - HORMONES	36
ANDROGENS-ANABOLIC - HORMONES	36
ANORECTAL AGENTS - RECTAL PREPARATIONS	37
ANTACIDS - DRUGS FOR THE STOMACH	38
ANTHELMINTICS - DRUGS FOR INFECTIONS	38
ANTIANGINAL AGENTS - DRUGS FOR THE HEART	38
ANTIANKXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM	39
ANTIARRHYTHMICS - DRUGS FOR THE HEART	40
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS	41
*ANTICOAGULANTS - MISC.*** - DRUGS FOR THE BLOOD	45
ANTICOAGULANTS - DRUGS FOR THE BLOOD	46
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM	48
*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM	52
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM	52
ANTIDIABETICS - HORMONES	56
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH	63
ANTIDIARRHEALS - DRUGS FOR THE STOMACH	63
*ANTIDOTE COMBINATIONS*** - DRUGS FOR OVERDOSE OR POISONING	63
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING	63
ANTIDOTES - DRUGS FOR OVERDOSE OR POISONING	64
ANTIEMETICS - DRUGS FOR THE STOMACH	66
ANTIFUNGALS - DRUGS FOR INFECTIONS	68
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD	69
ANTIHISTAMINES - DRUGS FOR THE LUNGS	69
*ANTIHYPERLIPIDEMICS MISC. COMBINATIONS*** - DRUGS FOR THE HEART	71
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART	71
ANTIHYPERTENSIVES - DRUGS FOR THE HEART	74
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS	79
ANTIMALARIALS - DRUGS FOR INFECTIONS	82
ANTIMYASTHENIC AGENTS - DRUGS FOR NERVES AND MUSCLES	83
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES	84
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS	84
*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER	85
*ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS*** - DRUGS FOR CANCER	85
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** - DRUGS FOR CANCER	85
*ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS*** - DRUGS FOR CANCER	85
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS*** - DRUGS FOR CANCER	85
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER	86

*ANTINEOPLASTIC - XPO1 INHIBITORS*** - DRUGS FOR CANCER.....	86
*ANTINEOPLASTIC OR PREMALIGNANT LESION AGENT - COMB*** - DRUGS FOR THE SKIN	86
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER.....	86
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS*** - DRUGS FOR EATING DISORDERS	100
*ANTI-OBESITY AGENT COMBINATIONS** - DRUGS FOR EATING DISORDERS	100
ANTIPARKINSON AGENTS - DRUGS FOR THE NERVOUS SYSTEM.....	100
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM.....	103
*ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR*** - DRUGS FOR INFECTIONS	106
*ANTIRETROVIRALS ADJUVANTS*** - DRUGS THAT ALTER METABOLISM	106
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** - HORMONES.....	106
ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS	106
ANTIVIRALS - DRUGS FOR INFECTIONS.....	107
*ANTI-VON WILLEBRAND FACTOR AGENTS*** - DRUGS FOR THE BLOOD	113
ASSORTED CLASSES - VITAMINS AND MINERALS	113
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE LUNGS	118
*BACTERIAL MONOCLONAL ANTIBODIES*** - BIOLOGICAL AGENTS	118
*BETA BLOCKER & ANGIOTENSIN II RECEPTOR ANTAGONIST COMB*** - DRUGS FOR THE HEART	118
BETA BLOCKERS - DRUGS FOR THE HEART	118
*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH.....	120
BIOLOGICALS MISC - BIOLOGICAL AGENTS	120
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM	125
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** - DRUGS FOR THE NERVOUS SYSTEM	125
*CALCIUM CHANNEL BLOCKER-NSAID COMBINATIONS*** - DRUGS FOR THE HEART	125
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART	126
CARDIOTONICS - DRUGS FOR THE HEART	129
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART	129
*CEPHALOSPORIN COMBINATIONS*** - DRUGS FOR INFECTIONS	131
*CEPHALOSPORINS - SIDEROPHORES*** - DRUGS FOR INFECTIONS	131
CEPHALOSPORINS - DRUGS FOR INFECTIONS.....	131
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE NERVOUS SYSTEM...	133
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR THE STOMACH	134
CONTRACEPTIVES - DRUGS FOR WOMEN	134
CORTICOSTEROIDS - HORMONES.....	141
*CORTISOL SYNTHESIS INHIBITORS*** - HORMONES	145
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS.....	145
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER	147
*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR THE LUNGS.....	148
DERMATOLOGICALS - DRUGS FOR THE SKIN	148
DIAGNOSTIC PRODUCTS	172
DIGESTIVE AIDS - DRUGS FOR THE STOMACH.....	178
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD	178
DIURETICS - DRUGS FOR THE HEART	178
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** - DRUGS FOR THE NERVOUS SYSTEM.....	180
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES.....	180
*ERYTHROID MATURATION AGENTS*** - DRUGS FOR THE BLOOD	187
*ESTROGEN COMBINATIONS*** - HORMONES	187
*ESTROGEN-ANDROGEN-PROGESTIN*** - HORMONES.....	187
ESTROGENS - HORMONES.....	187
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - HORMONES	189
*FARNESOID X RECEPTOR (FXR) AGONISTS*** - DRUGS FOR THE LIVER.....	189
*FENTANYL COMBINATIONS*** - DRUGS FOR PAIN AND FEVER	189
*FLUOROCYCLINES*** - DRUGS FOR INFECTIONS.....	189
FLUOROQUINOLONES - DRUGS FOR INFECTIONS.....	189
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID*** - DRUGS FOR THE NERVOUS SYSTEM.....	190
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH.....	190
GENERAL ANESTHETICS - DRUGS FOR PAIN AND FEVER	193
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM.....	193
*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS.....	195
GOUT AGENTS - DRUGS FOR PAIN AND FEVER.....	196
*GROWTH HORMONE RELEASING HORMONES (GHRH) COMBINATIONS***	196
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD	197
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION.....	201

*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS*** - DRUGS FOR THE BLOOD	206
HEMOSTATICS - DRUGS FOR THE BLOOD	206
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS	208
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS THAT ALTER METABOLISM	208
*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM	208
*HYDROMORPHONE COMBINATIONS*** - DRUGS FOR PAIN AND FEVER	209
HYPNOTICS - DRUGS FOR THE NERVOUS SYSTEM	209
*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR METABOLIC DISEASE	210
*IBS AGENT - 5-HT4 RECEPTOR PARTIAL AGONISTS*** - DRUGS FOR THE STOMACH	211
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH	211
*IMPOTENCE AGENT COMBINATIONS*** - DRUGS FOR THE URINARY SYSTEM	211
*IMPOTENCE AGENTS - OTHER***	211
*IN VITRO/LOCK ANTICOAGULANTS*** - DRUGS FOR THE BLOOD	211
*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - HORMONES	211
*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)*** - HORMONES	212
*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH	212
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR THE STOMACH	212
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR THE LUNGS	212
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)*** - DRUGS FOR THE LUNGS	212
*INTERLEUKIN-6 (IL-6) ANTAGONISTS*** - DRUGS FOR CANCER	212
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER	212
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER	213
LAXATIVES - DRUGS FOR THE STOMACH	213
*LEPTIN ANALOGUES*** - HORMONES	216
*LHRH/GNRH AGONIST ANALOG COMBINATIONS*** - HORMONES	217
LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR PAIN AND FEVER	217
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - DRUGS FOR THE EYE	219
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS*** - DRUGS FOR METABOLIC DISEASE	219
MACROLIDES - DRUGS FOR INFECTIONS	220
MEDICAL DEVICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT	221
*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)*** - DRUGS FOR THE SKIN	244
*MELANOCORTIN RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM	244
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM	244
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION	246
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS	250
*MIXED ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS	250
*MONOBACTAMS*** - DRUGS FOR INFECTIONS	251
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT	251
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS*** - DRUGS FOR METABOLIC DISEASE	253
*MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS*** - DRUGS FOR METABOLIC DISEASE	253
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR THE NERVOUS SYSTEM	253
*MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID*** - VITAMINS AND MINERALS	253
*MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID*** - DRUGS FOR NUTRITION	253
*MULTIPLE VITAMINS WITH FOLIC ACID*** - DRUGS FOR NUTRITION	254
MULTIVITAMINS - DRUGS FOR NUTRITION	254
*MUSCULAR DYSTROPHY AGENTS*** - DRUGS FOR NERVES AND MUSCLES	269
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES	269
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE	272
*NASAL ANESTHETICS*** - DRUGS FOR THE NOSE	272
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR THE HEART	273
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR THE HEART	273
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES	273
*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM	274
*NSAID COMBINATIONS*** - DRUGS FOR PAIN AND FEVER	274
*NSAID-DIETARY MANAGEMENT COMBINATIONS*** - DRUGS FOR PAIN AND FEVER	274
*NSAID-VITAMINS AND/OR MINERALS COMBINATIONS*** - DRUGS FOR PAIN AND FEVER	274
NUTRIENTS - DRUGS FOR NUTRITION	274
*ONCOLYTIC VIRAL AGENTS - HSV1*** - BIOLOGICAL AGENTS	277
OPHTHALMIC AGENTS - DRUGS FOR THE EYE	277
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** - DRUGS FOR THE EYE	284
*OPHTHALMIC NERVE GROWTH FACTORS*** - DRUGS FOR THE EYE	284
*OPHTHALMIC PHOTOENHANCER COMBINATIONS*** - DRUGS FOR THE EYE	284
*OPHTHALMIC RHO KINASE INHIBITORS*** - DRUGS FOR THE EYE	285

*OPIOID ANTAGONIST COMBINATIONS*** - DRUGS FOR PAIN AND FEVER.....	285
*OREXIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM.....	285
OTIC AGENTS - DRUGS FOR THE EAR.....	285
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL *** - DRUGS FOR THE SKIN	286
OXYTOCICS - HORMONES.....	286
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR INFECTIONS.....	286
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS	287
PASSIVE IMMUNIZING AGENTS - BIOLOGICAL AGENTS.....	287
*PCSK9 INHIBITORS*** - DRUGS FOR THE HEART	288
*PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE*** - DRUGS FOR NUTRITION	289
PENICILLINS - DRUGS FOR INFECTIONS.....	289
*PERITONEAL DIALYSIS SOLUTIONS*** - DRUGS FOR THE KIDNEYS.....	290
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER.....	291
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL *** - DRUGS FOR THE SKIN	292
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR PAIN AND FEVER.....	292
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE HEART	292
*PLEUROMUTILINS*** - DRUGS FOR INFECTIONS.....	292
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER.....	292
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER.....	293
*POSTHERPETIC NEURALGIA (PHN) COMBINATION AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM.....	293
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM..	293
*POSTHERPETIC NEURALGIA(PHN)/NEUROPATHIC PAIN COMB AGENTS*** - DRUGS FOR THE NERVOUS	
SYSTEM.....	293
*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION	293
*PRENATAL MV & MINERALS W/FA WITHOUT IRON*** - DRUGS FOR NUTRITION	294
PROGESTINS - HORMONES.....	294
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** - DRUGS FOR THE BLOOD.....	294
*PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS*** - DRUGS FOR NUTRITION	295
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM.....	295
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR CANCER.....	301
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS.....	301
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR THE HEART	301
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS.....	301
*SCAR TREATMENT PRODUCTS - COMBINATIONS*** - DRUGS FOR THE SKIN	302
*SCLEROSTIN INHIBITORS*** - HORMONES.....	302
*SEBORRHEIC KERATOSIS PRODUCTS** - DRUGS FOR THE SKIN	302
*SELECTIN BLOCKERS*** - DRUGS FOR THE BLOOD	302
*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)*** - DRUGS FOR THE NERVOUS SYSTEM.....	302
*SEPTAL AGENTS - ABLATION** - DRUGS FOR THE HEART	302
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM	302
*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM.....	303
*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB*** - HORMONES	303
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - HORMONES	303
*SINUS NODE INHIBITORS** - DRUGS FOR THE HEART	303
*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS*** - HORMONES	303
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES	303
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** - DRUGS FOR THE BLOOD	304
*STEROIDS - MOUTH/THROAT/DENTAL *** - DRUGS FOR THE MOUTH AND THROAT	304
SULFONAMIDES - DRUGS FOR INFECTIONS.....	304
TETRACYCLINES - DRUGS FOR INFECTIONS.....	304
*TETRAHYDROISOQUINOLINES*** - DRUGS FOR CANCER.....	305
THYROID AGENTS - HORMONES.....	305
TOXOIDS - BIOLOGICAL AGENTS.....	306
*TRANSTHYRETIN STABILIZERS*** - HORMONES.....	307
*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR THE STOMACH.....	307
ULCER DRUGS - DRUGS FOR THE STOMACH.....	307
URINARY ANTI-INFECTIVES - DRUGS FOR THE URINARY SYSTEM.....	310
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM	311
VACCINES - BIOLOGICAL AGENTS.....	313
VAGINAL PRODUCTS - DRUGS FOR WOMEN.....	315
VASOPRESSORS - DRUGS FOR THE HEART	317
*VESICoureteral REFLUX (VUR) AGENT COMBINATIONS*** - MEDICAL SUPPLIES AND DURABLE	
MEDICAL EQUIPMENT	318

***VITAMINS* - DRUGS FOR NUTRITION 318**
X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS - HORMONES 319**

Traditional Open Drug List / California Student Health Plan – Informational Section

Definitions

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

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

“Coinsurance” means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

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

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

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

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

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

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

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

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

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

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

“Non-formulary drug” means a prescription drug that is not listed on this formulary.

“Oral Chemotherapy (OC)” Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars (\$200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.

“Out-of-pocket costs” means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

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

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

"Prescription drug" means a drug that by law requires a prescription.

"Prior Authorization (PA)" means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

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

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

"Step therapy (ST)" means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

Frequently Asked Questions

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

This is a complete listing of all drugs approved through the Pharmacy & Therapeutics (P&T) process to be on the drug list. If your drug is not on the list, your doctor can request a coverage review. Current members can find out more by reading your Certificate/Evidence of Coverage or your Summary Plan Description, which you received when you signed up for your plan.

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

How can I find a drug on the list?

(A) A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the **BRAND** name or *generic* name of the drug in the alphabetical index; and

(B) If a generic equivalent for a **BRAND** name drug is not available on the market or is not covered, the drug will not be separately listed by its *generic* name.

You can search the PDF drug list by:

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

How are drugs shown on the list?

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

ANALGESIC OPIOID AGONISTS - ARTHRITIS AND PAIN DRUGS

ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl*)

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

codeine sulfate oral tablet 15 mg, 30 mg

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

levonorgestrel-ethinyl estrad (Portia Oral Tablet 0.15-0.03 Mg)

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

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

What are my options for getting my prescriptions?

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

Current Anthem members can find out more by logging in at anthem.com/ca and choose Prescription Benefits or call 866-297-1013. For more details about your coverage, you can call the phone number on your member ID card.

What if my drug isn't on the list?

We understand that only you and your doctor know what is best for you. You can also talk to your doctor or pharmacist to see if there's another drug on the drug list that will work just as well, or if generic or OTC drugs are an option. Only you and your doctor can decide what drugs are right for you.

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

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

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

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

Note: If your request is not approved and you want to take a drug that's not on the drug list, you will have to pay the full cost for it.

Who decides what drugs are on the list?

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

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

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

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

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

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

What kind of drugs can I find on the formulary?

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

We cover FDA-approved equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes and gestational diabetes as medically necessary. Medication encompasses insulin, insulin pumps, and oral hypoglycemic agents. Covered supplies and equipment are limited to glucose monitors, test strips, syringes and lancets.

Covered benefits also include outpatient self-management and educational services used to treat diabetes if services are provided through a program authorized by the State's Diabetes Control Project within the Bureau of Health.

What drugs can I find in each tier?

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

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

How will I know how much my drug will cost?

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

Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars (\$200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.

How does Anthem promote safety?

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

Our clinical edit programs are:

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

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

How does my doctor start the Prior Authorization process?

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

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

What is Step Therapy? How does it work?

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

A few more notes about the exception process:

- If we fail to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved and we may not deny any subsequent requests for this medication.
- Don't worry, if you've changed policies, we won't ask you to repeat an approved step therapy request that is already being used to treat a medical condition provided that the drug is still appropriately prescribed and is considered safe and effective.

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

Certain drug(s) may not be on the drug list based on your plan's benefit design. Refer to your Certificate/Evidence of Coverage or your Summary Plan Description for more details.

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

KEY

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

Brand name drugs are in UPPER CASE, bold type.

Generic drugs are in lower case, plain type.

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

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

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

OC = oral chemotherapy. These drugs after deductible shall not exceed \$200 per an individual prescription for up to a 30 day supply.

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

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

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

ST = step therapy. You must use a recommended drug first before another prescribed drug will be covered.

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

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

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

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

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

Tier 4 = drugs have the highest cost share and usually include specialty brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition.

Four-Tier

CURRENT AS OF 7/1/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*5-HT4 RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
*5-HT4 RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
MOTEGRITY ORAL TABLET (<i>prucalopride succinate</i>)	3	ST
*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***		
*ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB***		
NEXLIZET ORAL TABLET (<i>bempedoic acid-ezetimibe</i>)	3	PA; QL (1 tablet per 1 day)
*ADENOSINE DEAMINASE SCID TREATMENT - AGENTS*** - DRUGS FOR METABOLIC DISEASE		
*ADENOSINE DEAMINASE SCID TREATMENT - AGENTS*** - DRUGS FOR METABOLIC DISEASE		
REVCIVI INTRAMUSCULAR SOLUTION (<i>elapegadomase-lvlr</i>)	4	PA; LD
*ADENOSINE RECEPTOR ANTAGONIST*** - DRUGS FOR THE NERVOUS SYSTEM		
*ADENOSINE RECEPTOR ANTAGONIST*** - DRUGS FOR THE NERVOUS SYSTEM		
NOURIANZ ORAL TABLET (<i>istradefylline</i>)	4	PA; LD; QL (1 tablet per 1 day)
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS*** - DRUGS FOR THE HEART		
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS*** - DRUGS FOR THE HEART		
NEXLETOL ORAL TABLET (<i>bempedoic acid</i>)	3	PA; QL (1 tablet per 1 day)
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1 or 1b*	PA
<i>guanfacine hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>guanfacine hcl</i>)	3	PA
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>clonidine hcl</i>)	3	PA
*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>atomoxetine hcl oral capsule</i>	1 or 1b*	PA
STRATTERA ORAL CAPSULE (<i>atomoxetine hcl</i>)	3	PA

BRAND=Brand drug *generic*=generic drug *Your plan may include Tiers 1a/1b. Refer to your pharmacy benefit summary for more information **Tier 1 or 1a***=Drugs with the lowest cost share **Tier 1 or 1b***=drugs with a low cost share **Tier 2**=Drugs with a higher cost share than Tier 1 **Tier 3**=Drugs with a higher cost share than Tier 2 **Tier 4**=Drugs with the highest cost share and usually include specialty brand and generic drugs **\$0**=Preventive Drug **DO**=Dose Optimization **LD**=Limited Distribution **OC**=Oral Chemotherapy **PA**=Prior Authorization **QL**=Quantity Limit **SP**=Specialty Pharmacy **ST**=Step Therapy

Effective 07/01/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*AMPHETAMINE MIXTURES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
ADDERALL ORAL TABLET (<i>amphetamine-dextroamphetamine</i>)	3	PA
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>amphetamine-dextroamphetamine</i>)	1 or 1b*	PA
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour</i>	1 or 1b*	PA
<i>amphetamine-dextroamphetamine oral tablet</i>	1 or 1b*	PA
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>amphetamine-dextroamphetamine</i>)	3	PA
*AMPHETAMINES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
ADZENYS ER ORAL SUSPENSION EXTENDED RELEASE (<i>amphetamine</i>)	3	PA
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE (<i>amphetamine</i>)	3	PA
<i>amphetamine er oral suspension extended release</i>	1 or 1b*	
<i>amphetamine sulfate oral tablet</i>	1 or 1b*	
DESOXYN ORAL TABLET (<i>methamphetamine hcl</i>)	3	PA
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>dextroamphetamine sulfate</i>)	3	PA
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	1 or 1b*	PA
<i>dextroamphetamine sulfate oral solution</i>	1 or 1b*	PA
<i>dextroamphetamine sulfate oral tablet</i>	1 or 1b*	PA
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE (<i>amphetamine</i>)	3	PA
EVEKEO ODT ORAL TABLET DISPERSIBLE (<i>amphetamine sulfate</i>)	3	PA
EVEKEO ORAL TABLET (<i>amphetamine sulfate</i>)	3	PA
<i>methamphetamine hcl oral tablet</i>	1 or 1b*	PA
<i>dextroamphetamine sulfate</i> (Procentra Oral Solution)	1 or 1b*	PA
VYVANSE ORAL CAPSULE (<i>lisdexamfetamine dimesylate</i>)	2	PA
VYVANSE ORAL TABLET CHEWABLE (<i>lisdexamfetamine dimesylate</i>)	2	PA
<i>zenzedi oral tablet</i>	1 or 1b*	PA
*ANALEPTICS*** - DRUGS FOR THE NERVOUS SYSTEM		
CAFCIT INTRAVENOUS SOLUTION (<i>caffeine citrate</i>)	3	
<i>caffeine citrate intravenous solution</i>	1 or 1b*	
<i>caffeine citrate oral solution</i>	1 or 1b*	
DOPRAM INTRAVENOUS SOLUTION (<i>doxapram hcl</i>)	3	
*ANOREXIANT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM		
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>phentermine-topiramate</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANOREXIANTS NON-AMPHETAMINE*** - DRUGS FOR THE NERVOUS SYSTEM		
ADIPEX-P ORAL CAPSULE (<i>phentermine hcl</i>)	3	PA
ADIPEX-P ORAL TABLET (<i>phentermine hcl</i>)	3	PA
<i>benzphetamine hcl oral tablet 25 mg</i>	1 or 1b*	
<i>benzphetamine hcl oral tablet 50 mg</i>	1 or 1b*	PA
<i>diethylpropion hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA
<i>diethylpropion hcl oral tablet</i>	1 or 1b*	PA
LOMAIRA ORAL TABLET (<i>phentermine hcl</i>)	3	PA
<i>phendimetrazine tartrate er oral capsule extended release 24 hour</i>	1 or 1b*	PA
<i>phendimetrazine tartrate oral tablet</i>	1 or 1b*	PA
<i>phentermine hcl oral capsule</i>	1 or 1b*	PA
<i>phentermine hcl oral tablet</i>	1 or 1b*	PA
REGIMEX ORAL TABLET (<i>benzphetamine hcl</i>)	3	
*LIPASE INHIBITORS*** - DRUGS FOR THE NERVOUS SYSTEM		
XENICAL ORAL CAPSULE (<i>orlistat</i>)	3	PA
*SEROTONIN 2C RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
BELVIQ ORAL TABLET (<i>lorcaserin hcl</i>)	3	PA
BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>lorcaserin hcl</i>)	3	PA
*STIMULANTS - MISC.*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>methylphenidate hcl</i>)	3	PA
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>methylphenidate hcl</i>)	3	PA
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE (<i>methylphenidate hcl</i>)	3	PA
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE (<i>methylphenidate</i>)	3	PA
DAYTRANA TRANSDERMAL PATCH (<i>methylphenidate</i>)	3	PA; QL (1 patch per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	1 or 1b*	PA
<i>dexmethylphenidate hcl oral tablet</i>	1 or 1b*	PA
FOCALIN ORAL TABLET (<i>dexmethylphenidate hcl</i>)	3	PA
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>dexmethylphenidate hcl</i>)	3	PA
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>methylphenidate hcl</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release)	1 or 1b*	PA
METHYLIN ORAL SOLUTION (<i>methylphenidate hcl</i>)	3	PA
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	1 or 1b*	PA
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	1 or 1b*	PA
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour</i>	1 or 1b*	PA
<i>methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg</i>	1 or 1b*	PA
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA
METHYLPHENIDATE HCL ER ORAL TABLET EXTENDED RELEASE 72 MG	3	PA
<i>methylphenidate hcl oral solution</i>	1 or 1b*	PA
<i>methylphenidate hcl oral tablet</i>	1 or 1b*	PA
<i>methylphenidate hcl oral tablet chewable</i>	1 or 1b*	PA
<i>modafinil oral tablet 100 mg</i>	1 or 1b*	PA; DO
<i>modafinil oral tablet 200 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (<i>armodafinil</i>)	3	PA; QL (1 tablet per 1 day)
NUVIGIL ORAL TABLET 50 MG (<i>armodafinil</i>)	3	PA; QL (2 tablets per 1 day)
PROVIGIL ORAL TABLET 100 MG (<i>modafinil</i>)	3	PA; DO
PROVIGIL ORAL TABLET 200 MG (<i>modafinil</i>)	3	PA; QL (1 tablet per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE (<i>methylphenidate hcl</i>)	3	PA
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER (<i>methylphenidate hcl</i>)	3	
RELEXXII ORAL TABLET EXTENDED RELEASE (<i>methylphenidate hcl</i>)	3	PA
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>methylphenidate hcl</i>)	3	PA
RITALIN ORAL TABLET (<i>methylphenidate hcl</i>)	3	PA
*AGENTS FOR FACIAL LIPOATROPHY*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
*AGENTS FOR FACIAL LIPOATROPHY*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
SCULPTRA INJECTION SUSPENSION RECONSTITUTED (<i>poly-l-lactic acid</i>)	3	
*AGENTS FOR NARCOTIC WITHDRAWAL*** - DRUGS FOR ADDICTION		
*AGENTS FOR NARCOTIC WITHDRAWAL*** - DRUGS FOR ADDICTION		
LUCEMYRA ORAL TABLET (<i>lofexidine hcl</i>)	3	QL (16 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*AGENTS FOR OPIOID WITHDRAWAL*** - DRUGS FOR ADDICTION		
*AGENTS FOR OPIOID WITHDRAWAL*** - DRUGS FOR ADDICTION		
LUCEMYRA ORAL TABLET (<i>lofexidine hcl</i>)	3	QL (16 tablets per 1 day)
*ALS AGENTS - MISCELLANEOUS*** - DRUGS FOR NERVES AND MUSCLES		
*ALS AGENTS - MISCELLANEOUS*** - DRUGS FOR NERVES AND MUSCLES		
RADICAVA INTRAVENOUS SOLUTION (<i>edaravone</i>)	4	PA; LD
AMEBICIDES - DRUGS FOR INFECTIONS		
*AMEBICIDES*** - DRUGS FOR PARASITES		
SOLOSEC ORAL PACKET (<i>secnidazole</i>)	3	ST; QL (2 grams per 1 fill)
*AMINO ACIDS*** - DRUGS FOR THE BLOOD		
*AMINO ACIDS*** - DRUGS FOR THE BLOOD		
ENDARI ORAL PACKET (<i>glutamine (sickle cell)</i>)	4	PA; LD
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
*AMINOGLYCOSIDES*** - ANTIBIOTICS		
<i>amikacin sulfate injection solution</i>	1 or 1b*	
ARIKAYCE INHALATION SUSPENSION (<i>amikacin sulfate liposome</i>)	4	PA; LD; QL (1 kit per 28 days)
BETHKIS INHALATION NEBULIZATION SOLUTION (<i>tobramycin</i>)	4	LD; SP
<i>gentamicin in saline intravenous solution</i>	1 or 1b*	
<i>gentamicin sulfate injection solution</i>	1 or 1b*	
KITABIS PAK INHALATION NEBULIZATION SOLUTION (<i>tobramycin</i>)	4	LD; SP
<i>neomycin sulfate oral tablet</i>	1 or 1a*	
<i>paromomycin sulfate oral capsule</i>	1 or 1b*	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	1 or 1b*	
TOBI INHALATION NEBULIZATION SOLUTION (<i>tobramycin</i>)	4	LD; SP
TOBI PODHALER INHALATION CAPSULE (<i>tobramycin</i>)	4	LD; SP
<i>tobramycin inhalation nebulization solution</i>	1 or 1b*	
<i>tobramycin sulfate injection solution</i>	1 or 1b*	
<i>tobramycin sulfate injection solution reconstituted</i>	1 or 1b*	
ZEMDRI INTRAVENOUS SOLUTION (<i>plazomicin sulfate</i>)	3	
*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA*** - DRUGS FOR THE LIVER		
*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA*** - DRUGS FOR THE LIVER		
GIVLAARI SUBCUTANEOUS SOLUTION (<i>givosiran sodium</i>)	4	PA; LD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*AMINOMETHYLCYCLINES*** - DRUGS FOR INFECTIONS		
*AMINOMETHYLCYCLINES*** - DRUGS FOR INFECTIONS		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED (omadacycline tosylate)	3	LD
NUZYRA ORAL TABLET (omadacycline tosylate)	3	PA; LD; QL (30 tablets per 30 days)
*ANALGESIC COMBINATIONS - TOPICAL*** - DRUGS FOR THE SKIN		
*ANALGESIC COMBINATIONS - TOPICAL*** - DRUGS FOR THE SKIN		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM (amantad-amitrip-gabap-cycloben)	2	
ACTIVE-PREP KIT IV EXTERNAL CREAM	2	
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
OLUMIANT ORAL TABLET 1 MG (baricitinib)	4	PA; LD; QL (1 tablet per 1 day)
OLUMIANT ORAL TABLET 2 MG (baricitinib)	4	PA; LD; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR (upadacitinib)	4	PA; QL (1 tablet per 1 day)
XELJANZ ORAL TABLET (tofacitinib citrate)	4	PA; SP; QL (2 tablets per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (tofacitinib citrate)	4	PA; SP; QL (1 tablet per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (tofacitinib citrate)	4	PA; QL (1 tablet per 1 day)
*ANTIRHEUMATIC ANTIMETABOLITES*** - ARTHRITIS AND PAIN DRUGS		
METHOTREXATE (ANTI-RHEUMATIC) ORAL TABLET	2; OC	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR (methotrexate (anti-rheumatic))	4	PA; SP; QL (4 auto-injector per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (methotrexate (anti-rheumatic))	4	PA; SP; QL (4 auto-injector per 28 days)
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (adalimumab)	2	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (adalimumab)	2	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (adalimumab)	2	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	2	PA; SP; QL (2 pens per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	2	PA; SP; QL (2 syringes per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab</i>)	2	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (<i>golimumab</i>)	2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>golimumab</i>)	2	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>golimumab</i>)	2	PA; SP; QL (1 syringe per 28 days)
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	2	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab</i>)	2	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	2	PA; SP; QL (2 syringes per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab</i>)	2	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (<i>golimumab</i>)	2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>golimumab</i>)	2	PA; SP; QL (1 pen per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (golimumab)	2	PA; SP; QL (1 syringe per 28 days)
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG (celecoxib)	3	ST; QL (2 capsules per 1 day)
CELEBREX ORAL CAPSULE 400 MG (celecoxib)	3	ST; QL (1 capsule per 1 day)
celecoxib oral capsule 100 mg, 200 mg, 50 mg	1 or 1b*	ST; QL (2 capsules per 1 day)
celecoxib oral capsule 400 mg	1 or 1b*	ST; QL (1 capsule per 1 day)
*GOLD COMPOUNDS*** - ARTHRITIS AND PAIN DRUGS		
RIDAURA ORAL CAPSULE (auranofin)	2	
*INTERLEUKIN-1 BLOCKERS*** - ARTHRITIS AND PAIN DRUGS		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED (rilonacept)	4	PA; LD; SP; QL (4 vials per 28 days)
*INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)*** - ARTHRITIS AND PAIN DRUGS		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (anakinra)	4	PA; LD; QL (1 syringe per 1 day)
*INTERLEUKIN-1BETA BLOCKERS*** - ARTHRITIS AND PAIN DRUGS		
ILARIS SUBCUTANEOUS SOLUTION (canakinumab)	4	PA; LD; SP; QL (2 vials per 28 days)
*INTERLEUKIN-6 RECEPTOR INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (tocilizumab)	4	PA; LD; SP; QL (4 autoinjectors per 28 days)
ACTEMRA INTRAVENOUS SOLUTION (tocilizumab)	4	PA; LD; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (tocilizumab)	4	PA; LD; SP; QL (4 syringes per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (sarilumab)	4	PA; LD; SP; QL (2 injection per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (sarilumab)	4	PA; LD; SP; QL (2 injection per 28 days)
*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG (diclofenac-misoprostol)	3	ST; QL (4 tablet per 1 day)
ARTHROTEC ORAL TABLET DELAYED RELEASE 75-0.2 MG (diclofenac-misoprostol)	3	ST; QL (2 tablets per 1 day)
diclofenac-misoprostol oral tablet delayed release 50-0.2 mg	1 or 1b*	ST; QL (4 tablets per 1 day)
diclofenac-misoprostol oral tablet delayed release 75-0.2 mg	1 or 1b*	ST; QL (2 tablets per 1 day)
DUEXIS ORAL TABLET (ibuprofen-famotidine)	3	ST; QL (3 tablets per 1 day)
naproxen-esomeprazole oral tablet delayed release	3	ST; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIMOVO ORAL TABLET DELAYED RELEASE (<i>naproxen-esomeprazole</i>)	3	ST; QL (2 tablets per 1 day)
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** - ARTHRITIS AND PAIN DRUGS		
ANAPROX DS ORAL TABLET (<i>naproxen sodium</i>)	3	
ANJESO INTRAVENOUS INJECTABLE (<i>meloxicam</i>)	3	
CALDOLOR INTRAVENOUS SOLUTION (<i>ibuprofen</i>)	3	
DAYPRO ORAL TABLET (<i>oxaprozin</i>)	3	
<i>diclofenac potassium oral tablet</i>	1 or 1b*	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>diclofenac sodium oral tablet delayed release</i>	1 or 1b*	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE (<i>naproxen</i>)	3	
EC-NAPROXEN ORAL TABLET DELAYED RELEASE	3	
<i>etodolac er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>etodolac oral capsule</i>	1 or 1b*	
<i>etodolac oral tablet</i>	1 or 1b*	
FELDENE ORAL CAPSULE (<i>piroxicam</i>)	3	
FENOPROFEN CALCIUM ORAL CAPSULE 200 MG	3	QL (6 capsule per 1 day)
<i>fenopropfen calcium oral capsule 400 mg</i>	1 or 1b*	ST; QL (4 capsule per 1 day)
<i>fenopropfen calcium oral tablet</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>flurbiprofen oral tablet</i>	1 or 1b*	
<i>ibuprofen</i> (Ibu Oral Tablet)	1 or 1a*	
<i>ibuprofen lysine intravenous solution</i>	1 or 1b*	
<i>ibuprofen oral suspension</i>	1 or 1a*	QL (4 mL per 1 day)
<i>ibuprofen oral tablet</i>	1 or 1a*	
INDOCIN ORAL SUSPENSION (<i>indomethacin</i>)	3	ST; QL (40 mL per 1 day)
INDOCIN RECTAL SUPPOSITORY (<i>indomethacin</i>)	3	ST
<i>indomethacin er oral capsule extended release</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>indomethacin oral capsule 20 mg</i>	3	ST; QL (3 tablets per 1 day)
<i>indomethacin oral capsule 25 mg</i>	1 or 1b*	QL (3 capsule per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>indomethacin sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>ketoprofen er oral capsule extended release 24 hour</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>ketoprofen oral capsule</i>	1 or 1b*	
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	1 or 1b*	QL (4 ML per 30 days)
<i>ketorolac tromethamine injection solution 30 mg/ml</i>	1 or 1b*	QL (2 syringe per 30 days)
<i>ketorolac tromethamine intramuscular solution</i>	1 or 1b*	QL (2 ML per 30 days)
KETOROLAC TROMETHAMINE NASAL SOLUTION	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketorolac tromethamine oral tablet</i>	1 or 1a*	QL (20 tablets per 30 days)
LODINE ORAL TABLET (<i>etodolac</i>)	3	
<i>meclofenamate sodium oral capsule</i>	1 or 1b*	
<i>mefenamic acid oral capsule</i>	1 or 1b*	QL (29 capsule per 1 fill)
<i>meloxicam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
MOBIC ORAL TABLET (<i>meloxicam</i>)	3	QL (1 tablet per 1 day)
<i>nabumetone oral tablet 500 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
NALFON ORAL CAPSULE (<i>fenoprofen calcium</i>)	3	ST; QL (4 capsule per 1 day)
NALFON ORAL TABLET (<i>fenoprofen calcium</i>)	3	ST; QL (4 tablets per 1 day)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>naproxen sodium</i>)	3	ST; QL (2 tablets per 1 day)
NAPROSYN ORAL SUSPENSION (<i>naproxen</i>)	3	
NAPROSYN ORAL TABLET (<i>naproxen</i>)	3	
<i>naproxen dr oral tablet delayed release</i>	1 or 1b*	
<i>naproxen oral suspension</i>	1 or 1b*	
<i>naproxen oral tablet</i>	1 or 1b*	
<i>naproxen sodium er oral tablet extended release 24 hour</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
<i>naproxen sodium oral tablet</i>	1 or 1b*	
NEOPROFEN INTRAVENOUS SOLUTION (<i>ibuprofen lysine</i>)	3	
<i>oxaprozin oral tablet</i>	1 or 1b*	
<i>piroxicam oral capsule</i>	1 or 1b*	
<i>fenoprofen calcium</i> (Profeno Oral Tablet)	1 or 1b*	QL (4 tablets per 1 day)
QMIIZ ODT ORAL TABLET DISPERSIBLE (<i>meloxicam</i>)	3	ST; QL (1 tablet per 1 day)
RELAFEN DS ORAL TABLET (<i>nabumetone</i>)	3	ST; QL (2 tablets per 1 day)
SPRIX NASAL SOLUTION (<i>ketorolac tromethamine</i>)	3	ST; QL (5 bottle per 30 days)
<i>sulindac oral tablet</i>	1 or 1b*	
TIVORBEX ORAL CAPSULE 20 MG (<i>indomethacin</i>)	3	ST; QL (3 tablets per 1 day)
TIVORBEX ORAL CAPSULE 40 MG (<i>indomethacin</i>)	3	ST
<i>tolmetin sodium oral capsule</i>	1 or 1b*	
<i>tolmetin sodium oral tablet</i>	1 or 1b*	
VIVLODEX ORAL CAPSULE (<i>meloxicam</i>)	3	ST; QL (1 capsule per 1 day)
ZIPSOR ORAL CAPSULE (<i>diclofenac potassium</i>)	3	ST; QL (4 capsule per 1 day)
ZORVOLEX ORAL CAPSULE (<i>diclofenac</i>)	3	ST; QL (3 capsule per 1 day)
*NSAID-NUTRITIONAL SUPPLEMENT COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
PRASTERA ORAL KIT (<i>prasterone & ibuprofen</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PYRIMIDINE SYNTHESIS INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
ARAVA ORAL TABLET (<i>leflunomide</i>)	3	
<i>leflunomide oral tablet</i>	1 or 1b*	
*SELECTIVE COSTIMULATION MODULATORS*** - ARTHRITIS AND PAIN DRUGS		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>abatacept</i>)	4	PA; SP; QL (4 Syringes per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED (<i>abatacept</i>)	4	PA; SP; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>abatacept</i>)	4	PA; SP; QL (4 syringes per 28 days)
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** - ARTHRITIS AND PAIN DRUGS		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE (<i>etanercept</i>)	2	PA; SP; QL (4 cartridge per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	2	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	2	PA; SP; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>etanercept</i>)	2	PA; SP; QL (8 vials per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>etanercept</i>)	2	PA; SP; QL (4 pens per 28 days)
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
*ANALGESIC COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>duraxin oral capsule</i>	1 or 1b*	
*ANALGESICS OTHER*** - ARTHRITIS AND PAIN DRUGS		
<i>clonidine hcl (analgesia) epidural solution</i>	1 or 1b*	
DURACLON EPIDURAL SOLUTION (<i>clonidine hcl (analgesia)</i>)	3	
OFIRMEV INTRAVENOUS SOLUTION (<i>acetaminophen</i>)	3	
*ANALGESICS-SEDATIVES*** - ARTHRITIS AND PAIN DRUGS		
ALLZITAL ORAL TABLET (<i>butalbital-acetaminophen</i>)	3	
<i>butalbital-acetaminophen</i> (Bupap Oral Tablet)	1 or 1b*	
BUTALBITAL-ACETAMINOPHEN ORAL CAPSULE	3	
<i>butalbital-acetaminophen oral tablet</i>	1 or 1b*	
<i>butalbital-apap oral tablet</i>	1 or 1b*	
<i>butalbital-apap-cafeine oral capsule</i>	1 or 1b*	
<i>butalbital-apap-cafeine oral tablet</i>	1 or 1b*	
<i>butalbital-aspirin-cafeine oral capsule</i>	1 or 1b*	
BUTALBITAL-ASPIRIN-CAFFEINE ORAL TABLET	3	
<i>butalbital-apap-cafeine</i> (Esgic Oral Capsule)	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESGIC ORAL TABLET (butalbital-apap-cafeine)	3	
FIORICET ORAL CAPSULE (butalbital-apap-cafeine)	3	
FIORINAL ORAL CAPSULE (butalbital-aspirin-cafeine)	3	
butalbital-apap-cafeine (Phrenilin Forte Oral Capsule)	1 or 1b*	
tencon oral tablet	1 or 1b*	
butalbital-apap-cafeine (Vanatol S Oral Solution)	3	
butalbital-apap-cafeine (Vtol Lq Oral Solution)	3	
butalbital-apap-cafeine (Zebutal Oral Capsule)	1 or 1b*	
*SALICYLATE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
cvs buffered aspirin oral tablet	1 or 1b*; \$0	
eq buffered aspirin oral tablet	1 or 1b*; \$0	
ra tri-buffered aspirin oral tablet	1 or 1b*; \$0	
sm aspirin tri-buffered oral tablet	1 or 1b*; \$0	
tri-buffered aspirin oral tablet	1 or 1b*; \$0	
*SALICYLATES*** - ARTHRITIS AND PAIN DRUGS		
adult aspirin ec low strength oral tablet delayed release	1 or 1a*; \$0	
adult aspirin regimen oral tablet delayed release	1 or 1a*; \$0	
aspirin 81 oral tablet chewable	1 or 1a*; \$0	
aspirin 81 oral tablet delayed release	1 or 1a*; \$0	
aspirin adult low dose oral tablet delayed release	1 or 1a*; \$0	
aspirin adult low strength oral tablet chewable	1 or 1a*; \$0	
aspirin adult low strength oral tablet delayed release	1 or 1a*; \$0	
aspirin adult oral tablet	1 or 1a*; \$0	
aspirin childrens oral tablet chewable	1 or 1a*; \$0	
aspirin ec adult low strength oral tablet delayed release	1 or 1a*; \$0	
aspirin ec low dose oral tablet delayed release	1 or 1a*; \$0	
aspirin ec low strength oral tablet delayed release	1 or 1a*; \$0	
aspirin ec oral tablet delayed release	1 or 1a*; \$0	
aspirin low dose adult oral tablet chewable	1 or 1a*; \$0	
aspirin low dose oral tablet chewable	1 or 1a*; \$0	
aspirin low dose oral tablet delayed release	1 or 1a*; \$0	
aspirin low strength oral tablet chewable	1 or 1a*; \$0	
aspirin oral tablet	1 or 1a*; \$0	
aspirin oral tablet chewable	1 or 1a*; \$0	
aspirin oral tablet delayed release	1 or 1a*; \$0	
aspirin regimen low dose adult oral tablet delayed release	1 or 1a*; \$0	
aspir-low oral tablet delayed release	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bayer advanced aspirin reg st oral tablet</i>	1 or 1a*; \$0	
<i>bayer aspirin ec low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bayer aspirin oral tablet</i>	1 or 1a*; \$0	
<i>bayer aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bayer aspirin regimen oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bayer low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>bayer low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>childrens aspirin low strength oral tablet chewable</i>	1 or 1a*; \$0	
<i>childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>cvs aspirin adult low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>cvs aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin oral tablet</i>	1 or 1a*; \$0	
<i>cvs aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>diflunisal oral tablet</i>	1 or 1b*	
<i>ec-81 aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ecotrin low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ecotrin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ecpirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq adult aspirin low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq aspirin adult low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>eq aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq aspirin oral tablet</i>	1 or 1a*; \$0	
<i>eq aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>eql aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eql aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>eql aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eql aspirin oral tablet</i>	1 or 1a*; \$0	
<i>gnp adult aspirin low strength oral tablet chewable</i>	1 or 1a*; \$0	
<i>gnp aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp aspirin oral tablet</i>	1 or 1a*; \$0	
<i>gnp aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense aspirin adult low st oral tablet chewable</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>goodsense aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense aspirin oral tablet</i>	1 or 1a*; \$0	
<i>goodsense aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>goodsense aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>h-e-b aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>hm aspirin ec low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>hm aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>hm aspirin oral tablet</i>	1 or 1a*; \$0	
<i>hm aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>hm aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kls aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kls aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kp aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>medique aspirin oral tablet</i>	1 or 1a*; \$0	
<i>meijer aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>miniprin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>mm aspirin oral tablet</i>	1 or 1a*; \$0	
<i>norwich aspirin oral tablet</i>	1 or 1a*; \$0	
<i>px aspirin oral tablet</i>	1 or 1a*; \$0	
<i>px aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>px enteric aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>qc aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc aspirin oral tablet</i>	1 or 1a*; \$0	
<i>qc aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>qc enteric aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra aspirin adult low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin adult low strength oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra aspirin childrens oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin ec adult low st oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra aspirin oral tablet</i>	1 or 1a*; \$0	
<i>ra childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra pain relief aspirin oral tablet</i>	1 or 1a*; \$0	
<i>sb aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sb aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sb aspirin oral tablet</i>	1 or 1a*; \$0	
<i>sb aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sb childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>sb low dose asa ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin adult low strength oral tablet chewable</i>	1 or 1a*; \$0	
<i>sm aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin ec low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>sm aspirin oral tablet</i>	1 or 1a*; \$0	
<i>sm childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>st joseph aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>st joseph low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>st joseph low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>tgt aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>tgt aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>tgt aspirin oral tablet</i>	1 or 1a*; \$0	
<i>tgt aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>tgt aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>tgt childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
*SELECTIVE N-TYPE NEURONAL CALCIUM CHANNEL BLOCKERS*** - ARTHRITIS AND PAIN DRUGS		
PRIALT INTRATHECAL SOLUTION (ziconotide acetate)	4	PA; LD
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
*CODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>acetaminophen-codeine #2 oral tablet</i>	1 or 1a*	QL (6 tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet</i>	1 or 1a*	QL (6 tablet per 1 day)
<i>acetaminophen-codeine #4 oral tablet</i>	1 or 1a*	QL (6 tablet per 1 day)
<i>acetaminophen-codeine oral solution</i>	1 or 1a*	QL (30 mL per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1 or 1a*	QL (6 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	1 or 1a*	QL (6 tablet per 1 day)
<i>butalbital-asa-caff-codeine (Ascomp-Codeine Oral Capsule)</i>	1 or 1b*	QL (6 capsule per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1 or 1b*	QL (6 capsule per 1 day)
<i>butalbital-asa-caff-codeine oral capsule</i>	1 or 1b*	QL (6 capsule per 1 day)
FIORICET/CODEINE ORAL CAPSULE (butalbital-apap-caff-cod)	3	QL (6 capsules per 1 day)
FIORINAL/CODEINE #3 ORAL CAPSULE (butalbital-asa-caff-codeine)	3	QL (6 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYLENOL WITH CODEINE #3 ORAL TABLET (<i>acetaminophen-codeine</i>)	3	QL (6 tablet per 1 day)
TYLENOL WITH CODEINE #4 ORAL TABLET (<i>acetaminophen-codeine</i>)	3	QL (6 tablet per 1 day)
*DIHYDROCODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>apap-caff-dihydrocodeine oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>apap-caff-dihydrocodeine oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>apap-caff-dihydrocodeine</i> (Dvorah Oral Tablet)	1 or 1b*	QL (6 tablets per 1 day)
<i>panlor oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>trezix oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
*HYDROCODONE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
HYDROCODONE-ACETAMINOPHEN ORAL SOLUTION 10-325 MG/15ML	3	QL (90 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 or 1b*	QL (90 mL per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	1 or 1b*	
<i>hydrocodone-ibuprofen oral tablet</i>	1 or 1b*	QL (5 tablets per 1 day)
<i>hydrocodone-ibuprofen</i> (Ibudone Oral Tablet)	1 or 1b*	QL (5 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Hd Oral Tablet)	1 or 1b*	QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Oral Tablet)	1 or 1b*	QL (6 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Lorcet Plus Oral Tablet)	1 or 1b*	QL (6 tablets per 1 day)
LORTAB ORAL ELIXIR (<i>hydrocodone-acetaminophen</i>)	3	QL (67.5 mL per 1 day)
NORCO ORAL TABLET (<i>hydrocodone-acetaminophen</i>)	3	QL (6 tablets per 1 day)
*OPIOID AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	3	PA; QL (4 tablet per 1 day)
ABSTRAL SUBLINGUAL TABLET SUBLINGUAL 300 MCG (<i>fentanyl citrate</i>)	3	
ACTIQ BUCCAL LOZENGE ON A HANDLE (<i>fentanyl citrate</i>)	3	PA; QL (4 lozenge per 1 day)
ALFENTANIL HCL INTRAVENOUS SOLUTION	3	
ARYMO ER ORAL TABLET EXTENDED RELEASE ABUSE-DETERRENT (<i>morphine sulfate</i>)	3	PA; QL (3 tablet per 1 day)
CODEINE SULFATE ORAL TABLET 15 MG	3	
CODEINE SULFATE ORAL TABLET 30 MG	3	QL (6 tablets per 1 day)
CODEINE SULFATE ORAL TABLET 60 MG	3	QL (6 tablet per 1 day)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>tramadol hcl</i>)	3	PA; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEMEROL INJECTION SOLUTION 100 MG/2ML, 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (<i>meperidine hcl</i>)	3	QL (4 mL per 1 day)
DEMEROL INJECTION SOLUTION 25 MG/0.5ML, 75 MG/1.5ML (<i>meperidine hcl</i>)	3	
DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML (<i>hydromorphone hcl</i>)	3	QL (6 mL per 1 day)
DILAUDID INJECTION SOLUTION 4 MG/ML (<i>hydromorphone hcl</i>)	3	QL (2 mL per 1 day)
DILAUDID ORAL LIQUID (<i>hydromorphone hcl</i>)	3	QL (24 mL per 1 day)
DILAUDID ORAL TABLET (<i>hydromorphone hcl</i>)	3	QL (6 tablets per 1 day)
DOLOPHINE ORAL TABLET 10 MG (<i>methadone hcl</i>)	3	PA; QL (6 tablet per 1 day)
DOLOPHINE ORAL TABLET 5 MG (<i>methadone hcl</i>)	3	PA; QL (12 tablet per 1 day)
DSUVIA SUBLINGUAL TABLET SUBLINGUAL (<i>sufentanil citrate</i>)	3	
DURAGESIC-100 TRANSDERMAL PATCH 72 HOUR (<i>fentanyl</i>)	3	PA; QL (15 patches per 30 days)
DURAGESIC-12 TRANSDERMAL PATCH 72 HOUR (<i>fentanyl</i>)	3	PA; QL (15 patches per 30 days)
DURAGESIC-25 TRANSDERMAL PATCH 72 HOUR (<i>fentanyl</i>)	3	PA; QL (15 patches per 30 days)
DURAGESIC-50 TRANSDERMAL PATCH 72 HOUR (<i>fentanyl</i>)	3	PA; QL (15 patches per 30 days)
DURAGESIC-75 TRANSDERMAL PATCH 72 HOUR (<i>fentanyl</i>)	3	PA; QL (15 patches per 30 days)
<i>duramorph injection solution</i>	1 or 1b*	QL (6 mL per 1 day)
EMBEDA ORAL CAPSULE EXTENDED RELEASE (<i>morphine-naltrexone</i>)	3	
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 12 MG, 16 MG, 32 MG (<i>hydromorphone hcl</i>)	3	PA; QL (2 tablets per 1 day)
EXALGO ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 8 MG (<i>hydromorphone hcl</i>)	3	PA; QL (1 tablet per 1 day)
FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML, 50 MCG/ML	3	
<i>fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml</i>	1 or 1b*	
<i>fentanyl citrate (pf) injection solution cartridge</i>	1 or 1b*	
<i>fentanyl citrate buccal lozenge on a handle</i>	1 or 1b*	PA; QL (4 lozenge per 1 day)
<i>fentanyl citrate buccal tablet</i>	1 or 1b*	PA; QL (4 tablet per 1 day)
FENTANYL CITRATE INJECTION SOLUTION	3	
FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE	3	
FENTANYL CITRATE INTRAVENOUS SOLUTION	3	
FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
FENTANYL CITRATE-NACL EPIDURAL SOLUTION	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fentanyl transdermal patch 72 hour</i>	1 or 1b*	PA; QL (15 patches per 30 days)
FENTORA BUCCAL TABLET (<i>fentanyl citrate</i>)	3	PA; QL (4 tablet per 1 day)
<i>hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg</i>	3	PA; QL (2 capsules per 1 day)
<i>hydrocodone bitartrate er oral capsule er 12 hour abuse-deterrent 30 mg, 40 mg, 50 mg</i>	3	PA; QL (4 capsule per 1 day)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 12 mg, 16 mg, 32 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>hydromorphone hcl er oral tablet er 24 hour abuse-deterrent 8 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
HYDROMORPHONE HCL INJECTION SOLUTION 0.2 MG/ML	3	QL (6 mL per 1 day)
<i>hydromorphone hcl injection solution 1 mg/ml, 2 mg/ml</i>	1 or 1b*	QL (6 mL per 1 day)
<i>hydromorphone hcl injection solution 4 mg/ml</i>	1 or 1b*	QL (2 mL per 1 day)
<i>hydromorphone hcl oral liquid</i>	1 or 1b*	QL (24 mL per 1 day)
<i>hydromorphone hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 2 MG/ML	3	QL (6 mL per 1 day)
HYDROMORPHONE HCL PF INJECTION SOLUTION 10 MG/ML	3	QL (1 injection per 30 days)
HYDROMORPHONE HCL PF INJECTION SOLUTION 4 MG/ML	3	QL (2 mL per 1 day)
<i>hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml</i>	1 or 1b*	QL (1 injection per 30 days)
HYDROMORPHONE HCL RECTAL SUPPOSITORY	3	QL (4 suppositories per 1 day)
HYDROMORPHONE HCL-NACL INJECTION SOLUTION	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 80 MG (<i>hydrocodone bitartrate</i>)	3	PA; QL (2 tablets per 1 day)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 120 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>hydrocodone bitartrate</i>)	3	PA; QL (1 tablet per 1 day)
INFUMORPH 200 INJECTION SOLUTION (<i>morphine sulfate microinfusion</i>)	3	
INFUMORPH 500 INJECTION SOLUTION (<i>morphine sulfate microinfusion</i>)	3	
IONSYS TRANSDERMAL PATCH (<i>fentanyl hcl</i>)	3	
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>morphine sulfate</i>)	3	PA; QL (2 capsules per 1 day)
LAZANDA NASAL SOLUTION (<i>fentanyl citrate</i>)	3	PA; QL (1 bottle per 1 day)
<i>levorphanol tartrate oral tablet</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>meperidine hcl injection solution 10 mg/ml</i>	1 or 1b*	
<i>meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1 or 1b*	QL (4 mL per 1 day)
<i>meperidine hcl oral solution</i>	1 or 1b*	QL (7 days per 1 fill)
<i>meperidine hcl oral tablet 100 mg</i>	1 or 1b*	QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meperidine hcl oral tablet 50 mg</i>	1 or 1b*	QL (12 tablet per 1 day)
MEPERIDINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
METHADONE HCL INJECTION SOLUTION	3	PA; QL (1 mL per 1 day)
<i>methadone hcl (Methadone Hcl Intensol Oral Concentrate)</i>	1 or 1b*	PA; QL (6 mL per 1 day)
<i>methadone hcl oral concentrate</i>	1 or 1b*	PA; QL (6 mL per 1 day)
<i>methadone hcl oral solution 10 mg/5ml</i>	1 or 1b*	PA; QL (30 mL per 1 day)
<i>methadone hcl oral solution 5 mg/5ml</i>	1 or 1b*	PA; QL (60 mL per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	1 or 1b*	PA; QL (6 tablet per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	1 or 1b*	PA; QL (12 tablet per 1 day)
<i>methadone hcl oral tablet soluble</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
METHADOSE ORAL CONCENTRATE (<i>methadone hcl</i>)	3	PA; QL (6 mL per 1 day)
<i>methadone hcl (Methadose Oral Tablet Soluble)</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
METHADOSE SUGAR-FREE ORAL CONCENTRATE (<i>methadone hcl</i>)	3	PA; QL (6 mL per 1 day)
<i>morphine sulfate microinfusion (Mitigo Injection Solution)</i>	1 or 1b*	QL (2 vials per 30 days)
MORPHABOND ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT (<i>morphine sulfate</i>)	3	PA; QL (2 tablets per 1 day)
<i>morphine sulfate (concentrate) oral solution</i>	1 or 1b*	QL (6 mL per 1 day)
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1 or 1b*	QL (6 mL per 1 day)
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML	3	QL (6 mL per 1 day)
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION	3	QL (6 mL per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 75 mg, 90 mg</i>	1 or 1b*	PA; QL (2 capsules per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	1 or 1b*	PA; QL (2 capsules per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 30 mg, 60 mg</i>	1 or 1b*	PA; QL (3 tablet per 1 day)
<i>morphine sulfate er oral tablet extended release 200 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
MORPHINE SULFATE IN DEXTROSE INTRAVENOUS SOLUTION	3	
MORPHINE SULFATE IN DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>morphine sulfate injection solution 10 mg/ml, 8 mg/ml</i>	1 or 1b*	
MORPHINE SULFATE INJECTION SOLUTION 2 MG/ML, 4 MG/ML, 5 MG/ML	3	
MORPHINE SULFATE INTRAMUSCULAR DEVICE	3	QL (6 pens per 1 day)
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 150 MG/30ML	3	QL (6 mL per 1 day)
<i>morphine sulfate intravenous solution 1 mg/ml, 50 mg/ml</i>	1 or 1b*	
<i>morphine sulfate intravenous solution 25 mg/ml</i>	1 or 1b*	QL (4 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine sulfate oral solution</i>	1 or 1b*	QL (30 mL per 1 day)
<i>morphine sulfate oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>morphine sulfate rectal suppository</i>	1 or 1b*	QL (6 suppositories per 1 day)
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION	3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/ML-%, 2-0.9 MG/2ML-%, 2-0.9 MG/ML-%, 275-0.9 MG/55ML-%, 30-0.9 MG/30ML-%, 4-0.9 MG/ML-%, 5-0.9 MG/5ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%, 60-0.9 MG/30ML-%	3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 150-0.9 MG/30ML-%	3	QL (6 mL per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	3	PA; QL (3 tablet per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 200 MG (<i>morphine sulfate</i>)	3	PA; QL (2 tablets per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>tapentadol hcl</i>)	3	PA; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	3	QL (181 tablets per 30 days)
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	3	QL (6 tablets per 1 day)
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	3	QL (8 tablet per 1 day)
OPANA ORAL TABLET 10 MG (<i>oxymorphone hcl</i>)	3	QL (6 tablet per 1 day)
OPANA ORAL TABLET 5 MG (<i>oxymorphone hcl</i>)	3	QL (6 tablets per 1 day)
OXAYDO ORAL TABLET ABUSE-DETERRENT (<i>oxycodone hcl</i>)	3	QL (6 tablets per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	3	PA; QL (2 tablets per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</i>	3	PA; QL (2 tablet per 1 day)
<i>oxycodone hcl oral capsule</i>	1 or 1b*	QL (7 days per 1 fill)
<i>oxycodone hcl oral concentrate</i>	1 or 1b*	QL (6 mL per 1 day)
<i>oxycodone hcl oral solution</i>	1 or 1b*	QL (30 mL per 1 day)
<i>oxycodone hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG (<i>oxycodone hcl</i>)	3	PA; QL (2 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG (<i>oxycodone hcl</i>)	3	PA; QL (2 tablet per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 40 mg, 5 mg, 7.5 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 30 mg</i>	1 or 1b*	PA; QL (4 tablet per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	1 or 1b*	QL (6 tablet per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>remifentanyl hcl intravenous solution reconstituted</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REMIFENTANIL HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
ROXICODONE ORAL TABLET (<i>oxycodone hcl</i>)	3	QL (6 tablets per 1 day)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG (<i>oxycodone hcl</i>)	3	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG (<i>oxycodone hcl</i>)	3	QL (6 tablets per 1 day)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG (<i>fentanyl</i>)	3	PA; QL (4 units per 1 day)
SUBSYS SUBLINGUAL LIQUID 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl</i>)	3	PA; QL (120 units per 30 days)
SUFENTANIL CITRATE INTRAVENOUS SOLUTION	3	
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED (<i>tramadol hcl</i>)	3	
<i>tramadol hcl er (biphasic) oral tablet extended release 24 hour</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>tramadol hcl er oral capsule extended release 24 hour</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	1 or 1b*	QL (8 tablet per 1 day)
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED (<i>remifentanyl hcl</i>)	3	
ULTRAM ORAL TABLET (<i>tramadol hcl</i>)	3	QL (8 tablet per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG (<i>oxycodone</i>)	3	PA; QL (2 capsules per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG, 36 MG (<i>oxycodone</i>)	3	PA; QL (2 capsule per 1 day)
ZOXYBOND ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG (<i>hydrocodone bitartrate</i>)	3	PA; QL (2 capsules per 1 day)
ZOXYBOND ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 30 MG, 40 MG, 50 MG (<i>hydrocodone bitartrate</i>)	3	PA; QL (4 capsule per 1 day)
*OPIOID COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
APADAZ ORAL TABLET (<i>benzhydrocodone-acetaminophen</i>)	3	QL (6 tablets per 1 day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET	3	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 7.5-325 Mg)	1 or 1b*	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet 5-325 Mg)	1 or 1b*	QL (6 tablet per 1 day)
<i>nalocet oral tablet</i>	3	QL (6 tablet per 1 day)
<i>oxycodone-acetaminophen oral solution</i>	1 or 1b*	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	3	QL (6 tablet per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1 or 1b*	QL (6 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone-aspirin oral tablet	1 or 1b*	QL (6 tablets per 1 day)
oxycodone-ibuprofen oral tablet	1 or 1a*	QL (4 tablets per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 7.5-325 MG (oxycodone-acetaminophen)	3	QL (6 tablets per 1 day)
PERCOCET ORAL TABLET 5-325 MG (oxycodone-acetaminophen)	3	QL (6 tablet per 1 day)
PRIMLEV ORAL TABLET (oxycodone-acetaminophen)	3	QL (6 tablets per 1 day)
PROLATE ORAL TABLET (oxycodone-acetaminophen)	3	QL (6 tablets per 1 day)
*OPIOID PARTIAL AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
BELBUCA BUCCAL FILM (buprenorphine hcl)	3	PA; QL (2 film per 1 day)
BUNAVAIL BUCCAL FILM 2.1-0.3 MG (buprenorphine hcl-naloxone hcl)	3	QL (6 films per 1 day)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG (buprenorphine hcl-naloxone hcl)	3	QL (3 films per 1 day)
BUNAVAIL BUCCAL FILM 6.3-1 MG (buprenorphine hcl-naloxone hcl)	3	QL (2 films per 1 day)
BUPRENEX INJECTION SOLUTION (buprenorphine hcl)	3	QL (3 mL per 1 day)
buprenorphine hcl injection solution	1 or 1b*	QL (3 mL per 1 day)
buprenorphine hcl sublingual tablet sublingual 2 mg	1 or 1b*	QL (12 tablets per 90 days)
buprenorphine hcl sublingual tablet sublingual 8 mg	1 or 1b*	QL (3 tablets per 90 days)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1 or 1b*	QL (2 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1 or 1b*	QL (12 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1 or 1b*	QL (6 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1 or 1b*	QL (3 films per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1 or 1b*	QL (12 tablets per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1 or 1b*	QL (3 tablets per 1 day)
buprenorphine transdermal patch weekly	1 or 1b*	PA; QL (1 package per 28 days)
butorphanol tartrate injection solution 1 mg/ml	1 or 1b*	QL (8 mL per 1 day)
butorphanol tartrate injection solution 2 mg/ml	1 or 1b*	QL (4 mL per 1 day)
butorphanol tartrate nasal solution	1 or 1b*	QL (2 bottles per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY (buprenorphine)	3	PA; QL (1 package per 28 days)
nalbuphine hcl injection solution	1 or 1b*	QL (2 mL per 1 day)
pentazocine-naloxone hcl oral tablet	1 or 1b*	QL (12 tablet per 1 day)
PROBUPHINE IMPLANT KIT SUBCUTANEOUS IMPLANT (buprenorphine hcl)	3	PA; LD
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (buprenorphine)	4	LD; SP; QL (1 syringe per 28 days)
SUBOXONE SUBLINGUAL FILM 12-3 MG (buprenorphine hcl-naloxone hcl)	3	QL (2 films per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG (buprenorphine hcl-naloxone hcl)	3	QL (12 films per 1 day)
SUBOXONE SUBLINGUAL FILM 4-1 MG (buprenorphine hcl-naloxone hcl)	3	QL (6 films per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUBOXONE SUBLINGUAL FILM 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (3 films per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (23 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (12 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (1 tablet per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (5 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (3 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (2 tablets per 1 day)
*TRAMADOL COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
tramadol-acetaminophen oral tablet	1 or 1b*	QL (8 tablet per 1 day)
ULTRACET ORAL TABLET (<i>tramadol-acetaminophen</i>)	3	QL (8 tablet per 1 day)
*ANDROGEN COMBINATIONS*** - HORMONES		
*ANDROGEN COMBINATIONS*** - DRUGS FOR MEN		
NANDROLONE-TESTOSTERONE CYP&EN INJECTION OIL	3	
TESTOSTERONE CYPIONATE & PROP INJECTION SOLUTION	3	
ANDROGENS-ANABOLIC - HORMONES		
*ANABOLIC STEROIDS*** - DRUGS FOR MEN		
ANADROL-50 ORAL TABLET (<i>oxymetholone</i>)	3	
oxandrolone oral tablet	1 or 1b*	PA
*ANDROGENS*** - DRUGS FOR MEN		
ANDRODERM TRANSDERMAL PATCH 24 HOUR (<i>testosterone</i>)	3	PA; QL (1 patch per 1 day)
ANDROGEL PUMP TRANSDERMAL GEL (<i>testosterone</i>)	3	PA; QL (1 bottle per 30 days)
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%) (<i>testosterone</i>)	3	PA; QL (1 packet per 1 day)
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%) (<i>testosterone</i>)	3	PA; QL (2 packet per 1 day)
AVEED INTRAMUSCULAR SOLUTION (<i>testosterone undecanoate</i>)	3	PA; LD
danazol oral capsule	1 or 1b*	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION (<i>testosterone cypionate</i>)	3	PA
EC-RX TESTOSTERONE TRANSDERMAL CREAM	3	
FORTESTA TRANSDERMAL GEL (<i>testosterone</i>)	3	PA; QL (1 bottle per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG (<i>testosterone undecanoate</i>)	3	PA; QL (4 capsules per 1 day)
JATENZO ORAL CAPSULE 237 MG (<i>testosterone undecanoate</i>)	3	PA; QL (2 capsules per 1 day)
METHITEST ORAL TABLET	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylestosterone oral capsule</i>	1 or 1b*	
NATESTO NASAL GEL (testosterone)	3	PA; QL (3 pumps per 30 days)
STRIANT BUCCAL (testosterone)	3	PA; QL (2 buccal system per 1 day)
TESTIM TRANSDERMAL GEL (testosterone)	3	PA; QL (1 packet per 1 day)
TESTOPEL IMPLANT PELLET (testosterone)	3	PA; LD
TESTOSTERONE COMPOUNDING KIT TRANSDERMAL CREAM	3	
TESTOSTERONE CYPIONATE INJECTION SOLUTION 100 MG/ML, 150 MG/ML, 50 MG/ML	3	
TESTOSTERONE CYPIONATE INJECTION SOLUTION 200 MG/ML	3	PA
<i>testosterone cypionate intramuscular solution</i>	1 or 1b*	PA
TESTOSTERONE ENANTHATE INJECTION SOLUTION	3	
<i>testosterone enanthate intramuscular solution</i>	1 or 1b*	PA
TESTOSTERONE IMPLANT PELLET	3	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	1 or 1b*	PA; QL (2 bottle per 30 days)
<i>testosterone transdermal gel 10 mg/act (2%)</i>	1 or 1b*	PA; QL (1 pump per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>	1 or 1b*	PA; QL (1 bottle per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1 or 1b*	PA; QL (1 packet per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	1 or 1b*	PA; QL (2 packet per 1 day)
<i>testosterone transdermal solution</i>	1 or 1b*	PA; QL (1 pump bottle per 30 days)
VOGELXO PUMP TRANSDERMAL GEL (testosterone)	3	PA; QL (1 bottle per 30 days)
VOGELXO TRANSDERMAL GEL (testosterone)	3	PA; QL (1 tube per 1 day)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR (testosterone enanthate)	3	PA
ANORECTAL AGENTS - RECTAL PREPARATIONS		
*INTRARECTAL STEROIDS*** - RECTAL PREPARATIONS		
<i>hydrocortisone (Colocort Rectal Enema)</i>	1 or 1b*	
CORTENEMA RECTAL ENEMA (hydrocortisone)	3	
CORTIFOAM EXTERNAL FOAM (hydrocortisone acetate)	3	
<i>hydrocortisone rectal enema</i>	1 or 1b*	
UCERIS RECTAL FOAM (budesonide)	3	QL (4.78 gm per 1 day)
*NITRATE VASODILATING AGENTS*** - RECTAL PREPARATIONS		
RECTIV RECTAL OINTMENT (nitroglycerin)	3	
*RECTAL ANESTHETIC/STEROIDS*** - RECTAL PREPARATIONS		
ANALPRAM-HC EXTERNAL CREAM (hydrocortisone ace-pramoxine)	3	
ANALPRAM-HC EXTERNAL LOTION (hydrocortisone ace-pramoxine)	3	
<i>hydrocortisone ace-pramoxine external cream</i>	1 or 1b*	
PROCTOFOAM HC EXTERNAL FOAM (hydrocortisone ace-pramoxine)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*RECTAL STEROIDS*** - RECTAL PREPARATIONS		
ANUSOL-HC EXTERNAL CREAM (<i>hydrocortisone</i>)	3	
<i>hydrocortisone (perianal) external cream</i>	1 or 1b*	
PROCTOCORT EXTERNAL CREAM (<i>hydrocortisone</i>)	3	
<i>hydrocortisone (Procto-Med Hc External Cream)</i>	1 or 1b*	
<i>hydrocortisone (Procto-Pak External Cream)</i>	1 or 1b*	
<i>hydrocortisone (Proctosol Hc External Cream)</i>	1 or 1b*	
<i>hydrocortisone (Proctozone-Hc External Cream)</i>	1 or 1b*	
ANTACIDS - DRUGS FOR THE STOMACH		
*ANTACIDS - BICARBONATE*** - DRUGS FOR ULCERS AND STOMACH ACID		
SODIUM BICARBONATE ORAL POWDER	3	
ANTHELMINTICS - DRUGS FOR INFECTIONS		
*ANTHELMINTICS*** - DRUGS FOR PARASITES		
<i>albendazole oral tablet</i>	1 or 1b*	PA; QL (4 tablets per 1 day)
ALBENZA ORAL TABLET (<i>albendazole</i>)	3	PA; QL (4 tablets per 1 day)
BENZNIDAZOLE ORAL TABLET	3	
BILTRICIDE ORAL TABLET (<i>praziquantel</i>)	3	
EMVERM ORAL TABLET CHEWABLE (<i>mebendazole</i>)	3	
<i>ivermectin oral tablet</i>	1 or 1b*	
<i>praziquantel oral tablet</i>	1 or 1b*	
STROMEKTOL ORAL TABLET (<i>ivermectin</i>)	3	
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
*ANTIANGINALS-OTHER*** - DRUGS FOR ANGINA		
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>ranolazine</i>)	3	
<i>ranolazine er oral tablet extended release 12 hour</i>	1 or 1b*	
*NITRATES*** - DRUGS FOR ANGINA		
DILATRATE-SR ORAL CAPSULE EXTENDED RELEASE (<i>isosorbide dinitrate</i>)	2	
GONITRO SUBLINGUAL PACKET (<i>nitroglycerin</i>)	3	
ISORDIL TITRADOSE ORAL TABLET (<i>isosorbide dinitrate</i>)	3	
<i>isosorbide dinitrate er oral tablet extended release</i>	1 or 1b*	
<i>isosorbide dinitrate oral tablet</i>	1 or 1b*	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>isosorbide mononitrate oral tablet</i>	1 or 1b*	
<i>nitroglycerin (Minitran Transdermal Patch 24 Hour)</i>	1 or 1b*	
NITRO-BID TRANSDERMAL OINTMENT (<i>nitroglycerin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (nitroglycerin)	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (nitroglycerin)	2	
<i>nitroglycerin in d5w intravenous solution</i>	1 or 1b*	
NITROGLYCERIN INTRAVENOUS SOLUTION	3	
<i>nitroglycerin sublingual tablet sublingual</i>	1 or 1b*	
<i>nitroglycerin transdermal patch 24 hour</i>	1 or 1b*	
<i>nitroglycerin translingual solution</i>	1 or 1b*	
NITROLINGUAL TRANSLINGUAL SOLUTION (nitroglycerin)	3	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION (nitroglycerin)	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL (nitroglycerin)	3	
<i>nitro-time oral capsule extended release</i>	1 or 1b*	
ANTIANXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIANXIETY AGENTS - MISC.*** - DRUGS FOR ANXIETY		
<i>buspirone hcl oral tablet</i>	1 or 1b*	
<i>droperidol injection solution</i>	1 or 1b*	
<i>hydroxyzine hcl intramuscular solution</i>	1 or 1b*	
<i>hydroxyzine hcl oral syrup</i>	1 or 1b*	
<i>hydroxyzine hcl oral tablet</i>	1 or 1b*	
<i>hydroxyzine pamoate oral capsule</i>	1 or 1a*	
<i>meprobamate oral tablet</i>	1 or 1b*	
VISTARIL ORAL CAPSULE (hydroxyzine pamoate)	3	
*BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>alprazolam er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE (alprazolam)	3	QL (4 mL per 1 day)
<i>alprazolam oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>alprazolam oral tablet dispersible</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
ATIVAN INJECTION SOLUTION (lorazepam)	3	
ATIVAN ORAL TABLET (lorazepam)	3	QL (3 tablets per 1 day)
<i>chlordiazepoxide hcl oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>clorazepate dipotassium oral tablet</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>diazepam injection solution</i>	1 or 1a*	
<i>diazepam (Diazepam Intensol Oral Concentrate)</i>	1 or 1a*	QL (8 mL per 1 day)
DIAZEPAM INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
<i>diazepam oral concentrate</i>	1 or 1a*	QL (8 mL per 1 day)
<i>diazepam oral solution</i>	1 or 1a*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diazepam oral tablet</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>lorazepam injection solution</i>	1 or 1b*	
<i>lorazepam (Lorazepam Intensol Oral Concentrate)</i>	1 or 1b*	QL (3 mL per 1 day)
<i>lorazepam oral concentrate</i>	1 or 1b*	QL (3 mL per 1 day)
<i>lorazepam oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
LORAZEPAM-DEXTROSE INTRAVENOUS SOLUTION	3	
LORAZEPAM-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
<i>oxazepam oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
TRANXENE-T ORAL TABLET (clorazepate dipotassium)	3	QL (4 tablets per 1 day)
VALIUM ORAL TABLET (diazepam)	3	QL (4 tablets per 1 day)
XANAX ORAL TABLET (alprazolam)	3	QL (3 tablets per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR (alprazolam)	3	QL (1 tablet per 1 day)
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
*ANTIARRHYTHMICS - MISC.*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
ADENOCARD INTRAVENOUS SOLUTION (adenosine)	3	
<i>adenosine intravenous solution</i>	1 or 1b*	
ADENOSINE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
*ANTIARRHYTHMICS TYPE I-A*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>disopyramide phosphate oral capsule</i>	1 or 1b*	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR (disopyramide phosphate)	2	
NORPACE ORAL CAPSULE (disopyramide phosphate)	3	
<i>procainamide hcl injection solution</i>	1 or 1b*	
<i>quinidine gluconate er oral tablet extended release</i>	1 or 1b*	
QUINIDINE GLUCONATE INJECTION SOLUTION	3	
<i>quinidine sulfate oral tablet</i>	1 or 1a*	
*ANTIARRHYTHMICS TYPE I-B*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe</i>	1 or 1b*	
LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION	3	
<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe</i>	1 or 1b*	
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%, 3-5 MG/ML-%	3	
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>	1 or 1b*	
<i>mexiletine hcl oral capsule</i>	1 or 1b*	
XYLOCAINE (CARDIAC) INTRAVENOUS SOLUTION (lidocaine hcl (cardiac))	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIARRHYTHMICS TYPE I-C*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>flecainide acetate oral tablet</i>	1 or 1b*	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	1 or 1b*	
<i>propafenone hcl oral tablet</i>	1 or 1b*	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR (<i>propafenone hcl</i>)	3	
*ANTIARRHYTHMICS TYPE III*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
AMIODARONE HCL IN DEXTROSE INTRAVENOUS SOLUTION	3	
<i>amiodarone hcl intravenous solution</i>	1 or 1b*	
<i>amiodarone hcl oral tablet</i>	1 or 1b*	
BRETYLIUM TOSYLATE INJECTION SOLUTION	3	
CORVERT INTRAVENOUS SOLUTION (<i>ibutilide fumarate</i>)	3	
<i>dofetilide oral capsule</i>	1 or 1b*	
<i>ibutilide fumarate intravenous solution</i>	1 or 1b*	
MULTAQ ORAL TABLET (<i>dronedarone hcl</i>)	3	
NEXTERONE INTRAVENOUS SOLUTION (<i>amiodarone hcl in dextrose</i>)	3	
<i>amiodarone hcl</i> (Pacerone Oral Tablet)	1 or 1b*	
TIKOSYN ORAL CAPSULE (<i>dofetilide</i>)	3	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
*5-LIPOXYGENASE INHIBITORS*** - DRUGS FOR ASTHMA/COPD		
<i>zileuton er oral tablet extended release 12 hour</i>	1 or 1b*	PA
ZYFLO CR ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>zileuton</i>)	3	PA
ZYFLO ORAL TABLET (<i>zileuton</i>)	3	PA
*ADRENERGIC COMBINATIONS*** - DRUGS FOR ASTHMA/COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	3	QL (1 package per 30 days)
ADVAIR HFA INHALATION AEROSOL (<i>fluticasone-salmeterol</i>)	2	QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	3	QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	3	QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	3	QL (1 inhaler per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>umeclidinium-vilanterol</i>)	2	QL (1 inhaler per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL (<i>glycopyrrolate-formoterol</i>)	3	ST; QL (1 inhaler per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone furoate-vilanterol</i>)	2	QL (1 inhaler per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	1 or 1b*	QL (1 inhaler per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION (<i>ipratropium-albuterol</i>)	2	QL (2 inhalers per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>aclidinium br-formoterol fum</i>)	3	ST; QL (1 inhaler per 30 days)
DULERA INHALATION AEROSOL (<i>mometasone furo-formoterol fum</i>)	2	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1 or 1b*	QL (1 package per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1 or 1b*	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	1 or 1b*	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide-olodaterol</i>)	2	QL (1 inhaler per 30 days)
SYMBICORT INHALATION AEROSOL (<i>budesonide-formoterol fumarate</i>)	2	QL (1 inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-umeclidin-vilant</i>)	3	PA; QL (1 box per 30 days)
UTIBRON NEOHALER INHALATION CAPSULE (<i>indacaterol-glycopyrrolate</i>)	3	ST; QL (2 capsules per 1 day)
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated)	1 or 1b*	QL (1 package per 30 days)
*ANTI-IGE MONOCLONAL ANTIBODIES*** - DRUGS FOR ASTHMA/COPD		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>omalizumab</i>)	4	PA; LD; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>omalizumab</i>)	4	PA; LD; SP
*ANTI-INFLAMMATORY AGENTS*** - DRUGS FOR ASTHMA/COPD		
<i>cromolyn sodium inhalation nebulization solution</i>	1 or 1b*	
*BETA ADRENERGICS*** - DRUGS FOR ASTHMA/COPD		
<i>albuterol sulfate er oral tablet extended release 12 hour</i>	1 or 1b*	
<i>albuterol sulfate hfa inhalation aerosol solution</i>	1 or 1b*	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution</i>	1 or 1b*	
<i>albuterol sulfate oral syrup</i>	1 or 1b*	
<i>albuterol sulfate oral tablet</i>	1 or 1b*	
ARCAPTA NEOHALER INHALATION CAPSULE (<i>indacaterol maleate</i>)	3	QL (1 capsule per 1 day)
BROVANA INHALATION NEBULIZATION SOLUTION (<i>arformoterol tartrate</i>)	3	QL (60 vial per 30 days)
<i>isoproterenol hcl injection solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ISUPREL INJECTION SOLUTION (<i>isoproterenol hcl</i>)	3	
<i>levalbuterol hcl inhalation nebulization solution</i>	1 or 1b*	
<i>levalbuterol tartrate inhalation aerosol</i>	1 or 1b*	QL (2 inhalers per 30 days)
<i>metaproterenol sulfate oral syrup</i>	1 or 1a*	
<i>metaproterenol sulfate oral tablet</i>	1 or 1a*	
PERFOROMIST INHALATION NEBULIZATION SOLUTION (<i>formoterol fumarate</i>)	2	QL (120 ML per 30 days)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>albuterol sulfate</i>)	3	QL (2 inhalers per 30 days)
PROAIR HFA INHALATION AEROSOL SOLUTION (<i>albuterol sulfate</i>)	2	QL (2 inhalers per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>albuterol sulfate</i>)	2	QL (2 inhalers per 30 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION (<i>albuterol sulfate</i>)	3	QL (2 inhalers per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>salmeterol xinafoate</i>)	2	QL (1 inhaler per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION (<i>olodaterol hcl</i>)	3	QL (1 inhaler per 30 days)
<i>terbutaline sulfate injection solution</i>	1 or 1b*	
<i>terbutaline sulfate oral tablet</i>	1 or 1b*	
VENTOLIN HFA INHALATION AEROSOL SOLUTION (<i>albuterol sulfate</i>)	2	QL (2 inhalers per 30 days)
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION (<i>levalbuterol hcl</i>)	3	
XOPENEX HFA INHALATION AEROSOL (<i>levalbuterol tartrate</i>)	3	QL (2 inhalers per 30 days)
XOPENEX INHALATION NEBULIZATION SOLUTION (<i>levalbuterol hcl</i>)	3	
*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION (<i>ipratropium bromide hfa</i>)	2	QL (2 inhalers per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>umeclidinium bromide</i>)	3	QL (1 inhaler per 30 days)
<i>ipratropium bromide inhalation solution</i>	1 or 1b*	QL (378 ML per 30 days)
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION (<i>glycopyrrolate</i>)	3	QL (2 vials per 1 day)
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION (<i>glycopyrrolate</i>)	3	QL (1 kit per 365 days)
SEEBRI NEOHALER INHALATION CAPSULE (<i>glycopyrrolate</i>)	3	QL (2 capsules per 1 day)
SPIRIVA HANDIHALER INHALATION CAPSULE (<i>tiotropium bromide monohydrate</i>)	2	QL (30 capsules per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide monohydrate</i>)	2	QL (1 inhaler per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>aclidinium bromide</i>)	3	QL (1 inhaler per 30 days)
YUPELRI INHALATION SOLUTION (<i>revefenacin</i>)	3	QL (1 vial per 1 day)
*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD		
ACCOLATE ORAL TABLET (<i>zafirlukast</i>)	3	
<i>montelukast sodium oral packet</i>	1 or 1b*	QL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable</i>	1 or 1b*	QL (1 tablet per 1 day)
SINGULAIR ORAL PACKET (<i>montelukast sodium</i>)	3	QL (1 packet per 1 day)
SINGULAIR ORAL TABLET (<i>montelukast sodium</i>)	3	QL (1 tablet per 1 day)
SINGULAIR ORAL TABLET CHEWABLE (<i>montelukast sodium</i>)	3	QL (1 tablet per 1 day)
<i>zafirlukast oral tablet</i>	1 or 1b*	
*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR ASTHMA/COPD		
DALIRESP ORAL TABLET (<i>roflumilast</i>)	3	PA; QL (1 tablet per 1 day)
*STERIOD INHALANTS*** - DRUGS FOR ASTHMA/COPD		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT (<i>ciclesonide</i>)	3	ST; QL (2 inhalers per 30 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT (<i>ciclesonide</i>)	3	ST; QL (1 inhaler per 30 days)
ARMONAIR RESPICLICK 113 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone propionate (inhal)</i>)	3	
ARMONAIR RESPICLICK 232 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone propionate (inhal)</i>)	3	
ARMONAIR RESPICLICK 55 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone propionate (inhal)</i>)	3	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone furoate</i>)	2	QL (1 inhaler per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	3	ST; QL (1 inhaler per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	3	ST; QL (1 inhaler per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	3	ST; QL (1 inhaler per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	3	ST; QL (1 inhaler per 30 days)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>mometasone furoate</i>)	3	ST; QL (1 inhaler per 30 days)
ASMANEX HFA INHALATION AEROSOL (<i>mometasone furoate</i>)	3	ST; QL (1 inhaler per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	1 or 1b*	QL (120 ML per 30 days)
budesonide inhalation suspension 1 mg/2ml	1 or 1b*	QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	2	QL (1 inhaler per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST (<i>fluticasone propionate (inhal)</i>)	2	QL (4 inhalers per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT (<i>fluticasone propionate hfa</i>)	2	QL (1 inhaler per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	2	QL (2 inhalers per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>budesonide</i>)	3	ST; QL (2 inhalers per 30 days)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML (<i>budesonide</i>)	3	QL (120 ML per 30 days)
PULMICORT INHALATION SUSPENSION 1 MG/2ML (<i>budesonide</i>)	3	QL (60 ML per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (1 inhaler per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (2 inhalers per 30 days)
*XANTHINE-EXPECTORANTS*** - DRUGS FOR ASTHMA/COPD		
<i>dyphylline-guaifenesin</i> (Difil-G Forte Oral Liquid)	1 or 1b*	
*XANTHINES*** - DRUGS FOR ASTHMA/COPD		
<i>aminophylline intravenous solution</i>	1 or 1b*	
ELIXOPHYLLIN ORAL ELIXIR (<i>theophylline</i>)	2	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>theophylline</i>)	2	
<i>theophylline er oral tablet extended release 12 hour</i>	1 or 1b*	
<i>theophylline er oral tablet extended release 24 hour</i>	1 or 1b*	
THEOPHYLLINE IN D5W INTRAVENOUS SOLUTION	3	
<i>theophylline oral solution</i>	1 or 1b*	
*ANTICOAGULANTS - MISC.*** - DRUGS FOR THE BLOOD		
*ANTICOAGULANTS - MISC.*** - DRUGS FOR THE BLOOD		
DEFITELIO INTRAVENOUS SOLUTION (<i>defibrotide sodium</i>)	4	
SODIUM CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
*COUMARIN ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS		
COUMADIN ORAL TABLET (<i>warfarin sodium</i>)	2	
<i>warfarin sodium</i> (Jantoven Oral Tablet)	1 or 1a*	
<i>warfarin sodium oral tablet</i>	1 or 1a*	
*DIRECT FACTOR XA INHIBITORS*** - DRUGS TO PREVENT BLOOD CLOTS		
BEVYXXA ORAL CAPSULE (<i>betrixaban maleate</i>)	3	QL (43 capsules per 51 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET (<i>apixaban</i>)	2	QL (1 pack per 365 days)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	2	QL (2 tablets per 1 day)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	2	QL (74 tablets per 30 days)
SAVAYSA ORAL TABLET (<i>edoxaban tosylate</i>)	3	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	2	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG (<i>rivaroxaban</i>)	2	QL (42 tablet per 1 fill)
XARELTO ORAL TABLET 2.5 MG (<i>rivaroxaban</i>)	2	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK (<i>rivaroxaban</i>)	2	QL (1 pack per 365 days)
*HEPARINS AND HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
HEPARIN (PORCINE) IN NACL INJECTION SOLUTION	3	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION	3	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>heparin lock flush intravenous solution</i>	1 or 1b*	
HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML, 10000-5 UT/100ML-%, 12500-5 UT/250ML-%, 25000-5 UT/500ML-%	3	
<i>heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%</i>	1 or 1b*	
HEPARIN SOD (PORCINE)-D10 INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>heparin sodium (porcine) injection solution</i>	1 or 1b*	
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE	3	
HEPARIN SODIUM (PORCINE) INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	1 or 1b*	
HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML	3	
<i>heparin sodium flush intravenous kit</i>	1 or 1b*	
<i>heparin sodium lock flush intravenous solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEPMED COMBINATION KIT	3	
sash kit intravenous kit	1 or 1b*	
SOLU-PREF COMBINATION KIT	3	
*IN VITRO ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS		
ACD FORMULA A IN VITRO SOLUTION	3	
ACD-A NOCLOT-50 IN VITRO SOLUTION (<i>anticoagulant cit dext soln a</i>)	3	
ANTICOAGULANT CIT DEXT SOLN A IN VITRO SOLUTION	3	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION	3	
TRICITRASOL IN VITRO CONCENTRATE (<i>anticoagulant sodium citrate</i>)	3	
*LOW MOLECULAR WEIGHT HEPARINS*** - DRUGS TO PREVENT BLOOD CLOTS		
enoxaparin sodium injection solution	4	QL (30 syringes per 30 days)
enoxaparin sodium subcutaneous solution	4	QL (30 syringes per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 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>)	4	QL (30 syringes per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	4	QL (6 vials per 30 days)
LOVENOX INJECTION SOLUTION (<i>enoxaparin sodium</i>)	4	QL (30 syringes per 30 days)
LOVENOX SUBCUTANEOUS SOLUTION (<i>enoxaparin sodium</i>)	4	QL (30 syringes per 30 days)
*SYNTHETIC HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
ARIXTRA SUBCUTANEOUS SOLUTION (<i>fondaparinux sodium</i>)	4	QL (30 syringes per 30 days)
fondaparinux sodium subcutaneous solution	4	QL (30 syringes per 30 days)
*THROMBIN INHIBITORS - HIRUDIN TYPE*** - DRUGS TO PREVENT BLOOD CLOTS		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED (<i>bivalirudin trifluoroacetate</i>)	3	
bivalirudin trifluoroacetate intravenous solution reconstituted	1 or 1b*	
BIVALIRUDIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
IPRIVASK SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>desirudin</i>)	4	
*THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE*** - DRUGS TO PREVENT BLOOD CLOTS		
ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
ARGATROBAN INTRAVENOUS SOLUTION	3	
PRADAXA ORAL CAPSULE (<i>dabigatran etexilate mesylate</i>)	3	QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*AMPA GLUTAMATE RECEPTOR ANTAGONISTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
FYCOMPA ORAL SUSPENSION (<i>perampanel</i>)	3	
FYCOMPA ORAL TABLET (<i>perampanel</i>)	3	
*ANTICONVULSANTS - BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>clobazam oral suspension</i>	1 or 1b*	QL (16 mL per 1 day)
<i>clobazam oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>clonazepam oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>clonazepam oral tablet dispersible</i>	1 or 1b*	QL (3 tablets per 1 day)
DIASTAT ACUDIAL RECTAL GEL (<i>diazepam</i>)	2	QL (2 syringes per 1 fill)
DIASTAT PEDIATRIC RECTAL GEL (<i>diazepam</i>)	2	QL (2 syringes per 1 fill)
<i>diazepam rectal gel</i>	1 or 1b*	QL (2 syringes per 1 fill)
KLONOPIN ORAL TABLET (<i>clonazepam</i>)	3	QL (3 tablets per 1 day)
NAYZILAM NASAL SOLUTION (<i>midazolam (anticonvulsant)</i>)	3	PA; QL (50 mg per 30 days)
ONFI ORAL SUSPENSION (<i>clobazam</i>)	3	QL (16 mL per 1 day)
ONFI ORAL TABLET (<i>clobazam</i>)	3	QL (2 tablets per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG (<i>clobazam</i>)	3	QL (2 film strips per 1 day)
SYMPAZAN ORAL FILM 5 MG (<i>clobazam</i>)	3	QL (1 film strip per 1 day)
VALTOCO 10 MG DOSE NASAL LIQUID (<i>diazepam</i>)	3	PA; QL (10 cartons per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK (<i>diazepam</i>)	3	PA; QL (10 cartons per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK (<i>diazepam</i>)	3	PA; QL (10 cartons per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID (<i>diazepam</i>)	3	PA; QL (10 cartons per 30 days)
*ANTICONVULSANTS - MISC.*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
APTIOM ORAL TABLET (<i>eslicarbazepine acetate</i>)	3	
BANZEL ORAL SUSPENSION (<i>rufinamide</i>)	3	
BANZEL ORAL TABLET (<i>rufinamide</i>)	3	
BRIVIACT INTRAVENOUS SOLUTION (<i>brivaracetam</i>)	3	
BRIVIACT ORAL SOLUTION (<i>brivaracetam</i>)	3	
BRIVIACT ORAL TABLET (<i>brivaracetam</i>)	3	
<i>carbamazepine er oral capsule extended release 12 hour</i>	1 or 1b*	
<i>carbamazepine er oral tablet extended release 12 hour</i>	1 or 1b*	
<i>carbamazepine oral suspension</i>	1 or 1b*	
<i>carbamazepine oral tablet</i>	1 or 1b*	
<i>carbamazepine oral tablet chewable</i>	1 or 1b*	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR (<i>carbamazepine</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIACOMIT ORAL CAPSULE (<i>stiripentol</i>)	4	PA; LD
DIACOMIT ORAL PACKET (<i>stiripentol</i>)	4	PA; LD
EPIDIOLEX ORAL SOLUTION (<i>cannabidiol</i>)	4	PA; LD; SP
<i>carbamazepine</i> (Epilex Oral Tablet)	1 or 1b*	
FANATREX FUSEPAQ ORAL SUSPENSION (<i>gabapentin</i>)	3	
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>gabapentin oral capsule 300 mg</i>	1 or 1b*	QL (9 capsules per 1 day)
<i>gabapentin oral solution</i>	1 or 1b*	QL (72 mL per 1 day)
<i>gabapentin oral tablet 600 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>gabapentin oral tablet 800 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
KEPPRA INTRAVENOUS SOLUTION (<i>levetiracetam</i>)	2	
KEPPRA ORAL SOLUTION (<i>levetiracetam</i>)	2	
KEPPRA ORAL TABLET (<i>levetiracetam</i>)	2	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>levetiracetam</i>)	2	
LAMICTAL ODT ORAL KIT (<i>lamotrigine</i>)	2	
LAMICTAL ODT ORAL TABLET DISPERSIBLE (<i>lamotrigine</i>)	2	
LAMICTAL ORAL TABLET (<i>lamotrigine</i>)	2	
LAMICTAL ORAL TABLET CHEWABLE (<i>lamotrigine</i>)	2	
LAMICTAL STARTER ORAL KIT (<i>lamotrigine</i>)	3	
LAMICTAL XR ORAL KIT (<i>lamotrigine</i>)	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>lamotrigine</i>)	3	
<i>lamotrigine er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>lamotrigine oral kit</i>	1 or 1b*	
<i>lamotrigine oral tablet</i>	1 or 1b*	
<i>lamotrigine oral tablet chewable</i>	1 or 1b*	
<i>lamotrigine oral tablet dispersible</i>	1 or 1b*	
<i>lamotrigine starter kit-blue oral kit</i>	1 or 1b*	
<i>lamotrigine starter kit-green oral kit</i>	1 or 1b*	
<i>lamotrigine starter kit-orange oral kit</i>	1 or 1b*	
<i>levetiracetam er oral tablet extended release 24 hour</i>	1 or 1b*	
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION	3	
<i>levetiracetam intravenous solution</i>	1 or 1b*	
<i>levetiracetam oral solution</i>	1 or 1b*	
<i>levetiracetam oral tablet</i>	1 or 1b*	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>pregabalin</i>)	3	QL (3 capsule per 1 day)
LYRICA ORAL CAPSULE 225 MG, 300 MG, 75 MG (<i>pregabalin</i>)	3	QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYRICA ORAL SOLUTION (<i>pregabalin</i>)	3	QL (30 mL per 1 day)
MYSOLINE ORAL TABLET (<i>primidone</i>)	3	
NEURONTIN ORAL CAPSULE 100 MG, 400 MG (<i>gabapentin</i>)	3	QL (6 capsules per 1 day)
NEURONTIN ORAL CAPSULE 300 MG (<i>gabapentin</i>)	3	QL (9 capsules per 1 day)
NEURONTIN ORAL SOLUTION (<i>gabapentin</i>)	3	QL (72 mL per 1 day)
NEURONTIN ORAL TABLET 600 MG (<i>gabapentin</i>)	3	QL (6 tablets per 1 day)
NEURONTIN ORAL TABLET 800 MG (<i>gabapentin</i>)	3	QL (4 tablets per 1 day)
<i>oxcarbazepine oral suspension</i>	1 or 1b*	
<i>oxcarbazepine oral tablet</i>	1 or 1b*	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>oxcarbazepine</i>)	3	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1 or 1b*	QL (3 capsule per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg, 75 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>pregabalin oral solution</i>	1 or 1b*	QL (30 mL per 1 day)
<i>primidone oral tablet</i>	1 or 1b*	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE (<i>topiramate</i>)	3	ST
<i>levetiracetam (Roweepra Oral Tablet)</i>	1 or 1b*	
<i>levetiracetam (Roweepra Xr Oral Tablet Extended Release 24 Hour)</i>	1 or 1b*	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE (<i>levetiracetam</i>)	3	
<i>lamotrigine (Subvenite Oral Tablet)</i>	1 or 1b*	
<i>lamotrigine (Subvenite Starter Kit-Blue Oral Kit)</i>	1 or 1b*	
<i>lamotrigine (Subvenite Starter Kit-Green Oral Kit)</i>	1 or 1b*	
<i>lamotrigine (Subvenite Starter Kit-Orange Oral Kit)</i>	1 or 1b*	
TEGRETOL ORAL SUSPENSION (<i>carbamazepine</i>)	2	
TEGRETOL ORAL TABLET (<i>carbamazepine</i>)	2	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>carbamazepine</i>)	2	
TOPAMAX ORAL TABLET (<i>topiramate</i>)	2	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE (<i>topiramate</i>)	2	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	1 or 1b*	ST
<i>topiramate oral capsule sprinkle</i>	1 or 1b*	
<i>topiramate oral tablet</i>	1 or 1b*	
TRILEPTAL ORAL SUSPENSION (<i>oxcarbazepine</i>)	2	
TRILEPTAL ORAL TABLET (<i>oxcarbazepine</i>)	3	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>topiramate</i>)	2	
VIMPAT INTRAVENOUS SOLUTION (<i>lacosamide</i>)	3	
VIMPAT ORAL SOLUTION (<i>lacosamide</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIMPAT ORAL TABLET (<i>lacosamide</i>)	3	
ZONEGRAN ORAL CAPSULE (<i>zonisamide</i>)	3	
<i>zonisamide oral capsule</i>	1 or 1b*	
*CARBAMATES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>felbamate oral suspension</i>	1 or 1b*	
<i>felbamate oral tablet</i>	1 or 1b*	
FELBATOL ORAL SUSPENSION (<i>felbamate</i>)	2	
FELBATOL ORAL TABLET (<i>felbamate</i>)	2	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>cenobamate</i>)	3	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>cenobamate</i>)	3	
XCOPRI ORAL TABLET (<i>cenobamate</i>)	3	
XCOPRI ORAL TABLET THERAPY PACK (<i>cenobamate</i>)	3	
*GABA MODULATORS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
GABITRIL ORAL TABLET (<i>tiagabine hcl</i>)	2	
SABRIL ORAL PACKET (<i>vigabatrin</i>)	3	LD; SP
SABRIL ORAL TABLET (<i>vigabatrin</i>)	3	LD; SP
<i>tiagabine hcl oral tablet</i>	1 or 1b*	
<i>vigabatrin oral packet</i>	1 or 1b*	LD; SP
<i>vigabatrin oral tablet</i>	1 or 1b*	LD; SP
<i>vigabatrin (Vigadrone Oral Packet)</i>	1 or 1b*	LD; SP
*HYDANTOINS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
CEREBYX INJECTION SOLUTION (<i>fosphenytoin sodium</i>)	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE (<i>phenytoin</i>)	2	
DILANTIN ORAL CAPSULE (<i>phenytoin sodium extended</i>)	2	
DILANTIN ORAL SUSPENSION (<i>phenytoin</i>)	2	
<i>fosphenytoin sodium injection solution</i>	1 or 1b*	
PEGANONE ORAL TABLET (<i>ethotoin</i>)	3	
PHENYTEK ORAL CAPSULE (<i>phenytoin sodium extended</i>)	2	
<i>phenytoin (Phenytoin Infatabs Oral Tablet Chewable)</i>	1 or 1b*	
<i>phenytoin oral suspension</i>	1 or 1b*	
<i>phenytoin oral tablet chewable</i>	1 or 1b*	
<i>phenytoin sodium extended oral capsule</i>	1 or 1b*	
<i>phenytoin sodium injection solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SUCCINIMIDES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
CELONTIN ORAL CAPSULE (<i>methsuximide</i>)	3	
<i>ethosuximide oral capsule</i>	1 or 1b*	
<i>ethosuximide oral solution</i>	1 or 1b*	
ZARONTIN ORAL CAPSULE (<i>ethosuximide</i>)	2	
ZARONTIN ORAL SOLUTION (<i>ethosuximide</i>)	2	
*VALPROIC ACID*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
DEPACON INTRAVENOUS SOLUTION (<i>valproate sodium</i>)	2	
DEPAKENE ORAL CAPSULE (<i>valproic acid</i>)	2	
DEPAKENE ORAL SOLUTION (<i>valproate sodium</i>)	2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>divalproex sodium</i>)	2	
DEPAKOTE ORAL TABLET DELAYED RELEASE (<i>divalproex sodium</i>)	2	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE (<i>divalproex sodium</i>)	2	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1 or 1b*	
<i>divalproex sodium oral tablet delayed release</i>	1 or 1b*	
<i>valproate sodium intravenous solution</i>	1 or 1b*	
<i>valproic acid oral capsule</i>	1 or 1b*	
<i>valproic acid oral solution</i>	1 or 1b*	
*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK (<i>memantine hcl-donepezil hcl</i>)	2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>memantine hcl-donepezil hcl</i>)	2	
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** - DRUGS FOR DEPRESSION		
<i>mirtazapine oral tablet</i>	1 or 1b*	
<i>mirtazapine oral tablet dispersible</i>	1 or 1b*	
REMERON ORAL TABLET (<i>mirtazapine</i>)	3	
REMERON SOLTAB ORAL TABLET DISPERSIBLE (<i>mirtazapine</i>)	3	
*ANTIDEPRESSANTS - MISC.*** - DRUGS FOR DEPRESSION		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG (<i>bupropion hbr</i>)	3	ST; DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG, 522 MG (<i>bupropion hbr</i>)	3	ST; QL (1 tablet per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	1 or 1b*	DO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg</i>	1 or 1b*	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1 or 1b*	DO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1 or 1b*	QL (4.5 tablet per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1 or 1b*	DO
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>bupropion hcl</i>)	3	ST; QL (1 tablet per 1 day)
<i>maprotiline hcl oral tablet</i>	1 or 1b*	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG (<i>bupropion hcl</i>)	3	ST; DO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG (<i>bupropion hcl</i>)	3	ST
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG (<i>bupropion hcl</i>)	3	DO
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG (<i>bupropion hcl</i>)	3	QL (1 tablet per 1 day)
*MODIFIED CYCLICS*** - DRUGS FOR DEPRESSION		
<i>nefazodone hcl oral tablet</i>	1 or 1b*	
<i>trazodone hcl oral tablet</i>	1 or 1a*	
TRINTELLIX ORAL TABLET 10 MG, 5 MG (<i>vortioxetine hbr</i>)	3	DO
TRINTELLIX ORAL TABLET 20 MG (<i>vortioxetine hbr</i>)	3	QL (1 tablet per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG (<i>vilazodone hcl</i>)	3	ST; DO
VIIBRYD ORAL TABLET 40 MG (<i>vilazodone hcl</i>)	3	ST; QL (1 tablet per 1 day)
VIIBRYD STARTER PACK ORAL KIT (<i>vilazodone hcl</i>)	3	ST; QL (1 pack per 365 days)
*MONOAMINE OXIDASE INHIBITORS (MAOIS)*** - DRUGS FOR DEPRESSION		
EMSAM TRANSDERMAL PATCH 24 HOUR (<i>selegiline</i>)	3	
MARPLAN ORAL TABLET (<i>isocarboxazid</i>)	3	
NARDIL ORAL TABLET (<i>phenelzine sulfate</i>)	3	
PARNATE ORAL TABLET (<i>tranylcypromine sulfate</i>)	3	
<i>phenelzine sulfate oral tablet</i>	1 or 1b*	
<i>tranylcypromine sulfate oral tablet</i>	1 or 1b*	
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** - DRUGS FOR DEPRESSION		
CELEXA ORAL TABLET 10 MG, 20 MG (<i>citalopram hydrobromide</i>)	3	ST; DO
CELEXA ORAL TABLET 40 MG (<i>citalopram hydrobromide</i>)	3	ST; QL (1 tablet per 1 day)
<i>citalopram hydrobromide oral solution</i>	1 or 1b*	QL (20 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	1 or 1b*	DO
<i>citalopram hydrobromide oral tablet 40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>escitalopram oxalate oral solution</i>	1 or 1b*	QL (20 mL per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1 or 1b*	DO
<i>escitalopram oxalate oral tablet 20 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	1 or 1b*	DO
<i>fluoxetine hcl oral capsule 20 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>fluoxetine hcl oral capsule delayed release</i>	1 or 1b*	QL (4 capsules per 28 days)
<i>fluoxetine hcl oral solution</i>	1 or 1b*	QL (20 mL per 1 day)
<i>fluoxetine hcl oral tablet 10 mg</i>	1 or 1b*	DO
<i>fluoxetine hcl oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
FLUOXETINE HCL ORAL TABLET 60 MG	3	QL (1 tablet per 1 day)
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>fluvoxamine maleate oral tablet 100 mg</i>	1 or 1b*	QL (3 tablet per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	1 or 1b*	DO
LEXAPRO ORAL TABLET 10 MG, 5 MG (escitalopram oxalate)	3	ST; DO
LEXAPRO ORAL TABLET 20 MG (escitalopram oxalate)	3	ST; QL (1 tablet per 1 day)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	1 or 1b*	DO
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	1 or 1b*	DO
<i>paroxetine hcl oral tablet 30 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>paroxetine hcl oral tablet 40 mg</i>	1 or 1b*	QL (1.5 tablet per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG (paroxetine hcl)	3	ST; DO
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 37.5 MG (paroxetine hcl)	3	ST; QL (2 tablets per 1 day)
PAXIL ORAL SUSPENSION (paroxetine hcl)	3	ST; QL (30 mL per 1 day)
PAXIL ORAL TABLET 10 MG, 20 MG (paroxetine hcl)	3	ST; DO
PAXIL ORAL TABLET 30 MG (paroxetine hcl)	3	ST; QL (2 tablets per 1 day)
PAXIL ORAL TABLET 40 MG (paroxetine hcl)	3	ST; QL (1.5 tablet per 1 day)
PEXEVA ORAL TABLET 10 MG, 20 MG (paroxetine mesylate)	3	ST; DO
PEXEVA ORAL TABLET 30 MG (paroxetine mesylate)	3	ST; QL (2 tablets per 1 day)
PEXEVA ORAL TABLET 40 MG (paroxetine mesylate)	3	ST; QL (1.5 tablet per 1 day)
PROZAC ORAL CAPSULE 10 MG (fluoxetine hcl)	3	ST; DO
PROZAC ORAL CAPSULE 20 MG (fluoxetine hcl)	3	ST; QL (4 capsules per 1 day)
PROZAC ORAL CAPSULE 40 MG (fluoxetine hcl)	3	ST; QL (2 capsules per 1 day)
<i>sertraline hcl oral concentrate</i>	1 or 1b*	QL (10 mL per 1 day)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg	1 or 1b*	QL (1 tablet per 1 day)
venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg, 75 mg	1 or 1b*	DO
venlafaxine hcl oral tablet	1 or 1b*	QL (3 tablet per 1 day)
*TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
amitriptyline hcl oral tablet	1 or 1a*	
amoxapine oral tablet	1 or 1b*	
ANAFRANIL ORAL CAPSULE (clomipramine hcl)	3	
clomipramine hcl oral capsule	1 or 1b*	
desipramine hcl oral tablet	1 or 1b*	
doxepin hcl oral capsule	1 or 1b*	
doxepin hcl oral concentrate	1 or 1b*	
imipramine hcl oral tablet	1 or 1b*	
imipramine pamoate oral capsule	1 or 1b*	
NORPRAMIN ORAL TABLET (desipramine hcl)	3	
nortriptyline hcl oral capsule	1 or 1b*	
nortriptyline hcl oral solution	1 or 1b*	
PAMELOR ORAL CAPSULE (nortriptyline hcl)	3	
protriptyline hcl oral tablet	1 or 1b*	
SURMONTIL ORAL CAPSULE (trimipramine maleate)	3	
TOFRANIL ORAL TABLET (imipramine hcl)	3	
trimipramine maleate oral capsule	1 or 1b*	
ANTIDIABETICS - HORMONES		
*ALPHA-GLUCOSIDASE INHIBITORS*** - DRUGS FOR DIABETES		
acarbose oral tablet	1 or 1b*	
GLYSET ORAL TABLET (miglitol)	3	
miglitol oral tablet	1 or 1b*	
PRECOSE ORAL TABLET (acarbose)	3	
*ANTIDIABETIC - AMYLIN ANALOGS*** - DRUGS FOR DIABETES		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR (pramlintide acetate)	2	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR (pramlintide acetate)	2	
*BIGUANIDES*** - DRUGS FOR DIABETES		
FORTAMET ORAL TABLET EXTENDED RELEASE 24 HOUR (metformin hcl)	3	ST
GLUCOPHAGE ORAL TABLET (metformin hcl)	3	
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (metformin hcl)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOPHAGE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG (<i>metformin hcl</i>)	3	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>metformin hcl</i>)	3	ST
<i>metformin hcl er (mod) oral tablet extended release 24 hour</i>	3	ST; generic Glumetza
<i>metformin hcl er (osm) oral tablet extended release 24 hour</i>	3	ST; generic Fortamet
<i>metformin hcl er oral tablet extended release 24 hour</i>	1 or 1b*	generic Glucophage XR
<i>metformin hcl oral solution</i>	1 or 1b*	PA; QL (2 bottles per 30 days)
<i>metformin hcl oral tablet</i>	1 or 1b*	
RIOMET ER ORAL SUSPENSION RECONSTITUTED ER (<i>metformin hcl</i>)	3	PA; QL (2 bottles per 30 days)
RIOMET ORAL SOLUTION (<i>metformin hcl</i>)	3	PA; QL (2 bottles per 30 days)
*DIABETIC OTHER*** - DRUGS FOR DIABETES		
BAQSIMI ONE PACK NASAL POWDER (<i>glucagon</i>)	3	QL (2 packs per 30 days)
BAQSIMI TWO PACK NASAL POWDER (<i>glucagon</i>)	3	QL (1 pack per 30 days)
<i>diazoxide oral suspension</i>	1 or 1b*	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED (<i>glucagon hcl (rdna)</i>)	2	
GLUCAGON EMERGENCY INJECTION KIT (<i>glucagon (rdna)</i>)	2	
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED (<i>glucagon hcl</i>)	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>glucagon</i>)	3	QL (2 packs per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>glucagon</i>)	3	QL (2 packs per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>glucagon</i>)	3	QL (2 packs per 30 days)
PROGLYCEM ORAL SUSPENSION (<i>diazoxide</i>)	3	
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** - DRUGS FOR DIABETES		
<i>alogliptin benzoate oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
JANUVIA ORAL TABLET (<i>sitagliptin phosphate</i>)	2	ST; QL (1 tablet per 1 day)
NESINA ORAL TABLET (<i>alogliptin benzoate</i>)	3	ST; QL (1 tablet per 1 day)
ONGLYZA ORAL TABLET (<i>saxagliptin hcl</i>)	3	ST; QL (1 tablet per 1 day)
TRADJENTA ORAL TABLET (<i>linagliptin</i>)	2	ST; DO
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>alogliptin-metformin hcl oral tablet</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
JANUMET ORAL TABLET (<i>sitagliptin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (<i>sitagliptin-metformin hcl</i>)	2	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
JENTADUETO ORAL TABLET (<i>linagliptin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	ST; QL (1 tablet per 1 day)
KAZANO ORAL TABLET (<i>alogliptin-metformin hcl</i>)	3	ST; QL (2 tablets per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>saxagliptin-metformin</i>)	3	ST; QL (2 tablets per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG (<i>saxagliptin-metformin</i>)	3	ST; QL (1 tablet per 1 day)
*DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES*** - DRUGS FOR DIABETES		
CYCLOSET ORAL TABLET (<i>bromocriptine mesylate</i>)	3	
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>alogliptin-pioglitazone oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
OSENI ORAL TABLET (<i>alogliptin-pioglitazone</i>)	3	ST; QL (1 tablet per 1 day)
*HUMAN INSULIN*** - DRUGS FOR DIABETES		
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	3	ST; QL (30 mL per 30 days)
ADMELOG SUBCUTANEOUS SOLUTION (<i>insulin lispro</i>)	3	ST; QL (30 mL per 30 days)
AFREZZA INHALATION POWDER 12 UNIT (<i>insulin regular human</i>)	3	PA; QL (9 cartridges per 1 day)
AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 8 UNIT (<i>insulin regular human</i>)	3	PA; QL (12 cartridges per 1 day)
AFREZZA INHALATION POWDER 4 UNIT, 90 X 4 UNIT & 90X8 UNIT (<i>insulin regular human</i>)	3	PA; QL (18 cartridges per 1 day)
AFREZZA INHALATION POWDER 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	3	PA; QL (2 boxes per 30 days)
APIDRA INJECTION SOLUTION (<i>insulin glulisine</i>)	3	ST; QL (30 mL per 30 days)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glulisine</i>)	3	ST; QL (30 mL per 30 days)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	3	ST; QL (30 mL per 30 days)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin aspart (w/niacinamide)</i>)	3	ST; QL (30 mL per 30 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin aspart (w/niacinamide)</i>)	3	ST; QL (30 mL per 30 days)
FIASP SUBCUTANEOUS SOLUTION (<i>insulin aspart (w/niacinamide)</i>)	3	ST; QL (30 mL per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	2	QL (30 mL per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	2	QL (30 mL per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	2	QL (30 mL per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	2	QL (30 mL per 30 days)
HUMULIN R INJECTION SOLUTION (<i>insulin regular human</i>)	2	QL (30 mL per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION (<i>insulin regular human</i>)	2	PA; QL (20 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	2	PA; QL (18 mL per 30 days)
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	QL (30 mL per 30 days)
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (30 mL per 30 days)
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL (30 mL per 30 days)
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION	3	ST; QL (30 mL per 30 days)
INSULIN ASPART SUBCUTANEOUS SOLUTION	3	ST; QL (30 mL per 30 days)
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 mL per 30 days)
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 mL per 30 days)
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL (30 mL per 30 days)
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	QL (30 mL per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION (<i>insulin glargine</i>)	2	QL (30 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEVEMIR FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin detemir</i>)	2	QL (30 mL per 30 days)
LEVEMIR SUBCUTANEOUS SOLUTION (<i>insulin detemir</i>)	2	QL (30 mL per 30 days)
MYXREDLIN INTRAVENOUS SOLUTION (<i>insulin regular(human) in nacl</i>)	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN R INJECTION SOLUTION (<i>insulin regular human</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN R RELION INJECTION SOLUTION (<i>insulin regular human</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin aspart prot & aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin aspart prot & aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG SUBCUTANEOUS SOLUTION (<i>insulin aspart</i>)	3	ST; QL (30 mL per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (12 mL per 30 days)
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (13.5 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin degludec</i>)	3	ST; QL (30 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (<i>insulin degludec</i>)	3	ST; QL (18 mL per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION (<i>insulin degludec</i>)	3	ST; QL (30 mL per 30 days)
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES		
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT (<i>lixisenatide</i>)	3	ST; QL (2 pen per 365 days)
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>lixisenatide</i>)	3	ST; QL (2 pens per 28 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR (<i>exenatide</i>)	2	ST; QL (4 vial per 28 days)
BYDUREON SUBCUTANEOUS PEN-INJECTOR (<i>exenatide</i>)	2	ST; QL (4 vial per 28 days)
BYDUREON SUBCUTANEOUS SUSPENSION RECONSTITUTED ER (<i>exenatide</i>)	2	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>exenatide</i>)	2	ST; QL (1 pens per 30 days)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>exenatide</i>)	2	ST; QL (1 pens per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	2	ST; QL (1 pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	2	ST; QL (2 pens per 28 days)
RYBELSUS ORAL TABLET 14 MG, 7 MG (<i>semaglutide</i>)	3	ST; QL (1 carton per 30 days)
RYBELSUS ORAL TABLET 3 MG (<i>semaglutide</i>)	3	ST; QL (1 carton per 1 fill)
TANZEUM SUBCUTANEOUS PEN-INJECTOR 30 MG (<i>albiglutide</i>)	3	ST; QL (4 syringes per 28 days)
TANZEUM SUBCUTANEOUS PEN-INJECTOR 50 MG (<i>albiglutide</i>)	3	ST; QL (4 pens per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>dulaglutide</i>)	2	ST; QL (4 pens per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>liraglutide</i>)	2	ST; QL (1 box per 30 days)
*MEGLITINIDE ANALOGUES*** - DRUGS FOR DIABETES		
<i>nateglinide oral tablet</i>	1 or 1b*	
PRANDIN ORAL TABLET (<i>repaglinide</i>)	3	
<i>repaglinide oral tablet</i>	1 or 1b*	
STARLIX ORAL TABLET (<i>nateglinide</i>)	3	
*MEGLITINIDE-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>repaglinide-metformin hcl oral tablet</i>	1 or 1b*	
*PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR DIABETES		
KORLYM ORAL TABLET (<i>mifepristone</i>)	4	PA; LD
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** - DRUGS FOR DIABETES		
FARXIGA ORAL TABLET (<i>dapagliflozin propanediol</i>)	2	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVOKANA ORAL TABLET (<i>canagliflozin</i>)	3	ST; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET (<i>empagliflozin</i>)	2	ST; QL (1 tablet per 1 day)
STEGLATRO ORAL TABLET (<i>ertugliflozin l-pyroglutamicac</i>)	3	ST; QL (1 tablet per 1 day)
*SULFONYLUREA-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>glipizide-metformin hcl oral tablet</i>	1 or 1b*	ST
GLUCOVANCE ORAL TABLET (<i>glyburide-metformin</i>)	3	ST
<i>glyburide-metformin oral tablet</i>	1 or 1b*	ST
*SULFONYLUREAS*** - DRUGS FOR DIABETES		
AMARYL ORAL TABLET (<i>glimepiride</i>)	3	ST
<i>chlorpropamide oral tablet</i>	1 or 1b*	
<i>glimepiride oral tablet</i>	1 or 1b*	ST
<i>glipizide er oral tablet extended release 24 hour</i>	1 or 1a*	ST
<i>glipizide oral tablet</i>	1 or 1a*	ST
<i>glipizide xl oral tablet extended release 24 hour</i>	1 or 1a*	ST
GLUCOTROL ORAL TABLET (<i>glipizide</i>)	3	ST
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>glipizide</i>)	3	ST
<i>glyburide micronized oral tablet</i>	1 or 1b*	ST
<i>glyburide oral tablet</i>	1 or 1b*	ST
GLYNASE ORAL TABLET (<i>glyburide micronized</i>)	3	ST
<i>tolazamide oral tablet</i>	1 or 1b*	
<i>tolbutamide oral tablet</i>	1 or 1b*	ST
*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES		
DUETACT ORAL TABLET (<i>pioglitazone hcl-glimepiride</i>)	3	ST; QL (1 tablet per 1 day)
<i>pioglitazone hcl-glimepiride oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS* - DRUGS FOR DIABETES		
ACTOPLUS MET ORAL TABLET (<i>pioglitazone hcl-metformin hcl</i>)	3	ST; QL (3 tablet per 1 day)
ACTOPLUS MET XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>pioglitazone hcl-metformin hcl</i>)	2	ST; QL (3 tablet per 1 day)
<i>pioglitazone hcl-metformin hcl oral tablet</i>	1 or 1b*	ST; QL (3 tablets per 1 day)
*THIAZOLIDINEDIONES*** - DRUGS FOR DIABETES		
ACTOS ORAL TABLET (<i>pioglitazone hcl</i>)	3	ST; QL (1 tablet per 1 day)
AVANDIA ORAL TABLET (<i>rosiglitazone maleate</i>)	3	ST; QL (2 tablets per 1 day)
<i>pioglitazone hcl oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH		
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.*** - DRUGS FOR DIARRHEA		
PROVAD ORAL CAPSULE	2	
VSL#3 DS ORAL PACKET (<i>probiotic product</i>)	2	
*ANTIDIARRHEAL/PROBIOTIC COMBINATIONS*** - DRUGS FOR DIARRHEA		
RESTORA RX ORAL CAPSULE (<i>lactobacillus casei-folic acid</i>)	3	
RESTORA SPRINKLES ORAL PACKET (<i>lactobacillus casei-folic acid</i>)	3	
ANTIDIARRHEALS - DRUGS FOR THE STOMACH		
*ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS*** - DRUGS FOR DIARRHEA		
MYTESI ORAL TABLET DELAYED RELEASE (<i>crofelemer</i>)	3	PA; QL (2 tablets per 1 day)
*ANTIDIARRHEAL AGENTS - MISC.*** - DRUGS FOR DIARRHEA		
PROVAD ORAL CAPSULE	2	
VSL#3 DS ORAL PACKET (<i>probiotic product</i>)	2	
*ANTIDIARRHEAL COMBINATIONS*** - DRUGS FOR DIARRHEA		
RESTORA RX ORAL CAPSULE (<i>lactobacillus casei-folic acid</i>)	3	
RESTORA SPRINKLES ORAL PACKET (<i>lactobacillus casei-folic acid</i>)	3	
*ANTIPERISTALTIC AGENTS*** - DRUGS FOR DIARRHEA		
diphenoxylate-atropine oral liquid	1 or 1b*	
diphenoxylate-atropine oral tablet	1 or 1b*	
LOMOTIL ORAL TABLET (<i>diphenoxylate-atropine</i>)	3	
loperamide hcl oral capsule	1 or 1b*	
MOTOFEN ORAL TABLET (<i>difenoxin-atropine</i>)	3	
*ANTIDOTE COMBINATIONS*** - DRUGS FOR OVERDOSE OR POISONING		
*ANTIDOTE COMBINATIONS*** - DRUGS FOR OVERDOSE OR POISONING		
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR (<i>atropine-pralidoxime chloride</i>)	3	
NITHIODOLE INTRAVENOUS KIT (<i>sodium nitrite-sod thiosulfate</i>)	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
*ANTIDOTES AND SPECIFIC ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
ACETADOTE INTRAVENOUS SOLUTION (<i>acetylcysteine</i>)	3	
acetylcysteine intravenous solution	1 or 1b*	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED (<i>coag fact xa inactivated-zhzo</i>)	3	

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BAL IN OIL INTRAMUSCULAR SOLUTION	3	
BRIDION INTRAVENOUS SOLUTION (<i>sugammadex sodium</i>)	3	
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION	3	
CETYLEV ORAL TABLET EFFERVESCENT (<i>acetylcysteine</i>)	3	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED (<i>hydroxocobalamin</i>)	3	
<i>deferoxamine mesylate injection solution reconstituted</i>	4	SP
DESFERAL INJECTION SOLUTION RECONSTITUTED (<i>deferoxamine mesylate</i>)	4	SP
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>digoxin immune fab</i>)	3	
<i>fomepizole intravenous solution</i>	1 or 1b*	
<i>methylene blue injection solution</i>	1 or 1b*	
PRALIDOXIME CHLORIDE INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
PRAXBIND INTRAVENOUS SOLUTION (<i>idarucizumab</i>)	3	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED (<i>pralidoxime chloride</i>)	3	
PROVAYBLUE INTRAVENOUS SOLUTION (<i>methylene blue (antidote)</i>)	3	
RADIOGARDASE ORAL CAPSULE (<i>prussian blue insoluble</i>)	3	
SODIUM NITRITE INTRAVENOUS SOLUTION	3	
VISTOGARD ORAL PACKET (<i>uridine triacetate</i>)	3	PA; LD; QL (20 packets per 30 days)
ANTIDOTES - DRUGS FOR OVERDOSE OR POISONING		
*ANTIDOTE COMBINATIONS AND KITS*** - DRUGS FOR OVERDOSE OR POISONING		
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR (<i>atropine-pralidoxime chloride</i>)	3	
NITHIODOTE INTRAVENOUS KIT (<i>sodium nitrite-sod thiosulfate</i>)	3	
*ANTIDOTES - CHELATING AGENTS*** - DRUGS FOR OVERDOSE OR POISONING		
CHEMET ORAL CAPSULE (<i>succimer</i>)	3	
<i>deferasirox oral tablet 180 mg</i>	4	SP
<i>deferasirox oral tablet 360 mg, 90 mg</i>	4	PA; SP
<i>deferasirox oral tablet soluble</i>	4	PA; SP
EXJADE ORAL TABLET SOLUBLE (<i>deferasirox</i>)	4	PA; LD; SP
FERRIPROX ORAL SOLUTION (<i>deferiprone</i>)	4	PA; LD
FERRIPROX ORAL TABLET (<i>deferiprone</i>)	4	PA; LD
JADENU ORAL TABLET (<i>deferasirox</i>)	4	PA; LD; SP
JADENU SPRINKLE ORAL PACKET (<i>deferasirox</i>)	4	PA; LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION	3	
PENTETATE ZINC TRISODIUM COMBINATION SOLUTION	3	
*ANTIDOTES*** - DRUGS FOR OVERDOSE OR POISONING		
ACETADOTE INTRAVENOUS SOLUTION (<i>acetylcysteine</i>)	3	
<i>acetylcysteine intravenous solution</i>	1 or 1b*	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED (<i>coag fact xa inactivated-zhzo</i>)	3	
BAL IN OIL INTRAMUSCULAR SOLUTION	3	
BRIDION INTRAVENOUS SOLUTION (<i>sugammadex sodium</i>)	3	
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION	3	
CETYLEV ORAL TABLET EFFERVESCENT (<i>acetylcysteine</i>)	3	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED (<i>hydroxocobalamin</i>)	3	
<i>deferoxamine mesylate injection solution reconstituted</i>	4	SP
DESFERAL INJECTION SOLUTION RECONSTITUTED (<i>deferoxamine mesylate</i>)	4	SP
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>digoxin immune fab</i>)	3	
<i>fomepizole intravenous solution</i>	1 or 1b*	
<i>methylene blue injection solution</i>	1 or 1b*	
PRALIDOXIME CHLORIDE INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
PRAXBIND INTRAVENOUS SOLUTION (<i>idarucizumab</i>)	3	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED (<i>pralidoxime chloride</i>)	3	
PROVAYBLUE INTRAVENOUS SOLUTION (<i>methylene blue (antidote)</i>)	3	
RADIOGARDASE ORAL CAPSULE (<i>prussian blue insoluble</i>)	3	
SODIUM NITRITE INTRAVENOUS SOLUTION	3	
VISTOGARD ORAL PACKET (<i>uridine triacetate</i>)	3	PA; LD; QL (20 packets per 30 days)
*BENZODIAZEPINE ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
<i>flumazenil intravenous solution</i>	1 or 1b*	
*OPIOID ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
EVZIO INJECTION SOLUTION AUTO-INJECTOR 0.4 MG/0.4ML (<i>naloxone hcl</i>)	3	ST; QL (6 auto-injector per 90 days)
EVZIO INJECTION SOLUTION AUTO-INJECTOR 2 MG/0.4ML (<i>naloxone hcl</i>)	3	PA; QL (6 auto-injector per 90 days)
<i>naloxone hcl injection solution</i>	1 or 1b*	QL (6 vial per 90 days)
<i>naloxone hcl injection solution auto-injector</i>	3	ST; QL (6 auto-injector per 90 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>naloxone hcl injection solution cartridge</i>	1 or 1b*	QL (6 syringe per 90 days)
<i>naloxone hcl injection solution prefilled syringe</i>	1 or 1b*	QL (6 syringe per 90 days)
<i>naltrexone hcl oral tablet</i>	1 or 1b*	
NARCAN NASAL LIQUID (<i>naloxone hcl</i>)	2	QL (6 nasal spray per 90 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>naltrexone</i>)	4	SP; QL (1 vial per 28 days)
ANTIEMETICS - DRUGS FOR THE STOMACH		
*5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
ALOXI INTRAVENOUS SOLUTION (<i>palonosetron hcl</i>)	3	PA
ANZEMET ORAL TABLET (<i>dolasetron mesylate</i>)	3	QL (5 tablets per 30 days)
<i>granisetron hcl intravenous solution</i>	1 or 1b*	
<i>granisetron hcl oral tablet</i>	1 or 1b*	QL (10 tablets per 30 days)
<i>ondansetron hcl injection solution</i>	1 or 1b*	
<i>ondansetron hcl oral solution</i>	1 or 1b*	QL (8 mL per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	1 or 1b*	QL (8 tablet per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	1 or 1b*	QL (48 tablets per 30 days)
<i>ondansetron hcl oral tablet 8 mg</i>	1 or 1b*	QL (24 tablets per 30 days)
ONDANSETRON HCL-DEXTROSE INTRAVENOUS SOLUTION	3	
ONDANSETRON HCL-NACL INTRAVENOUS SOLUTION	3	
<i>ondansetron oral tablet dispersible 4 mg</i>	1 or 1b*	QL (48 tablets per 30 days)
<i>ondansetron oral tablet dispersible 8 mg</i>	1 or 1b*	QL (24 tablets per 30 days)
PALONOSETRON HCL INTRAVENOUS SOLUTION	3	PA
<i>palonosetron hcl intravenous solution prefilled syringe</i>	1 or 1b*	PA
SANCUSO TRANSDERMAL PATCH (<i>granisetron</i>)	3	QL (4 patches per 28 days)
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE (<i>granisetron</i>)	3	
ZOFRAN ODT ORAL TABLET DISPERSIBLE 4 MG (<i>ondansetron</i>)	3	QL (48 tablets per 30 days)
ZOFRAN ODT ORAL TABLET DISPERSIBLE 8 MG (<i>ondansetron</i>)	3	QL (24 tablets per 30 days)
ZOFRAN ORAL SOLUTION (<i>ondansetron hcl</i>)	3	QL (8 mL per 1 day)
ZOFRAN ORAL TABLET 4 MG (<i>ondansetron hcl</i>)	3	QL (48 tablets per 30 days)
ZOFRAN ORAL TABLET 8 MG (<i>ondansetron hcl</i>)	3	QL (24 tablets per 30 days)
ZUPLENZ ORAL FILM 4 MG (<i>ondansetron</i>)	3	QL (48 films per 30 days)
ZUPLENZ ORAL FILM 8 MG (<i>ondansetron</i>)	3	QL (24 films per 30 days)
*ANTIEMETIC COMBINATIONS*** - DRUGS FOR VOMITING AND NAUSEA		
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED (<i>fosnetupitant-palonosetron</i>)	3	PA; QL (5 vials per 30 days)
AKYNZEO ORAL CAPSULE (<i>netupitant-palonosetron</i>)	3	QL (5 capsules per 25 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BONJESTA ORAL TABLET EXTENDED RELEASE (<i>doxylamine-pyridoxine</i>)	3	PA; QL (4 tablet per 1 day)
DICLEGIS ORAL TABLET DELAYED RELEASE (<i>doxylamine-pyridoxine</i>)	3	PA; QL (4 tablet per 1 day)
<i>doxylamine-pyridoxine oral tablet delayed release</i>	1 or 1b*	PA; QL (4 tablet per 1 day)
*ANTIEMETICS - ANTICHOLINERGIC*** - DRUGS FOR VOMITING AND NAUSEA		
DIMENHYDRINATE INJECTION SOLUTION	3	
<i>meclizine hcl oral tablet</i>	1 or 1a*	
<i>scopolamine transdermal patch 72 hour</i>	1 or 1b*	
TIGAN INTRAMUSCULAR SOLUTION (<i>trimethobenzamide hcl</i>)	3	
TIGAN ORAL CAPSULE (<i>trimethobenzamide hcl</i>)	3	
TRANSDERM SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR (<i>scopolamine base</i>)	3	
TRANSDERM-SCOP (1.5 MG) TRANSDERMAL PATCH 72 HOUR (<i>scopolamine base</i>)	3	
<i>trimethobenzamide hcl oral capsule</i>	1 or 1b*	
*ANTIEMETICS - MISCELLANEOUS*** - DRUGS FOR VOMITING AND NAUSEA		
CESAMET ORAL CAPSULE (<i>nabilone</i>)	3	
<i>dronabinol oral capsule</i>	1 or 1b*	
MARINOL ORAL CAPSULE (<i>dronabinol</i>)	3	
SYNDROS ORAL SOLUTION (<i>dronabinol</i>)	3	
*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
<i>aprepitant oral capsule 125 mg</i>	1 or 1b*	QL (5 capsules per 25 days)
<i>aprepitant oral capsule 40 mg</i>	1 or 1b*	QL (1 capsule per 1 fill)
<i>aprepitant oral capsule 80 & 125 mg</i>	1 or 1b*	QL (15 capsules per 25 days)
<i>aprepitant oral capsule 80 mg</i>	1 or 1b*	QL (10 capsules per 25 days)
CINVANTI INTRAVENOUS EMULSION (<i>aprepitant</i>)	3	PA; QL (5 vials per 30 days)
EMEND INTRAVENOUS SOLUTION RECONSTITUTED (<i>fosaprepitant dimeglumine</i>)	3	PA; QL (5 vial per 30 days)
EMEND ORAL CAPSULE 125 MG (<i>aprepitant</i>)	3	QL (5 capsules per 25 days)
EMEND ORAL CAPSULE 40 MG (<i>aprepitant</i>)	3	QL (1 capsule per 1 fill)
EMEND ORAL CAPSULE 80 MG (<i>aprepitant</i>)	3	QL (10 capsules per 25 days)
EMEND ORAL SUSPENSION RECONSTITUTED (<i>aprepitant</i>)	3	QL (15 kit per 30 days)
EMEND TRI-PACK ORAL CAPSULE (<i>aprepitant</i>)	3	QL (15 capsules per 25 days)
<i>fosaprepitant dimeglumine intravenous solution reconstituted</i>	1 or 1b*	PA; QL (5 vial per 30 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK (<i>rolapitant hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIFUNGALS - DRUGS FOR INFECTIONS		
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)*** - DRUGS FOR FUNGUS		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED (caspofungin acetate)	3	
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	3	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED (anidulafungin)	3	
micafungin sodium intravenous solution reconstituted	1 or 1b*	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED (micafungin sodium)	3	
*ANTIFUNGALS*** - DRUGS FOR FUNGUS		
ABELCET INTRAVENOUS SUSPENSION (amphotericin b lipid)	3	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED (amphotericin b liposome)	3	
amphotericin b intravenous solution reconstituted	1 or 1b*	
ANCOBON ORAL CAPSULE (flucytosine)	3	PA
BIO-STATIN ORAL CAPSULE	3	
bio-statin oral powder	1 or 1b*	
flucytosine oral capsule	1 or 1b*	PA
griseofulvin microsize oral suspension	1 or 1b*	
griseofulvin microsize oral tablet	1 or 1b*	
griseofulvin ultramicrosize oral tablet	1 or 1b*	
nystatin oral tablet	1 or 1b*	
terbinafine hcl oral tablet	1 or 1b*	QL (1 tablet per 1 day)
*IMIDAZOLES*** - DRUGS FOR FUNGUS		
ketoconazole oral tablet	1 or 1b*	QL (2 tablets per 1 day)
*TRIAZOLES*** - DRUGS FOR FUNGUS		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED (isavuconazonium sulfate)	3	PA; QL (1 vial per 1 day)
CRESEMBA ORAL CAPSULE (isavuconazonium sulfate)	3	PA; QL (2 capsules per 1 day)
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML (fluconazole)	3	QL (40 mL per 1 day)
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML (fluconazole)	3	QL (10 mL per 1 day)
DIFLUCAN ORAL TABLET 100 MG (fluconazole)	3	QL (4 tablet per 1 day)
DIFLUCAN ORAL TABLET 150 MG, 200 MG (fluconazole)	3	QL (2 tablets per 1 day)
DIFLUCAN ORAL TABLET 50 MG (fluconazole)	3	QL (8 tablet per 1 day)
fluconazole in dextrose intravenous solution	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUCONAZOLE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/50ML-%	3	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1 or 1b*	
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	1 or 1b*	QL (40 mL per 1 day)
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	1 or 1b*	QL (10 mL per 1 day)
<i>fluconazole oral tablet 100 mg</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>fluconazole oral tablet 150 mg, 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>fluconazole oral tablet 50 mg</i>	1 or 1b*	QL (8 tablet per 1 day)
<i>itraconazole oral capsule</i>	1 or 1b*	PA; QL (4.2 capsules per 1 day)
<i>itraconazole oral solution</i>	1 or 1b*	PA; QL (20 mL per 1 day)
NOXAFIL INTRAVENOUS SOLUTION (posaconazole)	3	
NOXAFIL ORAL SUSPENSION (posaconazole)	3	PA; QL (20 mL per 1 day)
NOXAFIL ORAL TABLET DELAYED RELEASE (posaconazole)	3	PA; QL (8 tablet per 1 day)
ONMEL ORAL TABLET (itraconazole)	3	PA
<i>posaconazole oral tablet delayed release</i>	1 or 1b*	PA; QL (8 tablet per 1 day)
SPORANOX ORAL CAPSULE (itraconazole)	3	PA; QL (4.2 capsules per 1 day)
SPORANOX ORAL SOLUTION (itraconazole)	3	PA; QL (20 mL per 1 day)
SPORANOX PULSEPAK ORAL CAPSULE (itraconazole)	3	PA; QL (4.2 capsules per 1 day)
TOLSURA ORAL CAPSULE	3	PA; QL (126 capsules per 30 days)
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED (voriconazole)	3	
VFEND ORAL SUSPENSION RECONSTITUTED (voriconazole)	3	PA; QL (10 mL per 1 day)
VFEND ORAL TABLET 200 MG (voriconazole)	3	PA; QL (2 tablets per 1 day)
VFEND ORAL TABLET 50 MG (voriconazole)	3	PA; QL (4 tablet per 1 day)
<i>voriconazole intravenous solution reconstituted</i>	1 or 1b*	
<i>voriconazole oral suspension reconstituted</i>	1 or 1b*	PA; QL (10 mL per 1 day)
<i>voriconazole oral tablet 200 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>voriconazole oral tablet 50 mg</i>	1 or 1b*	PA; QL (4 tablet per 1 day)
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
HEMLIBRA SUBCUTANEOUS SOLUTION (emicizumab-kxwh)	4	PA; SP
ANTIHISTAMINES - DRUGS FOR THE LUNGS		
*ANTIHISTAMINES - ALKYLAMINES*** - DRUGS FOR ALLERGIES		
BROMPHENIRAMINE MALEATE INTRAMUSCULAR SOLUTION	3	
<i>brompheniramine tannate oral tablet chewable</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dexchlorpheniramine maleate oral solution</i>	1 or 1b*	
<i>ryclora oral solution</i>	1 or 1b*	
*ANTIHIISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES		
<i>carbinoxamine maleate oral solution</i>	1 or 1b*	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1 or 1b*	
CARBINOXAMINE MALEATE ORAL TABLET 6 MG	3	
<i>clemastine fumarate oral tablet</i>	1 or 1b*	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED (diphenhydramine hcl)	3	
DICOPANOL RAPIDPAQ ORAL SUSPENSION RECONSTITUTED (diphenhydramine hcl)	3	
<i>diphen oral elixir</i>	1 or 1a*	
<i>diphenhydramine hcl injection solution</i>	1 or 1b*	
<i>diphenhydramine hcl oral elixir</i>	1 or 1a*	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE (carbinoxamine maleate)	3	
RYVENT ORAL TABLET (carbinoxamine maleate)	1 or 1b*	
*ANTIHIISTAMINES - NON-SEDATING*** - DRUGS FOR ALLERGIES		
<i>cetirizine hcl oral solution</i>	1 or 1b*	
CLARINEX ORAL SYRUP (desloratadine)	3	
CLARINEX ORAL TABLET (desloratadine)	3	ST
<i>desloratadine oral tablet</i>	1 or 1b*	
<i>desloratadine oral tablet dispersible</i>	1 or 1b*	
<i>levocetirizine dihydrochloride oral solution</i>	1 or 1b*	
<i>levocetirizine dihydrochloride oral tablet</i>	1 or 1b*	
QUZYTIR INTRAVENOUS SOLUTION (cetirizine hcl)	3	
*ANTIHIISTAMINES - PHENOTHIAZINES*** - DRUGS FOR ALLERGIES		
<i>promethazine hcl (Phenadoz Rectal Suppository)</i>	1 or 1b*	
PHENERGAN INJECTION SOLUTION (promethazine hcl)	3	
<i>promethazine hcl injection solution</i>	1 or 1a*	
<i>promethazine hcl oral solution</i>	1 or 1a*	
<i>promethazine hcl oral syrup</i>	1 or 1a*	
<i>promethazine hcl oral tablet</i>	1 or 1a*	
<i>promethazine hcl rectal suppository</i>	1 or 1b*	
<i>promethazine hcl (Promethegan Rectal Suppository)</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTI HISTAMINES - PIPERIDINES*** - DRUGS FOR ALLERGIES		
<i>ciproheptadine hcl oral syrup</i>	1 or 1b*	
<i>ciproheptadine hcl oral tablet</i>	1 or 1b*	
*ANTIHYPERLIPIDEMICS MISC. COMBINATIONS*** - DRUGS FOR THE HEART		
*ANTIHYPERLIPIDEMICS MISC. COMBINATIONS*** - DRUGS FOR CHOLESTEROL		
OMEGA-3 RX COMPLETE ORAL THERAPY PACK	3	
OMEGA-3/D-3 WELLNESS PACK ORAL KIT (<i>omega-3-acid ethyl esters & d3</i>)	3	
SURE RESULT O3D3 SYSTEM ORAL KIT	3	
ANTIHYPERLIPIDEMICS - DRUGS FOR THE HEART		
*ANTIHYPERLIPIDEMICS - MISC.*** - DRUGS FOR CHOLESTEROL		
LOVAZA ORAL CAPSULE (<i>omega-3-acid ethyl esters</i>)	3	PA; QL (4 capsule per 1 day)
<i>omega-3-acid ethyl esters oral capsule</i>	1 or 1b*	PA; QL (4 capsule per 1 day)
<i>triklo oral capsule</i>	1 or 1b*	PA; QL (4 capsule per 1 day)
VASCEPA ORAL CAPSULE 0.5 GM (<i>icosapent ethyl</i>)	2	PA; QL (8 capsules per 1 day)
VASCEPA ORAL CAPSULE 1 GM (<i>icosapent ethyl</i>)	2	PA; QL (4 capsule per 1 day)
*BILE ACID SEQUESTRANTS*** - DRUGS FOR CHOLESTEROL		
<i>cholestyramine light oral packet</i>	1 or 1b*	
<i>cholestyramine light oral powder</i>	1 or 1b*	QL (24 grams per 1 day)
<i>cholestyramine oral packet</i>	1 or 1b*	QL (6 packets per 1 day)
<i>cholestyramine oral powder</i>	1 or 1b*	QL (54 gm per 1 day)
<i>colesevelam hcl oral packet</i>	1 or 1b*	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
COLESTID FLAVORED ORAL GRANULES (<i>colestipol hcl</i>)	3	QL (30 grams per 1 day)
COLESTID FLAVORED ORAL PACKET (<i>colestipol hcl</i>)	3	QL (30 grams per 1 day)
COLESTID ORAL GRANULES (<i>colestipol hcl</i>)	3	QL (30 grams per 1 day)
COLESTID ORAL PACKET (<i>colestipol hcl</i>)	3	QL (30 grams per 1 day)
COLESTID ORAL TABLET (<i>colestipol hcl</i>)	3	QL (16 tablets per 1 day)
<i>colestipol hcl oral granules</i>	1 or 1b*	
<i>colestipol hcl oral packet</i>	1 or 1b*	QL (30 grams per 1 day)
<i>colestipol hcl oral tablet</i>	1 or 1b*	QL (16 tablets per 1 day)
<i>cholestyramine light</i> (Prevalite Oral Packet)	1 or 1b*	
<i>cholestyramine light</i> (Prevalite Oral Powder)	1 or 1b*	QL (24 grams per 1 day)
QUESTRAN LIGHT ORAL POWDER (<i>cholestyramine light</i>)	3	QL (24 grams per 1 day)
QUESTRAN ORAL PACKET (<i>cholestyramine</i>)	3	QL (6 packets per 1 day)
QUESTRAN ORAL POWDER (<i>cholestyramine</i>)	3	QL (54 gm per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WELCHOL ORAL PACKET (<i>colesevelam hcl</i>)	3	QL (1 packet per 1 day)
WELCHOL ORAL TABLET (<i>colesevelam hcl</i>)	3	QL (6 tablets per 1 day)
*FIBRIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
ANTARA ORAL CAPSULE (<i>fenofibrate micronized</i>)	3	ST; QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	1 or 1b*	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg, 54 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
FENOFIBRATE ORAL TABLET 160 MG	3	QL (1 tablet per 1 day)
<i>fenofibric acid oral capsule delayed release</i>	1 or 1b*	QL (1 capsule per 1 day)
FENOFIBRIC ACID ORAL TABLET 105 MG	3	QL (1 tablet per 1 day)
<i>fenofibric acid oral tablet 35 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
FENOGLIDE ORAL TABLET (<i>fenofibrate</i>)	3	ST; QL (1 tablet per 1 day)
FIBRICOR ORAL TABLET (<i>fenofibric acid</i>)	3	ST; QL (1 tablet per 1 day)
<i>gemfibrozil oral tablet</i>	1 or 1b*	
LIPOFEN ORAL CAPSULE (<i>fenofibrate</i>)	3	ST; QL (1 capsule per 1 day)
LOPID ORAL TABLET (<i>gemfibrozil</i>)	3	ST
TRICOR ORAL TABLET (<i>fenofibrate</i>)	3	ST; QL (1 tablet per 1 day)
TRIGLIDE ORAL TABLET (<i>fenofibrate</i>)	3	ST; QL (1 tablet per 1 day)
TRILIPIX ORAL CAPSULE DELAYED RELEASE (<i>choline fenofibrate</i>)	3	ST; QL (1 capsule per 1 day)
*HMG COA REDUCTASE INHIBITOR COMBINATIONS*** - DRUGS FOR CHOLESTEROL		
EQUAPAX/ATORVASTATIN/COQ10 ORAL THERAPY PACK	3	
*HMG COA REDUCTASE INHIBITORS*** - DRUGS FOR CHOLESTEROL		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG (<i>lovastatin</i>)	3	ST; DO
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG (<i>lovastatin</i>)	3	ST; QL (1 tablet per 1 day)
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1 or 1b*; \$0	DO
<i>atorvastatin calcium oral tablet 40 mg</i>	1 or 1b*	DO
<i>atorvastatin calcium oral tablet 80 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG (<i>rosuvastatin calcium</i>)	3	ST; DO
CRESTOR ORAL TABLET 40 MG (<i>rosuvastatin calcium</i>)	3	ST; QL (1 tablet per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 5 MG (<i>rosuvastatin calcium</i>)	3	ST; DO
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 40 MG (<i>rosuvastatin calcium</i>)	3	ST; QL (1 capsule per 1 day)
FLOLIPID ORAL SUSPENSION	3	ST; QL (5 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule</i>	1 or 1b*; \$0	DO
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>fluvastatin sodium</i>)	3	ST; QL (1 tablet per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG (<i>atorvastatin calcium</i>)	3	ST; DO
LIPITOR ORAL TABLET 80 MG (<i>atorvastatin calcium</i>)	3	ST; QL (1 tablet per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG (<i>pitavastatin calcium</i>)	3	ST; DO
LIVALO ORAL TABLET 4 MG (<i>pitavastatin calcium</i>)	3	ST; QL (1 tablet per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	1 or 1b*; \$0	DO
<i>lovastatin oral tablet 40 mg</i>	1 or 1b*; \$0	QL (2 tablets per 1 day)
PRAVACHOL ORAL TABLET 20 MG, 40 MG (<i>pravastatin sodium</i>)	3	ST; DO
PRAVACHOL ORAL TABLET 80 MG (<i>pravastatin sodium</i>)	3	QL (1 tablet per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1 or 1b*; \$0	DO
<i>pravastatin sodium oral tablet 80 mg</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	1 or 1b*; \$0	DO
<i>rosuvastatin calcium oral tablet 20 mg</i>	1 or 1b*	DO
<i>rosuvastatin calcium oral tablet 40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
SIMVASTATIN ORAL SUSPENSION	3	ST; QL (5 mL per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1 or 1b*; \$0	DO
<i>simvastatin oral tablet 80 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	3	ST; DO
ZOCOR ORAL TABLET 5 MG (<i>simvastatin</i>)	3	DO
ZOCOR ORAL TABLET 80 MG (<i>simvastatin</i>)	3	ST; QL (1 tablet per 1 day)
ZYPITAMAG ORAL TABLET 1 MG, 2 MG (<i>pitavastatin magnesium</i>)	3	ST; DO
ZYPITAMAG ORAL TABLET 4 MG (<i>pitavastatin magnesium</i>)	3	ST; QL (1 tablet per 1 day)
*INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe-simvastatin oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
VYTORIN ORAL TABLET (<i>ezetimibe-simvastatin</i>)	3	ST; QL (1 tablet per 1 day)
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** - DRUGS FOR CHOLESTEROL		
<i>ezetimibe oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
ZETIA ORAL TABLET (<i>ezetimibe</i>)	3	ST; QL (1 tablet per 1 day)
*MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS*** - DRUGS FOR CHOLESTEROL		
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	3	PA; DO; LD; SP
JUXTAPID ORAL CAPSULE 40 MG, 60 MG (<i>lomitapide mesylate</i>)	3	PA; LD; SP; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*NICOTINIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
<i>niacin (antihyperlipidemic) oral tablet</i>	1 or 1b*	QL (12 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
<i>niacor oral tablet</i>	1 or 1b*	ST; QL (12 tablets per 1 day)
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 750 MG (niacin (antihyperlipidemic))	3	ST; QL (2 tablets per 1 day)
NIASPAN ORAL TABLET EXTENDED RELEASE 500 MG (niacin (antihyperlipidemic))	3	ST; QL (1 tablet per 1 day)
ANTHYPERTENSIVES - DRUGS FOR THE HEART		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besy-benazepril hcl oral capsule</i>	1 or 1b*	
LOTREL ORAL CAPSULE (amlodipine besy-benazepril hcl)	3	
PRESTALIA ORAL TABLET 14-10 MG (perindopril arg-amlodipine)	3	QL (1 tablet per 1 day)
PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG (perindopril arg-amlodipine)	3	DO
TARKA ORAL TABLET EXTENDED RELEASE (trandolapril-verapamil hcl)	3	QL (1 tablet per 1 day)
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg</i>	1 or 1b*	DO
<i>trandolapril-verapamil hcl er oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
ACCURETIC ORAL TABLET (quinapril-hydrochlorothiazide)	3	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1 or 1b*	
<i>captopril-hydrochlorothiazide oral tablet</i>	1 or 1b*	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1 or 1b*	
<i>fosinopril sodium-hctz oral tablet</i>	1 or 1b*	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1 or 1b*	
LOTENSIN HCT ORAL TABLET (benazepril-hydrochlorothiazide)	3	
<i>moexipril-hydrochlorothiazide oral tablet</i>	1 or 1b*	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1 or 1b*	
VASERETIC ORAL TABLET (enalapril-hydrochlorothiazide)	3	
ZESTORETIC ORAL TABLET (lisinopril-hydrochlorothiazide)	3	
*ACE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ACCUPRIL ORAL TABLET (quinapril hcl)	3	
ALTACE ORAL CAPSULE (ramipril)	3	
<i>benazepril hcl oral tablet</i>	1 or 1a*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>captopril oral tablet</i>	1 or 1b*	
<i>enalapril maleate oral tablet</i>	1 or 1b*	
<i>enalaprilat intravenous injectable</i>	1 or 1b*	
EPANED ORAL SOLUTION (<i>enalapril maleate</i>)	3	
<i>fosinopril sodium oral tablet</i>	1 or 1b*	
<i>lisinopril oral tablet</i>	1 or 1a*	
LOTENSIN ORAL TABLET (<i>benazepril hcl</i>)	3	
<i>moexipril hcl oral tablet</i>	1 or 1b*	
<i>perindopril erbumine oral tablet</i>	1 or 1b*	
PRINIVIL ORAL TABLET (<i>lisinopril</i>)	3	
QBRELIS ORAL SOLUTION (<i>lisinopril</i>)	3	
<i>quinapril hcl oral tablet</i>	1 or 1b*	
<i>ramipril oral capsule</i>	1 or 1b*	
<i>trandolapril oral tablet</i>	1 or 1b*	
VASOTEC ORAL TABLET (<i>enalapril maleate</i>)	3	
ZESTRIL ORAL TABLET (<i>lisinopril</i>)	3	
*ADRENOLYTICS-CENTRAL & THIAZIDE/THIAZIDE-LIKE COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>methyl dopa-hydrochlorothiazide oral tablet</i>	1 or 1b*	
*AGENTS FOR PHEOCHROMOCYTOMA*** - DRUGS FOR HIGH BLOOD PRESSURE		
DEMSEER ORAL CAPSULE (<i>metirosine</i>)	3	PA; QL (16 capsules per 1 day)
DIBENZYLINE ORAL CAPSULE (<i>phenoxybenzamine hcl</i>)	3	PA; QL (12 capsules per 1 day)
<i>phenoxybenzamine hcl oral capsule</i>	1 or 1b*	PA; QL (12 capsules per 1 day)
<i>phentolamine mesylate injection solution reconstituted</i>	1 or 1b*	
*ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	1 or 1b*	DO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine-olmesartan oral tablet 5-20 mg</i>	1 or 1b*	DO
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	3	QL (1 tablet per 1 day)
AZOR ORAL TABLET 5-20 MG (<i>amlodipine-olmesartan</i>)	3	DO
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	3	QL (1 tablet per 1 day)
EXFORGE ORAL TABLET 5-160 MG (<i>amlodipine besylate-valsartan</i>)	3	DO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>telmisartan-amlodipine oral tablet 40-5 mg</i>	1 or 1b*	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TWYNSTA ORAL TABLET 40-10 MG, 80-10 MG, 80-5 MG (<i>telmisartan-amlodipine</i>)	3	QL (1 tablet per 1 day)
TWYNSTA ORAL TABLET 40-5 MG (<i>telmisartan-amlodipine</i>)	3	DO
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
ATACAND HCT ORAL TABLET 16-12.5 MG (<i>candesartan cilexetil-hctz</i>)	3	QL (2 tablets per 1 day)
ATACAND HCT ORAL TABLET 32-12.5 MG (<i>candesartan cilexetil-hctz</i>)	3	QL (1 tablet per 1 day)
ATACAND HCT ORAL TABLET 32-25 MG (<i>candesartan cilexetil-hctz</i>)	3	
AVALIDE ORAL TABLET 150-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	3	QL (2 tablets per 1 day)
AVALIDE ORAL TABLET 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	3	
BENICAR HCT ORAL TABLET 20-12.5 MG (<i>olmesartan medoxomil-hctz</i>)	3	DO
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	3	QL (1 tablet per 1 day)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>candesartan cilexetil-hctz oral tablet 32-25 mg</i>	1 or 1b*	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	3	DO
DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG (<i>valsartan-hydrochlorothiazide</i>)	3	QL (1 tablet per 1 day)
EDARBYCLOR ORAL TABLET (<i>azilsartan-chlorthalidone</i>)	3	QL (1 tablet per 1 day)
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG (<i>losartan potassium-hctz</i>)	3	QL (1 tablet per 1 day)
HYZAAR ORAL TABLET 50-12.5 MG (<i>losartan potassium-hctz</i>)	3	DO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	1 or 1b*	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	1 or 1b*	DO
MICARDIS HCT ORAL TABLET 40-12.5 MG (<i>telmisartan-hctz</i>)	3	DO
MICARDIS HCT ORAL TABLET 80-12.5 MG (<i>telmisartan-hctz</i>)	3	QL (2 tablets per 1 day)
MICARDIS HCT ORAL TABLET 80-25 MG (<i>telmisartan-hctz</i>)	3	QL (1 tablet per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	1 or 1b*	DO
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>telmisartan-hctz oral tablet 40-12.5 mg</i>	1 or 1b*	DO
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>telmisartan-hctz oral tablet 80-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	1 or 1b*	DO
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)

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*ANGIOTENSIN II RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ATACAND ORAL TABLET 16 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	3	QL (2 tablets per 1 day)
ATACAND ORAL TABLET 32 MG (<i>candesartan cilexetil</i>)	3	QL (1 tablet per 1 day)
AVAPRO ORAL TABLET 150 MG, 75 MG (<i>irbesartan</i>)	3	DO
AVAPRO ORAL TABLET 300 MG (<i>irbesartan</i>)	3	QL (1 tablet per 1 day)
BENICAR ORAL TABLET 20 MG (<i>olmesartan medoxomil</i>)	3	DO
BENICAR ORAL TABLET 40 MG (<i>olmesartan medoxomil</i>)	3	QL (1 tablet per 1 day)
BENICAR ORAL TABLET 5 MG (<i>olmesartan medoxomil</i>)	3	QL (2 tablets per 1 day)
<i>candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>candesartan cilexetil oral tablet 32 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
COZAAR ORAL TABLET 100 MG (<i>losartan potassium</i>)	3	QL (1 tablet per 1 day)
COZAAR ORAL TABLET 25 MG, 50 MG (<i>losartan potassium</i>)	3	QL (2 tablets per 1 day)
DIOVAN ORAL TABLET 160 MG (<i>valsartan</i>)	3	QL (2 tablets per 1 day)
DIOVAN ORAL TABLET 320 MG (<i>valsartan</i>)	3	QL (1 tablet per 1 day)
DIOVAN ORAL TABLET 40 MG, 80 MG (<i>valsartan</i>)	3	QL (3 tablet per 1 day)
EDARBI ORAL TABLET 40 MG (<i>azilsartan medoxomil</i>)	3	DO
EDARBI ORAL TABLET 80 MG (<i>azilsartan medoxomil</i>)	3	QL (1 tablet per 1 day)
<i>eprosartan mesylate oral tablet</i>	1 or 1b*	
<i>irbesartan oral tablet 150 mg, 75 mg</i>	1 or 1b*	DO
<i>irbesartan oral tablet 300 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 100 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
MICARDIS ORAL TABLET 20 MG, 40 MG (<i>telmisartan</i>)	3	DO
MICARDIS ORAL TABLET 80 MG (<i>telmisartan</i>)	3	QL (2 tablets per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg</i>	1 or 1b*	DO
<i>olmesartan medoxomil oral tablet 40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>telmisartan oral tablet 20 mg, 40 mg</i>	1 or 1b*	DO
<i>telmisartan oral tablet 80 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>valsartan oral tablet 160 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>valsartan oral tablet 320 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>valsartan oral tablet 40 mg, 80 mg</i>	1 or 1b*	QL (3 tablet per 1 day)
*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg</i>	1 or 1b*	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	3	QL (1 tablet per 1 day)
EXFORGE HCT ORAL TABLET 5-160-12.5 MG (<i>amlodipine-valsartan-hctz</i>)	3	DO
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>	1 or 1b*	DO
<i>olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
TRIBENZOR ORAL TABLET 20-5-12.5 MG (<i>olmesartan-amlodipine-hctz</i>)	3	DO
TRIBENZOR ORAL TABLET 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (<i>olmesartan-amlodipine-hctz</i>)	3	QL (1 tablet per 1 day)
*ANTIADRENERGICS - CENTRALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
CATAPRES ORAL TABLET (<i>clonidine hcl</i>)	3	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	3	
<i>clonidine hcl oral tablet</i>	1 or 1a*	
<i>clonidine transdermal patch weekly</i>	1 or 1b*	
<i>guanfacine hcl oral tablet</i>	1 or 1b*	
<i>methyldopa oral tablet</i>	1 or 1b*	
<i>methyldopate hcl intravenous solution</i>	1 or 1b*	
*ANTIADRENERGICS - PERIPHERALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
CARDURA ORAL TABLET (<i>doxazosin mesylate</i>)	3	
<i>doxazosin mesylate oral tablet</i>	1 or 1b*	
MINIPRESS ORAL CAPSULE (<i>prazosin hcl</i>)	3	
<i>prazosin hcl oral capsule</i>	1 or 1b*	
<i>terazosin hcl oral capsule</i>	1 or 1b*	
*ANTIHYPERTENSIVES - MISC.*** - DRUGS FOR HIGH BLOOD PRESSURE		
VECAMYL ORAL TABLET (<i>mecamylamine hcl</i>)	3	
*BETA BLOCKER & DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>atenolol-chlorthalidone oral tablet</i>	1 or 1b*	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1 or 1b*	
CORZIDE ORAL TABLET (<i>nadolol-bendroflumethiazide</i>)	3	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>metoprolol-hydrochlorothiazide</i>)	3	
LOPRESSOR HCT ORAL TABLET (<i>metoprolol-hydrochlorothiazide</i>)	3	
METOPROLOL-HCTZ ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoprolol-hydrochlorothiazide oral tablet</i>	1 or 1b*	
<i>nadolol-bendroflumethiazide oral tablet</i>	1 or 1b*	
<i>propranolol-hctz oral tablet</i>	1 or 1b*	
TENORETIC 100 ORAL TABLET (<i>atenolol-chlorthalidone</i>)	3	
TENORETIC 50 ORAL TABLET (<i>atenolol-chlorthalidone</i>)	3	
ZIAC ORAL TABLET (<i>bisoprolol-hydrochlorothiazide</i>)	3	
*DIRECT RENIN INHIBITORS & THIAZIDE/THIAZIDE-LIKE COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
TEKTURN HCT ORAL TABLET 150-12.5 MG (<i>aliskiren-hydrochlorothiazide</i>)	3	DO
TEKTURN HCT ORAL TABLET 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren-hydrochlorothiazide</i>)	3	QL (1 tablet per 1 day)
*DIRECT RENIN INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>aliskiren fumarate oral tablet 150 mg</i>	1 or 1b*	DO
<i>aliskiren fumarate oral tablet 300 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
TEKTURN ORAL TABLET 150 MG (<i>aliskiren fumarate</i>)	3	DO
TEKTURN ORAL TABLET 300 MG (<i>aliskiren fumarate</i>)	3	QL (1 tablet per 1 day)
*DOPAMINE D1 RECEPTOR AGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
CORLOPAM INTRAVENOUS SOLUTION (<i>fenoldopam mesylate</i>)	3	
*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet</i>	1 or 1b*	
INSPIRA ORAL TABLET (<i>eplerenone</i>)	3	
*VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>hydralazine hcl injection solution</i>	1 or 1b*	
<i>hydralazine hcl oral tablet</i>	1 or 1b*	
<i>minoxidil oral tablet</i>	1 or 1b*	
NIPRIDE RTU INTRAVENOUS SOLUTION (<i>nitroprusside sodium-nacl</i>)	3	
NITROPRESS INTRAVENOUS SOLUTION (<i>nitroprusside sodium</i>)	3	
<i>nitroprusside sodium intravenous solution</i>	1 or 1b*	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
*ANTI-INFECTIVE AGENTS - MISC.*** - DRUGS FOR INFECTIONS		
AEMCOLO ORAL TABLET DELAYED RELEASE (<i>rifamycin sodium</i>)	3	PA; QL (12 tablets per 30 days)
<i>baciim intramuscular solution reconstituted</i>	1 or 1b*	
<i>bacitracin intramuscular solution reconstituted</i>	1 or 1b*	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED (<i>metronidazole benzoate</i>)	3	
FLAGYL ORAL CAPSULE (<i>metronidazole</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLAGYL ORAL TABLET (<i>metronidazole</i>)	3	
IMPAVIDO ORAL CAPSULE (<i>miltefosine</i>)	3	PA; QL (84 capsules per 1 fill)
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED (<i>metronidazole benzoate</i>)	3	
<i>metronidazole in nacl intravenous solution 5-0.79 mg/ml-%, 500-0.79 mg/100ml-%</i>	1 or 1b*	
METRONIDAZOLE IN NACL INTRAVENOUS SOLUTION 500-0.74 MG/100ML-%	3	
METRONIDAZOLE INTRAVENOUS SOLUTION	3	
<i>metronidazole oral capsule</i>	1 or 1a*	
<i>metronidazole oral tablet</i>	1 or 1a*	
NEBUPENT INHALATION SOLUTION RECONSTITUTED (<i>pentamidine isethionate</i>)	3	
PENTAM INJECTION SOLUTION RECONSTITUTED (<i>pentamidine isethionate</i>)	3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1 or 1b*	
<i>pentamidine isethionate injection solution reconstituted</i>	1 or 1b*	
PRIMSOL ORAL SOLUTION (<i>trimethoprim hcl</i>)	3	
TINDAMAX ORAL TABLET (<i>tinidazole</i>)	3	
<i>tinidazole oral tablet</i>	1 or 1b*	
<i>trimethoprim oral tablet</i>	1 or 1a*	
TRIMPEX ORAL SOLUTION	3	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	3	PA; QL (9 tablets per 30 days)
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	3	PA; QL (126 tablet per 252 days)
*ANTI-INFECTIVE MISC. - COMBINATIONS*** - ANTIBIOTICS		
BACTRIM DS ORAL TABLET (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM ORAL TABLET (<i>sulfamethoxazole-trimethoprim</i>)	3	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	1 or 1b*	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1 or 1a*	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1 or 1a*	
<i>sulfamethoxazole-trimethoprim</i> (Sulfatrim Pediatric Oral Suspension)	1 or 1a*	
*ANTIPROTOZOAL AGENTS*** - DRUGS FOR PARASITES		
ALINIA ORAL SUSPENSION RECONSTITUTED (<i>nitazoxanide</i>)	3	
ALINIA ORAL TABLET (<i>nitazoxanide</i>)	3	
<i>atovaquone oral suspension</i>	1 or 1b*	
MEPRON ORAL SUSPENSION (<i>atovaquone</i>)	3	
*CARBAPENEM COMBINATIONS*** - ANTIBIOTICS		
<i>imipenem-cilastatin intravenous solution reconstituted</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED (imipenem-cilastatin)	3	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED (imipenem-cilastatin-relebactam)	3	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED (meropenem-vaborbactam)	3	
*CARBAPENEMS*** - ANTIBIOTICS		
<i>doripenem intravenous solution reconstituted</i>	1 or 1b*	
<i>ertapenem sodium injection solution reconstituted</i>	1 or 1b*	
INVANZ INJECTION SOLUTION RECONSTITUTED (ertapenem sodium)	3	
INVANZ INTRAVENOUS SOLUTION RECONSTITUTED (ertapenem sodium)	3	
<i>meropenem intravenous solution reconstituted</i>	1 or 1b*	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	3	
MERREM INTRAVENOUS SOLUTION RECONSTITUTED (meropenem)	3	
*CHLORAMPHENICALS*** - ANTIBIOTICS		
<i>chloramphenicol sod succinate intravenous solution reconstituted</i>	1 or 1b*	
*CYCLIC LIPOPEPTIDES*** - ANTIBIOTICS		
CUBICIN INTRAVENOUS SOLUTION RECONSTITUTED (daptomycin)	3	
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED (daptomycin)	3	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	3	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	1 or 1b*	
*GLYCYLCYCLINES*** - ANTIBIOTICS		
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED (tigecycline)	3	
*LEPROSTATICS*** - ANTIBIOTICS		
<i>dapsone oral tablet</i>	1 or 1b*	
*LINCOSAMIDES*** - ANTIBIOTICS		
CLEOCIN IN D5W INTRAVENOUS SOLUTION (clindamycin phosphate in d5w)	3	
CLEOCIN ORAL CAPSULE (clindamycin hcl)	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED (clindamycin palmitate hcl)	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION (clindamycin phosphate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEOCIN PHOSPHATE INTRAVENOUS SOLUTION (<i>clindamycin phosphate</i>)	3	
<i>clindamycin hcl oral capsule</i>	1 or 1b*	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	1 or 1b*	
<i>clindamycin phosphate in d5w intravenous solution</i>	1 or 1b*	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION	3	
<i>clindamycin phosphate injection solution</i>	1 or 1b*	
<i>clindamycin phosphate intravenous solution</i>	1 or 1b*	
LINCOCIN INJECTION SOLUTION (<i>lincomycin hcl</i>)	3	
<i>lincomycin hcl injection solution</i>	1 or 1b*	
*OXAZOLIDINONES*** - ANTIBIOTICS		
<i>linezolid in sodium chloride intravenous solution</i>	1 or 1b*	
<i>linezolid intravenous solution</i>	1 or 1b*	
<i>linezolid oral suspension reconstituted</i>	1 or 1b*	PA; QL (900 mL per 30 days)
<i>linezolid oral tablet</i>	1 or 1b*	PA; QL (28 tablet per 30 days)
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED (<i>tedizolid phosphate</i>)	3	
SIVEXTRO ORAL TABLET (<i>tedizolid phosphate</i>)	3	PA; QL (6 tablet per 30 days)
ZYVOX INTRAVENOUS SOLUTION (<i>linezolid</i>)	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED (<i>linezolid</i>)	3	PA; QL (900 mL per 30 days)
ZYVOX ORAL TABLET (<i>linezolid</i>)	3	PA; QL (28 tablet per 30 days)
*POLYMYXINS*** - ANTIBIOTICS		
<i>colistimethate sodium (cba) injection solution reconstituted</i>	1 or 1b*	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED (<i>colistimethate sodium</i>)	3	
<i>polymyxin b sulfate injection solution reconstituted</i>	1 or 1b*	
*STREPTOGRAMIN COMBINATIONS*** - ANTIBIOTICS		
SYNERCID INTRAVENOUS SOLUTION RECONSTITUTED (<i>quinupristin-dalfopristin</i>)	3	
ANTIMALARIALS - DRUGS FOR INFECTIONS		
*ANTIMALARIAL COMBINATIONS*** - DRUGS FOR PARASITES		
<i>atovaquone-proguanil hcl oral tablet</i>	1 or 1b*	
COARTEM ORAL TABLET (<i>artemether-lumefantrine</i>)	3	
MALARONE ORAL TABLET (<i>atovaquone-proguanil hcl</i>)	3	
*ANTIMALARIALS*** - DRUGS FOR PARASITES		
ARAKODA ORAL TABLET (<i>tafenoquine succinate</i>)	3	QL (56 tablets per 1 year)
<i>chloroquine phosphate oral tablet 250 mg</i>	1 or 1a*	QL (16 tablets per 1 fill)
<i>chloroquine phosphate oral tablet 500 mg</i>	1 or 1a*	QL (8 tablets per 1 fill)
DARAPRIM ORAL TABLET (<i>pyrimethamine</i>)	3	PA; LD; QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydroxychloroquine sulfate oral tablet</i>	1 or 1b*	QL (16 tablets per 1 fill)
KRINTAFEL ORAL TABLET (<i>tafenoquine succinate</i>)	3	QL (2 tablets per 1 fill)
<i>mefloquine hcl oral tablet</i>	1 or 1b*	
PLAQUENIL ORAL TABLET (<i>hydroxychloroquine sulfate</i>)	3	QL (16 tablets per 1 fill)
PRIMAQUINE PHOSPHATE ORAL TABLET	3	
<i>pyrimethamine oral tablet</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
QUALAQUIN ORAL CAPSULE (<i>quinine sulfate</i>)	3	PA; QL (60 capsule per 365 days)
<i>quinine sulfate oral capsule</i>	1 or 1b*	PA; QL (60 capsule per 365 days)
ANTIMYASTHENIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ANTIMYASTHENIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
BLOXIVERZ INTRAVENOUS SOLUTION (<i>neostigmine methylsulfate</i>)	3	
ENLON INJECTION SOLUTION (<i>edrophonium chloride</i>)	3	
FIRDAPSE ORAL TABLET (<i>amifampridine phosphate</i>)	4	PA; LD; QL (8 tablets per 1 day)
GUANIDINE HCL ORAL TABLET	3	
MESTINON ORAL SOLUTION (<i>pyridostigmine bromide</i>)	3	
MESTINON ORAL TABLET (<i>pyridostigmine bromide</i>)	3	
MESTINON ORAL TABLET EXTENDED RELEASE (<i>pyridostigmine bromide</i>)	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION	3	
<i>pyridostigmine bromide er oral tablet extended release</i>	1 or 1b*	
<i>pyridostigmine bromide oral solution</i>	1 or 1b*	
<i>pyridostigmine bromide oral tablet</i>	1 or 1b*	
REGONOL INTRAVENOUS SOLUTION (<i>pyridostigmine bromide</i>)	3	
RUZURGI ORAL TABLET (<i>amifampridine</i>)	4	PA; LD; QL (10 tablets per 1 day)
*ANTIMYASTHENIC/CHOLINERGIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
BLOXIVERZ INTRAVENOUS SOLUTION (<i>neostigmine methylsulfate</i>)	3	
ENLON INJECTION SOLUTION (<i>edrophonium chloride</i>)	3	
FIRDAPSE ORAL TABLET (<i>amifampridine phosphate</i>)	4	PA; LD; QL (8 tablets per 1 day)
GUANIDINE HCL ORAL TABLET	3	
MESTINON ORAL SOLUTION (<i>pyridostigmine bromide</i>)	3	
MESTINON ORAL TABLET (<i>pyridostigmine bromide</i>)	3	
MESTINON ORAL TABLET EXTENDED RELEASE (<i>pyridostigmine bromide</i>)	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION	3	
<i>pyridostigmine bromide er oral tablet extended release</i>	1 or 1b*	
<i>pyridostigmine bromide oral solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pyridostigmine bromide oral tablet</i>	1 or 1b*	
REGONOL INTRAVENOUS SOLUTION (<i>pyridostigmine bromide</i>)	3	
RUZURGI ORAL TABLET (<i>amifampridine</i>)	4	PA; LD; QL (10 tablets per 1 day)
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
BLOXIVERZ INTRAVENOUS SOLUTION (<i>neostigmine methylsulfate</i>)	3	
ENLON INJECTION SOLUTION (<i>edrophonium chloride</i>)	3	
FIRDAPSE ORAL TABLET (<i>amifampridine phosphate</i>)	4	PA; LD; QL (8 tablets per 1 day)
GUANIDINE HCL ORAL TABLET	3	
MESTINON ORAL SOLUTION (<i>pyridostigmine bromide</i>)	3	
MESTINON ORAL TABLET (<i>pyridostigmine bromide</i>)	3	
MESTINON ORAL TABLET EXTENDED RELEASE (<i>pyridostigmine bromide</i>)	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION	3	
<i>pyridostigmine bromide er oral tablet extended release</i>	1 or 1b*	
<i>pyridostigmine bromide oral solution</i>	1 or 1b*	
<i>pyridostigmine bromide oral tablet</i>	1 or 1b*	
REGONOL INTRAVENOUS SOLUTION (<i>pyridostigmine bromide</i>)	3	
RUZURGI ORAL TABLET (<i>amifampridine</i>)	4	PA; LD; QL (10 tablets per 1 day)
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
*ANTI TB COMBINATIONS*** - ANTIBIOTICS		
RIFAMATE ORAL CAPSULE (<i>isoniazid-rifampin</i>)	3	
RIFATER ORAL TABLET (<i>isoniazid-rifamp-pyrazinamide</i>)	2	
*ANTIMYCOBACTERIAL AGENTS*** - ANTIBIOTICS		
CAPASTAT SULFATE INJECTION SOLUTION RECONSTITUTED (<i>capreomycin sulfate</i>)	3	
<i>cycloserine oral capsule</i>	1 or 1b*	
<i>ethambutol hcl oral tablet</i>	1 or 1b*	
<i>isoniazid injection solution</i>	1 or 1a*	
<i>isoniazid oral syrup</i>	1 or 1a*	
<i>isoniazid oral tablet</i>	1 or 1a*	
MYAMBUTOL ORAL TABLET (<i>ethambutol hcl</i>)	3	
MYCOBUTIN ORAL CAPSULE (<i>rifabutin</i>)	3	
PASER ORAL PACKET (<i>aminosalicylic acid</i>)	3	
PRETOMANID ORAL TABLET	3	
PRIFTIN ORAL TABLET (<i>rifapentine</i>)	2	
<i>pyrazinamide oral tablet</i>	1 or 1b*	
<i>rifabutin oral capsule</i>	1 or 1b*	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>rifampin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIFADIN ORAL CAPSULE (<i>rifampin</i>)	3	
<i>rifampin intravenous solution reconstituted</i>	1 or 1b*	
<i>rifampin oral capsule</i>	1 or 1b*	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION (<i>rifampin</i>)	3	
SIRTURO ORAL TABLET (<i>bedaquiline fumarate</i>)	3	
TRECATOR ORAL TABLET (<i>ethionamide</i>)	3	
*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER		
*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER		
VENCLEXTA ORAL TABLET 10 MG (<i>venetoclax</i>)	3; OC	PA; LD; QL (2 tablets per 1 day)
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	3; OC	PA; LD; QL (6 tablet per 1 day)
VENCLEXTA ORAL TABLET 50 MG (<i>venetoclax</i>)	3; OC	PA; LD; QL (1 tablet per 1 day)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK (<i>venetoclax</i>)	3; OC	PA; LD; QL (1 pack per 365 days)
*ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS*** - DRUGS FOR CANCER		
*ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS*** - DRUGS FOR CANCER		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED (<i>blinatumomab</i>)	3	PA; LD
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** - DRUGS FOR CANCER		
*ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** - DRUGS FOR CANCER		
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	3; OC	PA; LD; QL (3 tablets per 1 day)
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day)
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day)
PEMAZYRE ORAL TABLET (<i>pemigatinib</i>)	3; OC	PA; LD; QL (14 tablets per 21 days)
*ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS*** - DRUGS FOR CANCER		
*ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS*** - DRUGS FOR CANCER		
LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION	3	
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS*** - DRUGS FOR CANCER		
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS*** - DRUGS FOR CANCER		
TAZVERIK ORAL TABLET (<i>tazemetostat hbr</i>)	3; OC	PA; LD; QL (8 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
ROZLYTREK ORAL CAPSULE (<i>entrectinib</i>)	3; OC	PA; LD
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	3; OC	PA; LD; SP; QL (2 tablets per 1 day)
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	3; OC	PA; LD; SP; QL (6 tablets per 1 day)
VITRAKVI ORAL SOLUTION (<i>larotrectinib sulfate</i>)	3; OC	PA; LD; SP; QL (10 mL per 1 day)
*ANTINEOPLASTIC - XPO1 INHIBITORS*** - DRUGS FOR CANCER		
*ANTINEOPLASTIC - XPO1 INHIBITORS*** - DRUGS FOR CANCER		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; LD; QL (1 pack per 1 week)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; LD; QL (1 pack per 1 week)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; LD; QL (1 pack per 1 week)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; LD; QL (1 pack per 1 week)
*ANTINEOPLASTIC OR PREMALIGNANT LESION AGENT - COMB*** - DRUGS FOR THE SKIN		
*ANTINEOPLASTIC OR PREMALIGNANT LESION AGENT - COMB*** - DRUGS FOR THE SKIN		
HYALUCIL-4 TRANSDERMAL CREAM	3	
ORMECA COMBINATION KIT (<i>diclofenac-b6-fa-b12</i>)	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
*ALKYLATING AGENTS*** - DRUGS FOR CANCER		
BELRAPZO INTRAVENOUS SOLUTION (<i>bendamustine hcl</i>)	3	PA; LD; SP
BENDAMUSTINE HCL INTRAVENOUS SOLUTION	3	PA; SP
BENDEKA INTRAVENOUS SOLUTION (<i>bendamustine hcl</i>)	3	PA; LD; SP
<i>busulfan intravenous solution</i>	1 or 1b*	SP
BUSULFEX INTRAVENOUS SOLUTION (<i>busulfan</i>)	3	SP
<i>carboplatin intravenous solution</i>	1 or 1b*	SP
<i>cisplatin intravenous solution</i>	1 or 1b*	SP
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
HEXALEN ORAL CAPSULE (<i>altretamine</i>)	2; OC	
MYLERAN ORAL TABLET (<i>busulfan</i>)	2; OC	
<i>oxaliplatin intravenous solution</i>	1 or 1b*	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxaliplatin intravenous solution reconstituted	1 or 1b*	SP
carboplatin (Paraplatin Intravenous Solution)	1 or 1b*	SP
TEPADINA INJECTION SOLUTION RECONSTITUTED (<i>thiotepa</i>)	3	SP
<i>thiotepa injection solution reconstituted</i>	1 or 1b*	SP
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED (<i>bendamustine hcl</i>)	3	PA; SP
*ANDROGEN BIOSYNTHESIS INHIBITORS*** - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet</i>	1 or 1b*; OC	PA; SP; QL (4 tablet per 1 day)
YONSA ORAL TABLET (<i>abiraterone acetate</i>)	3; OC	PA; LD; SP; QL (4 tablets per 1 day)
ZYTIGA ORAL TABLET 250 MG (<i>abiraterone acetate</i>)	3; OC	PA; LD; SP; QL (4 tablet per 1 day)
ZYTIGA ORAL TABLET 500 MG (<i>abiraterone acetate</i>)	2; OC	PA; LD; SP; QL (2 tablets per 1 day)
*ANTIADRENALS*** - DRUGS FOR CANCER		
LYSODREN ORAL TABLET (<i>mitotane</i>)	2; OC	LD; QL (38 tablet per 1 day)
*ANTIANDROGENS*** - DRUGS FOR CANCER		
<i>bicalutamide oral tablet</i>	1 or 1b*; OC	
CASODEX ORAL TABLET (<i>bicalutamide</i>)	3; OC	
ERLEADA ORAL TABLET (<i>apalutamide</i>)	2; OC	PA; LD; SP; QL (4 tablets per 1 day)
<i>flutamide oral capsule</i>	1 or 1b*; OC	
NILANDRON ORAL TABLET (<i>nilutamide</i>)	3; OC	QL (1 tablet per 1 day)
<i>nilutamide oral tablet</i>	1 or 1b*; OC	QL (1 tablet per 1 day)
NUBEQA ORAL TABLET (<i>darolutamide</i>)	3; OC	PA; LD; QL (4 tablets per 1 day)
XTANDI ORAL CAPSULE (<i>enzalutamide</i>)	2; OC	PA; LD; SP; QL (4 capsule per 1 day)
*ANTIESTROGENS*** - DRUGS FOR CANCER		
FARESTON ORAL TABLET (<i>toremifene citrate</i>)	3; OC	QL (1 tablet per 1 day)
SOLTAMOX ORAL SOLUTION (<i>tamoxifen citrate</i>)	2; OC; \$0	
<i>tamoxifen citrate oral tablet</i>	1 or 1b*; OC; \$0	
<i>toremifene citrate oral tablet</i>	1 or 1b*; OC	QL (1 tablet per 1 day)
*ANTIMETABOLITES*** - DRUGS FOR CANCER		
<i>fluorouracil</i> (Adrucil Intravenous Solution)	1 or 1b*	SP
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED (<i>pemetrexed disodium</i>)	3	PA; SP
ARRANON INTRAVENOUS SOLUTION (<i>nelarabine</i>)	3	SP
<i>azacitidine injection suspension reconstituted</i>	1 or 1b*	PA; SP
<i>capecitabine oral tablet</i>	1 or 1b*; OC	PA; SP
<i>cladribine intravenous solution</i>	1 or 1b*	SP

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<i>clofarabine intravenous solution</i>	1 or 1b*	SP
CLOLAR INTRAVENOUS SOLUTION (<i>clofarabine</i>)	3	SP
<i>cytarabine (pf) injection solution</i>	1 or 1b*	SP
<i>cytarabine injection solution</i>	1 or 1b*	SP
DACOGEN INTRAVENOUS SOLUTION RECONSTITUTED (<i>decitabine</i>)	3	SP
<i>decitabine intravenous solution reconstituted</i>	1 or 1b*	SP
<i>floxuridine injection solution reconstituted</i>	1 or 1b*	SP
<i>fludarabine phosphate intravenous solution</i>	1 or 1b*	SP
<i>fludarabine phosphate intravenous solution reconstituted</i>	1 or 1b*	SP
<i>fluorouracil intravenous solution</i>	1 or 1b*	SP
FOLOTYN INTRAVENOUS SOLUTION (<i>pralatrexate</i>)	3	SP
GEMCITABINE HCL INTRAVENOUS SOLUTION	3	SP
<i>gemcitabine hcl intravenous solution reconstituted</i>	1 or 1b*	SP
GEMZAR INTRAVENOUS SOLUTION RECONSTITUTED (<i>gemcitabine hcl</i>)	3	SP
INFUGEM INTRAVENOUS SOLUTION (<i>gemcitabine hcl-nacl</i>)	3	
<i>mercaptopurine oral tablet</i>	1 or 1b*; OC	
<i>methotrexate oral tablet</i>	1 or 1b*; OC	
<i>methotrexate sodium (pf) injection solution</i>	1 or 1b*	
<i>methotrexate sodium injection solution</i>	1 or 1b*	
<i>methotrexate sodium injection solution reconstituted</i>	1 or 1b*	
<i>methotrexate sodium oral tablet</i>	1 or 1b*; OC	
PURIXAN ORAL SUSPENSION (<i>mercaptopurine</i>)	3; OC	PA; LD
TABLOID ORAL TABLET (<i>thioguanine</i>)	2; OC	
TREXALL ORAL TABLET (<i>methotrexate sodium</i>)	2; OC	
VIDAZA INJECTION SUSPENSION RECONSTITUTED (<i>azacitidine</i>)	3	PA; SP
XATMEP ORAL SOLUTION (<i>methotrexate</i>)	3; OC	PA; SP
XELODA ORAL TABLET (<i>capecitabine</i>)	3; OC	PA; SP
*ANTINEOPLASTIC - AUTOLOGOUS CELLULAR IMMUNOTHERAPY*** - DRUGS FOR CANCER		
PROVENGE INTRAVENOUS SUSPENSION (<i>sipuleucel-t</i>)	4	PA; LD
*ANTINEOPLASTIC - BRAF KINASE INHIBITORS*** - DRUGS FOR CANCER		
BRAFTOVI ORAL CAPSULE 50 MG (<i>encorafenib</i>)	3; OC	PA; LD; QL (4 capsules per 1 day)
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	3; OC	PA; LD; QL (6 capsules per 1 day)
TAFINLAR ORAL CAPSULE (<i>dabrafenib mesylate</i>)	3; OC	PA; LD; SP; QL (4 capsule per 1 day)
ZELBORAF ORAL TABLET (<i>vemurafenib</i>)	2; OC	PA; LD; SP; QL (8 tablet per 1 day)

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*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** - DRUGS FOR CANCER		
DAURISMO ORAL TABLET 100 MG (<i>glasdegib maleate</i>)	3; OC	PA; LD; SP; QL (1 tablet per 1 day)
DAURISMO ORAL TABLET 25 MG (<i>glasdegib maleate</i>)	3; OC	PA; LD; SP; QL (2 tablets per 1 day)
ERIVEDGE ORAL CAPSULE (<i>vismodegib</i>)	2; OC	PA; LD; SP; QL (1 capsule per 1 day)
ODOMZO ORAL CAPSULE (<i>sonidegib phosphate</i>)	3; OC	PA; LD; SP; QL (1 capsule per 1 day)
*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** - DRUGS FOR CANCER		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED (<i>belinostat</i>)	3	PA; LD
FARYDAK ORAL CAPSULE 10 MG, 20 MG (<i>panobinostat lactate</i>)	3; OC	PA; LD; SP; QL (1 capsule per 1 day)
FARYDAK ORAL CAPSULE 15 MG (<i>panobinostat lactate</i>)	3; OC	PA; LD; SP
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED (<i>romidepsin</i>)	3	PA; LD; SP
ROMIDEPSIN INTRAVENOUS SOLUTION	3	PA
ROMIDEPSIN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
ZOLINZA ORAL CAPSULE (<i>vorinostat</i>)	2; OC	PA; SP; QL (4 capsule per 1 day)
*ANTINEOPLASTIC - IMMUNOMODULATORS*** - DRUGS FOR CANCER		
POMALYST ORAL CAPSULE 1 MG (<i>pomalidomide</i>)	3; OC	PA; LD; SP; QL (4 capsule per 1 day)
POMALYST ORAL CAPSULE 2 MG (<i>pomalidomide</i>)	3; OC	PA; LD; SP; QL (2 capsules per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG (<i>pomalidomide</i>)	3; OC	PA; LD; SP; QL (1 capsule per 1 day)
*ANTINEOPLASTIC - MEK INHIBITORS*** - DRUGS FOR CANCER		
COTELLIC ORAL TABLET (<i>cobimetinib fumarate</i>)	3; OC	PA; LD; SP; QL (3 tablets per 1 day)
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	3; OC	PA; LD; QL (8 capsules per 1 day)
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	3; OC	PA; LD; QL (4 capsules per 1 day)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	3; OC	PA; LD; SP; QL (3 tablets per 1 day)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	3; OC	PA; LD; SP; QL (1 tablet per 1 day)
MEKTOVI ORAL TABLET (<i>binimetinib</i>)	3; OC	PA; LD; QL (6 tablets per 1 day)
*ANTINEOPLASTIC - MONOCLONAL ANTIBODIES*** - DRUGS FOR CANCER		
ARZERRA INTRAVENOUS CONCENTRATE (<i>ofatumumab</i>)	3	PA; LD
BAVENCIO INTRAVENOUS SOLUTION (<i>avelumab</i>)	3	PA; LD

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CAMPATH INTRAVENOUS SOLUTION (<i>alemtuzumab</i>)	3	
DARZALEX INTRAVENOUS SOLUTION (<i>daratumumab</i>)	3	PA; LD; SP
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED (<i>elotuzumab</i>)	3	PA; LD; SP
ERBITUX INTRAVENOUS SOLUTION (<i>cetuximab</i>)	3	PA; SP
GAZYVA INTRAVENOUS SOLUTION (<i>obinutuzumab</i>)	3	PA; LD; SP
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab</i>)	3	LD; SP
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-pkrb</i>)	3	LD
IMFINZI INTRAVENOUS SOLUTION (<i>durvalumab</i>)	3	PA; LD; SP
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-anns</i>)	3	LD
KEYTRUDA INTRAVENOUS SOLUTION (<i>pembrolizumab</i>)	3	PA; LD
LARTRUVO INTRAVENOUS SOLUTION (<i>olaratumab</i>)	3	PA; LD; SP
LIBTAYO INTRAVENOUS SOLUTION (<i>cemiplimab-rwlc</i>)	3	PA; LD
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED (<i>moxetumomab pasudotox-tdfk</i>)	3	PA; LD
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-dkst</i>)	3	LD
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-dttb</i>)	3	LD
OPDIVO INTRAVENOUS SOLUTION (<i>nivolumab</i>)	3	PA; LD
PERJETA INTRAVENOUS SOLUTION (<i>pertuzumab</i>)	3	PA; LD; SP
PORTRAZZA INTRAVENOUS SOLUTION (<i>necitumumab</i>)	3	LD; SP
POTELIGEO INTRAVENOUS SOLUTION (<i>mogamulizumab-kpkc</i>)	3	LD
RITUXAN INTRAVENOUS SOLUTION (<i>rituximab</i>)	2	PA; SP
RUXIENCE INTRAVENOUS SOLUTION (<i>rituximab-pvvr</i>)	3	PA
SARCLISA INTRAVENOUS SOLUTION (<i>isatuximab-irfc</i>)	3	PA; LD
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML (<i>atezolizumab</i>)	3	PA; LD; SP; QL (1 vial per 21 days)
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML (<i>atezolizumab</i>)	3	PA; LD; QL (2 vials per 28 days)
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED (<i>trastuzumab-qyyp</i>)	3	
TRUXIMA INTRAVENOUS SOLUTION (<i>rituximab-abbs</i>)	3	PA
UNITUXIN INTRAVENOUS SOLUTION (<i>dinutuximab</i>)	3	LD
VECTIBIX INTRAVENOUS SOLUTION (<i>panitumumab</i>)	3	PA; SP
YERVOY INTRAVENOUS SOLUTION (<i>ipilimumab</i>)	3	PA; SP
*ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
AFINITOR DISPERZ ORAL TABLET SOLUBLE (<i>everolimus</i>)	3; OC	PA; SP

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AFINITOR ORAL TABLET 10 MG (<i>everolimus</i>)	2; OC	PA; SP
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	3; OC	PA; SP
<i>everolimus oral tablet</i>	1 or 1b*; OC	PA; SP
<i>temsirolimus intravenous solution</i>	1 or 1b*	PA; SP
TORISEL INTRAVENOUS SOLUTION (<i>temsirolimus</i>)	3	PA; SP
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** - DRUGS FOR CANCER		
NEXAVAR ORAL TABLET (<i>sorafenib tosylate</i>)	2; OC	PA; LD; SP; QL (4 tablet per 1 day)
RYDAPT ORAL CAPSULE (<i>midostaurin</i>)	3; OC	PA; SP; QL (8 capsules per 1 day)
STIVARGA ORAL TABLET (<i>regorafenib</i>)	2; OC	PA; LD; SP; QL (4 tablet per 1 day)
SUTENT ORAL CAPSULE 12.5 MG (<i>sunitinib malate</i>)	2; OC	PA; SP; QL (3 capsule per 1 day)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	2; OC	PA; SP; QL (1 capsule per 1 day)
*ANTINEOPLASTIC - PROTEASOME INHIBITORS*** - DRUGS FOR CANCER		
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>carfilzomib</i>)	3	PA; LD
NINLARO ORAL CAPSULE (<i>ixazomib citrate</i>)	3; OC	PA; LD; SP; QL (3 capsule per 28 days)
VELCADE INJECTION SOLUTION RECONSTITUTED (<i>bortezomib</i>)	3	PA; SP
*ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS*** - DRUGS FOR CANCER		
ALECENSA ORAL CAPSULE (<i>alectinib hcl</i>)	3; OC	PA; LD; SP; QL (8 capsule per 1 day)
ALUNBRIG ORAL TABLET 180 MG (<i>brigatinib</i>)	3; OC	PA; LD; SP; QL (1 tablet per 1 day)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	3; OC	PA; LD; SP; QL (6 tablets per 1 day)
ALUNBRIG ORAL TABLET 90 MG (<i>brigatinib</i>)	3; OC	PA; LD; SP; QL (2 tablets per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK (<i>brigatinib</i>)	3; OC	PA; LD; SP; QL (1 pack per 30 days)
AYVAKIT ORAL TABLET (<i>avapritinib</i>)	3; OC	PA; LD; QL (1 tablet per 1 day)
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	2; OC	PA; SP; QL (4 tablet per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	2; OC	PA; SP; QL (1 tablet per 1 day)
BRUKINSA ORAL CAPSULE (<i>zanubrutinib</i>)	3; OC	PA; LD; QL (4 capsules per 1 day)
CABOMETYX ORAL TABLET (<i>cabozantinib s-malate</i>)	3; OC	PA; LD; SP; QL (1 tablet per 1 day)
CALQUENCE ORAL CAPSULE (<i>acalabrutinib</i>)	3; OC	PA; LD; QL (1 capsule per 1 day)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	2; OC	PA; LD; QL (3 tablet per 1 day)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	2; OC	PA; LD; QL (1 tablet per 1 day)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	3; OC	PA; LD; QL (1 dose pack per 28 days)

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erlotinib hcl oral tablet 100 mg, 150 mg	1 or 1b*; OC	PA; SP; QL (1 tablet per 1 day)
erlotinib hcl oral tablet 25 mg	1 or 1b*; OC	PA; SP; QL (3 tablets per 1 day)
GILOTRIF ORAL TABLET (afatinib dimaleate)	3; OC	PA; LD; SP; QL (1 tablet per 1 day)
GLEEVEC ORAL TABLET 100 MG (imatinib mesylate)	3; OC	PA; SP; QL (8 tablet per 1 day)
GLEEVEC ORAL TABLET 400 MG (imatinib mesylate)	3; OC	PA; SP; QL (2 tablets per 1 day)
ICLUSIG ORAL TABLET 15 MG (ponatinib hcl)	2; OC	PA; LD; QL (2 tablets per 1 day)
ICLUSIG ORAL TABLET 45 MG (ponatinib hcl)	2; OC	PA; LD; QL (1 tablet per 1 day)
imatinib mesylate oral tablet 100 mg	1 or 1b*; OC	PA; SP; QL (8 tablet per 1 day)
imatinib mesylate oral tablet 400 mg	1 or 1b*; OC	PA; SP; QL (2 tablets per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG (ibrutinib)	3; OC	PA; LD; QL (3 capsule per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (ibrutinib)	3; OC	PA; LD; QL (1 tablet per 1 day)
IMBRUVICA ORAL TABLET (ibrutinib)	3; OC	PA; LD; QL (1 tablet per 1 day)
INLYTA ORAL TABLET 1 MG (axitinib)	2; OC	PA; LD; SP; QL (8 tablet per 1 day)
INLYTA ORAL TABLET 5 MG (axitinib)	2; OC	PA; LD; SP; QL (4 tablet per 1 day)
IRESSA ORAL TABLET (gefitinib)	2; OC	PA; LD; SP; QL (1 tablet per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)	3; OC	PA; LD; SP; QL (30 capsules per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)	3; OC	PA; LD; SP; QL (1 pack per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)	3; OC	PA; LD; SP; QL (60 capsules per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)	3; OC	PA; LD; SP; QL (1 pack per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)	3; OC	PA; LD; SP; QL (60 capsules per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)	3; OC	PA; LD; SP; QL (90 capsules per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)	3; OC	PA; LD; SP; QL (30 capsules per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (lenvatinib mesylate)	3; OC	PA; LD; SP; QL (1 pack per 30 days)
LORBRENA ORAL TABLET 100 MG (lorlatinib)	3; OC	PA; LD; SP; QL (1 tablet per 1 day)
LORBRENA ORAL TABLET 25 MG (lorlatinib)	3; OC	PA; LD; SP; QL (3 tablets per 1 day)
NERLYNX ORAL TABLET (neratinib maleate)	3; OC	PA; LD; SP; QL (6 tablets per 1 day)
QINLOCK ORAL TABLET (ripretinib)	3; OC	PA; QL (3 tablets per 1 day)
RETEVMO ORAL CAPSULE (selpercatinib)	3; OC	LD
SPRYCEL ORAL TABLET (dasatinib)	2; OC	PA; SP; QL (1 tablet per 1 day)
TABRECTA ORAL TABLET (capmatinib hcl)	3; OC	

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TAGRISSO ORAL TABLET 40 MG (<i>osimertinib mesylate</i>)	3; OC	PA; LD; SP; QL (2 tablets per 1 day)
TAGRISSO ORAL TABLET 80 MG (<i>osimertinib mesylate</i>)	3; OC	PA; LD; SP; QL (1 tablet per 1 day)
TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>)	3; OC	PA; LD; SP; QL (1 tablet per 1 day)
TARCEVA ORAL TABLET 25 MG (<i>erlotinib hcl</i>)	3; OC	PA; LD; SP; QL (3 tablets per 1 day)
TASIGNA ORAL CAPSULE (<i>nilotinib hcl</i>)	2; OC	PA; SP; QL (4 capsules per 1 day)
TUKYSA ORAL TABLET (<i>tucatinib</i>)	3; OC	PA; LD; QL (4 tablets per 1 day)
TURALIO ORAL CAPSULE (<i>pexidartinib hcl</i>)	3; OC	PA; LD; QL (4 tablets per 1 day)
TYKERB ORAL TABLET (<i>lapatinib ditosylate</i>)	2; OC	PA; LD; SP; QL (6 tablet per 1 day)
VIZIMPRO ORAL TABLET (<i>dacomitinib</i>)	3; OC	PA; LD; SP; QL (1 tablet per 1 day)
VOTRIENT ORAL TABLET (<i>pazopanib hcl</i>)	2; OC	PA; LD; SP; QL (4 tablet per 1 day)
XALKORI ORAL CAPSULE (<i>crizotinib</i>)	2; OC	PA; LD; SP; QL (2 capsules per 1 day)
XOSPATA ORAL TABLET (<i>gilteritinib fumarate</i>)	3; OC	PA; LD; QL (3 tablets per 1 day)
ZYKADIA ORAL CAPSULE (<i>ceritinib</i>)	3; OC	PA; LD; SP; QL (3 capsules per 1 day)
ZYKADIA ORAL TABLET (<i>ceritinib</i>)	3; OC	PA; LD; QL (3 capsules per 1 day)
*ANTINEOPLASTIC ANTIBIOTICS*** - DRUGS FOR CANCER		
<i>doxorubicin hcl</i> (Adriamycin Intravenous Solution)	1 or 1b*	SP
<i>adriamycin intravenous solution reconstituted</i>	1 or 1b*	SP
<i>bleomycin sulfate injection solution reconstituted</i>	1 or 1b*	SP
COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED (<i>dactinomycin</i>)	3	SP
<i>dactinomycin intravenous solution reconstituted</i>	1 or 1b*	SP
DAUNORUBICIN HCL INTRAVENOUS SOLUTION	3	SP
DOXIL INTRAVENOUS INJECTABLE (<i>doxorubicin hcl liposomal</i>)	3	PA; SP
<i>doxorubicin hcl intravenous solution</i>	1 or 1b*	SP
<i>doxorubicin hcl intravenous solution reconstituted</i>	1 or 1b*	SP
<i>doxorubicin hcl liposomal intravenous injectable</i>	1 or 1b*	PA; SP
ELLENCES INTRAVENOUS SOLUTION (<i>epirubicin hcl</i>)	3	PA; SP
<i>epirubicin hcl intravenous solution</i>	1 or 1b*	PA; SP
IDAMYCIN PFS INTRAVENOUS SOLUTION (<i>idarubicin hcl</i>)	3	SP
<i>idarubicin hcl intravenous solution</i>	1 or 1b*	SP
JELMYTO SOLUTION RECONSTITUTED (<i>mitomycin</i>)	3	LD
<i>doxorubicin hcl liposomal</i> (Lipodox 50 Intravenous Injectable)	1 or 1b*	SP
<i>mitomycin intravenous solution reconstituted</i>	1 or 1b*	SP
<i>mitoxantrone hcl intravenous concentrate</i>	1 or 1b*	SP
<i>mitomycin</i> (Mutamycin Intravenous Solution Reconstituted)	1 or 1b*	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
valrubicin intravesical solution	1 or 1b*	SP
VALSTAR INTRAVESICAL SOLUTION (<i>valrubicin</i>)	3	SP
*ANTINEOPLASTIC -ANTIBODY FOR RADIOPHARMACEUTICAL THERAPY*** - DRUGS FOR CANCER		
ZEVALIN Y-90 INTRAVENOUS KIT (<i>ibritumomab tiuxetan for y-90</i>)	3	PA
*ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES*** - DRUGS FOR CANCER		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>brentuximab vedotin</i>)	3	PA; LD; SP
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED (<i>inotuzumab ozogamicin</i>)	3	PA; LD
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED (<i>fam-trastuzumab deruxtec-nxki</i>)	3	PA; LD
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED (<i>ado-trastuzumab emtansine</i>)	3	PA; SP
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED (<i>gemtuzumab ozogamicin</i>)	3	PA; LD
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED (<i>enfortumab vedotin-ejfv</i>)	3	PA; LD
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED (<i>polatuzumab vedotin-piiq</i>)	3	PA; LD
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED (<i>sacituzumab govitecan-hziy</i>)	3	LD
*ANTINEOPLASTIC COMBINATIONS*** - DRUGS FOR CANCER		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION (<i>daratumumab-hyaluronidase-fihj</i>)	3	LD
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION (<i>trastuzumab-hyaluronidase-oysk</i>)	3	LD
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib-letrozole</i>)	2; OC	PA; SP; QL (0.04 unit per 1 day)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib-letrozole</i>)	2; OC	PA; SP; QL (0.04 unit per 1 day)
KISQALI FEMARA(200 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib-letrozole</i>)	2; OC	PA; SP; QL (0.04 unit per 1 day)
LONSURF ORAL TABLET (<i>trifluridine-tipiracil</i>)	3; OC	PA; LD; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION (<i>rituximab-hyaluronidase human</i>)	2	LD; SP
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED (<i>daunorubicin-cytarabine lipo</i>)	3	LD
*ANTINEOPLASTIC ENZYMES*** - DRUGS FOR CANCER		
ASPARLAS INTRAVENOUS SOLUTION (<i>calaspargase pegol-mknl</i>)	3	PA; LD
ERWINAZE INJECTION SOLUTION RECONSTITUTED (<i>asparaginase erwinia chrysanth</i>)	3	PA; LD; SP

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ONCASPAR INJECTION SOLUTION (<i>pegaspargase</i>)	3	PA; SP
*ANTINEOPLASTIC RADIOPHARMACEUTICALS*** - DRUGS FOR CANCER		
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION (<i>iobenguane i 131</i>)	4	PA; LD
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION (<i>iobenguane i 131</i>)	4	PA; LD
LUTATHERA INTRAVENOUS SOLUTION (<i>lutetium lu 177 dotatate</i>)	3	PA; LD
METASTRON INTRAVENOUS SOLUTION (<i>strontium-89 chloride</i>)	3	
QUADRAMET INTRAVENOUS SOLUTION (<i>samarium sm 153 lexidronam</i>)	3	
STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION	3	
XOFIGO INTRAVENOUS SOLUTION (<i>radium ra 223 dichloride</i>)	3	PA; LD
*ANTINEOPLASTICS - INTERLEUKINS*** - DRUGS FOR CANCER		
ELZONRIS INTRAVENOUS SOLUTION (<i>tagraxofusp-erzs</i>)	3	PA; LD
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>aldesleukin</i>)	3	SP
*ANTINEOPLASTICS - PHOTOACTIVATED AGENTS*** - DRUGS FOR CANCER		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>porfimer sodium</i>)	3	LD
*ANTINEOPLASTICS MISC.*** - DRUGS FOR CANCER		
ACTIMMUNE SUBCUTANEOUS SOLUTION (<i>interferon gamma-1b</i>)	4	PA; LD; SP
ALFERON N INJECTION SOLUTION (<i>interferon alfa-n3</i>)	4	SP
<i>arsenic trioxide intravenous solution</i>	1 or 1b*	SP
<i>dacarbazine intravenous solution reconstituted</i>	1 or 1b*	SP
HYDREA ORAL CAPSULE (<i>hydroxyurea</i>)	3; OC	
<i>hydroxyurea oral capsule</i>	1 or 1b*; OC	
INTRON A INJECTION SOLUTION (<i>interferon alfa-2b</i>)	2	LD; SP
INTRON A INJECTION SOLUTION RECONSTITUTED (<i>interferon alfa-2b</i>)	2	LD; SP
MATULANE ORAL CAPSULE (<i>procarbazine hcl</i>)	2; OC	LD
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED (<i>pentostatin</i>)	3	SP
SYLATRON SUBCUTANEOUS KIT (<i>peginterferon alfa-2b</i>)	3	PA; LD; SP
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>omacetaxine mepesuccinate</i>)	3	PA; LD
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED (<i>bcg live</i>)	4	SP
TRISENOX INTRAVENOUS SOLUTION (<i>arsenic trioxide</i>)	3	SP
*AROMATASE INHIBITORS*** - DRUGS FOR CANCER		
<i>anastrozole oral tablet</i>	1 or 1b*; OC	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARIMIDEX ORAL TABLET (<i>anastrozole</i>)	3; OC	QL (1 tablet per 1 day)
AROMASIN ORAL TABLET (<i>exemestane</i>)	3; OC	QL (2 tablets per 1 day)
<i>exemestane oral tablet</i>	1 or 1b*; OC	QL (2 tablets per 1 day)
FEMARA ORAL TABLET (<i>letrozole</i>)	3; OC	QL (1 tablet per 1 day)
<i>letrozole oral tablet</i>	1 or 1b*; OC	QL (1 tablet per 1 day)
*CARBOXYPEPTIDASE ENZYME AGENTS*** - DRUGS FOR CANCER		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED (<i>glucarpidase</i>)	3	LD
*CARDIAC PROTECTIVE AGENTS*** - DRUGS FOR CANCER		
<i>dexrazoxane hcl intravenous solution reconstituted</i>	1 or 1b*	SP
TOTECT INTRAVENOUS SOLUTION RECONSTITUTED (<i>dexrazoxane hcl</i>)	3	SP
ZINECARD INTRAVENOUS SOLUTION RECONSTITUTED (<i>dexrazoxane hcl</i>)	3	SP
*CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS*** - DRUGS FOR CANCER		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED (<i>rasburicase</i>)	3	PA; SP
*CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS*** - DRUGS FOR CANCER		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED (<i>palifermin</i>)	4	
*ESTROGEN RECEPTOR ANTAGONIST*** - DRUGS FOR CANCER		
FASLODEX INTRAMUSCULAR SOLUTION (<i>fulvestrant</i>)	3	PA; SP
<i>fulvestrant intramuscular solution</i>	1 or 1b*	PA; SP
*ESTROGENS-ANTINEOPLASTIC*** - DRUGS FOR CANCER		
EMCYT ORAL CAPSULE (<i>estramustine phosphate sodium</i>)	2; OC	PA
*FOLIC ACID ANTAGONISTS RESCUE AGENTS*** - DRUGS FOR CANCER		
FUSILEV INTRAVENOUS SOLUTION RECONSTITUTED (<i>levoleucovorin calcium</i>)	3	PA
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED (<i>levoleucovorin</i>)	3	PA; LD
<i>leucovorin calcium injection solution</i>	1 or 1b*	
<i>leucovorin calcium injection solution reconstituted</i>	1 or 1b*	
<i>leucovorin calcium oral tablet</i>	1 or 1b*; OC	
LEVOLEUCOVORIN CALCIUM INTRAVENOUS SOLUTION RECONSTITUTED 175 MG	3	
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	1 or 1b*	PA
<i>levoleucovorin calcium pf intravenous solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS*** - DRUGS FOR CANCER		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>degarelix acetate</i>)	3	SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>degarelix acetate</i>)	3	PA; SP; QL (1 kit per 28 days)
*IMIDAZOTETRAZINES*** - DRUGS FOR CANCER		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED (<i>temozolomide</i>)	2	PA; SP
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG (<i>temozolomide</i>)	3; OC	PA; SP; QL (2 capsules per 1 day)
TEMODAR ORAL CAPSULE 20 MG (<i>temozolomide</i>)	3; OC	PA; SP; QL (4 capsule per 1 day)
TEMODAR ORAL CAPSULE 5 MG (<i>temozolomide</i>)	3; OC	PA; SP; QL (3 capsule per 1 day)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i>	1 or 1b*; OC	PA; SP; QL (2 capsules per 1 day)
<i>temozolomide oral capsule 20 mg</i>	1 or 1b*; OC	PA; SP; QL (4 capsule per 1 day)
<i>temozolomide oral capsule 5 mg</i>	1 or 1b*; OC	PA; SP; QL (3 capsule per 1 day)
*JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** - DRUGS FOR CANCER		
INREBIC ORAL CAPSULE (<i>fedratinib hcl</i>)	3; OC	LD
JAKAFI ORAL TABLET 10 MG (<i>ruxolitinib phosphate</i>)	2; OC	PA; LD; SP; QL (5 tablet per 1 day)
JAKAFI ORAL TABLET 15 MG (<i>ruxolitinib phosphate</i>)	2; OC	PA; LD; SP; QL (100 tablets per 30 days)
JAKAFI ORAL TABLET 20 MG (<i>ruxolitinib phosphate</i>)	2; OC	PA; LD; SP; QL (2.5 tablet per 1 day)
JAKAFI ORAL TABLET 25 MG (<i>ruxolitinib phosphate</i>)	2; OC	PA; LD; SP; QL (2 tablets per 1 day)
JAKAFI ORAL TABLET 5 MG (<i>ruxolitinib phosphate</i>)	2; OC	PA; LD; SP; QL (10 tablet per 1 day)
*LHRH ANALOGS*** - DRUGS FOR CANCER		
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	3	PA; SP; QL (1 syringe per 84 days)
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	3	PA; SP; QL (1 syringe per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	3	PA; SP; QL (1 syringe per 168 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	3	PA; SP; QL (1 syringe per 28 days)
FENSOLVI SUBCUTANEOUS KIT (<i>leuprolide acetate (6 month)</i>)	3	PA; LD; SP; QL (1 unit per 28 days)
<i>leuprolide acetate injection kit</i>	1 or 1b*	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (<i>leuprolide acetate</i>)	4	PA; SP; QL (1 syringe kit per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	3	PA; SP; QL (1 kit per 28 days)

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LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (leuprolide acetate (3 month))	4	PA; SP; QL (1 kit per 84 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (leuprolide acetate (3 month))	3	PA; SP; QL (1 kit per 84 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT (leuprolide acetate (4 month))	3	PA; SP; QL (1 kit per 112 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT (leuprolide acetate (6 month))	3	PA; SP; QL (1 syringe kit per 168 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG (triptorelin pamoate)	3	PA; SP; QL (1 vial per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG (triptorelin pamoate)	3	PA; SP; QL (1 syringe per 168 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (triptorelin pamoate)	3	PA; SP; QL (1 kit per 28 days)
VANTAS SUBCUTANEOUS KIT (histrelin acetate)	3	PA; SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (goserelin acetate)	3	PA; SP; QL (1 EA per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (goserelin acetate)	3	PA; SP; QL (1 unit per 28 days)
*MITOTIC INHIBITORS*** - DRUGS FOR CANCER		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED (paclitaxel protein-bound part)	3	PA; SP
DOCETAXEL (NON-ALCOHOL) INTRAVENOUS SOLUTION	3	SP
DOCETAXEL INTRAVENOUS CONCENTRATE 160 MG/8ML, 20 MG/ML, 200 MG/10ML, 80 MG/4ML	3	PA; SP
DOCETAXEL INTRAVENOUS CONCENTRATE 20 MG/0.5ML, 80 MG/2ML	3	
DOCETAXEL INTRAVENOUS SOLUTION	3	PA; SP
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED (etoposide phosphate)	3	SP
<i>etoposide intravenous solution</i>	1 or 1b*	SP
<i>etoposide oral capsule</i>	1 or 1b*; OC	SP
HALAVEN INTRAVENOUS SOLUTION (eribulin mesylate)	3	PA; SP
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED (ixabepilone)	3	PA; SP
JEVTANA INTRAVENOUS SOLUTION (cabazitaxel)	3	PA; SP
MARQIBO INTRAVENOUS SUSPENSION (vincristine sulfate liposome)	3	LD
NAVELBINE INTRAVENOUS SOLUTION (vinorelbine tartrate)	3	SP
<i>paclitaxel intravenous concentrate</i>	1 or 1b*	SP
TAXOTERE INTRAVENOUS CONCENTRATE (docetaxel)	3	PA; SP
TENIPOSIDE INTRAVENOUS SOLUTION	3	SP
<i>etoposide</i> (Toposar Intravenous Solution)	1 or 1b*	SP
<i>vinblastine sulfate intravenous solution</i>	1 or 1b*	SP

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<i>vincristine sulfate</i> (Vincasar Pfs Intravenous Solution)	1 or 1b*	SP
<i>vincristine sulfate intravenous solution</i>	1 or 1b*	SP
<i>vinorelbine tartrate intravenous solution</i>	1 or 1b*	SP
*NITROGEN MUSTARDS*** - DRUGS FOR CANCER		
ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED (<i>melfalan hcl</i>)	3	SP
ALKERAN ORAL TABLET (<i>melfalan</i>)	3; OC	SP
<i>cyclophosphamide injection solution reconstituted</i>	1 or 1b*	SP
<i>cyclophosphamide oral capsule</i>	1 or 1b*; OC	SP
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED (<i>melfalan hcl</i>)	3	LD; SP
IFEX INTRAVENOUS SOLUTION RECONSTITUTED (<i>ifosfamide</i>)	3	SP
<i>ifosfamide intravenous solution</i>	1 or 1b*	SP
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	1 or 1b*	SP
IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	3	SP
LEUKERAN ORAL TABLET (<i>chlorambucil</i>)	2; OC	
<i>melfalan hcl intravenous solution reconstituted</i>	1 or 1b*	SP
<i>melfalan oral tablet</i>	1 or 1b*; OC	SP
MUSTARGEN INJECTION SOLUTION RECONSTITUTED (<i>mechlorethamine hcl</i>)	3	SP
*NITROSOUREAS*** - DRUGS FOR CANCER		
BICNU INTRAVENOUS SOLUTION RECONSTITUTED (<i>carmustine</i>)	3	SP
<i>carmustine intravenous solution reconstituted</i>	1 or 1b*	SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>lomustine</i>)	3; OC	PA
GLEOSTINE ORAL CAPSULE 5 MG (<i>lomustine</i>)	3; OC	
GLIADEL WAFER IMPLANT WAFER (<i>carmustine in polifeprosan</i>)	3	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED (<i>streptozocin</i>)	3	SP
*PROGESTINS-ANTINEOPLASTIC*** - DRUGS FOR CANCER		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION (<i>medroxyprogesterone acetate</i>)	3	
<i>hydroxyprogesterone caproate intramuscular solution</i>	1 or 1b*	LD
<i>megestrol acetate oral suspension</i>	1 or 1b*; OC	
<i>megestrol acetate oral tablet</i>	1 or 1b*; OC	
*RETINOIDS*** - DRUGS FOR CANCER		
<i>tretinoin oral capsule</i>	1 or 1b*; OC	
*SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR CANCER		
<i>bexarotene oral capsule</i>	1 or 1b*; OC	PA; SP; QL (10 capsules per 1 day)

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TARGRETIN ORAL CAPSULE (<i>bexarotene</i>)	3; OC	PA; SP; QL (10 capsules per 1 day)
*TOPOISOMERASE I INHIBITORS*** - DRUGS FOR CANCER		
CAMPTOSAR INTRAVENOUS SOLUTION (<i>irinotecan hcl</i>)	3	SP
HYCAMPIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>topotecan hcl</i>)	3	SP
HYCAMPIN ORAL CAPSULE (<i>topotecan hcl</i>)	2; OC	PA; SP
<i>irinotecan hcl intravenous solution</i>	1 or 1b*	SP
ONIVYDE INTRAVENOUS INJECTABLE (<i>irinotecan hcl liposome</i>)	3	LD
TOPOTECAN HCL INTRAVENOUS SOLUTION	3	SP
<i>topotecan hcl intravenous solution reconstituted</i>	1 or 1b*	SP
*URINARY TRACT PROTECTIVE AGENTS*** - DRUGS FOR CANCER		
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED (<i>amifostine</i>)	3	PA; SP
<i>mesna intravenous solution</i>	1 or 1b*	PA
MESNEX INTRAVENOUS SOLUTION (<i>mesna</i>)	3	PA
MESNEX ORAL TABLET (<i>mesna</i>)	2; OC	PA
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS*** - DRUGS FOR CANCER		
AVASTIN INTRAVENOUS SOLUTION (<i>bevacizumab</i>)	3	PA; SP
CYRAMZA INTRAVENOUS SOLUTION (<i>ramucirumab</i>)	3	PA; LD; SP
MVASI INTRAVENOUS SOLUTION (<i>bevacizumab-awwb</i>)	3	PA; LD
ZALTRAP INTRAVENOUS SOLUTION (<i>ziv-aflibercept</i>)	3	PA; LD; SP
ZIRABEV INTRAVENOUS SOLUTION (<i>bevacizumab-bvzr</i>)	3	PA; LD
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS*** - DRUGS FOR EATING DISORDERS		
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS*** - DRUGS FOR EATING DISORDERS		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>liraglutide - weight management</i>)	3	PA
*ANTI-OBESITY AGENT COMBINATIONS** - DRUGS FOR EATING DISORDERS		
*ANTI-OBESITY AGENT COMBINATIONS** - DRUGS FOR EATING DISORDERS		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>naltrexone-bupropion hcl</i>)	3	PA
ANTIPARKINSON AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIPARKINSON ANTICHOLINERGICS*** - DRUGS FOR PARKINSON		
<i>benztropine mesylate injection solution</i>	1 or 1a*	
<i>benztropine mesylate oral tablet</i>	1 or 1a*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COGENTIN INJECTION SOLUTION (<i>benztropine mesylate</i>)	3	
<i>trihexyphenidyl hcl oral solution</i>	1 or 1a*	
<i>trihexyphenidyl hcl oral tablet</i>	1 or 1a*	
*ANTIPARKINSON DOPAMINERGICS*** - DRUGS FOR PARKINSON		
<i>amantadine hcl oral capsule</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>amantadine hcl oral syrup</i>	1 or 1b*	
<i>amantadine hcl oral tablet</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>bromocriptine mesylate oral capsule</i>	1 or 1b*	
<i>bromocriptine mesylate oral tablet</i>	1 or 1b*	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG (<i>amantadine hcl</i>)	3	PA; LD; QL (2 capsules per 1 day)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG (<i>amantadine hcl</i>)	3	PA; DO; LD
INBRIJA INHALATION CAPSULE (<i>levodopa</i>)	4	PA; LD; QL (5 kits per 30 days)
OSMOLEX ER ORAL TABLET ER 24 HOUR THERAPY PACK (<i>amantadine hcl</i>)	3	PA; LD; QL (2 tablets per 1 day)
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG (<i>amantadine hcl</i>)	3	PA; DO; LD
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG, 258 MG (<i>amantadine hcl</i>)	3	PA; LD; QL (1 tablet per 1 day)
PARLODEL ORAL CAPSULE (<i>bromocriptine mesylate</i>)	3	
PARLODEL ORAL TABLET (<i>bromocriptine mesylate</i>)	3	
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** - DRUGS FOR PARKINSON		
AZILECT ORAL TABLET (<i>rasagiline mesylate</i>)	3	
ELDEPRYL ORAL CAPSULE (<i>selegiline hcl</i>)	3	
<i>rasagiline mesylate oral tablet</i>	1 or 1b*	
<i>selegiline hcl oral capsule</i>	1 or 1b*	
<i>selegiline hcl oral tablet</i>	1 or 1b*	
XADAGO ORAL TABLET 100 MG (<i>safinamide mesylate</i>)	3	PA; QL (1 tablet per 1 day)
XADAGO ORAL TABLET 50 MG (<i>safinamide mesylate</i>)	3	PA; QL (2 tablets per 1 day)
ZELAPAR ORAL TABLET DISPERSIBLE (<i>selegiline hcl</i>)	3	PA; QL (2 tablets per 1 day)
*CENTRAL/PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
TASMAR ORAL TABLET (<i>tolcapone</i>)	3	PA; QL (6 tablet per 1 day)
<i>tolcapone oral tablet</i>	1 or 1b*	PA; QL (6 tablet per 1 day)
*DECARBOXYLASE INHIBITORS*** - DRUGS FOR PARKINSON		
<i>carbidopa oral tablet</i>	1 or 1b*	
LODOSYN ORAL TABLET (<i>carbidopa</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*LEVODOPA COMBINATIONS*** - DRUGS FOR PARKINSON		
<i>carbidopa-levodopa er oral tablet extended release</i>	1 or 1b*	
<i>carbidopa-levodopa oral tablet</i>	1 or 1b*	
<i>carbidopa-levodopa oral tablet dispersible</i>	1 or 1b*	
<i>carbidopa-levodopa-entacapone oral tablet</i>	1 or 1b*	
DUOPA ENTERAL SUSPENSION (<i>carbidopa-levodopa</i>)	3	PA; LD; SP
RYTARY ORAL CAPSULE EXTENDED RELEASE (<i>carbidopa-levodopa</i>)	3	
SINEMET CR ORAL TABLET EXTENDED RELEASE (<i>carbidopa-levodopa</i>)	3	
SINEMET ORAL TABLET (<i>carbidopa-levodopa</i>)	3	
STALEVO 100 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 125 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 150 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 200 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 50 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 75 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	3	
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR PARKINSON		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE (<i>apomorphine hcl</i>)	4	PA; LD; SP; QL (2 mL per 1 day)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>pramipexole dihydrochloride</i>)	3	QL (1 tablet per 1 day)
MIRAPEX ORAL TABLET 0.125 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (<i>pramipexole dihydrochloride</i>)	3	QL (3 tablet per 1 day)
MIRAPEX ORAL TABLET 0.25 MG (<i>pramipexole dihydrochloride</i>)	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR (<i>rotigotine</i>)	3	QL (1 patch per 1 day)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>pramipexole dihydrochloride oral tablet</i>	1 or 1b*	QL (3 tablet per 1 day)
REQUIP ORAL TABLET (<i>ropinirole hcl</i>)	3	
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>ropinirole hcl</i>)	3	
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>ropinirole hcl oral tablet</i>	1 or 1b*	
*PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
COMTAN ORAL TABLET (<i>entacapone</i>)	3	QL (8 tablet per 1 day)
<i>entacapone oral tablet</i>	1 or 1b*	QL (8 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIMANIC AGENTS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>lithium carbonate er oral tablet extended release</i>	1 or 1a*	
<i>lithium carbonate oral capsule</i>	1 or 1a*	
<i>lithium carbonate oral tablet</i>	1 or 1a*	
LITHIUM ORAL SOLUTION	2	
LITHOBID ORAL TABLET EXTENDED RELEASE (<i>lithium carbonate</i>)	2	
*ANTIPSYCHOTICS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
CAPLYTA ORAL CAPSULE (<i>lumateperone tosylate</i>)	3	ST; QL (1 capsule per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR (<i>carbamazepine (antipsychotic)</i>)	3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>ziprasidone mesylate</i>)	2	
GEODON ORAL CAPSULE (<i>ziprasidone hcl</i>)	3	ST
LATUDA ORAL TABLET (<i>lurasidone hcl</i>)	3	
NUPLAZID ORAL CAPSULE (<i>pimavanserin tartrate</i>)	4	PA; LD; SP; QL (1 capsule per 1 day)
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	4	PA; LD; SP; QL (1 tablet per 1 day)
NUPLAZID ORAL TABLET 17 MG (<i>pimavanserin tartrate</i>)	4	PA; LD; SP
VRAYLAR ORAL CAPSULE (<i>cariprazine hcl</i>)	3	ST
VRAYLAR ORAL CAPSULE THERAPY PACK (<i>cariprazine hcl</i>)	3	ST
<i>ziprasidone hcl oral capsule</i>	1 or 1b*	
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	1 or 1b*	
*BENZISOXAZOLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
FANAPT ORAL TABLET (<i>iloperidone</i>)	3	ST
FANAPT TITRATION PACK ORAL TABLET (<i>iloperidone</i>)	3	ST
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>paliperidone</i>)	3	ST
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>paliperidone palmitate</i>)	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>paliperidone palmitate</i>)	3	
<i>paliperidone er oral tablet extended release 24 hour</i>	1 or 1b*	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE (<i>risperidone</i>)	3	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>risperidone microspheres</i>)	2	
RISPERDAL M-TAB ORAL TABLET DISPERSIBLE (<i>risperidone</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RISPERDAL ORAL SOLUTION (<i>risperidone</i>)	3	ST
RISPERDAL ORAL TABLET 0.25 MG (<i>risperidone</i>)	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	3	ST
<i>risperidone</i> (Risperidone M-Tab Oral Tablet Dispersible)	1 or 1b*	
<i>risperidone oral solution</i>	1 or 1b*	ST
<i>risperidone oral tablet</i>	1 or 1b*	
<i>risperidone oral tablet dispersible</i>	1 or 1b*	
*BUTYROPHENONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION (<i>haloperidol decanoate</i>)	3	
HALDOL INJECTION SOLUTION (<i>haloperidol lactate</i>)	3	
<i>haloperidol decanoate intramuscular solution</i>	1 or 1b*	
<i>haloperidol lactate injection solution</i>	1 or 1b*	
<i>haloperidol lactate oral concentrate</i>	1 or 1b*	
<i>haloperidol oral tablet</i>	1 or 1b*	
*DIBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>clozapine oral tablet</i>	1 or 1b*	
<i>clozapine oral tablet dispersible</i>	1 or 1b*	
CLOZARIL ORAL TABLET (<i>clozapine</i>)	2	
FAZACLO ORAL TABLET DISPERSIBLE (<i>clozapine</i>)	2	
VERSACLOZ ORAL SUSPENSION (<i>clozapine</i>)	3	
*DIBENZO-OXEPINO PYRROLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL (<i>asenapine maleate</i>)	3	ST
SECUADO TRANSDERMAL PATCH 24 HOUR (<i>asenapine</i>)	3	ST
*DIBENZOTHIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>quetiapine fumarate er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>quetiapine fumarate oral tablet</i>	1 or 1b*	
SEROQUEL ORAL TABLET (<i>quetiapine fumarate</i>)	3	ST
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>quetiapine fumarate</i>)	3	ST
*DIBENZOXAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>loxapine</i>)	3	
<i>loxapine succinate oral capsule</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*DIHYDROINDOLONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>molindone hcl oral tablet</i>	1 or 1b*	
*PHENOTHIAZINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
CHLORPROMAZINE HCL INJECTION SOLUTION	3	
<i>chlorpromazine hcl oral tablet</i>	1 or 1b*	
<i>prochlorperazine (Compro Rectal Suppository)</i>	1 or 1b*	
<i>fluphenazine decanoate injection solution</i>	1 or 1b*	
<i>fluphenazine hcl injection solution</i>	1 or 1b*	
<i>fluphenazine hcl oral concentrate</i>	1 or 1b*	
<i>fluphenazine hcl oral elixir</i>	1 or 1b*	
<i>fluphenazine hcl oral tablet</i>	1 or 1b*	
<i>perphenazine oral tablet</i>	1 or 1b*	
<i>prochlorperazine edisylate injection solution</i>	1 or 1b*	
<i>prochlorperazine maleate oral tablet</i>	1 or 1a*	
<i>prochlorperazine rectal suppository</i>	1 or 1b*	
<i>thioridazine hcl oral tablet</i>	1 or 1b*	
<i>trifluoperazine hcl oral tablet</i>	1 or 1b*	
*QUINOLINONE DERIVATIVES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE (aripiprazole)	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (aripiprazole)	3	
ABILIFY MYCITE ORAL TABLET (aripiprazole)	3	ST
ABILIFY ORAL TABLET (aripiprazole)	3	ST
<i>aripiprazole oral solution</i>	1 or 1b*	
<i>aripiprazole oral tablet</i>	1 or 1b*	
<i>aripiprazole oral tablet dispersible</i>	1 or 1b*	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE (aripiprazole lauroxil)	3	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE (aripiprazole lauroxil)	3	
REXULTI ORAL TABLET (brexpiprazole)	3	ST
*THIENBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine intramuscular solution reconstituted</i>	1 or 1b*	
<i>olanzapine oral tablet</i>	1 or 1b*	
<i>olanzapine oral tablet dispersible</i>	1 or 1b*	

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ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED (olanzapine)	3	
ZYPREXA ORAL TABLET (olanzapine)	3	ST
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED (olanzapine pamoate)	3	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE (olanzapine)	3	ST
*THIOXANTHENES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
thiothixene oral capsule	1 or 1b*	
*ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR*** - DRUGS FOR INFECTIONS		
*ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR*** - DRUGS FOR INFECTIONS		
TROGARZO INTRAVENOUS SOLUTION (ibalizumab-uiyk)	3	PA; LD; QL (8 vials per 28 days)
*ANTIRETROVIRALS ADJUVANTS*** - DRUGS THAT ALTER METABOLISM		
*ANTIRETROVIRALS ADJUVANTS*** - DRUGS THAT ALTER METABOLISM		
TYBOST ORAL TABLET (cobicistat)	3	QL (1 tablet per 1 day)
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** - HORMONES		
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** - HORMONES		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (inotersen sodium)	4	PA; LD; SP; QL (4 syringes per 28 days)
ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS		
*ANTISEPTIC COMBINATIONS*** - ANTISEPTICS AND DISINFECTANTS		
BUCALSEP EXTERNAL LIQUID (antiseptic products, misc.)	3	
BUCALSEP EXTERNAL SOLUTION (antiseptic products, misc.)	3	
*ANTISEPTICS & DISINFECTANTS*** - ANTISEPTICS AND DISINFECTANTS		
FORMALDEHYDE EXTERNAL SOLUTION	3	
GLUTARALDEHYDE EXTERNAL SOLUTION	2	
*CHLORINE ANTISEPTICS*** - ANTISEPTICS AND DISINFECTANTS		
BENZALKONIUM CHLORIDE EXTERNAL SOLUTION	3	
*IODINE ANTISEPTICS*** - ANTISEPTICS AND DISINFECTANTS		
IODINE TINCTURE EXTERNAL TINCTURE	3	
IODOFLEX EXTERNAL PAD (cadexomer iodine)	3	
IODOSORB EXTERNAL GEL (cadexomer iodine)	3	

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LUGOLS EXTERNAL SOLUTION	3	
ANTIVIRALS - DRUGS FOR INFECTIONS		
*ANTIRETROVIRAL COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
abacavir sulfate-lamivudine oral tablet	1 or 1b*	QL (1 tablet per 1 day)
abacavir-lamivudine-zidovudine oral tablet	1 or 1b*	QL (2 tablets per 1 day)
ATRIPLA ORAL TABLET (efavirenz-emtricitab-tenofovir)	2	ST; QL (1 tablet per 1 day)
BIKTARVY ORAL TABLET (bictegravir-emtricitab-tenofovir)	2	QL (1 tablet per 1 day)
CIMDUO ORAL TABLET (lamivudine-tenofovir)	3	QL (1 tablet per 1 day)
COMBIVIR ORAL TABLET (lamivudine-zidovudine)	3	QL (2 tablets per 1 day)
COMPLERA ORAL TABLET (emtricitab-rilpivir-tenofovir)	2	PA; QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET (doravirin-lamivudin-tenofovir df)	3	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET (emtricitabine-tenofovir af)	3	ST; QL (1 tablet per 1 day)
DOVATO ORAL TABLET (dolutegravir-lamivudine)	3	PA; QL (1 tablet per 1 day)
EPZICOM ORAL TABLET (abacavir sulfate-lamivudine)	3	QL (1 tablet per 1 day)
EVOTAZ ORAL TABLET (atazanavir-cobicistat)	3	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET (elviteg-cobic-emtricit-tenofaf)	2	QL (1 tablet per 1 day)
JULUCA ORAL TABLET (dolutegravir-rilpivirine)	3	PA; QL (1 tablet per 1 day)
KALETRA ORAL SOLUTION (lopinavir-ritonavir)	3	QL (16 mL per 1 day)
KALETRA ORAL TABLET 100-25 MG (lopinavir-ritonavir)	2	QL (10 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG (lopinavir-ritonavir)	2	QL (4 tablets per 1 day)
lamivudine-zidovudine oral tablet	1 or 1b*	QL (2 tablets per 1 day)
lopinavir-ritonavir oral solution	1 or 1b*	QL (16 mL per 1 day)
ODEFSEY ORAL TABLET (emtricitab-rilpivir-tenofovir af)	3	PA; QL (1 tablet per 1 day)
PREZCOBIX ORAL TABLET (darunavir-cobicistat)	3	QL (1 tablet per 1 day)
STRIBILD ORAL TABLET (elviteg-cobic-emtricit-tenofdf)	2	QL (1 tablet per 1 day)
SYMFI LO ORAL TABLET (efavirenz-lamivudine-tenofovir)	2	QL (1 tablet per 1 day)
SYMFI ORAL TABLET (efavirenz-lamivudine-tenofovir)	2	QL (1 tablet per 1 day)
SYMTUZA ORAL TABLET (darun-cobic-emtricit-tenofaf)	3	QL (1 tablet per 1 day)
TEMIXYS ORAL TABLET (lamivudine-tenofovir)	3	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET (abacavir-dolutegravir-lamivudine)	2	QL (1 tablet per 1 day)
TRIZIVIR ORAL TABLET (abacavir-lamivudine-zidovudine)	3	QL (2 tablets per 1 day)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (emtricitabine-tenofovir df)	2	QL (1 tablet per 1 day)
TRUVADA ORAL TABLET 200-300 MG (emtricitabine-tenofovir df)	2; \$0	QL (1 tablet per 1 day)
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** - DRUGS FOR VIRAL INFECTIONS		
SELZENTRY ORAL SOLUTION (maraviroc)	3	QL (62 mL per 1 day)
SELZENTRY ORAL TABLET 150 MG, 300 MG (maraviroc)	2	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	2	QL (8 tablets per 1 day)
SELZENTRY ORAL TABLET 75 MG (<i>maraviroc</i>)	2	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - FUSION INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>enfuvirtide</i>)	2	PA; QL (60 vials per 30 days)
*ANTIRETROVIRALS - INTEGRASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
ISENTRESS HD ORAL TABLET (<i>raltegravir potassium</i>)	3	QL (2 tablets per 1 day)
ISENTRESS ORAL PACKET (<i>raltegravir potassium</i>)	3	QL (2 packets per 1 day)
ISENTRESS ORAL TABLET (<i>raltegravir potassium</i>)	2	QL (4 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG (<i>raltegravir potassium</i>)	2	QL (6 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG (<i>raltegravir potassium</i>)	2	QL (24 tablets per 1 day)
TIVICAY ORAL TABLET (<i>dolutegravir sodium</i>)	3	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - PROTEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
APTIVUS ORAL CAPSULE (<i>tipranavir</i>)	2	PA; QL (4 capsules per 1 day)
APTIVUS ORAL SOLUTION (<i>tipranavir</i>)	2	PA; QL (13 mL per 1 day)
atazanavir sulfate oral capsule 150 mg, 200 mg	1 or 1b*	QL (2 capsules per 1 day)
atazanavir sulfate oral capsule 300 mg	1 or 1b*	QL (1 capsule per 1 day)
CRIXIVAN ORAL CAPSULE 200 MG (<i>indinavir sulfate</i>)	2	QL (12 capsules per 1 day)
CRIXIVAN ORAL CAPSULE 400 MG (<i>indinavir sulfate</i>)	2	QL (6 capsules per 1 day)
fosamprenavir calcium oral tablet	1 or 1b*	QL (4 tablets per 1 day)
INVIRASE ORAL CAPSULE (<i>saquinavir mesylate</i>)	2	
INVIRASE ORAL TABLET (<i>saquinavir mesylate</i>)	2	QL (4 tablets per 1 day)
LEXIVA ORAL SUSPENSION (<i>fosamprenavir calcium</i>)	2	QL (60 mL per 1 day)
LEXIVA ORAL TABLET (<i>fosamprenavir calcium</i>)	3	QL (4 tablets per 1 day)
NORVIR ORAL CAPSULE (<i>ritonavir</i>)	2	
NORVIR ORAL PACKET (<i>ritonavir</i>)	3	QL (12 packets per 1 day)
NORVIR ORAL SOLUTION (<i>ritonavir</i>)	2	QL (16 mL per 1 day)
NORVIR ORAL TABLET (<i>ritonavir</i>)	3	QL (12 tablets per 1 day)
PREZISTA ORAL SUSPENSION (<i>darunavir ethanolate</i>)	2	QL (14 mL per 1 day)
PREZISTA ORAL TABLET 150 MG (<i>darunavir ethanolate</i>)	2	QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 600 MG (<i>darunavir ethanolate</i>)	2	QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG (<i>darunavir ethanolate</i>)	2	QL (10 tablets per 1 day)
PREZISTA ORAL TABLET 800 MG (<i>darunavir ethanolate</i>)	2	QL (1 tablet per 1 day)
REYATAZ ORAL CAPSULE 150 MG, 200 MG (<i>atazanavir sulfate</i>)	3	QL (2 capsules per 1 day)
REYATAZ ORAL CAPSULE 300 MG (<i>atazanavir sulfate</i>)	3	QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REYATAZ ORAL PACKET (<i>atazanavir sulfate</i>)	2	QL (5 packets per 1 day)
<i>ritonavir oral tablet</i>	1 or 1b*	QL (12 tablets per 1 day)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	2	QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	2	QL (4 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
EDURANT ORAL TABLET (<i>rilpivirine hcl</i>)	2	PA; QL (1 tablet per 1 day)
<i>efavirenz oral capsule 200 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>efavirenz oral capsule 50 mg</i>	1 or 1b*	QL (12 capsules per 1 day)
<i>efavirenz oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
INTELENCE ORAL TABLET 100 MG (<i>etravirine</i>)	2	PA; QL (4 tablets per 1 day)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	2	PA; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	2	PA; QL (16 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	1 or 1b*	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>nevirapine oral suspension</i>	1 or 1b*	QL (40 mL per 1 day)
<i>nevirapine oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
PIFELTRO ORAL TABLET (<i>doravirine</i>)	3	QL (1 tablet per 1 day)
RESCRIPTOR ORAL TABLET 100 MG (<i>delavirdine mesylate</i>)	2	QL (12 tablets per 1 day)
RESCRIPTOR ORAL TABLET 200 MG (<i>delavirdine mesylate</i>)	2	
SUSTIVA ORAL CAPSULE 200 MG (<i>efavirenz</i>)	3	QL (4 capsules per 1 day)
SUSTIVA ORAL CAPSULE 50 MG (<i>efavirenz</i>)	3	QL (12 capsules per 1 day)
SUSTIVA ORAL TABLET (<i>efavirenz</i>)	3	QL (1 tablet per 1 day)
VIRAMUNE ORAL SUSPENSION (<i>nevirapine</i>)	3	QL (40 mL per 1 day)
VIRAMUNE ORAL TABLET (<i>nevirapine</i>)	3	QL (2 tablets per 1 day)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG (<i>nevirapine</i>)	3	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 400 MG (<i>nevirapine</i>)	3	QL (1 tablet per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate oral solution</i>	1 or 1b*	QL (32 mL per 1 day)
<i>abacavir sulfate oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>didanosine oral capsule delayed release 200 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>didanosine oral capsule delayed release 250 mg, 400 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 125 MG (<i>didanosine</i>)	3	QL (3 capsules per 1 day)
VIDEX EC ORAL CAPSULE DELAYED RELEASE 200 MG (<i>didanosine</i>)	3	QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIDEX EC ORAL CAPSULE DELAYED RELEASE 250 MG, 400 MG (<i>didanosine</i>)	3	QL (1 capsule per 1 day)
VIDEX ORAL SOLUTION RECONSTITUTED (<i>didanosine</i>)	2	QL (40 mL per 1 day)
ZIAGEN ORAL SOLUTION (<i>abacavir sulfate</i>)	3	QL (32 mL per 1 day)
ZIAGEN ORAL TABLET (<i>abacavir sulfate</i>)	3	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
EMTRIVA ORAL CAPSULE (<i>emtricitabine</i>)	2; \$0	QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION (<i>emtricitabine</i>)	2	QL (29 mL per 1 day)
EPIVIR ORAL SOLUTION (<i>lamivudine</i>)	3	QL (32 mL per 1 day)
EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>)	3	QL (2 tablets per 1 day)
EPIVIR ORAL TABLET 300 MG (<i>lamivudine</i>)	3	QL (1 tablet per 1 day)
<i>lamivudine oral solution</i>	1 or 1b*	QL (32 mL per 1 day)
<i>lamivudine oral tablet 150 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
RETROVIR INTRAVENOUS SOLUTION (<i>zidovudine</i>)	2	
RETROVIR ORAL CAPSULE (<i>zidovudine</i>)	3	QL (6 capsules per 1 day)
RETROVIR ORAL SYRUP (<i>zidovudine</i>)	3	QL (64 mL per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>stavudine oral capsule 30 mg, 40 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
ZERIT ORAL CAPSULE 15 MG, 20 MG (<i>stavudine</i>)	3	QL (4 capsules per 1 day)
ZERIT ORAL CAPSULE 30 MG, 40 MG (<i>stavudine</i>)	3	QL (2 capsules per 1 day)
ZERIT ORAL SOLUTION RECONSTITUTED (<i>stavudine</i>)	3	
<i>zidovudine oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>zidovudine oral syrup</i>	1 or 1b*	QL (64 mL per 1 day)
<i>zidovudine oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>tenofovir disoproxil fumarate oral tablet</i>	1 or 1b*; \$0	
VIREAD ORAL POWDER (<i>tenofovir disoproxil fumarate</i>)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	2	
VIREAD ORAL TABLET 300 MG (<i>tenofovir disoproxil fumarate</i>)	3	
*CMV AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>cidofovir intravenous solution</i>	1 or 1b*	
CYTOVENE INTRAVENOUS SOLUTION RECONSTITUTED (<i>ganciclovir sodium</i>)	4	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOSCAVIR INTRAVENOUS SOLUTION (<i>foscarnet sodium</i>)	3	
GANCICLOVIR INTRAVENOUS SOLUTION	4	SP
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION	4	SP
<i>ganciclovir sodium intravenous solution reconstituted</i>	4	SP
PREVYMIS INTRAVENOUS SOLUTION (<i>letermovir</i>)	4	PA; SP; QL (1 vial per 1 day)
PREVYMIS ORAL TABLET (<i>letermovir</i>)	4	PA; SP; QL (1 tablet per 1 day)
VALCYTE ORAL SOLUTION RECONSTITUTED (<i>valganciclovir hcl</i>)	3	SP
VALCYTE ORAL TABLET (<i>valganciclovir hcl</i>)	3	SP
<i>valganciclovir hcl oral solution reconstituted</i>	1 or 1b*	SP
<i>valganciclovir hcl oral tablet</i>	1 or 1b*	SP
*HEPATITIS B AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>adefovir dipivoxil oral tablet</i>	1 or 1b*	SP
BARACLUDE ORAL SOLUTION (<i>entecavir</i>)	2	SP
BARACLUDE ORAL TABLET (<i>entecavir</i>)	4	SP
<i>entecavir oral tablet</i>	1 or 1b*	SP
EPIVIR HBV ORAL SOLUTION (<i>lamivudine</i>)	4	
EPIVIR HBV ORAL TABLET (<i>lamivudine</i>)	4	
HEPSERA ORAL TABLET (<i>adefovir dipivoxil</i>)	4	SP
<i>lamivudine oral tablet</i>	1 or 1b*	
VEMLIDY ORAL TABLET (<i>tenofovir alafenamide fumarate</i>)	4	SP
*HEPATITIS C AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
DAKLINZA ORAL TABLET (<i>daclatasvir dihydrochloride</i>)	4	PA; SP
MODERIBA (1200 MG PACK) ORAL TABLET THERAPY PACK (<i>ribavirin</i>)	4	SP
<i>ribavirin (Moderiba Oral Tablet)</i>	1 or 1b*	SP
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 135 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	4	SP
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	4	SP; QL (4 pen per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	4	SP; QL (2 syringe per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	4	SP; QL (4 vials per 28 days)
PEGINTRON SUBCUTANEOUS KIT (<i>peginterferon alfa-2b</i>)	4	SP
REBETOL ORAL CAPSULE (<i>ribavirin</i>)	4	SP
REBETOL ORAL SOLUTION (<i>ribavirin</i>)	4	SP
<i>ribavirin (Ribasphere Oral Capsule)</i>	1 or 1b*	SP
<i>ribavirin (Ribasphere Oral Tablet 200 Mg)</i>	1 or 1b*	SP
RIBASPHERE ORAL TABLET 400 MG (<i>ribavirin</i>)	4	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ribasphere oral tablet 600 mg</i>	1 or 1b*	SP
RIBASPHERE RIBAPAK (1000 PACK) ORAL TABLET THERAPY PACK (<i>ribavirin</i>)	4	SP
RIBASPHERE RIBAPAK (1200 PACK) ORAL TABLET THERAPY PACK (<i>ribavirin</i>)	4	SP
RIBASPHERE RIBAPAK (600 PACK) ORAL TABLET THERAPY PACK (<i>ribavirin</i>)	4	SP
RIBASPHERE RIBAPAK (800 PACK) ORAL TABLET THERAPY PACK (<i>ribavirin</i>)	4	SP
<i>ribavirin oral capsule</i>	1 or 1b*	SP
<i>ribavirin oral tablet</i>	1 or 1b*	SP
SOVALDI ORAL PACKET 150 MG (<i>sofosbuvir</i>)	4	PA; QL (1 packet per 1 day)
SOVALDI ORAL PACKET 200 MG (<i>sofosbuvir</i>)	4	PA; QL (2 packets per 1 day)
SOVALDI ORAL TABLET 200 MG (<i>sofosbuvir</i>)	4	PA; QL (1 tablet per 1 day)
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	4	PA; SP; QL (1 tablet per 1 day)
*HERPES AGENTS - PURINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>acyclovir oral capsule</i>	1 or 1b*	
<i>acyclovir oral suspension</i>	1 or 1b*	
<i>acyclovir oral tablet</i>	1 or 1b*	
<i>acyclovir sodium intravenous solution</i>	1 or 1b*	
SITAVIG BUCCAL TABLET (<i>acyclovir</i>)	3	PA; QL (1 tablet per 30 days)
<i>valacyclovir hcl oral tablet</i>	1 or 1b*	
VALTREX ORAL TABLET (<i>valacyclovir hcl</i>)	3	
ZOVIRAX ORAL CAPSULE (<i>acyclovir</i>)	3	
ZOVIRAX ORAL SUSPENSION (<i>acyclovir</i>)	3	
ZOVIRAX ORAL TABLET (<i>acyclovir</i>)	3	
*HERPES AGENTS - THYMIDINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>famciclovir oral tablet</i>	1 or 1b*	
*INFLUENZA AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
FLUMADINE ORAL TABLET (<i>rimantadine hcl</i>)	3	
<i>rimantadine hcl oral tablet</i>	1 or 1b*	
*NEURAMINIDASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1 or 1b*	QL (20 capsule per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1 or 1b*	QL (10 capsule per 90 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	1 or 1b*	QL (20 Ml per 90 days)
RAPIVAB INTRAVENOUS SOLUTION (<i>peramivir</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>zanamivir</i>)	2	QL (1 package per 90 days)
TAMIFLU ORAL CAPSULE 30 MG (<i>oseltamivir phosphate</i>)	3	QL (20 capsule per 90 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	3	QL (10 capsule per 90 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED (<i>oseltamivir phosphate</i>)	3	QL (180 ML per 90 days)
*RSV AGENTS - NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>ribavirin inhalation solution reconstituted</i>	1 or 1b*	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED (<i>ribavirin</i>)	3	
*ANTI-VON WILLEBRAND FACTOR AGENTS*** - DRUGS FOR THE BLOOD		
*ANTI-VON WILLEBRAND FACTOR AGENTS*** - DRUGS FOR THE BLOOD		
CABLIVI INJECTION KIT (<i>caplacizumab-yhdp</i>)	4	PA; LD
ASSORTED CLASSES - VITAMINS AND MINERALS		
*ANTILEPTOTICS*** - VITAMINS AND MINERALS		
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	2; OC	PA; SP; QL (1 capsule per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG (<i>thalidomide</i>)	2; OC	PA; SP; QL (2 capsules per 1 day)
*ASSORTED CLASSES*** - VITAMINS AND MINERALS		
NEXAVIR INJECTION SOLUTION (<i>liver derivative complex</i>)	3	
PHENOL INJECTION SOLUTION	3	
*B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS*** - VITAMINS AND MINERALS		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED (<i>belimumab</i>)	4	PA; LD; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>belimumab</i>)	4	PA; LD; SP; QL (4 autoinjectors per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>belimumab</i>)	4	PA; LD; SP; QL (4 pens per 28 days)
*CHELATING AGENTS*** - VITAMINS AND MINERALS		
<i>trientine hcl</i> (Clovique Oral Capsule)	1 or 1b*	PA; SP
CUPRIMINE ORAL CAPSULE (<i>penicillamine</i>)	3	PA
DEPEN TITRATABS ORAL TABLET (<i>penicillamine</i>)	3	PA
D-PENAMINE ORAL TABLET	3	
EDETATE DISODIUM INTRAVENOUS SOLUTION	3	
<i>penicillamine oral capsule</i>	1 or 1b*	PA
<i>penicillamine oral tablet</i>	1 or 1b*	PA
SYPRINE ORAL CAPSULE (<i>trientine hcl</i>)	3	PA; SP
<i>trientine hcl oral capsule</i>	1 or 1b*	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS*** - VITAMINS AND MINERALS		
PRISMASOL B22GK 4/0 INTRAVENOUS SOLUTION (<i>bicarb-dextrose-k (crrt)</i>)	3	
PRISMASOL BGK 0/2.5 INTRAVENOUS SOLUTION (<i>bicarb-dextrose-ca (crrt)</i>)	3	
PRISMASOL BGK 2/0 INTRAVENOUS SOLUTION (<i>bicarb-dextrose-k (crrt)</i>)	3	
PRISMASOL BGK 2/3.5 INTRAVENOUS SOLUTION (<i>bicarb-dextrose-k-ca (crrt)</i>)	3	
PRISMASOL BGK 4/0/1.2 INTRAVENOUS SOLUTION (<i>bicarb-dextrose-k-mg (crrt)</i>)	3	
PRISMASOL BGK 4/2.5 INTRAVENOUS SOLUTION (<i>bicarb-dextrose-k-ca (crrt)</i>)	3	
PRISMASOL BK 0/0/1.2 INTRAVENOUS SOLUTION (<i>bicarb-mg (crrt)</i>)	3	
*CYCLOSPORINE ANALOGS*** - VITAMINS AND MINERALS		
<i>cyclosporine intravenous solution</i>	1 or 1b*	SP
<i>cyclosporine modified oral capsule</i>	1 or 1b*	SP
<i>cyclosporine modified oral solution</i>	1 or 1b*	SP
<i>cyclosporine oral capsule</i>	1 or 1b*	SP
<i>cyclosporine modified</i> (Gengraf Oral Capsule)	1 or 1b*	SP
<i>cyclosporine modified</i> (Gengraf Oral Solution)	1 or 1b*	SP
NEORAL ORAL CAPSULE (<i>cyclosporine modified</i>)	2	SP
NEORAL ORAL SOLUTION (<i>cyclosporine modified</i>)	2	SP
SANDIMMUNE INTRAVENOUS SOLUTION (<i>cyclosporine</i>)	3	SP
SANDIMMUNE ORAL CAPSULE (<i>cyclosporine</i>)	2	SP
SANDIMMUNE ORAL SOLUTION (<i>cyclosporine</i>)	2	SP
*ENZYMES*** - VITAMINS AND MINERALS		
AMPHADASE INJECTION SOLUTION (<i>hyaluronidase bovine</i>)	3	
HYLENEX INJECTION SOLUTION (<i>hyaluronidase human</i>)	3	
VITRASE INJECTION SOLUTION (<i>hyaluronidase ovine</i>)	3	
XIAFLEX INJECTION SOLUTION RECONSTITUTED (<i>collagenase clostrid histolyt</i>)	4	PA; LD
*FECAL INCONTINENCE BULKING AGENT - COMBINATIONS*** - VITAMINS AND MINERALS		
SOLESTA INJECTION GEL (<i>dextranomer-sodium hyaluronate</i>)	4	LD; SP
*HOMEOPATHIC PRODUCTS*** - VITAMINS AND MINERALS		
ACUNOL ORAL TABLET (<i>homeopathic products</i>)	3	
BHI URI-CONTROL ORAL TABLET	3	
COLCIGEL EXTERNAL GEL (<i>homeopathic products</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ECZEMOL ORAL TABLET (homeopathic products)	3	
ENGYSTOL INJECTION INJECTABLE (homeopathic products)	3	
HYLAFEM VAGINAL SUPPOSITORY (homeopathic products)	3	
LYMPHOMYOSOT X INJECTION INJECTABLE (homeopathic products)	3	
MORCIN EXTERNAL CREAM	3	
NEURALGO-RHEUM INJECTION INJECTABLE (homeopathic products)	3	
PSORIZIDE FORTE ORAL TABLET (homeopathic products)	3	
PSORIZIDE ULTRA ORAL TABLET (homeopathic products)	3	
RAPID GEL RX EXTERNAL GEL	3	
SPASCUPREEL INJECTION INJECTABLE (homeopathic products)	3	
SPEEDGEL RX EXTERNAL GEL (homeopathic products)	3	
TRANZGEL EXTERNAL GEL (homeopathic products)	3	
TRAUMEEL EXTERNAL OINTMENT (homeopathic products)	3	
TRAUMEEL INJECTION INJECTABLE (homeopathic products)	3	
TRAUMEEL ORAL TABLET (homeopathic products)	3	
WELLMIND VERTIGO ORAL TABLET (homeopathic products)	3	
ZEEL INJECTION INJECTABLE (homeopathic products)	3	
*IMMUNE GLOBULIN IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS		
ATGAM INTRAVENOUS INJECTABLE (lymphocyte,anti-thymo imm glob)	3	SP
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED (anti-thymocyte glob (rabbit))	3	SP
*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES*** - VITAMINS AND MINERALS		
REVLIMID ORAL CAPSULE (lenalidomide)	2; OC	PA; LD; SP; QL (1 capsule per 1 day)
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** - VITAMINS AND MINERALS		
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED (mycophenolate mofetil hcl)	3	SP
CELLCEPT ORAL CAPSULE (mycophenolate mofetil)	2	SP
CELLCEPT ORAL SUSPENSION RECONSTITUTED (mycophenolate mofetil)	2	SP
CELLCEPT ORAL TABLET (mycophenolate mofetil)	2	SP
mycophenolate mofetil hcl intravenous solution reconstituted	1 or 1b*	SP
mycophenolate mofetil oral capsule	1 or 1b*	SP
mycophenolate mofetil oral suspension reconstituted	1 or 1b*	SP
mycophenolate mofetil oral tablet	1 or 1b*	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mycophenolate sodium oral tablet delayed release</i>	1 or 1b*	SP
MYFORTIC ORAL TABLET DELAYED RELEASE (<i>mycophenolate sodium</i>)	3	SP
*IRRIGATION SOLUTIONS*** - VITAMINS AND MINERALS		
<i>water for irrigation, sterile</i> (Argyle Sterile Water Irrigation Solution)	1 or 1b*	
<i>lactated ringers irrigation solution</i>	1 or 1b*	
<i>irrigation solns physiological</i> (Physiolyte Irrigation Solution)	1 or 1b*	
<i>irrigation solns physiological</i> (Physiosol Irrigation Irrigation Solution)	1 or 1b*	
<i>ringers irrigation irrigation solution</i>	1 or 1b*	
<i>sterile water for irrigation irrigation solution</i>	1 or 1b*	
<i>ringers irrigation</i> (Tis-U-Sol Irrigation Solution)	1 or 1b*	
<i>water for irrigation, sterile irrigation solution</i>	1 or 1b*	
*MACROLIDE IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>tacrolimus</i>)	3	SP
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>tacrolimus</i>)	3	SP
<i>everolimus oral tablet</i>	1 or 1b*	SP
PROGRAF INTRAVENOUS SOLUTION (<i>tacrolimus</i>)	2	SP
PROGRAF ORAL CAPSULE (<i>tacrolimus</i>)	2	SP
PROGRAF ORAL PACKET (<i>tacrolimus</i>)	3	
RAPAMUNE ORAL SOLUTION (<i>sirolimus</i>)	3	SP
RAPAMUNE ORAL TABLET (<i>sirolimus</i>)	2	SP
<i>sirolimus oral solution</i>	1 or 1b*	SP
<i>sirolimus oral tablet</i>	1 or 1b*	SP
<i>tacrolimus oral capsule</i>	1 or 1b*	SP
ZORTRESS ORAL TABLET (<i>everolimus</i>)	2	SP
*MISC NATURAL PRODUCTS*** - VITAMINS AND MINERALS		
SARAPIN INJECTION SOLUTION (<i>misc natural products</i>)	3	
*MONOCLONAL ANTIBODIES*** - VITAMINS AND MINERALS		
GAMIFANT INTRAVENOUS SOLUTION (<i>emapalumab-lzsg</i>)	3	PA; LD
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED (<i>basiliximab</i>)	3	SP
*PERITONIAL DIALYSIS SOLUTIONS*** - VITAMINS AND MINERALS		
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	3	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	2	
DELFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
EXTRANEAL INTRAPERITONEAL SOLUTION (icodextrin-electrolytes)	3	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
ULTRABAG/DIANEAL/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
*POTASSIUM REMOVING RESINS*** - VITAMINS AND MINERALS		
<i>sodium polystyrene sulfonate</i> (Kionex Oral Powder)	1 or 1b*	
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension)	1 or 1b*	
LOKELMA ORAL PACKET (<i>sodium zirconium cyclosilicate</i>)	3	
<i>sodium polystyrene sulfonate oral powder</i>	1 or 1b*	
<i>sodium polystyrene sulfonate oral suspension</i>	1 or 1b*	
<i>sodium polystyrene sulfonate rectal suspension</i>	1 or 1b*	
<i>sodium polystyrene sulfonate</i> (Sps Oral Suspension)	1 or 1b*	
VELTASSA ORAL PACKET (<i>patiromer sorbitex calcium</i>)	3	LD; SP
*PROSTAGLANDINS*** - VITAMINS AND MINERALS		
<i>alprostadil injection solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROSTIN VR INJECTION SOLUTION (<i>alprostadil</i>)	3	
*PURINE ANALOGS*** - VITAMINS AND MINERALS		
AZASAN ORAL TABLET (<i>azathioprine</i>)	2	
<i>azathioprine oral tablet</i>	1 or 1b*	
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED	3	
IMURAN ORAL TABLET (<i>azathioprine</i>)	3	
*SCLEROSING AGENTS*** - VITAMINS AND MINERALS		
ASCLERA INTRAVENOUS SOLUTION (<i>polidocanol</i>)	3	
ETHAMOLIN INTRAVENOUS SOLUTION (<i>ethanolamine oleate</i>)	3	
POLIDOCANOL INTRAVENOUS SOLUTION	3	
<i>sodium tetradecyl sulfate intravenous solution</i>	1 or 1b*	
SOTRADECOL INTRAVENOUS SOLUTION 1 % (<i>sodium tetradecyl sulfate</i>)	3	
<i>sodium tetradecyl sulfate</i> (Sotradecol Intravenous Solution 3 %)	1 or 1b*	
VARITHENA INTRAVENOUS FOAM (<i>polidocanol</i>)	3	LD
*SELECTIVE T-CELL COSTIMULATION BLOCKERS*** - VITAMINS AND MINERALS		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>belatacept</i>)	3	PA; SP
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE LUNGS		
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE LUNGS		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>dupilumab</i>)	4	PA; SP; QL (2 syringes per 28 days)
*BACTERIAL MONOCLONAL ANTIBODIES*** - BIOLOGICAL AGENTS		
*BACTERIAL MONOCLONAL ANTIBODIES*** - BIOLOGICAL AGENTS		
ZINPLAVA INTRAVENOUS SOLUTION (<i>bezlotoxumab</i>)	3	PA
*BETA BLOCKER & ANGIOTENSIN II RECEPTOR ANTAGONIST COMB*** - DRUGS FOR THE HEART		
*BETA BLOCKER & ANGIOTENSIN II RECEPTOR ANTAGONIST COMB*** - DRUGS FOR THE HEART		
BYVALSON ORAL TABLET (<i>nebivolol-valsartan</i>)	3	
BETA BLOCKERS - DRUGS FOR THE HEART		
*ALPHA-BETA BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>carvedilol oral tablet</i>	1 or 1b*	
<i>carvedilol phosphate er oral capsule extended release 24 hour</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (carvedilol phosphate)	3	
COREG ORAL TABLET (carvedilol)	3	
LABETALOL HCL INTRAVENOUS SOLUTION	3	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
labetalol hcl oral tablet	1 or 1b*	
LABETALOL HCL-DEXTROSE INTRAVENOUS SOLUTION	3	
LABETALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
*BETA BLOCKERS CARDIO-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
acebutolol hcl oral capsule	1 or 1b*	
atenolol oral tablet	1 or 1a*	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION (atenolol)	3	
betaxolol hcl oral tablet	1 or 1b*	
bisoprolol fumarate oral tablet	1 or 1b*	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION (esmolol hcl-sodium chloride)	3	
BREVIBLOC INTRAVENOUS SOLUTION (esmolol hcl)	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION (esmolol hcl-sodium chloride)	3	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION (esmolol hcl-sodium chloride)	3	
BYSTOLIC ORAL TABLET (nebivolol hcl)	3	
esmolol hcl intravenous solution 100 mg/10ml	1 or 1b*	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
esmolol hcl-sodium chloride intravenous solution	1 or 1b*	
FIRST - METOPROLOL ORAL SOLUTION (metoprolol tartrate)	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE (metoprolol succinate)	3	
LOPRESSOR ORAL TABLET (metoprolol tartrate)	3	
metoprolol succinate er oral tablet extended release 24 hour	1 or 1b*	
metoprolol tartrate intravenous solution	1 or 1a*	
metoprolol tartrate intravenous solution cartridge	1 or 1a*	
METOPROLOL TARTRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
metoprolol tartrate oral tablet	1 or 1a*	
TENORMIN ORAL TABLET (atenolol)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (metoprolol succinate)	3	
*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
BETAPACE AF ORAL TABLET (sotalol hcl af)	3	
BETAPACE ORAL TABLET (sotalol hcl)	3	
CORGARD ORAL TABLET (nadolol)	3	
HEMANGEOL ORAL SOLUTION (propranolol hcl)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (propranolol hcl)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (propranolol hcl sr beads)	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (propranolol hcl sr beads)	3	
nadolol oral tablet	1 or 1b*	
pindolol oral tablet	1 or 1b*	
propranolol hcl er oral capsule extended release 24 hour	1 or 1b*	
propranolol hcl intravenous solution	1 or 1b*	
propranolol hcl oral solution	1 or 1b*	
propranolol hcl oral tablet	1 or 1b*	
sotalol hcl (Sorine Oral Tablet)	1 or 1b*	
sotalol hcl (af) oral tablet	1 or 1b*	
SOTALOL HCL INTRAVENOUS SOLUTION	3	
sotalol hcl oral tablet	1 or 1b*	
SOTYLIZE ORAL SOLUTION (sotalol hcl)	3	
timolol maleate oral tablet	1 or 1b*	
*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH		
*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH		
CHOLBAM ORAL CAPSULE (cholic acid)	3	PA; LD; QL (4 capsule per 1 day)
BIOLOGICALS MISC - BIOLOGICAL AGENTS		
*ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS		
ACACIA SUBCUTANEOUS SOLUTION	3	
ACREMONIUM SUBCUTANEOUS SOLUTION	3	
ALDER SUBCUTANEOUS SOLUTION	3	
ALK SQ CAT HAIR INJECTION SOLUTION RECONSTITUTED (cat hair extract)	3	
ALTERNARIA SUBCUTANEOUS SOLUTION	3	
AMERICAN BEECH SUBCUTANEOUS SOLUTION	3	

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AMERICAN COCKROACH SUBCUTANEOUS SOLUTION	3	
AMERICAN ELM SUBCUTANEOUS SOLUTION	3	
AMERICAN SYCAMORE SUBCUTANEOUS SOLUTION	3	
ARIZONA CYPRESS SUBCUTANEOUS SOLUTION	3	
AUREOBASIDIUM SUBCUTANEOUS SOLUTION	3	
AUSTRALIAN PINE SUBCUTANEOUS SOLUTION	3	
BAHIA SUBCUTANEOUS SOLUTION	3	
BALD CYPRESS SUBCUTANEOUS SOLUTION	3	
BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION	3	
BERMUDA GRASS SUBCUTANEOUS SOLUTION	3	
BLACK WALNUT POLLEN SUBCUTANEOUS SOLUTION	3	
BLACK WILLOW SUBCUTANEOUS SOLUTION	3	
BOTRYTIS INJECTION SOLUTION	3	
BOTRYTIS SUBCUTANEOUS SOLUTION	3	
BOX ELDER SUBCUTANEOUS SOLUTION	3	
BROME SUBCUTANEOUS SOLUTION	3	
CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION	3	
CANDIDA ALBICANS EXTRACT INJECTION SOLUTION	3	
CANDIDA ALBICANS EXTRACT SUBCUTANEOUS SOLUTION	3	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION	3	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
CEDAR ELM SUBCUTANEOUS SOLUTION	3	
CLADOSPORIUM CLADOSPORIOIDES INJECTION SOLUTION	3	
CLADOSPORIUM CLADOSPORIOIDES INTRADERMAL SOLUTION	3	
CLADOSPORIUM CLADOSPORIOIDES SUBCUTANEOUS SOLUTION	3	
CLADOSPORIUM SPHAEROSPERMUM SUBCUTANEOUS SOLUTION	3	
COCKLEBUR SUBCUTANEOUS SOLUTION	3	
CORN POLLEN SUBCUTANEOUS SOLUTION	3	
CURVULARIA SUBCUTANEOUS SOLUTION	3	
DANDELION SUBCUTANEOUS SOLUTION	3	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION	3	
DOG FENNEL SUBCUTANEOUS SOLUTION	3	
DRECHSLERA SUBCUTANEOUS SOLUTION	3	
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION	3	
ENGLISH PLANTAIN SUBCUTANEOUS SOLUTION	3	
EPICOCCUM SUBCUTANEOUS SOLUTION	3	

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FIRE ANT SUBCUTANEOUS SOLUTION	3	
FUSARIUM SUBCUTANEOUS SOLUTION	3	
GERMAN COCKROACH SUBCUTANEOUS SOLUTION	3	
GOLDENROD SUBCUTANEOUS SOLUTION	3	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL (<i>timothy grass pollen allergen</i>)	3	PA; QL (1 tablet per 1 day)
HACKBERRY SUBCUTANEOUS SOLUTION	3	
HONEY BEE TREATMENT INJECTION KIT	3	
HONEY BEE VENOM INJECTION SOLUTION RECONSTITUTED	3	
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED (<i>honey bee venom</i>)	3	
HONEY BEE VENOM SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
JOHNSON GRASS SUBCUTANEOUS SOLUTION	3	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION	3	
KAPOK SUBCUTANEOUS SOLUTION	3	
KOCHIA SUBCUTANEOUS SOLUTION	3	
LAMBS QUARTERS SUBCUTANEOUS SOLUTION	3	
LENSCALE SUBCUTANEOUS SOLUTION	3	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
MELALEUCA SUBCUTANEOUS SOLUTION	3	
MESQUITE SUBCUTANEOUS SOLUTION	3	
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION	3	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION	3	
MIXED RAGWEED SUBCUTANEOUS SOLUTION	3	
MIXED VESPID VENOM PROTEIN INJECTION KIT	3	
MIXED VESPID VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3	
MIXED VESPID VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
MOUNTAIN CEDAR SUBCUTANEOUS SOLUTION	3	
MOUSE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
MUCOR INJECTION SOLUTION	3	
MUCOR INTRADERMAL SOLUTION	3	
MUCOR SUBCUTANEOUS SOLUTION	3	
MUGWORT SUBCUTANEOUS SOLUTION	3	
OLIVE TREE SUBCUTANEOUS SOLUTION	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
PALFORZIA (12 MG DAILY DOSE) ORAL (peanut powder-dnfp)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (120 MG DAILY DOSE) ORAL (peanut powder-dnfp)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (160 MG DAILY DOSE) ORAL (peanut powder-dnfp)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (20 MG DAILY DOSE) ORAL (peanut powder-dnfp)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (200 MG DAILY DOSE) ORAL (peanut powder-dnfp)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (240 MG DAILY DOSE) ORAL (peanut powder-dnfp)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (3 MG DAILY DOSE) ORAL (peanut powder-dnfp)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET (peanut powder-dnfp)	4	PA; LD; QL (1 packet per 1 day)
PALFORZIA (300 MG TITRATION) ORAL PACKET (peanut powder-dnfp)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (40 MG DAILY DOSE) ORAL (peanut powder-dnfp)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (6 MG DAILY DOSE) ORAL (peanut powder-dnfp)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA (80 MG DAILY DOSE) ORAL (peanut powder-dnfp)	4	PA; LD; QL (1 kit per 1 fill)
PALFORZIA INITIAL ESCALATION ORAL (peanut powder-dnfp)	4	PA; LD; QL (1 kit per 1 fill)
PECAN POLLEN SUBCUTANEOUS SOLUTION	3	
PENICILLIUM NOTATUM SUBCUTANEOUS SOLUTION	3	
PERENNIAL RYE GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
PHOMA EXIGUA SUBCUTANEOUS SOLUTION	3	
PRIVET SUBCUTANEOUS SOLUTION	3	
QUEEN PALM SUBCUTANEOUS SOLUTION	3	
RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION	3	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL (short ragweed pollen ext)	3	PA; QL (1 tablet per 1 day)
RED BIRCH SUBCUTANEOUS SOLUTION	3	
RED CEDAR SUBCUTANEOUS SOLUTION	3	
RED MAPLE SUBCUTANEOUS SOLUTION	3	
RED MULBERRY SUBCUTANEOUS SOLUTION	3	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
RHIZOPUS SUBCUTANEOUS SOLUTION	3	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION	3	
ROUGH PIGWEED SUBCUTANEOUS SOLUTION	3	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION	3	
SACCHAROMYCES CEREVISIAE SUBCUTANEOUS SOLUTION	3	
SAGEBRUSH SUBCUTANEOUS SOLUTION	3	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION	3	
SHEEP SORREL SUBCUTANEOUS SOLUTION	3	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPINY PIGWEED SUBCUTANEOUS SOLUTION	3	
STEMPHYLIUM SUBCUTANEOUS SOLUTION	3	
SWEET GUM SUBCUTANEOUS SOLUTION	3	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
TALL RAGWEED SUBCUTANEOUS SOLUTION	3	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 10000 BAU/ML	3	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	PA
TRICHOPHYTON SUBCUTANEOUS SOLUTION	3	
VENOMIL HONEY BEE VENOM INJECTION KIT (<i>honey bee venom</i>)	3	
VENOMIL MIXED VESPID VENOM INJECTION SOLUTION RECONSTITUTED (<i>mixed vespid venom</i>)	3	
VENOMIL WASP VENOM INJECTION KIT (<i>wasp venom</i>)	3	
VENOMIL WHITE FACED HORNET INJECTION KIT (<i>white faced hornet venom</i>)	3	
VENOMIL YELLOW HORNET VENOM INJECTION KIT (<i>yellow hornet venom</i>)	3	
VENOMIL YELLOW JACKET VENOM INJECTION KIT (<i>yellow jacket venom</i>)	3	
VIRGINIA LIVE OAK SUBCUTANEOUS SOLUTION	3	
WASP VENOM PROTEIN INJECTION KIT	3	
WASP VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3	
WASP VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
WESTERN JUNIPER SUBCUTANEOUS SOLUTION	3	
WHITE ASH SUBCUTANEOUS SOLUTION	3	
WHITE BIRCH SUBCUTANEOUS SOLUTION	3	
WHITE FACED HORNET VENOM PROT INJECTION KIT	3	
WHITE FACED HORNET VENOM PROT INJECTION SOLUTION RECONSTITUTED	3	
WHITE FACED HORNET VENOM SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
WHITE MULBERRY SUBCUTANEOUS SOLUTION	3	
WHITE OAK SUBCUTANEOUS SOLUTION	3	
WHITE PINE SUBCUTANEOUS SOLUTION	3	
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED (<i>white faced hornet venom</i>)	3	
YELLOW DOCK SUBCUTANEOUS SOLUTION	3	
YELLOW HORNET VENOM PROTEIN INJECTION KIT	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YELLOW HORNET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3	
YELLOW HORNET VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
YELLOW JACKET VENOM PROTEIN INJECTION KIT	3	
YELLOW JACKET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3	
YELLOW JACKET VENOM PROTEIN SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
*BIOLOGICALS MISC*** - VACCINES		
ADAGEN INTRAMUSCULAR SOLUTION (<i>pegademase bovine</i>)	4	LD
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM		
*CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM		
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>erenumab-aooe</i>)	3	PA; QL (1 autoinjector per 30 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>erenumab-aooe</i>)	3	PA; QL (1 autoinjector per 30 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>fremanezumab-vfrm</i>)	3	PA; QL (3 syringes per 90 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>fremanezumab-vfrm</i>)	3	PA; QL (3 syringes per 90 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>galcanezumab-gnlm</i>)	3	PA; QL (1 syringe per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>galcanezumab-gnlm</i>)	3	PA; QL (1 pen per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>galcanezumab-gnlm</i>)	3	PA; QL (1 syringe per 30 days)
VYEPTI INTRAVENOUS SOLUTION (<i>eptinezumab-jjmr</i>)	4	PA; LD; QL (1 vial per 3 monthss)
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** - DRUGS FOR THE NERVOUS SYSTEM		
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** - DRUGS FOR THE NERVOUS SYSTEM		
NURTEC ORAL TABLET DISPERSIBLE (<i>rimegepant sulfate</i>)	3	ST; QL (15 tablets per 30 days)
UBRELVY ORAL TABLET (<i>ubrogepant</i>)	3	ST; QL (16 tablets per 30 days)
*CALCIUM CHANNEL BLOCKER-NSAID COMBINATIONS*** - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKER-NSAID COMBINATIONS*** - DRUGS FOR THE HEART		
CONSENSI ORAL TABLET (<i>amlodipine besylate-celecoxib</i>)	3	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (<i>nifedipine</i>)	3	DO
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG (<i>nifedipine</i>)	3	QL (1 tablet per 1 day)
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg)	1 or 1b*	DO
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 60 Mg)	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 10 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	DO
CALAN ORAL TABLET (<i>verapamil hcl</i>)	3	QL (4 tablet per 1 day)
CALAN SR ORAL TABLET EXTENDED RELEASE (<i>verapamil hcl</i>)	3	QL (2 tablets per 1 day)
CARDENE IV INTRAVENOUS SOLUTION (<i>nicardipine hcl in nacl</i>)	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG (<i>diltiazem hcl coated beads</i>)	3	DO
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	3	QL (1 capsule per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG (<i>diltiazem hcl coated beads</i>)	3	DO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl coated beads</i>)	3	QL (1 tablet per 1 day)
CARDIZEM ORAL TABLET 120 MG (<i>diltiazem hcl</i>)	3	QL (3 tablet per 1 day)
CARDIZEM ORAL TABLET 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	QL (4 tablet per 1 day)
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg)	1 or 1b*	DO
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg, 300 Mg)	1 or 1b*	QL (1 capsule per 1 day)
CLEVIPREX INTRAVENOUS EMULSION (<i>clevipidine</i>)	3	
<i>diltiazem cd oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg</i>	1 or 1b*	
<i>diltiazem cd oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 360 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg, 300 mg, 420 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg</i>	1 or 1b*	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl er oral capsule extended release 12 hour	1 or 1b*	QL (2 capsules per 1 day)
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
diltiazem hcl er oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (1 capsule per 1 day)
diltiazem hcl intravenous solution	1 or 1b*	
DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED	3	
diltiazem hcl oral tablet 120 mg	1 or 1b*	QL (3 tablet per 1 day)
diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg	1 or 1b*	QL (4 tablet per 1 day)
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION	3	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
dilt-xr oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (1 capsule per 1 day)
felodipine er oral tablet extended release 24 hour 10 mg	1 or 1b*	QL (1 tablet per 1 day)
felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg	1 or 1b*	DO
isradipine oral capsule 2.5 mg	1 or 1b*	QL (2 capsules per 1 day)
isradipine oral capsule 5 mg	1 or 1b*	QL (4 capsule per 1 day)
KATERZIA ORAL SUSPENSION (amlodipine benzoate)	3	QL (300 mL per 30 days)
diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg)	1 or 1b*	DO
diltiazem hcl coated beads (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg, 300 Mg, 360 Mg, 420 Mg)	1 or 1b*	QL (1 tablet per 1 day)
NICARDIPINE HCL IN DEXTROSE INTRAVENOUS SOLUTION	3	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION	3	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
nicardipine hcl intravenous solution	1 or 1b*	
nicardipine hcl oral capsule 20 mg	1 or 1b*	QL (6 capsule per 1 day)
nicardipine hcl oral capsule 30 mg	1 or 1b*	QL (4 capsule per 1 day)
nifedipine er oral tablet extended release 24 hour 30 mg	1 or 1b*	DO
nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg	1 or 1b*	QL (1 tablet per 1 day)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg	1 or 1b*	DO
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg	1 or 1b*	QL (1 tablet per 1 day)
nifedipine oral capsule	1 or 1b*	QL (4 capsule per 1 day)
nimodipine oral capsule	1 or 1b*	QL (12 capsule per 1 day)
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg	1 or 1b*	DO
nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg	1 or 1b*	QL (1 tablet per 1 day)
NORVASC ORAL TABLET 10 MG (amlodipine besylate)	3	QL (1 tablet per 1 day)
NORVASC ORAL TABLET 2.5 MG, 5 MG (amlodipine besylate)	3	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NYMALIZE ORAL SOLUTION (<i>nimodipine</i>)	3	
PROCARDIA ORAL CAPSULE (<i>nifedipine</i>)	3	QL (4 capsule per 1 day)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (<i>nifedipine</i>)	3	DO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG, 90 MG (<i>nifedipine</i>)	3	QL (1 tablet per 1 day)
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG (<i>nisoldipine</i>)	3	DO
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG (<i>nisoldipine</i>)	3	QL (1 tablet per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 360 Mg)	1 or 1b*	DO
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 240 Mg, 300 Mg)	1 or 1b*	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg, 360 Mg)	1 or 1b*	DO
<i>diltiazem hcl er beads</i> (Tiadylt Er Oral Capsule Extended Release 24 Hour 240 Mg, 300 Mg, 420 Mg)	1 or 1b*	QL (1 capsule per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 360 MG (<i>diltiazem hcl er beads</i>)	3	DO
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG, 300 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg</i>	1 or 1b*	DO
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>verapamil hcl er oral tablet extended release</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>verapamil hcl intravenous solution</i>	1 or 1b*	
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>verapamil hcl oral tablet 40 mg</i>	1 or 1b*	QL (3 tablet per 1 day)
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG (<i>verapamil hcl</i>)	3	DO
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (<i>verapamil hcl</i>)	3	QL (2 capsules per 1 day)
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG (<i>verapamil hcl</i>)	3	QL (1 capsule per 1 day)
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>verapamil hcl</i>)	3	DO
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (<i>verapamil hcl</i>)	3	QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIOTONICS - DRUGS FOR THE HEART		
*CARDIAC GLYCOSIDES*** - DRUGS FOR THE HEART		
<i>digoxin</i> (Digitek Oral Tablet)	1 or 1b*	
<i>digoxin</i> (Digox Oral Tablet)	1 or 1b*	
<i>digoxin injection solution</i>	1 or 1b*	
<i>digoxin oral solution</i>	1 or 1b*	
<i>digoxin oral tablet</i>	1 or 1b*	
LANOXIN INJECTION SOLUTION (<i>digoxin</i>)	3	
LANOXIN ORAL TABLET (<i>digoxin</i>)	2	
LANOXIN PEDIATRIC INJECTION SOLUTION (<i>digoxin</i>)	2	
*PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR THE HEART		
<i>milrinone lactate in dextrose intravenous solution</i>	1 or 1b*	
<i>milrinone lactate intravenous solution</i>	1 or 1b*	
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB*** - DRUGS FOR CHOLESTEROL		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1 or 1b*	DO
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG (<i>amlodipine-atorvastatin</i>)	3	QL (1 tablet per 1 day)
CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG (<i>amlodipine-atorvastatin</i>)	3	DO
*NITRATE & VASODILATOR COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
BIDIL ORAL TABLET (<i>isosorb dinitrate-hydralazine</i>)	2	
*PERIPHERAL VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>papaverine hcl injection solution</i>	1 or 1b*	
*PROSTAGLANDIN - IMPOTENCE AGENTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT (<i>alprostadil</i> (<i>vasodilator</i>))	3	PA
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG (<i>alprostadil</i> (<i>vasodilator</i>))	3	
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 40 MCG (<i>alprostadil</i> (<i>vasodilator</i>))	3	PA
EDEX INTRACAVERNOSAL KIT (<i>alprostadil</i> (<i>vasodilator</i>))	3	PA
MUSE URETHRAL PELLETT (<i>alprostadil</i> (<i>vasodilator</i>))	3	PA

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*PROSTAGLANDIN VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>epoprostenol sodium intravenous solution reconstituted</i>	4	PA; LD; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED (<i>epoprostenol sodium</i>)	4	PA; LD; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE (<i>treprostinil diolamine</i>)	4	PA; LD; SP
REMODULIN INJECTION SOLUTION (<i>treprostinil</i>)	4	PA; LD; SP
<i>treprostinil injection solution</i>	4	PA; LD; SP
TYVASO INHALATION SOLUTION (<i>treprostinil</i>)	4	PA; LD; SP; QL (1 kit per 28 days)
TYVASO REFILL INHALATION SOLUTION (<i>treprostinil</i>)	4	PA; LD; SP; QL (1 kit per 28 days)
TYVASO STARTER INHALATION SOLUTION (<i>treprostinil</i>)	4	PA; LD; SP; QL (1 kit per 28 days)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED (<i>epoprostenol sodium</i>)	4	PA; LD; SP
VENTAVIS INHALATION SOLUTION (<i>iloprost</i>)	4	PA; LD; SP; QL (9 mL per 1 day)
*PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** - DRUGS FOR HIGH BLOOD PRESSURE		
ADEMPAS ORAL TABLET (<i>riociguat</i>)	4	PA; LD; SP; QL (3 tablets per 1 day)
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>ambrisentan oral tablet</i>	4	PA; LD; SP; QL (1 tablet per 1 day)
<i>bosentan oral tablet</i>	4	PA; SP; QL (2 tablets per 1 day)
LETAIRIS ORAL TABLET (<i>ambrisentan</i>)	4	PA; LD; SP; QL (1 tablet per 1 day)
OPSUMIT ORAL TABLET (<i>macitentan</i>)	4	PA; LD; SP; QL (1 tablet per 1 day)
TRACLEER ORAL TABLET (<i>bosentan</i>)	4	PA; LD; SP; QL (2 tablets per 1 day)
TRACLEER ORAL TABLET SOLUBLE (<i>bosentan</i>)	4	PA; LD; SP; QL (2 tablets per 1 day)
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ADCIRCA ORAL TABLET (<i>tadalafil (pah)</i>)	4	PA; SP; QL (2 tablets per 1 day)
<i>tadalafil (pah)</i> (Alyq Oral Tablet)	4	PA; SP; QL (2 tablets per 1 day)
REVATIO INTRAVENOUS SOLUTION (<i>sildenafil citrate</i>)	4	PA; SP; QL (3 vial per 1 day)
REVATIO ORAL SUSPENSION RECONSTITUTED (<i>sildenafil citrate</i>)	4	PA; SP; QL (6 mL per 1 day)
REVATIO ORAL TABLET (<i>sildenafil citrate</i>)	4	PA; SP; QL (3 tablets per 1 day)
<i>sildenafil citrate intravenous solution</i>	4	PA; SP; QL (3 vial per 1 day)
<i>sildenafil citrate oral suspension reconstituted</i>	4	PA; SP; QL (6 mL per 1 day)
<i>sildenafil citrate oral tablet</i>	4	PA; SP; QL (3 tablets per 1 day)
<i>tadalafil (pah) oral tablet</i>	4	PA; SP; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
CIALIS ORAL TABLET 10 MG, 20 MG (<i>tadalafil</i>)	3	PA
CIALIS ORAL TABLET 2.5 MG, 5 MG (<i>tadalafil</i>)	3	PA; QL (30 tablets per 30 days)
LEVITRA ORAL TABLET (<i>varденаfil hcl</i>)	3	PA
<i>sildenafil citrate oral tablet</i>	1 or 1b*	PA
STAXYN ORAL TABLET DISPERSIBLE (<i>varденаfil hcl</i>)	3	PA
STENDRA ORAL TABLET (<i>avanaфил</i>)	3	PA
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1 or 1b*	PA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	PA; QL (30 tablets per 30 days)
<i>varденаfil hcl oral tablet</i>	1 or 1b*	PA
<i>varденаfil hcl oral tablet dispersible</i>	1 or 1b*	PA
VIAGRA ORAL TABLET (<i>sildenafil citrate</i>)	3	PA
*VASOACTIVE NATRIURETIC PEPTIDES*** - DRUGS FOR THE HEART		
NATRECOR INTRAVENOUS SOLUTION RECONSTITUTED (<i>nesiritide</i>)	4	
*CEPHALOSPORIN COMBINATIONS*** - DRUGS FOR INFECTIONS		
*CEPHALOSPORIN COMBINATIONS*** - DRUGS FOR INFECTIONS		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftazidime-avibactam</i>)	3	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftolozane-tazobactam</i>)	3	
*CEPHALOSPORINS - SIDEROPHORES*** - DRUGS FOR INFECTIONS		
*CEPHALOSPORINS - SIDEROPHORES*** - DRUGS FOR INFECTIONS		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED (<i>cefiderocol sulfate tosylate</i>)	3	
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
*CEPHALOSPORINS - 1ST GENERATION*** - ANTIBIOTICS		
<i>cefadroxil oral capsule</i>	1 or 1b*	
<i>cefadroxil oral suspension reconstituted</i>	1 or 1b*	
<i>cefadroxil oral tablet</i>	1 or 1b*	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 20 gm, 500 mg</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM	3	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>cefazolin sodium intravenous solution reconstituted</i>	1 or 1b*	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
CEFAZOLIN SODIUM-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>cephalexin oral capsule</i>	1 or 1a*	
<i>cephalexin oral suspension reconstituted</i>	1 or 1a*	
<i>cephalexin oral tablet</i>	1 or 1a*	
DAXBIA ORAL CAPSULE (cephalexin)	3	
KEFLEX ORAL CAPSULE (cephalexin)	3	
*CEPHALOSPORINS - 2ND GENERATION*** - ANTIBIOTICS		
CEFACLOR ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
<i>cefaclor oral capsule</i>	1 or 1b*	
<i>cefaclor oral suspension reconstituted</i>	1 or 1b*	
CEFOTAN INJECTION SOLUTION RECONSTITUTED (cefotetan disodium)	3	
<i>cefotetan disodium injection solution reconstituted</i>	1 or 1b*	
CEFOTETAN DISODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>cefoxitin sodium injection solution reconstituted</i>	1 or 1b*	
<i>cefoxitin sodium intravenous solution reconstituted</i>	1 or 1b*	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>cefprozil oral suspension reconstituted</i>	1 or 1b*	
<i>cefprozil oral tablet</i>	1 or 1b*	
<i>cefuroxime axetil oral tablet</i>	1 or 1b*	
<i>cefuroxime sodium injection solution reconstituted</i>	1 or 1b*	
<i>cefuroxime sodium intravenous solution reconstituted</i>	1 or 1b*	
*CEPHALOSPORINS - 3RD GENERATION*** - ANTIBIOTICS		
<i>cefдинир oral capsule</i>	1 or 1b*	
<i>cefдинир oral suspension reconstituted</i>	1 or 1b*	
<i>cefditoren pivoxil oral tablet</i>	1 or 1b*	
<i>cefixime oral capsule</i>	1 or 1b*	
<i>cefixime oral suspension reconstituted</i>	1 or 1b*	
<i>cefotaxime sodium injection solution reconstituted</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefepodoxime proxetil oral suspension reconstituted</i>	1 or 1b*	
<i>cefepodoxime proxetil oral tablet</i>	1 or 1b*	
CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>ceftazidime injection solution reconstituted</i>	1 or 1b*	
<i>ceftriaxone sodium in dextrose intravenous solution</i>	1 or 1b*	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1 or 1b*	
CEFTRIAZONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM	3	
<i>ceftriaxone sodium intravenous solution reconstituted</i>	1 or 1b*	
CEFTRIAZONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
CEFTRI-IM COMBINATION KIT	3	
CEFTRISOL PLUS INJECTION KIT (<i>ceftriaxone sodium and nacl</i>)	3	
SPECTRACEF ORAL TABLET (<i>cefditoren pivoxil</i>)	3	
SUPRAX ORAL CAPSULE (<i>cefixime</i>)	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED (<i>cefixime</i>)	3	
SUPRAX ORAL TABLET CHEWABLE (<i>cefixime</i>)	3	
<i>ceftazidime</i> (Tazicef Injection Solution Reconstituted)	1 or 1b*	
TAZICEF INTRAVENOUS SOLUTION (<i>ceftazidime sodium in dextrose</i>)	3	
<i>tazicef intravenous solution reconstituted</i>	1 or 1b*	
*CEPHALOSPORINS - 4TH GENERATION*** - ANTIBIOTICS		
<i>cefepime hcl injection solution reconstituted</i>	1 or 1b*	
CEFEPIME HCL INTRAVENOUS SOLUTION	3	
CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
MAXIPIME INJECTION SOLUTION RECONSTITUTED (<i>cefepime hcl</i>)	3	
MAXIPIME INTRAVENOUS SOLUTION RECONSTITUTED (<i>cefepime hcl</i>)	3	
*CEPHALOSPORINS - 5TH GENERATION*** - ANTIBIOTICS		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftaroline fosamil</i>)	3	
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE NERVOUS SYSTEM		
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE NERVOUS SYSTEM		
AIMOVIG (140 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>erenumab-aooe</i>)	3	PA; QL (1 autoinjector per 30 days)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>erenumab-aooe</i>)	3	PA; QL (1 autoinjector per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (fremanezumab-vfrm)	3	PA; QL (3 syringes per 90 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (fremanezumab-vfrm)	3	PA; QL (3 syringes per 90 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (galcanezumab-gnlm)	3	PA; QL (1 syringe per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (galcanezumab-gnlm)	3	PA; QL (1 pen per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (galcanezumab-gnlm)	3	PA; QL (1 syringe per 30 days)
VYEPTI INTRAVENOUS SOLUTION (eptinezumab-jjmr)	4	PA; LD; QL (1 vial per 3 monthss)
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR THE STOMACH		
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR THE STOMACH		
TRULANCE ORAL TABLET (plecanatide)	3	ST
CONTRACEPTIVES - DRUGS FOR WOMEN		
*BIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
desogestrel-ethinyl estradiol (Azurette Oral Tablet)	1 or 1b*; \$0	
desogestrel-ethinyl estradiol (Bekyree Oral Tablet)	1 or 1b*; \$0	
desogestrel-ethinyl estradiol oral tablet	1 or 1b*; \$0	
desogestrel-ethinyl estradiol (Kariva Oral Tablet)	1 or 1b*; \$0	
desogestrel-ethinyl estradiol (Kimidess Oral Tablet)	1 or 1b*; \$0	
LO LOESTRIN FE ORAL TABLET (norethin-eth estrad-fe biphase)	2; \$0	
MIRCETTE ORAL TABLET (desogestrel-ethinyl estradiol)	3	
desogestrel-ethinyl estradiol (Pimtree Oral Tablet)	1 or 1b*; \$0	
desogestrel-ethinyl estradiol (Simliya Oral Tablet)	1 or 1b*; \$0	
viorele oral tablet	1 or 1b*; \$0	
desogestrel-ethinyl estradiol (Volnea Oral Tablet)	1 or 1b*; \$0	
*COMBINATION CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet)	1 or 1a*; \$0	
levonorgestrel-ethinyl estrad (Altavera Oral Tablet)	1 or 1a*; \$0	
alyacen 1/35 oral tablet	1 or 1a*; \$0	
desogestrel-ethinyl estradiol (Apri Oral Tablet)	1 or 1a*; \$0	
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet)	1 or 1a*; \$0	
levonorgestrel-ethinyl estrad (Aubra Oral Tablet)	1 or 1a*; \$0	
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet)	1 or 1a*; \$0	
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet)	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Ayuna Oral Tablet)	1 or 1a*; \$0	
BALCOLTRA ORAL TABLET (<i>levonorgest-eth estrad-fe bisg</i>)	3; \$0	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet)	1 or 1a*; \$0	
BEYAZ ORAL TABLET (<i>drospiren-eth estrad-levomefol</i>)	3	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>briellyn oral tablet</i>	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Oral Tablet)	1 or 1a*; \$0	
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Cyclafem 1/35 Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet)	1 or 1a*; \$0	
DESOGEN ORAL TABLET (<i>desogestrel-ethinyl estradiol</i>)	3	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1 or 1a*; \$0	
<i>drospiren-eth estrad-levomefol oral tablet</i>	1 or 1b*; \$0	
<i>drospirenone-ethinyl estradiol oral tablet</i>	1 or 1b*; \$0	
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Emoquette Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet)	1 or 1a*; \$0	
<i>ethynodiol diac-eth estradiol oral tablet</i>	1 or 1a*; \$0	
FALESSA ORAL KIT (<i>levonorgestrel-eth estrad & fa</i>)	3	
<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Femynor Oral Tablet)	1 or 1a*; \$0	
GENERESS FE ORAL TABLET CHEWABLE (<i>norethin-eth estradiol-fe</i>)	3	
<i>drospirenone-ethinyl estradiol</i> (Gianvi Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone acet-ethinyl est</i> (Hailey 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet)	1 or 1b*; \$0	

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<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable)	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Kalliga Oral Tablet)	1 or 1a*; \$0	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet)	1 or 1a*; \$0	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Larissia Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable)	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lillow Oral Tablet)	1 or 1a*; \$0	
LOESTRIN 1.5/30 (21) ORAL TABLET (<i>norethindrone acet-ethinyl est</i>)	3	
LOESTRIN 1/20 (21) ORAL TABLET (<i>norethindrone acet-ethinyl est</i>)	3	
LOESTRIN FE 1.5/30 ORAL TABLET (<i>norethin ace-eth estrad-fe</i>)	3	
LOESTRIN FE 1/20 ORAL TABLET (<i>norethin ace-eth estrad-fe</i>)	3	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet)	1 or 1b*; \$0	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Lo-Zumandimine Oral Tablet)	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet)	1 or 1a*; \$0	
<i>marlissa oral tablet</i>	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Melodetta 24 Fe Oral Tablet Chewable)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet)	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINASTRIN 24 FE ORAL TABLET CHEWABLE (<i>norethin ace-eth estrad-fe</i>)	3	
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Mononessa Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet)	1 or 1b*; \$0	
<i>norethin ace-eth estrad-fe oral tablet</i>	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est oral tablet</i>	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est oral tablet chewable</i>	1 or 1a*; \$0	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	1 or 1b*; \$0	
<i>norgestimate-eth estradiol oral tablet</i>	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet)	1 or 1b*; \$0	
<i>ogestrel oral tablet</i>	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet)	1 or 1a*; \$0	
ORTHO-CYCLEN (28) ORAL TABLET (<i>norgestimate-eth estradiol</i>)	3	
ORTHO-NOVUM 1/35 (28) ORAL TABLET (<i>norethindrone-eth estradiol</i>)	3	
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Pirmella 1/35 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Previfem Oral Tablet)	1 or 1a*; \$0	
<i>drospiren-eth estrad-levomefol</i> (Rajani Oral Tablet)	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet)	1 or 1a*; \$0	
SAFYRAL ORAL TABLET (<i>drospiren-eth estrad-levomefol</i>)	3	
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet)	1 or 1a*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet)	1 or 1b*; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina 24 Fe Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet)	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Oral Tablet)	1 or 1a*; \$0	
TAYTULLA ORAL CAPSULE (<i>norethin ace-eth estrad-fe</i>)	3; \$0	
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet)	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet)	1 or 1a*; \$0	
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet)	1 or 1a*; \$0	
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet)	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable)	1 or 1b*; \$0	
YASMIN 28 ORAL TABLET (<i>drospirenone-ethinyl estradiol</i>)	3	
YAZ ORAL TABLET (<i>drospirenone-ethinyl estradiol</i>)	3	
<i>drospirenone-ethinyl estradiol</i> (Zarah Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone-eth estradiol</i> (Zenchent Oral Tablet)	1 or 1a*; \$0	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35E (28) Oral Tablet)	1 or 1a*; \$0	
<i>drospirenone-ethinyl estradiol</i> (Zumandimine Oral Tablet)	1 or 1b*; \$0	
*COMBINATION CONTRACEPTIVES - TRANSDERMAL*** - BIRTH CONTROL PILLS		
<i>xulane transdermal patch weekly</i>	1 or 1b*; \$0	
*COMBINATION CONTRACEPTIVES - VAGINAL*** - BIRTH CONTROL PILLS		
ANNOVERA VAGINAL RING (<i>segesterone-ethinyl estradiol</i>)	3; \$0	
<i>etonogestrel-ethinyl estradiol</i> (Eluryng Vaginal Ring)	1 or 1b*; \$0	
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	1 or 1b*; \$0	
NUVARING VAGINAL RING (<i>etonogestrel-ethinyl estradiol</i>)	3	
*CONTINUOUS CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet)	1 or 1b*; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	1 or 1b*; \$0	
*COPPER CONTRACEPTIVES - IUD*** - BIRTH CONTROL PILLS		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	3	
*COPPER CONTRACEPTIVES - IUD*** (NEW) - BIRTH CONTROL PILLS		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	3	
*EMERGENCY CONTRACEPTIVES*** - BIRTH CONTROL PILLS		
<i>aftera oral tablet</i>	1 or 1b*; \$0	
<i>econtra ez oral tablet</i>	1 or 1b*; \$0	
<i>econtra one-step oral tablet</i>	1 or 1b*; \$0	
ELLA ORAL TABLET (<i>ulipristal acetate</i>)	3; \$0	
<i>levonorgestrel oral tablet</i>	1 or 1b*; \$0	
<i>my choice oral tablet</i>	1 or 1b*; \$0	
<i>my way oral tablet</i>	1 or 1b*; \$0	
<i>new day oral tablet</i>	1 or 1b*; \$0	
<i>opcicon one-step oral tablet</i>	1 or 1b*; \$0	
<i>option 2 oral tablet</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLAN B ONE-STEP ORAL TABLET (<i>levonorgestrel</i>)	2	
<i>prevenza oral tablet</i>	1 or 1b*; \$0	
<i>react oral tablet</i>	1 or 1b*; \$0	
<i>take action oral tablet</i>	1 or 1b*; \$0	
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>levonorgest-eth estrad 91-day</i> (Amethia Lo Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Jaimiess Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Jolessa Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth est & eth est oral tablet</i>	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day oral tablet</i>	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Lojaimiess Oral Tablet)	1 or 1b*; \$0	
LOSEASONIQUE ORAL TABLET (<i>levonorgest-eth estrad 91-day</i>)	3	
QUARTETTE ORAL TABLET (<i>levonorgest-eth estrad 91-day</i>)	3	
<i>levonorgest-eth estrad 91-day</i> (Quasense Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet)	1 or 1b*; \$0	
SEASONIQUE ORAL TABLET (<i>levonorgest-eth estrad 91-day</i>)	3	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet)	1 or 1b*; \$0	
<i>levonorgest-eth estrad 91-day</i> (Simpesse Oral Tablet)	1 or 1b*; \$0	
*FOUR PHASE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
NATAZIA ORAL TABLET (<i>estradiol valerate-dienogest</i>)	3; \$0	
*PROGESTIN CONTRACEPTIVES - IMPLANTS*** - BIRTH CONTROL PILLS		
NEXPLANON SUBCUTANEOUS IMPLANT (<i>etonogestrel</i>)	4	LD; SP
*PROGESTIN CONTRACEPTIVES - INJECTABLE*** - BIRTH CONTROL PILLS		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION (<i>medroxyprogesterone acetate</i>)	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>medroxyprogesterone acetate</i>)	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (<i>medroxyprogesterone acetate</i>)	3; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>medroxyprogesterone acetate intramuscular suspension</i>	1 or 1b*; \$0	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	1 or 1b*; \$0	
*PROGESTIN CONTRACEPTIVES - IUD*** - BIRTH CONTROL PILLS		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	4	LD
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	3	LD; SP
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	3	LD
SKYLA INTRAUTERINE INTRAUTERINE DEVICE (<i>levonorgestrel</i>)	3	LD
*PROGESTIN CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>norethindrone</i> (Camila Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Deblitane Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Errin Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Heather Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Incassia Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Jencycla Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Jolivette Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Lyza Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Nora-Be Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone oral tablet</i>	1 or 1b*; \$0	
<i>norethindrone</i> (Norlyda Oral Tablet)	1 or 1b*; \$0	
<i>norethindrone</i> (Norlyroc Oral Tablet)	1 or 1b*; \$0	
ORTHO MICRONOR ORAL TABLET (<i>norethindrone</i>)	3	
<i>norethindrone</i> (Sharobel Oral Tablet)	1 or 1b*; \$0	
SLYND ORAL TABLET (<i>drospirenone</i>)	3	
<i>norethindrone</i> (Tulana Oral Tablet)	1 or 1b*; \$0	
*TRIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>alyacen 7/7/7 oral tablet</i>	1 or 1a*; \$0	
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet)	1 or 1a*; \$0	
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estrad triphasic</i> (Cyclafem 7/7/7 Oral Tablet)	1 or 1a*; \$0	
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet)	1 or 1a*; \$0	
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet)	1 or 1a*; \$0	
ESTROSTEP FE ORAL TABLET (<i>norethindron-ethinyl estrad-fe</i>)	3	
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet)	1 or 1a*; \$0	
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet)	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonorg-eth estrad triphasic oral tablet</i>	1 or 1a*; \$0	
<i>levonorg-eth estrad triphasic (Myzilra Oral Tablet)</i>	1 or 1a*; \$0	
<i>norethin-eth estrad triphasic (Necon 7/7/7 Oral Tablet)</i>	1 or 1a*; \$0	
<i>norgestim-eth estrad triphasic oral tablet</i>	1 or 1b*; \$0	
<i>norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet)</i>	1 or 1a*; \$0	
ORTHO TRI-CYCLEN (28) ORAL TABLET (<i>norgestim-eth estrad triphasic</i>)	3	
ORTHO TRI-CYCLEN LO ORAL TABLET (<i>norgestim-eth estrad triphasic</i>)	3	
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET (<i>norethin-eth estrad triphasic</i>)	3	
<i>norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet)</i>	1 or 1a*; \$0	
<i>norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet)</i>	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic (Tri Femynor Oral Tablet)</i>	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet)</i>	1 or 1b*; \$0	
<i>norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet)</i>	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet)</i>	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet)</i>	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet)</i>	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet)</i>	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet)</i>	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic (Tri-Mili Oral Tablet)</i>	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic (Trinessa (28) Oral Tablet)</i>	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic (Trinessa Lo Oral Tablet)</i>	1 or 1b*; \$0	
TRI-NORINYL (28) ORAL TABLET (<i>norethin-eth estrad triphasic</i>)	3	
<i>norgestim-eth estrad triphasic (Tri-Previfem Oral Tablet)</i>	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet)</i>	1 or 1b*; \$0	
<i>levonorg-eth estrad triphasic (Trivora (28) Oral Tablet)</i>	1 or 1a*; \$0	
<i>norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet)</i>	1 or 1b*; \$0	
<i>norgestim-eth estrad triphasic (Tri-Vylibra Oral Tablet)</i>	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol (Velivet Oral Tablet)</i>	1 or 1a*; \$0	
CORTICOSTEROIDS - HORMONES		
*GLUCOCORTICOSTEROIDS*** - DRUGS FOR INFLAMMATION		
<i>budesonide er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>budesonide oral capsule delayed release particles</i>	1 or 1b*	QL (3 capsule per 1 day)
CORTEF ORAL TABLET (<i>hydrocortisone</i>)	3	
<i>cortisone acetate oral tablet</i>	1 or 1b*	
<i>dexamethasone</i> (Decadron Oral Elixir)	1 or 1a*	
<i>dexamethasone</i> (Decadron Oral Tablet)	1 or 1a*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-MEDROL INJECTION SUSPENSION (<i>methylprednisolone acetate</i>)	3	
DEXABLISS ORAL TABLET THERAPY PACK	3	
DEXAMETHASONE (LA) INJECTION SUSPENSION	3	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE (<i>dexamethasone</i>)	2	
<i>dexamethasone oral elixir</i>	1 or 1a*	
<i>dexamethasone oral solution</i>	1 or 1a*	
<i>dexamethasone oral tablet</i>	1 or 1a*	
<i>dexamethasone oral tablet therapy pack</i>	1 or 1b*	
DEXAMETHASONE SOD PHOS IN D5W INTRAVENOUS SOLUTION	3	
DEXAMETHASONE SOD PHOS-NACL INTRAVENOUS SOLUTION	3	
<i>dexamethasone sod phosphate pf injection solution</i>	1 or 1b*	
DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE	3	
<i>dexamethasone sodium phosphate injection solution</i>	1 or 1b*	
DEXAMETHASONE SODIUM PHOSPHATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>dexamethasone</i> (Dexpak 10 Day Oral Tablet Therapy Pack)	1 or 1b*	
<i>dexamethasone</i> (Dexpak 13 Day Oral Tablet Therapy Pack)	1 or 1b*	
<i>dexamethasone</i> (Dexpak 6 Day Oral Tablet Therapy Pack)	1 or 1b*	
DXEVO 11-DAY ORAL TABLET THERAPY PACK (<i>dexamethasone</i>)	3	
EMFLAZA ORAL SUSPENSION (<i>deflazacort</i>)	4	PA; LD
EMFLAZA ORAL TABLET (<i>deflazacort</i>)	4	PA; LD
ENTOCORT EC ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>budesonide</i>)	3	QL (3 capsule per 1 day)
<i>hydrocortisone oral tablet</i>	1 or 1b*	
KENALOG INJECTION SUSPENSION (<i>triamcinolone acetonide</i>)	3	
KENALOG-80 INJECTION SUSPENSION (<i>triamcinolone acetonide</i>)	3	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>methylprednisolone</i>)	3	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	2	
MEDROL ORAL TABLET THERAPY PACK (<i>methylprednisolone</i>)	3	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	1 or 1b*	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML, 80 MG/ML	3	
<i>methylprednisolone oral tablet</i>	1 or 1a*	
<i>methylprednisolone oral tablet therapy pack</i>	1 or 1a*	
<i>methylprednisolone sodium succ injection solution reconstituted</i>	1 or 1b*	
MILLIPRED DP 12-DAY ORAL TABLET THERAPY PACK (<i>prednisolone</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MILLIPRED DP ORAL TABLET THERAPY PACK (<i>prednisolone</i>)	3	
MILLIPRED ORAL SOLUTION (<i>prednisolone sodium phosphate</i>)	3	
MILLIPRED ORAL TABLET (<i>prednisolone</i>)	3	
ORAPRED ODT ORAL TABLET DISPERSIBLE (<i>prednisolone sodium phosphate</i>)	3	
PEDIAPRED ORAL SOLUTION (<i>prednisolone sodium phosphate</i>)	3	
<i>prednisolone oral solution</i>	1 or 1a*	
<i>prednisolone sodium phosphate oral solution</i>	1 or 1a*	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	1 or 1a*	
PREDNISONE INTENSOL ORAL CONCENTRATE (<i>prednisone</i>)	3	
<i>prednisone oral solution</i>	1 or 1a*	
<i>prednisone oral tablet</i>	1 or 1a*	
<i>prednisone oral tablet therapy pack</i>	1 or 1a*	
RAYOS ORAL TABLET DELAYED RELEASE (<i>prednisone</i>)	3	ST
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED (<i>hydrocortisone sod succinate</i>)	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED (<i>methylprednisolone sodium succ</i>)	3	
<i>taperdex 12-day oral tablet therapy pack</i>	1 or 1b*	
<i>dexamethasone</i> (Taperdex 6-Day Oral Tablet Therapy Pack)	1 or 1b*	
<i>taperdex 7-day oral tablet therapy pack</i>	1 or 1b*	
TOPIDEX INJECTION KIT	3	
<i>triamcinolone acetanide injection suspension 40 mg/ml</i>	1 or 1b*	
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 50 MG/ML	3	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION	3	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>budesonide</i>)	3	QL (1 tablet per 1 day)
VERIPRED 20 ORAL SOLUTION (<i>prednisolone sodium phosphate</i>)	3	
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER (<i>triamcinolone acetanide</i>)	4	LD
*MINERALOCORTICOIDS*** - DRUGS FOR INFLAMMATION		
<i>fludrocortisone acetate oral tablet</i>	1 or 1b*	
*STEROID COMBINATIONS*** - DRUGS FOR INFLAMMATION		
ACTIVE INJECTION BLM-1 INJECTION KIT	3	
ACTIVE INJECTION BM INJECTION KIT	3	
ACTIVE INJECTION DL INJECTION KIT	3	
ACTIVE INJECTION DLM INJECTION KIT	3	
ACTIVE INJECTION KIT L INJECTION KIT (<i>methylprednisolone ace-lido</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTIVE INJECTION KL-3 COMBINATION KIT	3	
ACTIVE INJECTION KM INJECTION KIT	3	
ACTIVE INJECTION LM-DEP-1 INJECTION KIT	3	
ACTIVE INJECTION LM-DEP-2 INJECTION KIT	3	
ACTIVE INJECTION M-1 INJECTION KIT	3	
BETAMETHASONE COMBO INJECTION SUSPENSION	3	
<i>betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml</i>	1 or 1b*	
BETAMETHASONE SOD PHOS & ACET INJECTION SUSPENSION 7 (4-3) MG/ML	3	
BT INJECTION INJECTION KIT	3	
CELESTONE SOLUSPAN INJECTION SUSPENSION (<i>betamethasone sod phos & acet</i>)	3	
DEX COMBO INJECTION SUSPENSION	3	
DEXAMETHASONE ACE & SOD PHOS INJECTION SUSPENSION	3	
JTT PHYSICIANS COMBINATION KIT	3	
LT INJECTION KIT INJECTION KIT (<i>triamcinolone acet & lidocaine</i>)	3	
METHYLPREDNISOLONE ACE-LIDO INJECTION SUSPENSION	3	
METHYLPREDNISOLONE-BUPIVACAINE INJECTION SUSPENSION	3	
MLP A-1 INJECTION KIT	3	
P-CARE D40MX INJECTION KIT	3	
P-CARE D80MX INJECTION KIT	3	
P-CARE K40MX INJECTION KIT	3	
P-CARE K80MX INJECTION KIT	3	
POD-CARE 100CMX INJECTION KIT	3	
POD-CARE 100KMX INJECTION KIT	3	
POINT OF CARE KM INJECTION KIT (<i>triamcinolone-bupivacaine</i>)	3	
POINT OF CARE L.2 INJECTION KIT (<i>methylprednisolone ace-lido</i>)	3	
POINT OF CARE L.5 INJECTION KIT (<i>methylprednisolone ace-lido</i>)	3	
POINT OF CARE LM DEP 2 INJECTION KIT (<i>methylprednisol & bupiv & lido</i>)	3	
READYSHARP ANESTH + BETAMETH INJECTION KIT (<i>betamethasone & bupiv & lido</i>)	3	
READYSHARP ANESTH + DEXAMETH INJECTION KIT (<i>dexameth sod phos-bupiv-lido</i>)	3	
READYSHARP ANESTH + METHYLPRED INJECTION KIT (<i>methylprednisol & bupiv & lido</i>)	3	
READYSHARP-K INJECTION KIT (<i>triamcinolone & bupiv & lido</i>)	3	
TRIAMCINOLONE-BUPIVACAINE INJECTION SUSPENSION	3	

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*CORTISOL SYNTHESIS INHIBITORS*** - HORMONES		
*CORTISOL SYNTHESIS INHIBITORS*** - HORMONES		
ISTURISA ORAL TABLET (<i>osilodrostat phosphate</i>)	4	LD
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
*ANTITUSSIVE - NONNARCOTIC*** - DRUGS FOR ALLERGIES		
<i>benzonatate oral capsule</i>	1 or 1b*	
TESSALON PERLES ORAL CAPSULE (<i>benzonatate</i>)	3	
*ANTITUSSIVE - OPIOID*** - DRUGS FOR COUGH AND COLD		
<i>hydrocodone-homatropine oral syrup</i>	1 or 1a*	
<i>hydrocodone-homatropine oral tablet</i>	1 or 1a*	
<i>hydromet oral syrup</i>	1 or 1a*	
<i>hydrocodone-homatropine (Tussigon Oral Tablet)</i>	1 or 1a*	
*ANTITUSSIVE-EXPECTORANT*** - DRUGS FOR COUGH AND COLD		
<i>cheratussin ac oral syrup</i>	1 or 1a*	
CODITUSSIN AC ORAL LIQUID	3	
<i>g tussin ac oral solution</i>	1 or 1a*	
<i>guaiaatussin ac oral syrup</i>	1 or 1a*	
<i>guaifenesin ac oral syrup</i>	1 or 1a*	
<i>guaifenesin-codeine oral solution</i>	1 or 1a*	
HYDROCODONE-GUAIFENESIN ORAL SOLUTION	3	
MAR-COF CG EXPECTORANT ORAL LIQUID (<i>guaifenesin-codeine</i>)	2	
M-CLEAR WC ORAL SOLUTION	2	
NINJACOF-XG ORAL LIQUID (<i>guaifenesin-codeine</i>)	3	
NORTUSS-EX ORAL LIQUID	3	
OBREDON ORAL SOLUTION (<i>hydrocodone-guaifenesin</i>)	3	
<i>robafen ac oral solution</i>	1 or 1a*	
<i>trymine cg oral liquid</i>	1 or 1a*	
<i>virtussin a/c oral solution</i>	1 or 1a*	
<i>virtussin ac w/alc oral liquid</i>	1 or 1a*	
*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT*** - DRUGS FOR COUGH AND COLD		
<i>biotuss oral liquid</i>	1 or 1b*	
<i>phenylephrine-dm-gg (Biotuss Pediatric Oral Liquid)</i>	1 or 1b*	
CODITUSSIN DAC ORAL LIQUID	3	
EXACTUSS ORAL LIQUID (<i>phenylephrine-dm-gg</i>)	2	
GILTUSS ORAL LIQUID (<i>phenylephrine-dm-gg</i>)	2	
<i>phenylephrine-dm-gg (Giltuss Pediatric Oral Liquid)</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GILTUSS TR ORAL TABLET (<i>phenylephrine-dm-gg</i>)	2	
LORTUSS EX ORAL LIQUID (<i>pseudoephedrine-codeine-gg</i>)	2	
<i>nortuss-de oral liquid</i>	1 or 1b*	
TUSNEL C ORAL SYRUP (<i>pseudoephedrine-codeine-gg</i>)	2	
<i>virtussin dac oral solution</i>	1 or 1b*	
*DECONGESTANT & ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>desloratadine-pseudoephedrine</i>)	3	ST
DECON-A ORAL ELIXIR (<i>brompheniramine-phenylephrine</i>)	2	
<i>promethazine vc plain oral solution</i>	1 or 1b*	
<i>promethazine-phenylephrine oral syrup</i>	1 or 1b*	
SEMPREX-D ORAL CAPSULE (<i>acrivastine-pseudoephedrine</i>)	3	ST
*DECONGESTANT W/ EXPECTORANT*** - DRUGS FOR COUGH AND COLD		
GILPHEX TR ORAL TABLET (<i>phenylephrine-guaifenesin</i>)	3	
*DECONGESTANT-ANTIHISTAMINE W/ EXPECTORANT*** - DRUGS FOR COUGH AND COLD		
DECON-G ORAL LIQUID (<i>phenylephrine-bromphen-gg</i>)	3	
*IODINE EXPECTORANTS*** - DRUGS FOR COUGH AND COLD		
SSKI ORAL SOLUTION (<i>potassium iodide (expectorant)</i>)	3	
*MISC. RESPIRATORY INHALANTS*** - DRUGS FOR ALLERGIES		
HYPERSAL INHALATION NEBULIZATION SOLUTION (<i>sodium chloride</i>)	3	
<i>sodium chloride (Nebusal Inhalation Nebulization Solution 3 %)</i>	1 or 1b*	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % (<i>sodium chloride</i>)	2	
<i>sodium chloride (Pulmosal Inhalation Nebulization Solution)</i>	1 or 1b*	
<i>sodium chloride inhalation nebulization solution</i>	1 or 1b*	
*MUCOLYTICS*** - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution</i>	1 or 1b*	
*NON-NARC ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine-dm oral solution</i>	1 or 1a*	
<i>promethazine-dm oral syrup</i>	1 or 1a*	
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>pseudoeph-bromphen-dm (Bromfed Dm Oral Syrup)</i>	1 or 1b*	
CARBAPHEN 12 ORAL LIQUID (<i>phenyleph-chlorphen-carbetapen</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARBAPHEN 12 PED ORAL SUSPENSION (<i>phenyleph-chlorphen-carbetapen</i>)	2	
NEOTUSS PLUS ORAL LIQUID (<i>phenylephrine-chlorphen-dm</i>)	2	
<i>pseudoeph-bromphen-dm oral syrup</i>	1 or 1b*	
*OPIOID ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
CODAR AR ORAL LIQUID (<i>chlorpheniramine-codeine</i>)	3	
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	1 or 1b*	
<i>promethazine-codeine oral solution</i>	1 or 1a*	
<i>promethazine-codeine oral syrup</i>	1 or 1a*	
TUSSICAPS ORAL CAPSULE EXTENDED RELEASE 12 HOUR (<i>hydrocod polst-chlorphen polst</i>)	2	
TUSSIONEX PENNKINETIC ER ORAL SUSPENSION EXTENDED RELEASE (<i>hydrocod polst-chlorphen polst</i>)	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>chlorpheniramine-codeine</i>)	3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE (<i>codeine polst-chlorphen polst</i>)	3	
Z-TUSS AC ORAL LIQUID (<i>chlorpheniramine-codeine</i>)	2	
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
CAPCOF ORAL SYRUP	3	
HISTEX-AC ORAL SYRUP (<i>phenyleph-triprolidine-codeine</i>)	3	
MAR-COF BP ORAL LIQUID (<i>pseudoeph-bromphen-cod</i>)	3	
MAXI-TUSS CD ORAL LIQUID	2	
M-END PE ORAL LIQUID (<i>phenylephrine-bromphen-codeine</i>)	3	
POLY-TUSSIN AC ORAL LIQUID	2	
<i>promethazine vc/codeine oral syrup</i>	1 or 1b*	
<i>promethazine-phenyleph-codeine oral syrup</i>	1 or 1b*	
PRO-RED AC ORAL SYRUP (<i>phenyleph-dexchlorphen-codeine</i>)	3	
<i>pseudoeph-chlorphen-hydrocod oral solution</i>	1 or 1b*	
RYDEX ORAL LIQUID (<i>pseudoeph-bromphen-cod</i>)	2	
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
IBRANCE ORAL CAPSULE (<i>palbociclib</i>)	2; OC	PA; LD; SP; QL (1 capsule per 1 day)
IBRANCE ORAL TABLET (<i>palbociclib</i>)	2; OC	PA; LD; QL (1 tablet per 1 day)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	2; OC	PA; SP; QL (3 tablets per 1 day)

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KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	2; OC	PA; SP; QL (3 tablets per 1 day)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	2; OC	PA; SP; QL (3 tablets per 1 day)
VERZENIO ORAL TABLET (<i>abemaciclib</i>)	3; OC	PA; LD; SP; QL (2 tablets per 1 day)
*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR THE LUNGS		
*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR THE LUNGS		
ORKAMBI ORAL PACKET (<i>lumacaftor-ivacaftor</i>)	4	PA; LD; SP; QL (2 packets per 1 day)
ORKAMBI ORAL TABLET (<i>lumacaftor-ivacaftor</i>)	4	PA; LD; SP; QL (4 tablet per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (<i>tezacaftor-ivacaftor</i>)	4	PA; LD; SP; QL (1 carton per 28 days)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	4	PA; LD; QL (1 carton per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK (<i>elexacaftor-tezacaftor-ivacaft</i>)	4	PA; LD; QL (1 carton per 28 days)
DERMATOLOGICALS - DRUGS FOR THE SKIN		
*ACNE ANTIBIOTICS*** - DRUGS FOR THE SKIN		
ACZONE EXTERNAL GEL (<i>dapsone</i>)	3	ST
AMZEEQ EXTERNAL FOAM (<i>minocycline hcl micronized</i>)	3	PA; QL (30 grams per 30 days)
CLEOCIN-T EXTERNAL GEL (<i>clindamycin phosphate</i>)	3	ST
CLEOCIN-T EXTERNAL LOTION (<i>clindamycin phosphate</i>)	3	ST
CLEOCIN-T EXTERNAL SOLUTION (<i>clindamycin phosphate</i>)	3	
CLEOCIN-T EXTERNAL SWAB (<i>clindamycin phosphate</i>)	3	
<i>clindamycin phosphate</i> (Clindacin Etz External Swab)	1 or 1b*	
<i>clindamycin phosphate</i> (Clindacin-P External Swab)	1 or 1b*	
CLINDAGEL EXTERNAL GEL (<i>clindamycin phosphate</i>)	3	ST
<i>clindamycin phosphate external foam</i>	1 or 1b*	
<i>clindamycin phosphate external gel</i>	1 or 1b*	ST
<i>clindamycin phosphate external lotion</i>	1 or 1b*	
<i>clindamycin phosphate external solution</i>	1 or 1b*	
<i>clindamycin phosphate external swab</i>	1 or 1b*	
<i>dapsone external gel</i>	1 or 1b*	ST
<i>ery external pad</i>	1 or 1b*	
ERYGEL EXTERNAL GEL (<i>erythromycin</i>)	3	
<i>erythromycin external gel</i>	1 or 1b*	
<i>erythromycin external pad</i>	1 or 1b*	

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<i>erythromycin external solution</i>	1 or 1b*	
EVOCLIN EXTERNAL FOAM (<i>clindamycin phosphate</i>)	3	ST
KLARON EXTERNAL LOTION (<i>sulfacetamide sodium (acne)</i>)	3	
<i>sulfacetamide sodium (acne) external lotion</i>	1 or 1b*	
*ACNE COMBINATIONS*** - DRUGS FOR THE SKIN		
ACANYA EXTERNAL GEL (<i>clindamycin phos-benzoyl perox</i>)	3	ST
<i>adapalene-benzoyl peroxide external gel</i>	1 or 1b*	
AKTIPAK EXTERNAL PACKET (<i>benzoyl peroxide-erythromycin</i>)	3	ST
BENZACLIN EXTERNAL GEL (<i>clindamycin phos-benzoyl perox</i>)	3	ST
BENZACLIN WITH PUMP EXTERNAL GEL (<i>clindamycin phos-benzoyl perox</i>)	3	ST
BENZAMYCIN EXTERNAL GEL (<i>benzoyl peroxide-erythromycin</i>)	3	ST
<i>benzoyl perox-hydrocortisone external lotion</i>	1 or 1b*	
BENZOYL PEROXIDE FORTE- HC EXTERNAL LOTION	3	
<i>benzoyl peroxide-erythromycin external gel</i>	1 or 1b*	
<i>bp 10-1 external emulsion</i>	1 or 1b*	
<i>bp cleansing wash external emulsion</i>	1 or 1b*	
<i>clindamycin phos-benzoyl perox external gel</i>	1 or 1b*	
<i>clindamycin-tretinoin external gel</i>	1 or 1b*	
CLINOIN EXTERNAL CREAM (<i>clindamycin-tretinoin-cholesty</i>)	3	
DUAC EXTERNAL GEL (<i>clindamycin-benzoyl per (refr)</i>)	3	
EPIDUO EXTERNAL GEL (<i>adapalene-benzoyl peroxide</i>)	3	PA
EPIDUO FORTE EXTERNAL GEL (<i>adapalene-benzoyl peroxide</i>)	3	PA
<i>clindamycin-benzoyl per (refr)</i> (Neuac External Gel)	1 or 1b*	
ONEXTON EXTERNAL GEL (<i>clindamycin phos-benzoyl perox</i>)	2	
<i>resorcinol-sulfur external lotion</i>	1 or 1b*	
REZESOL EXTERNAL LOTION	3	
<i>sss 10-5 external cream</i>	1 or 1b*	
<i>sss 10-5 external foam</i>	1 or 1b*	
<i>sulfacetamide sodium-sulfur external cream</i>	1 or 1b*	
<i>sulfacetamide sodium-sulfur external emulsion</i>	1 or 1b*	
<i>sulfacetamide sodium-sulfur external liquid</i>	1 or 1b*	PA
<i>sulfacetamide sodium-sulfur external lotion</i>	1 or 1b*	
<i>sulfacetamide sodium-sulfur external pad</i>	1 or 1b*	
SULFACETAMIDE SODIUM-SULFUR EXTERNAL SUSPENSION 10-5 %	3	
<i>sulfacetamide sodium-sulfur external suspension 8-4 %</i>	1 or 1b*	
<i>sulfacetamide sod-sulfur wash external kit</i>	1 or 1b*	

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SULFACETAMIDE-SULFUR IN UREA EXTERNAL EMULSION	3	
<i>sulfamez wash external emulsion</i>	1 or 1b*	
VELTIN EXTERNAL GEL (clindamycin-tretinoin)	3	ST
ZACARE EXTERNAL KIT (benzoyl peroxide-hyaluronate)	3	
ZIANA EXTERNAL GEL (clindamycin-tretinoin)	3	ST
*ACNE PRODUCTS*** - DRUGS FOR THE SKIN		
ABSORICA LD ORAL CAPSULE (isotretinoin micronized)	3	PA
ABSORICA ORAL CAPSULE (isotretinoin)	3	PA
<i>adapalene external cream</i>	1 or 1b*	PA
<i>adapalene external gel</i>	1 or 1b*	PA
<i>adapalene external lotion</i>	1 or 1b*	PA
<i>adapalene external pad</i>	1 or 1b*	PA
ADAPALENE EXTERNAL SOLUTION	3	PA
AKLIEF EXTERNAL CREAM (trifarotene)	3	ST; QL (1 pump per 30 days)
ALTRENO EXTERNAL LOTION (tretinoin)	3	PA
<i>isotretinoin (Amnesteem Oral Capsule)</i>	2	PA
ARAZLO EXTERNAL LOTION (tazarotene)	3	ST
ATRALIN EXTERNAL GEL (tretinoin)	3	PA
<i>tretinoin (Avita External Cream)</i>	1 or 1b*	PA
<i>tretinoin (Avita External Gel)</i>	1 or 1b*	PA
AZELEX EXTERNAL CREAM (azelaic acid)	3	PA
BENZAC AC WASH EXTERNAL LIQUID (benzoyl peroxide)	3	
<i>benzoyl peroxide (Benzepro Short Contact External Foam)</i>	1 or 1b*	
BENZIQ EXTERNAL GEL (benzoyl peroxide)	3	
BENZIQ LS EXTERNAL GEL (benzoyl peroxide)	3	
<i>benziq wash external liquid</i>	1 or 1b*	
BENZOYL PEROXIDE EXTERNAL GEL 6.5 %	3	
<i>benzoyl peroxide external gel 8 %</i>	1 or 1b*	PA
<i>bp foam external foam</i>	1 or 1b*	
<i>bp wash external liquid</i>	1 or 1b*	
BPO EXTERNAL GEL	3	
<i>isotretinoin (Claravis Oral Capsule)</i>	2	PA
DIFFERIN EXTERNAL CREAM (adapalene)	3	PA
DIFFERIN EXTERNAL GEL (adapalene)	3	PA
DIFFERIN EXTERNAL LOTION (adapalene)	3	PA
FABIOR EXTERNAL FOAM (tazarotene)	3	ST
<i>isotretinoin oral capsule</i>	2	PA
<i>isotretinoin (Myorisan Oral Capsule)</i>	2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLIXDA EXTERNAL PAD (<i>adapalene</i>)	3	
RETIN-A EXTERNAL CREAM (<i>tretinoin</i>)	3	PA
RETIN-A EXTERNAL GEL (<i>tretinoin</i>)	3	PA
RETIN-A MICRO EXTERNAL GEL (<i>tretinoin microsphere</i>)	3	PA
RETIN-A MICRO PUMP EXTERNAL GEL (<i>tretinoin microsphere</i>)	3	PA
RIAX EXTERNAL FOAM (<i>benzoyl peroxide</i>)	3	
<i>tretinoin external cream</i>	1 or 1b*	PA
<i>tretinoin external gel</i>	1 or 1b*	PA
<i>tretinoin microsphere external gel</i>	1 or 1b*	PA
<i>tretinoin microsphere pump external gel</i>	1 or 1b*	PA
TRETIN-X EXTERNAL CREAM (<i>tretinoin</i>)	3	PA
ZACLIR CLEANSING EXTERNAL LOTION	3	
<i>isotretinoin</i> (Zenatane Oral Capsule)	2	PA
*AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS*** - DRUGS FOR THE SKIN		
VEREGEN EXTERNAL OINTMENT (<i>sinecatechins</i>)	3	
*AGENTS FOR FACIAL WRINKLES - RETINOIDS*** - DRUGS FOR THE SKIN		
AVAGE EXTERNAL CREAM (<i>tazarotene (facial wrinkles)</i>)	3	
<i>refissa external cream</i>	1 or 1b*	PA
RENOVA EXTERNAL CREAM (<i>tretinoin (facial wrinkles)</i>)	3	PA
RENOVA PUMP EXTERNAL CREAM (<i>tretinoin (facial wrinkles)</i>)	3	PA
<i>tretinoin (emollient) external cream</i>	1 or 1b*	PA
*ANALGESICS - TOPICAL*** - DRUGS FOR THE SKIN		
ACTIVE-TRAMADOL EXTERNAL CREAM	2	
BACLOFEN EXTERNAL CREAM	3	
ENOVARX-TRAMADOL EXTERNAL CREAM	2	
*ANTIBIOTIC STEROID COMBINATIONS - TOPICAL*** - DRUGS FOR THE SKIN		
CORTISPORIN EXTERNAL CREAM (<i>neomycin-polymyxin-hc</i>)	3	
CORTISPORIN EXTERNAL OINTMENT (<i>bacit-poly-neo hc</i>)	3	
NEO-SYNALAR EXTERNAL CREAM (<i>neomycin-fluocinolone</i>)	3	
*ANTIBIOTICS - TOPICAL*** - DRUGS FOR THE SKIN		
ALTABAX EXTERNAL OINTMENT (<i>retapamulin</i>)	2	
BACTROBAN EXTERNAL CREAM (<i>mupirocin calcium</i>)	3	
CENTANY AT EXTERNAL KIT (<i>mupirocin</i>)	3	
CENTANY EXTERNAL OINTMENT (<i>mupirocin</i>)	3	
<i>gentamicin sulfate external cream</i>	1 or 1b*	
<i>gentamicin sulfate external ointment</i>	1 or 1b*	

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<i>mupirocin calcium external cream</i>	1 or 1b*	
<i>mupirocin external ointment</i>	1 or 1b*	
XEPI EXTERNAL CREAM (<i>ozenoxacin</i>)	3	
*ANTIFUNGALS - TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
ACTIVE-PREP KIT V EXTERNAL CREAM	3	
<i>clotrimazole-betamethasone external cream</i>	1 or 1b*	
<i>clotrimazole-betamethasone external lotion</i>	1 or 1b*	
EXODERM EXTERNAL LOTION (<i>sod thiosulfate-salicylic acid</i>)	3	
FUNGIMEZ EXTERNAL SOLUTION	3	
<i>iodoquimez-hc external cream</i>	1 or 1b*	
LOTRISONE EXTERNAL CREAM (<i>clotrimazole-betamethasone</i>)	3	
<i>miconazole-zinc oxide-petrolat external ointment</i>	1 or 1b*	
<i>nystatin-triamcinolone external cream</i>	1 or 1b*	
<i>nystatin-triamcinolone external ointment</i>	1 or 1b*	
ONYCHO-MED EXTERNAL KIT (<i>terbinafine & miconazole</i>)	3	
RECURA EXTERNAL CREAM (<i>misc antifungal combo products</i>)	3	
VUSION EXTERNAL OINTMENT (<i>miconazole-zinc oxide-petrolat</i>)	3	
XOLEGEL COREPAK EXTERNAL KIT (<i>ketoconazole-hydrocortisone</i>)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT (<i>ketoconazole & pyrithione zinc</i>)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT (<i>ketoconazole & pyrithione zinc</i>)	3	
*ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>ciclopirox external gel</i>	1 or 1b*	
<i>ciclopirox external shampoo</i>	1 or 1b*	
<i>ciclopirox external solution</i>	1 or 1b*	
<i>ciclopirox olamine external cream</i>	1 or 1b*	
<i>ciclopirox olamine external suspension</i>	1 or 1b*	
HALOTIN EXTERNAL CREAM (<i>haloprogin</i>)	3	
LOPROX EXTERNAL CREAM (<i>ciclopirox olamine</i>)	3	ST
LOPROX EXTERNAL SHAMPOO (<i>ciclopirox</i>)	3	
LOPROX EXTERNAL SUSPENSION (<i>ciclopirox olamine</i>)	3	ST
MENTAX EXTERNAL CREAM (<i>butenafine hcl</i>)	3	ST
<i>naftifine hcl external cream</i>	1 or 1b*	ST
<i>naftifine hcl external gel</i>	1 or 1b*	ST
NAFTIN EXTERNAL CREAM (<i>naftifine hcl</i>)	3	ST
NAFTIN EXTERNAL GEL (<i>naftifine hcl</i>)	3	ST
<i>nystatin</i> (Nyamyc External Powder)	1 or 1b*	

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<i>nystatin external cream</i>	1 or 1b*	
<i>nystatin external ointment</i>	1 or 1b*	
<i>nystatin external powder</i>	1 or 1b*	
<i>nystatin (Nystop External Powder)</i>	1 or 1b*	
PENLAC EXTERNAL SOLUTION (<i>ciclopirox</i>)	3	
*ANTI-INFLAMMATORY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>diclofenac epolamine transdermal patch</i>	3	ST; QL (2 patch per 1 day)
<i>diclofenac sodium transdermal gel</i>	1 or 1b*	QL (1000 gm per 30 days)
<i>diclofenac sodium transdermal solution</i>	3	ST; QL (10 mL per 1 day)
FLECTOR TRANSDERMAL PATCH (<i>diclofenac epolamine</i>)	3	ST; QL (2 patch per 1 day)
LICART TRANSDERMAL PATCH 24 HOUR (<i>diclofenac epolamine</i>)	3	ST; QL (1 topical system per 1 day)
PENNSAID TRANSDERMAL SOLUTION (<i>diclofenac sodium</i>)	3	ST; QL (224 gm per 28 days)
VOLTAREN TRANSDERMAL GEL (<i>diclofenac sodium</i>)	3	ST; QL (1000 gm per 30 days)
*ANTI-INFLAMMATORY COMBINATIONS - TOPICAL*** - DRUGS FOR THE SKIN		
ACTIVE-PREP KIT I EXTERNAL CREAM	3	
ACTIVE-PREP KIT II EXTERNAL CREAM	3	
ACTIVE-PREP KIT III EXTERNAL CREAM	3	
AIF #2 DRUG PREPARATION KIT EXTERNAL CREAM	3	
AIF #3 DRUG PREPARATION KIT EXTERNAL CREAM	3	
DFS/MS/MENTH/CAP PAK COMBINATION KIT	3	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	
FBL KIT EXTERNAL CREAM	3	
GABAPENTIN-NAPROXEN CMPD KIT EXTERNAL CREAM	3	
K.B.G.L IN TERODERM EXTERNAL CREAM (<i>ketoprofen-baclofen-gabap-lido</i>)	3	
LIDOPROFEN EXTERNAL CREAM (<i>ketoprofen-ketamine-lidocaine</i>)	3	
NP #2 DRUG PREPARATION KIT EXTERNAL CREAM	3	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM	3	
VOPAC GB EXTERNAL CREAM (<i>ketoprofen-lido-gabapentin</i>)	3	
VOPAC KT EXTERNAL CREAM (<i>ketoprofen-ketamine-lidocaine</i>)	3	
VP FC KIT EXTERNAL CREAM	3	
VP GKL KIT EXTERNAL CREAM	3	
*ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
VALCHLOR EXTERNAL GEL (<i>mechlorethamine hcl (topical)</i>)	3	PA; LD; SP; QL (1 tube per 30 days)

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*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** - DRUGS FOR THE SKIN		
CARAC EXTERNAL CREAM (<i>fluorouracil</i>)	2	QL (30 gm per 365 days)
EFUDEX EXTERNAL CREAM (<i>fluorouracil</i>)	3	ST; QL (40 gm per 365 days)
FLUOROPLEX EXTERNAL CREAM (<i>fluorouracil</i>)	3	ST; QL (60 gm per 365 days)
<i>fluorouracil external cream 0.5 %</i>	1 or 1b*	ST; QL (30 gm per 365 days)
<i>fluorouracil external cream 5 %</i>	1 or 1b*	QL (40 gm per 365 days)
<i>fluorouracil external solution</i>	1 or 1b*	QL (10 mL per 365 days)
TOLAK EXTERNAL CREAM (<i>fluorouracil</i>)	3	ST; QL (40 gm per 365 days)
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL MISC.*** - DRUGS FOR THE SKIN		
PICATO EXTERNAL GEL 0.015 % (<i>ingenol mebutate</i>)	3	ST; QL (3 tube per 365 days)
PICATO EXTERNAL GEL 0.05 % (<i>ingenol mebutate</i>)	3	ST; QL (2 tube per 365 days)
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S*** - DRUGS FOR THE SKIN		
<i>diclofenac sodium transdermal gel</i>	1 or 1b*	PA; QL (300 gm per 365 days)
*ANTINEOPLASTIC RETINOIDS - TOPICAL*** - DRUGS FOR THE SKIN		
PANRETIN EXTERNAL GEL (<i>alitretinoin</i>)	3	SP
*ANTIPRURITICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>doxepin hcl external cream</i>	1 or 1b*	PA; QL (1 tube per 1 fill)
PRUDOXIN EXTERNAL CREAM (<i>doxepin hcl (antipruritic)</i>)	3	PA; QL (1 tube per 1 fill)
ZONALON EXTERNAL CREAM (<i>doxepin hcl (antipruritic)</i>)	3	PA; QL (1 tube per 1 fill)
*ANTIPSORIATICS - SYSTEMIC*** - DRUGS FOR THE SKIN		
<i>acitretin oral capsule</i>	1 or 1b*	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	4	PA; LD; SP; QL (2 syringes per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	4	PA; LD; SP; QL (2 pens per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	4	PA; LD; SP; QL (2 pens per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	4	PA; LD; SP; QL (2 syringes per 28 days)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tildrakizumab-asmn</i>)	4	PA; LD; SP; QL (1 syringe per 12 weekss)
<i>methoxsalen rapid oral capsule</i>	1 or 1b*; OC	SP
OXSORALEN ULTRA ORAL CAPSULE (<i>methoxsalen rapid</i>)	3; OC	SP
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>brodalumab</i>)	4	PA; SP; QL (2 syringes per 28 days)
SKYRIZI (150 MG DOSE) SUBCUTANEOUS PREFILLED SYRINGE KIT (<i>risankizumab-rzaa</i>)	4	PA; QL (2 syringes per 84 days)

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SORIATANE ORAL CAPSULE (<i>acitretin</i>)	3	
STELARA SUBCUTANEOUS SOLUTION (<i>ustekinumab</i>)	2	PA; SP; QL (1 vial per 84 days)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>ustekinumab</i>)	2	PA; SP; QL (1 syringe per 84 days)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>ixekizumab</i>)	4	PA; LD; SP; QL (1 auto-injector per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>ixekizumab</i>)	4	PA; LD; SP; QL (1 syringe per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>guselkumab</i>)	4	PA; QL (1 syringe per 47 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>guselkumab</i>)	4	PA; SP; QL (1 syringe per 47 days)
*ANTIPSORIATICS*** - DRUGS FOR THE SKIN		
<i>calcipotriene external cream</i>	1 or 1b*	QL (120 grams per 30 days)
CALCIPOTRIENE EXTERNAL FOAM	3	QL (120 grams per 30 days)
<i>calcipotriene external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<i>calcipotriene external solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>calcipotriene</i> (Calcitrene External Ointment)	1 or 1b*	QL (120 grams per 30 days)
<i>calcitriol external ointment</i>	1 or 1b*	QL (800 grams per 28 days)
DOVONEX EXTERNAL CREAM (<i>calcipotriene</i>)	3	QL (120 grams per 30 days)
SORILUX EXTERNAL FOAM (<i>calcipotriene</i>)	3	QL (120 grams per 30 days)
<i>tazarotene external cream</i>	1 or 1b*	
TAZORAC EXTERNAL CREAM 0.05 % (<i>tazarotene</i>)	2	
TAZORAC EXTERNAL CREAM 0.1 % (<i>tazarotene</i>)	3	ST
TAZORAC EXTERNAL GEL (<i>tazarotene</i>)	2	
VECTICAL EXTERNAL OINTMENT (<i>calcitriol</i>)	3	QL (800 grams per 28 days)
*ANTISEBORRHEIC COMBINATIONS*** - DRUGS FOR THE SKIN		
PROMISEB EXTERNAL CREAM (<i>antiseborrheic products, misc.</i>)	3	
SODIUM SULFACETAMIDE WASH EXTERNAL LIQUID	3	
*ANTISEBORRHEIC PRODUCTS*** - DRUGS FOR THE SKIN		
OVACE WASH EXTERNAL LIQUID (<i>sulfacetamide sodium</i>)	3	
<i>selenium sulfide external lotion</i>	1 or 1a*	
<i>selenium sulfide external shampoo</i>	1 or 1a*	
<i>sodium sulfacetamide external shampoo</i>	1 or 1b*	
<i>sulfacetamide sodium external gel</i>	1 or 1b*	
<i>sulfacetamide sodium external liquid</i>	1 or 1b*	
*ANTIVIRAL TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
XERESE EXTERNAL CREAM (<i>acyclovir-hydrocortisone</i>)	3	PA; QL (5 gm per 30 days)

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*ANTIVIRALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>acyclovir external cream</i>	1 or 1b*	PA; QL (5 gm per 30 days)
<i>acyclovir external ointment</i>	1 or 1b*	QL (30 gm per 30 days)
DENAVIR EXTERNAL CREAM (<i>penciclovir</i>)	3	PA; QL (5 gm per 30 days)
ZOVIRAX EXTERNAL CREAM (<i>acyclovir</i>)	3	PA; QL (5 gm per 30 days)
ZOVIRAX EXTERNAL OINTMENT (<i>acyclovir</i>)	3	QL (30 gm per 30 days)
*ASTRINGENTS*** - DRUGS FOR THE SKIN		
XERAC AC EXTERNAL SOLUTION (<i>aluminum chloride in alcohol</i>)	2	
*BURN PRODUCTS*** - DRUGS FOR THE SKIN		
<i>mafenide acetate external packet</i>	1 or 1b*	
SILVADENE EXTERNAL CREAM (<i>silver sulfadiazine</i>)	3	
<i>silver sulfadiazine external cream</i>	1 or 1a*	
<i>silver sulfadiazine</i> (Ssd External Cream)	1 or 1a*	
SULFAMYLON EXTERNAL CREAM (<i>mafenide acetate</i>)	3	
SULFAMYLON EXTERNAL PACKET (<i>mafenide acetate</i>)	3	
*CAUTERIZING AGENTS*** - DRUGS FOR THE SKIN		
SILVER NITRATE EXTERNAL OINTMENT	3	
*CORTICOSTEROIDS - TOPICAL*** - DRUGS FOR THE SKIN		
ALA SCALP EXTERNAL LOTION (<i>hydrocortisone</i>)	3	ST
<i>ala-cort external cream</i>	1 or 1a*	
<i>alclometasone dipropionate external cream</i>	1 or 1b*	
<i>alclometasone dipropionate external ointment</i>	1 or 1b*	
<i>amcinonide external cream</i>	3	ST
<i>amcinonide external lotion</i>	3	ST
AMCINONIDE EXTERNAL OINTMENT	3	ST
APEXICON E EXTERNAL CREAM (<i>diflorasone diacet emoll base</i>)	3	ST
<i>fluticasone propionate</i> (Beser External Lotion)	3	ST
<i>betamethasone dipropionate aug external cream</i>	1 or 1b*	
<i>betamethasone dipropionate aug external gel</i>	1 or 1b*	ST
<i>betamethasone dipropionate aug external lotion</i>	1 or 1b*	ST
<i>betamethasone dipropionate aug external ointment</i>	1 or 1b*	
<i>betamethasone dipropionate external cream</i>	3	ST
<i>betamethasone dipropionate external lotion</i>	3	ST
<i>betamethasone dipropionate external ointment</i>	3	ST
<i>betamethasone valerate external cream</i>	3	ST
<i>betamethasone valerate external foam</i>	3	ST
<i>betamethasone valerate external lotion</i>	3	ST
<i>betamethasone valerate external ointment</i>	3	ST

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BRYHALI EXTERNAL LOTION (<i>halobetasol propionate</i>)	3	ST
CAPEX EXTERNAL SHAMPOO (<i>fluocinolone acetonide</i>)	3	ST
<i>clobetasol prop emollient base external cream</i>	1 or 1b*	
<i>clobetasol propionate e external cream</i>	1 or 1b*	
<i>clobetasol propionate emulsion external foam</i>	1 or 1b*	
<i>clobetasol propionate external cream</i>	1 or 1b*	
<i>clobetasol propionate external foam</i>	1 or 1b*	
<i>clobetasol propionate external gel</i>	1 or 1b*	
<i>clobetasol propionate external liquid</i>	1 or 1b*	
<i>clobetasol propionate external lotion</i>	1 or 1b*	
<i>clobetasol propionate external ointment</i>	1 or 1b*	
<i>clobetasol propionate external shampoo</i>	1 or 1b*	
<i>clobetasol propionate external solution</i>	1 or 1b*	
CLOBEX EXTERNAL LOTION (<i>clobetasol propionate</i>)	3	ST
CLOBEX EXTERNAL SHAMPOO (<i>clobetasol propionate</i>)	3	ST
CLOBEX SPRAY EXTERNAL LIQUID (<i>clobetasol propionate</i>)	3	ST
<i>clocortolone pivalate external cream</i>	1 or 1b*	ST
<i>clocortolone pivalate pump external cream</i>	1 or 1b*	ST
<i>clobetasol propionate</i> (Clodan External Shampoo)	1 or 1b*	
CLODERM EXTERNAL CREAM (<i>clocortolone pivalate</i>)	3	ST
CLODERM PUMP EXTERNAL CREAM (<i>clocortolone pivalate</i>)	3	ST
CORDRAN EXTERNAL CREAM (<i>flurandrenolide</i>)	3	ST
CORDRAN EXTERNAL LOTION (<i>flurandrenolide</i>)	3	ST
CORDRAN EXTERNAL OINTMENT (<i>flurandrenolide</i>)	3	ST
CORDRAN EXTERNAL TAPE (<i>flurandrenolide</i>)	3	ST
CUTIVATE EXTERNAL LOTION (<i>fluticasone propionate</i>)	3	ST
DERMA-SMOOTH/FS BODY EXTERNAL OIL (<i>fluocinolone acetonide</i>)	3	ST
DESONATE EXTERNAL GEL (<i>desonide</i>)	3	ST
<i>desonide external cream</i>	3	ST
<i>desonide external lotion</i>	3	ST
<i>desonide external ointment</i>	3	ST
DESOWEN EXTERNAL CREAM (<i>desonide</i>)	3	ST
DESOWEN EXTERNAL LOTION (<i>desonide</i>)	3	ST
<i>desoximetasone external cream</i>	3	ST
<i>desoximetasone external gel</i>	3	ST
<i>desoximetasone external liquid</i>	3	ST
<i>desoximetasone external ointment</i>	3	ST
<i>diflorasone diacetate external cream</i>	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diflorasone diacetate external ointment</i>	3	ST
DIPROLENE AF EXTERNAL CREAM (<i>betamethasone dipropionate aug</i>)	3	ST
DIPROLENE EXTERNAL OINTMENT (<i>betamethasone dipropionate aug</i>)	3	ST
ELOCON EXTERNAL CREAM (<i>mometasone furoate</i>)	3	
ELOCON EXTERNAL OINTMENT (<i>mometasone furoate</i>)	3	
<i>fluocinolone acetonide body external oil</i>	3	ST
<i>fluocinolone acetonide external cream</i>	3	ST
<i>fluocinolone acetonide external ointment</i>	3	ST
<i>fluocinolone acetonide external solution</i>	3	ST
<i>fluocinolone acetonide scalp external oil</i>	3	ST
<i>fluocinonide emulsified base external cream</i>	1 or 1b*	
<i>fluocinonide external cream</i>	1 or 1b*	
<i>fluocinonide external gel</i>	1 or 1b*	ST
<i>fluocinonide external ointment</i>	1 or 1b*	
<i>fluocinonide external solution</i>	1 or 1b*	
<i>flurandrenolide external cream</i>	3	ST
<i>flurandrenolide external lotion</i>	3	ST
<i>flurandrenolide external ointment</i>	3	ST
<i>fluticasone propionate external cream</i>	3	ST
<i>fluticasone propionate external lotion</i>	3	ST
<i>fluticasone propionate external ointment</i>	3	ST
<i>halcinonide external cream</i>	1 or 1b*	ST
<i>halobetasol propionate external cream</i>	1 or 1b*	
HALOBETASOL PROPIONATE EXTERNAL FOAM	3	ST
<i>halobetasol propionate external ointment</i>	1 or 1b*	
HALOG EXTERNAL CREAM (<i>halcinonide</i>)	3	ST
HALOG EXTERNAL OINTMENT (<i>halcinonide</i>)	3	ST
HALOG EXTERNAL SOLUTION (<i>halcinonide</i>)	3	
<i>hydrocortisone butyr lipo base external cream</i>	3	ST
<i>hydrocortisone butyrate external cream</i>	3	ST
<i>hydrocortisone butyrate external lotion</i>	3	ST
<i>hydrocortisone butyrate external ointment</i>	3	ST
<i>hydrocortisone butyrate external solution</i>	3	ST
<i>hydrocortisone external cream</i>	1 or 1a*	
<i>hydrocortisone external lotion</i>	1 or 1a*	
<i>hydrocortisone external ointment</i>	1 or 1a*	
<i>hydrocortisone</i> (Hydrocortisone In Absorbase External Ointment)	1 or 1a*	
<i>hydrocortisone valerate external cream</i>	3	ST

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hydrocortisone valerate external ointment	3	ST
IMPOYZ EXTERNAL CREAM (clobetasol propionate)	3	ST
KENALOG EXTERNAL AEROSOL SOLUTION (triamcinolone acetonide)	3	ST
LEXETTE EXTERNAL FOAM (halobetasol propionate)	3	ST
LOCOID EXTERNAL CREAM (hydrocortisone butyrate)	3	ST
LOCOID EXTERNAL LOTION (hydrocortisone butyrate)	3	ST
LOCOID EXTERNAL OINTMENT (hydrocortisone butyrate)	3	ST
LOCOID EXTERNAL SOLUTION (hydrocortisone butyrate)	3	ST
LOCOID LIPOCREAM EXTERNAL CREAM (hydrocortisone butyr lipo base)	3	ST
LUXIQ EXTERNAL FOAM (betamethasone valerate)	3	ST
MICORT-HC EXTERNAL CREAM (hydrocortisone acetate)	3	
mometasone furoate external cream	1 or 1b*	
mometasone furoate external ointment	1 or 1b*	
mometasone furoate external solution	1 or 1b*	
flurandrenolide (Nolix External Lotion)	3	ST
OLUX EXTERNAL FOAM (clobetasol propionate)	3	ST
OLUX-E EXTERNAL FOAM (clobetasol propionate emulsion)	3	ST
PANDEL EXTERNAL CREAM (hydrocortisone probutate)	3	ST
prednicarbate external cream	3	ST
prednicarbate external ointment	3	ST
PSORCON EXTERNAL CREAM	3	ST
SERNIVO EXTERNAL EMULSION (betamethasone dipropionate)	3	ST
SYNALAR EXTERNAL CREAM (fluocinolone acetonide)	3	ST
SYNALAR EXTERNAL OINTMENT (fluocinolone acetonide)	3	ST
SYNALAR EXTERNAL SOLUTION (fluocinolone acetonide)	3	ST
TEMOVATE EXTERNAL CREAM (clobetasol propionate)	3	ST
TEMOVATE EXTERNAL OINTMENT (clobetasol propionate)	3	ST
TEXACORT EXTERNAL SOLUTION (hydrocortisone)	3	ST
TOPICORT EXTERNAL CREAM (desoximetasone)	3	ST
TOPICORT EXTERNAL GEL (desoximetasone)	3	ST
TOPICORT EXTERNAL OINTMENT (desoximetasone)	3	ST
TOPICORT SPRAY EXTERNAL LIQUID (desoximetasone)	3	ST
clobetasol propionate emulsion (Tovet External Foam)	1 or 1b*	
triamcinolone acetonide external aerosol solution	1 or 1a*	ST
triamcinolone acetonide external cream	1 or 1a*	
triamcinolone acetonide external lotion	1 or 1a*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1 or 1a*	
<i>triamcinolone acetonide external ointment 0.05 %</i>	1 or 1a*	ST
<i>triamcinolone acetonide (Trianex External Ointment)</i>	3	ST
<i>triamcinolone acetonide (Triderm External Cream 0.1 %)</i>	1 or 1a*	
<i>triamcinolone acetonide (Triderm External Cream 0.5 %)</i>	1 or 1a*	ST
TRIDESILON EXTERNAL CREAM (desonide)	3	ST
ULTRAVATE EXTERNAL CREAM (halobetasol propionate)	3	
ULTRAVATE EXTERNAL LOTION (halobetasol propionate)	3	ST
ULTRAVATE EXTERNAL OINTMENT (halobetasol propionate)	3	
VANOS EXTERNAL CREAM (fluocinonide)	3	ST
VERDESO EXTERNAL FOAM (desonide)	3	ST
*DEPIGMENTING AGENTS*** - DRUGS FOR THE SKIN		
<i>hydroquinone (Blanche External Cream)</i>	1 or 1b*	
EPIQUIN MICRO EXTERNAL CREAM (hydroquinone microspheres)	3	
<i>melpaque hp external cream</i>	1 or 1b*	
<i>hydroquinone (Remergent Hq External Cream)</i>	1 or 1b*	
<i>tl hydroquinone external cream</i>	1 or 1b*	
*DEPIGMENTING COMBINATIONS*** - DRUGS FOR THE SKIN		
TRI-LUMA EXTERNAL CREAM (fluocin-hydroquinone-tretinoin)	3	
*EMOLLIENT COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>lactic acid e external cream</i>	1 or 1b*	
*EMOLLIENT/KERATOLYTIC AGENTS*** - DRUGS FOR THE SKIN		
<i>urea (Cerovel External Lotion)</i>	1 or 1b*	
GORDONS UREA EXTERNAL OINTMENT	3	
HYDRO 40 EXTERNAL FOAM (urea)	3	
<i>urea (Rea Lo 40 External Cream)</i>	1 or 1b*	
<i>urea (Rea Lo 40 External Lotion)</i>	1 or 1b*	
<i>salrix external suspension</i>	1 or 1b*	
URALISS EXTERNAL CREAM	3	
<i>urea external cream</i>	1 or 1b*	
UREA EXTERNAL FOAM	3	
<i>urea external suspension</i>	1 or 1b*	
<i>urea nail external gel</i>	1 or 1b*	
<i>urea-c40 external lotion</i>	1 or 1b*	
<i>urea (Uredeb External Cream)</i>	1 or 1b*	
<i>uremez-40 external cream</i>	1 or 1b*	
URESOL EXTERNAL CREAM (urea)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*EMOLLIENT/KERATOLYTIC COMBINATIONS*** - DRUGS FOR THE SKIN		
LATRIX XM EXTERNAL EMULSION (<i>urea in zn undecyl-lactic acid</i>)	3	
<i>urea hydrating external foam</i>	1 or 1b*	
UREA NAIL EXTERNAL STICK	3	
*EMOLLIENTS*** - DRUGS FOR THE SKIN		
<i>ammonium lactate external cream</i>	1 or 1b*	
<i>ammonium lactate external lotion</i>	1 or 1b*	
LAC-HYDRIN EXTERNAL CREAM (<i>ammonium lactate</i>)	3	
<i>lactic acid external lotion</i>	1 or 1b*	
<i>sodium hyaluronate external gel</i>	1 or 1b*	
*ENZYMES - TOPICAL*** - DRUGS FOR THE SKIN		
SANTYL EXTERNAL OINTMENT (<i>collagenase</i>)	3	
*GLABELLAR LINES (FROWN LINES) AGENTS*** - DRUGS FOR THE SKIN		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>onabotulinumtoxinA (cosmetic)</i>)	4	PA; SP
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>clotrimazole external cream</i>	1 or 1b*	
<i>clotrimazole external solution</i>	1 or 1b*	
<i>econazole nitrate external cream</i>	1 or 1b*	
ECOZA EXTERNAL FOAM (<i>econazole nitrate</i>)	3	ST
ERTACZO EXTERNAL CREAM (<i>sertaconazole nitrate</i>)	3	ST
EXELDERM EXTERNAL CREAM (<i>sulconazole nitrate</i>)	3	ST
EXELDERM EXTERNAL SOLUTION (<i>sulconazole nitrate</i>)	3	ST
EXTINA EXTERNAL FOAM (<i>ketoconazole</i>)	3	
JUBLIA EXTERNAL SOLUTION (<i>efinaconazole</i>)	3	
<i>ketoconazole external cream</i>	1 or 1b*	
<i>ketoconazole external foam</i>	1 or 1b*	
<i>ketoconazole external shampoo</i>	1 or 1b*	
<i>luliconazole external cream</i>	1 or 1b*	ST
LUZU EXTERNAL CREAM (<i>luliconazole</i>)	3	ST
NIZORAL EXTERNAL SHAMPOO (<i>ketoconazole</i>)	3	ST
<i>oxiconazole nitrate external cream</i>	1 or 1b*	ST
OXISTAT EXTERNAL CREAM (<i>oxiconazole nitrate</i>)	3	ST
OXISTAT EXTERNAL LOTION (<i>oxiconazole nitrate</i>)	3	ST
<i>sulconazole nitrate external cream</i>	1 or 1b*	ST
<i>sulconazole nitrate external solution</i>	1 or 1b*	ST

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XOLEGEL EXTERNAL GEL (<i>ketconazole</i>)	3	
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL*** - DRUGS FOR THE SKIN		
ALDARA EXTERNAL CREAM (<i>imiquimod</i>)	3	ST; QL (48 packet per 365 days)
<i>imiquimod external cream</i>	1 or 1b*	QL (48 packet per 365 days)
<i>imiquimod pump external cream</i>	1 or 1b*	ST; QL (2 bottle per 365 days)
ZYCLARA EXTERNAL CREAM (<i>imiquimod</i>)	3	ST; QL (28 packet per 365 days)
ZYCLARA PUMP EXTERNAL CREAM (<i>imiquimod</i>)	3	ST; QL (2 bottle per 365 days)
*KERATOLYTIC AND/OR ANTIMITOTIC COMBINATIONS*** - DRUGS FOR THE SKIN		
GORDOFILM EXTERNAL SOLUTION (<i>salicylic acid-lactic acid</i>)	2	
PYROGALLIC ACID EXTERNAL OINTMENT	3	
SALVAX DUO PLUS EXTERNAL KIT (<i>salicylic acid-urea in lactac</i>)	3	
*KERATOLYTIC/ANTIMITOTIC AGENTS*** - DRUGS FOR THE SKIN		
CONDYLOX EXTERNAL GEL (<i>podofilox</i>)	3	
<i>podofilox external solution</i>	1 or 1b*	
<i>salicylic acid external cream</i>	1 or 1b*	
<i>salicylic acid external foam</i>	1 or 1b*	
<i>salicylic acid external gel</i>	1 or 1b*	
<i>salicylic acid external lotion</i>	1 or 1b*	
<i>salicylic acid external solution</i>	1 or 1b*	
SALISOL EXTERNAL SOLUTION	3	
<i>salisol forte external solution</i>	1 or 1b*	
SALITECH EXTERNAL LOTION	3	
<i>salitech forte external lotion</i>	1 or 1b*	
SALVAX EXTERNAL FOAM (<i>salicylic acid</i>)	3	
*LINIMENT COMBINATIONS*** - DRUGS FOR THE SKIN		
MEDI-DERM-RX EXTERNAL CREAM (<i>capsaicin-menthol-methyl sal</i>)	3	
MEDROX-RX EXTERNAL OINTMENT (<i>capsaicin-menthol-methyl sal</i>)	2	
REMATEX EXTERNAL CREAM	3	
*LINIMENTS*** - DRUGS FOR THE SKIN		
METHYL SALICYLATE EXTERNAL LIQUID	3	
TURPENTINE EXTERNAL SPIRIT	3	
*LOCAL ANESTHETICS - TOPICAL*** - DRUGS FOR THE SKIN		
EHA EXTERNAL LOTION	2	
<i>lidocaine hcl</i> (Glydo External Prefilled Syringe)	1 or 1b*	
<i>lidocaine external ointment</i>	1 or 1b*	QL (5 grams per 1 day)
<i>lidocaine external patch</i>	1 or 1b*	QL (3 patches per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIDOCAINE HCL EXTERNAL CREAM	3	
<i>lidocaine hcl external solution</i>	1 or 1b*	QL (10 mL per 1 day)
<i>lidocaine hcl urethral/mucosal external gel</i>	1 or 1b*	
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	1 or 1b*	
LIDODERM EXTERNAL PATCH (lidocaine)	3	QL (3 patches per 1 day)
LIDOVIN EXTERNAL CREAM	3	
LIDOZOL EXTERNAL CREAM	3	
<i>pramoxine hcl (Pramox External Gel)</i>	1 or 1b*	
<i>premium lidocaine external ointment</i>	1 or 1b*	QL (5 grams per 1 day)
TETRAVEX EXTERNAL GEL	3	
<i>zionodil 100 external lotion</i>	1 or 1b*	
ZTLIDO EXTERNAL PATCH (lidocaine)	3	PA; QL (3 patches per 1 day)
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL*** - DRUGS FOR THE SKIN		
ELIDEL EXTERNAL CREAM (pimecrolimus)	3	ST
<i>pimecrolimus external cream</i>	1 or 1b*	ST
PROTOPIC EXTERNAL OINTMENT (tacrolimus)	3	ST
<i>tacrolimus external ointment</i>	1 or 1b*	ST
*MISC. DERMATOLOGICAL PRODUCTS*** - DRUGS FOR THE SKIN		
7TOPIC EXTERNAL EMULSION	3	
ALEVAMAX EXTERNAL CREAM	3	
EMULSION SB EXTERNAL EMULSION (dermatological products, misc.)	3	
HYLAGUARD EXTERNAL CREAM (dermatological products, misc.)	3	
ILIDERM EXTERNAL EMULSION	3	
NEOSALUS EXTERNAL FOAM (dermatological products, misc.)	3	
NUVAIL EXTERNAL SOLUTION (dermatological products, misc.)	3	
PENLEN EXTERNAL EMULSION (dermatological products, misc.)	3	
PRESERA EXTERNAL FOAM (dermatological products, misc.)	3	
REMIGEN EXTERNAL CREAM	3	
XERALUX EXTERNAL CREAM (dermatological products, misc.)	3	
*MISC. TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT (chlorhex-mupir-dimeth-silicone)	3	
PRE & POST SX POUCH EXTERNAL THERAPY PACK (chlorhex-mupirocin-dimethicone)	3	
*MISC. TOPICAL*** - DRUGS FOR THE SKIN		
BORIC ACID EXTERNAL GRANULES	3	
QBREXZA EXTERNAL PAD (glycopyrronium tosylate)	3	PA; QL (1 cloth per 1 day)

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*ORNITHINE DECARBOXYLASE (ODC) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
VANIQA EXTERNAL CREAM (<i>eflornithine hcl</i>)	3	
*PHOTODYNAMIC THERAPY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
AMELUZ EXTERNAL GEL (<i>aminolevulinic acid hcl</i>)	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED (<i>aminolevulinic acid hcl</i>)	3	
*PROSTAGLANDINS - TOPICAL*** - DRUGS FOR THE SKIN		
bimatoprost external solution	1 or 1b*	
LATISSE EXTERNAL SOLUTION (<i>bimatoprost</i>)	3	
*ROSACEA AGENTS*** - DRUGS FOR THE SKIN		
azelaic acid external gel	1 or 1b*	
doxycycline oral capsule delayed release	3	ST
FINACEA EXTERNAL FOAM (<i>azelaic acid</i>)	2	
FINACEA EXTERNAL GEL (<i>azelaic acid</i>)	3	
ivermectin external cream	1 or 1b*	
METROCREAM EXTERNAL CREAM (<i>metronidazole</i>)	3	ST
METROGEL EXTERNAL GEL (<i>metronidazole</i>)	3	ST
METROLOTION EXTERNAL LOTION (<i>metronidazole</i>)	3	ST
metronidazole external cream	1 or 1b*	
metronidazole external gel	1 or 1b*	
metronidazole external lotion	1 or 1b*	
MIRVASO EXTERNAL GEL (<i>brimonidine tartrate</i>)	3	
NORITATE EXTERNAL CREAM (<i>metronidazole</i>)	3	ST
ORACEA ORAL CAPSULE DELAYED RELEASE (<i>doxycycline</i>)	3	
RHOFADE EXTERNAL CREAM (<i>oxymetazoline hcl</i>)	3	
metronidazole (Rosadan External Cream)	1 or 1b*	
metronidazole (Rosadan External Gel)	1 or 1b*	
SOOLANTRA EXTERNAL CREAM (<i>ivermectin</i>)	3	
*SCABICIDES & PEDICULICIDES*** - DRUGS FOR THE SKIN		
crotan external lotion	1 or 1b*	
ELIMITE EXTERNAL CREAM (<i>permethrin</i>)	3	
EURAX EXTERNAL CREAM (<i>crotamiton</i>)	3	
EURAX EXTERNAL LOTION (<i>crotamiton</i>)	3	
lindane external shampoo	1 or 1b*	
malathion external lotion	1 or 1b*	
NATROBA EXTERNAL SUSPENSION (<i>spinosad</i>)	3	
OVIDE EXTERNAL LOTION (<i>malathion</i>)	3	

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<i>permethrin external cream</i>	1 or 1b*	
SKLICE EXTERNAL LOTION (<i>ivermectin</i>)	3	
<i>spinosad external suspension</i>	1 or 1b*	
SULFURATED LIME EXTERNAL SOLUTION	3	
ULESFIA EXTERNAL LOTION (<i>benzyl alcohol</i>)	3	
*SKIN CLEANSERS*** - DRUGS FOR THE SKIN		
ESSENTRA WIPES 9X9" EXTERNAL	3	
*SKIN PROTECTANTS*** - DRUGS FOR THE SKIN		
<i>benzoin compound external tincture</i>	1 or 1b*	
BENZOIN EXTERNAL TINCTURE	3	
*SKIN TISSUE REPLACEMENTS*** - DRUGS FOR THE SKIN		
AFFINITY EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED (<i>amniotic membrane allograft</i>)	3	
AMNIOFIX SPORTS MED INJECTION SUSPENSION RECONSTITUTED (<i>amniotic membrane allograft</i>)	3	
AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED	3	
APLIGRAF EXTERNAL DISK (<i>cultured skin substitute</i>)	3	
BIOVANCE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
DERMAGRAFT EXTERNAL SHEET (<i>cultured skin substitute</i>)	3	
EPICORD EXTERNAL SHEET (<i>umbilical cord allograft</i>)	3	
EPIFIX EXTERNAL DISK (<i>amniotic membrane allograft</i>)	3	
EPIFIX EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED (<i>amniotic membrane allograft</i>)	3	
GRAFIX CORE 1.5CM X 2CM EXTERNAL (<i>multipotent cell repair matrix</i>)	3	
GRAFIX CORE 16MM EXTERNAL (<i>multipotent cell repair matrix</i>)	3	
GRAFIX CORE 2CM X 3CM EXTERNAL (<i>multipotent cell repair matrix</i>)	3	
GRAFIX CORE 3CM X 4CM EXTERNAL (<i>multipotent cell repair matrix</i>)	3	
GRAFIX CORE 5CM X 5CM EXTERNAL (<i>multipotent cell repair matrix</i>)	3	
GRAFIX PRIME 1.5CM X 2CM EXTERNAL (<i>multipotent cell repair matrix</i>)	3	
GRAFIX PRIME 16MM EXTERNAL (<i>multipotent cell repair matrix</i>)	3	
GRAFIX PRIME 2CM X 3CM EXTERNAL (<i>multipotent cell repair matrix</i>)	3	
GRAFIX PRIME 3CM X 4CM EXTERNAL (<i>multipotent cell repair matrix</i>)	3	
GRAFIX PRIME 5CM X 5CM EXTERNAL (<i>multipotent cell repair matrix</i>)	3	
GRAFIX XC 7.5CM X 15CM EXTERNAL (<i>multipotent cell repair matrix</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KARDIAMEMBRANE EXTERNAL SHEET (amniotic membrane allograft)	3	
NEOX 100 EXTERNAL SHEET (amniotic membrane allograft)	3	
NEOX CORD 1K EXTERNAL SHEET (amniotic membrane allograft)	3	
NUSHIELD EXTERNAL DISK (amniotic membrane allograft)	3	
NUSHIELD EXTERNAL SHEET (amniotic membrane allograft)	3	
ORTHO FLO INJECTION SOLUTION RECONSTITUTED	3	
ORTHO FLO SPORT INJECTION SOLUTION RECONSTITUTED	3	
PALINGEN FLOW INJECTION INJECTABLE (amniotic memb-fluid allograft)	3	
PALINGEN HYDROMEMBRANE EXTERNAL SHEET (amniotic membrane allograft)	3	
PALINGEN INOVOFLO INJECTION INJECTABLE (amniotic fluid allograft)	3	
PALINGEN MEMBRANE EXTERNAL SHEET (amniotic membrane allograft)	3	
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET (amniotic membrane allograft)	3	
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET (amniotic membrane allograft)	3	
STRAVIX EXTERNAL SHEET (amniotic membrane allograft)	3	
TRUSKIN EXTERNAL SHEET (skin allograft (human))	3	
*STEROID-LOCAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
EPIFOAM EXTERNAL FOAM (pramoxine-hc)	3	
LIDOCAINE-HYDROCORTISONE ACE EXTERNAL CREAM	3	
PRAMOSONE EXTERNAL CREAM (pramoxine-hc)	2	
PRAMOSONE EXTERNAL LOTION (pramoxine-hc)	2	
*TAR PRODUCTS*** - DRUGS FOR THE SKIN		
coal tar external solution	1 or 1b*	
*TISSUE REPLACEMENTS*** - DRUGS FOR THE SKIN		
AFFINITY EXTERNAL SHEET (amniotic membrane allograft)	3	
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED (amniotic membrane allograft)	3	
AMNIOFIX SPORTS MED INJECTION SUSPENSION RECONSTITUTED (amniotic membrane allograft)	3	
AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED	3	
APLIGRAF EXTERNAL DISK (cultured skin substitute)	3	
BIOVANCE EXTERNAL SHEET (amniotic membrane allograft)	3	
DERMAGRAFT EXTERNAL SHEET (cultured skin substitute)	3	
EPICORD EXTERNAL SHEET (umbilical cord allograft)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPIFIX EXTERNAL DISK (amniotic membrane allograft)	3	
EPIFIX EXTERNAL SHEET (amniotic membrane allograft)	3	
EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED (amniotic membrane allograft)	3	
GRAFIX CORE 1.5CM X 2CM EXTERNAL (multipotent cell repair matrix)	3	
GRAFIX CORE 16MM EXTERNAL (multipotent cell repair matrix)	3	
GRAFIX CORE 2CM X 3CM EXTERNAL (multipotent cell repair matrix)	3	
GRAFIX CORE 3CM X 4CM EXTERNAL (multipotent cell repair matrix)	3	
GRAFIX CORE 5CM X 5CM EXTERNAL (multipotent cell repair matrix)	3	
GRAFIX PRIME 1.5CM X 2CM EXTERNAL (multipotent cell repair matrix)	3	
GRAFIX PRIME 16MM EXTERNAL (multipotent cell repair matrix)	3	
GRAFIX PRIME 2CM X 3CM EXTERNAL (multipotent cell repair matrix)	3	
GRAFIX PRIME 3CM X 4CM EXTERNAL (multipotent cell repair matrix)	3	
GRAFIX PRIME 5CM X 5CM EXTERNAL (multipotent cell repair matrix)	3	
GRAFIX XC 7.5CM X 15CM EXTERNAL (multipotent cell repair matrix)	3	
KARDIAMEMBRANE EXTERNAL SHEET (amniotic membrane allograft)	3	
NEOX 100 EXTERNAL SHEET (amniotic membrane allograft)	3	
NEOX CORD 1K EXTERNAL SHEET (amniotic membrane allograft)	3	
NUSHIELD EXTERNAL DISK (amniotic membrane allograft)	3	
NUSHIELD EXTERNAL SHEET (amniotic membrane allograft)	3	
ORTHO FLO INJECTION SOLUTION RECONSTITUTED	3	
ORTHO FLO SPORT INJECTION SOLUTION RECONSTITUTED	3	
PALINGEN FLOW INJECTION INJECTABLE (amniotic memb-fluid allograft)	3	
PALINGEN HYDROMEMBRANE EXTERNAL SHEET (amniotic membrane allograft)	3	
PALINGEN INOVOFLO INJECTION INJECTABLE (amniotic fluid allograft)	3	
PALINGEN MEMBRANE EXTERNAL SHEET (amniotic membrane allograft)	3	
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET (amniotic membrane allograft)	3	
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET (amniotic membrane allograft)	3	
STRAVIX EXTERNAL SHEET (amniotic membrane allograft)	3	
TRUSKIN EXTERNAL SHEET (skin allograft (human))	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*TOPICAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
1ST MEDX-PATCH/ LIDOCAINE EXTERNAL PATCH (<i>lido-capsaicin-men-methyl sal</i>)	3	
DERMACINRX DUOPATCH PHARMAPAK EXTERNAL THERAPY PACK (<i>methyl salicylate-lido-menthol</i>)	3	
DERMACINRX NEUOTRAL PHARMAPAK EXTERNAL THERAPY PACK (<i>lidocaine-capsaicin</i>)	3	
FLEXIN EXTERNAL PATCH	3	
IV NOVICE PACK COMBINATION KIT	3	
LEVATIO EXTERNAL PATCH	3	
<i>lidenza external patch</i>	1 or 1b*	
<i>lidocaine-prilocaine external cream</i>	1 or 1b*	QL (30 grams per 30 days)
<i>lidocaine-prilocaine external kit</i>	1 or 1b*	
LIDOCAINE-TETRACAINE EXTERNAL CREAM	3	PA; QL (30 grams per 30 days)
LIDOTHOL EXTERNAL PATCH (<i>lidocaine-menthol</i>)	3	
MEDI-DERM/L-RX EXTERNAL CREAM (<i>lido-capsaicin-men-methyl sal</i>)	2	
MEDI-PATCH RX EXTERNAL PATCH	3	
PERMAVAN EXTERNAL PATCH	3	
PLIAGLIS EXTERNAL CREAM (<i>lidocaine-tetracaine</i>)	3	PA; QL (30 grams per 30 days)
<i>port-prep external kit</i>	1 or 1b*	
PREMIUM SCAR EXTERNAL PATCH	3	
PREPIV SUPPLY COMBINATION KIT	3	
<i>lidocaine-prilocaine</i> (Priloxx Lp External Kit)	1 or 1b*	
<i>releevia ml external patch</i>	1 or 1b*	
REMAXAZON EXTERNAL PATCH	3	
RENUU EXTERNAL PATCH	3	
<i>soluline external kit</i>	1 or 1b*	
<i>solupicc external kit</i>	1 or 1b*	
SOOTHEE EXTERNAL PATCH (<i>lido-capsaicin-men-methyl sal</i>)	3	
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT (<i>lidocaine hcl & post-op system</i>)	3	
SYNERA EXTERNAL PATCH (<i>lidocaine-tetracaine</i>)	3	PA; QL (2 patches per 30 days)
VELTRIX EXTERNAL CREAM	3	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT (<i>lidocaine hcl-blood collection</i>)	3	
<i>vexatrol external kit</i>	1 or 1b*	
*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR THE SKIN		
TARGETRETIN EXTERNAL GEL (<i>bexarotene</i>)	2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*TOPICAL STEROID COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>calcipotriene-betameth diprop external ointment</i>	1 or 1b*	QL (400 grams per 28 days)
<i>calcipotriene-betameth diprop external suspension</i>	1 or 1b*	QL (420 grams per 28 days)
DUOBRII EXTERNAL LOTION (<i>halobetasol prop-tazarotene</i>)	3	PA; QL (200 grams per 30 days)
ENSTILAR EXTERNAL FOAM (<i>calcipotriene-betameth diprop</i>)	3	QL (420 grams per 28 days)
TACLONEX EXTERNAL OINTMENT (<i>calcipotriene-betameth diprop</i>)	3	QL (400 grams per 28 days)
TACLONEX EXTERNAL SUSPENSION (<i>calcipotriene-betameth diprop</i>)	3	QL (420 grams per 28 days)
<i>triamcinolone-dimeth-silicone</i> (Trivix External Kit)	1 or 1b*	
*TYPE II 5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE SKIN		
<i>finasteride oral tablet</i>	1 or 1b*	
PROPECIA ORAL TABLET (<i>finasteride</i>)	3	
*WOUND CARE - GROWTH FACTOR AGENTS*** - DRUGS FOR THE SKIN		
REGRANEX EXTERNAL GEL (<i>becaplermin</i>)	3	
*WOUND CARE COMBINATIONS*** - DRUGS FOR THE SKIN		
REXASIL PATCH & VITAMIN E LIQ EXTERNAL KIT (<i>silicone-vitamin e</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>)	3	
XEROFORM OIL ROLL 4"X9' EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	3	
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 ROLL 4"X9' EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	3	
*WOUND CLEANSERS/DECUBITUS ULCER THERAPY*** - DRUGS FOR THE SKIN		
ATRAPRO DERMAL SPRAY EXTERNAL LIQUID (<i>wound cleansers</i>)	3	
MICROCYN EXTERNAL GEL (<i>wound cleansers</i>)	3	
MICROCYN EXTERNAL LIQUID (<i>wound cleansers</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICROCYN SKIN AND WOUND EXTERNAL GEL (<i>wound cleansers</i>)	3	
*WOUND DRESSINGS*** - DRUGS FOR THE SKIN		
ACTICOAT 7 EXTERNAL PAD (<i>silver</i>)	2	
ACTICOAT 7 EXTERNAL SHEET (<i>silver</i>)	2	
ACTICOAT ABSORBENT EXTERNAL (<i>silver</i>)	2	
ACTICOAT ABSORBENT EXTERNAL PAD (<i>silver</i>)	2	
ACTICOAT ANTIMICROBIAL EXTERNAL PAD (<i>silver</i>)	2	
ACTICOAT EXTERNAL SHEET 16"X16" , 4"X4" , 4"X48" , 4"X8" , 8"X16" (<i>silver</i>)	3	
ACTICOAT EXTERNAL SHEET 5"X5" (<i>silver</i>)	2	
ACTICOAT FLEX 3 4"X4" EXTERNAL PAD (<i>wound dressings</i>)	2	
ACTICOAT FLEX 3 EXTERNAL SHEET (<i>silver</i>)	2	
ACTICOAT FLEX 7 EXTERNAL SHEET (<i>silver</i>)	2	
ACTICOAT MOISTURE CONTROL EXTERNAL PAD 2"X2" (<i>silver</i>)	2	
ACTICOAT MOISTURE CONTROL EXTERNAL PAD 4"X4" , 4"X8" (<i>silver</i>)	3	
ACTICOAT SITE EXTERNAL DISK (<i>silver</i>)	2	
ACTICOAT SURGICAL EXTERNAL PAD (<i>silver</i>)	3	
ALLEVYN AG ADHESIVE EXTERNAL PAD (<i>silver</i>)	2	
ALLEVYN AG GENTLE BORDER EXTERNAL PAD (<i>silver</i>)	2	
ALLEVYN AG GENTLE EXTERNAL PAD (<i>silver</i>)	3	
ALLEVYN AG NON-ADHESIVE EXTERNAL PAD (<i>silver</i>)	2	
ALLEVYN AG SACRUM 6-3/4" EXTERNAL (<i>silver</i>)	2	
ALLEVYN AG SACRUM 9"X9" EXTERNAL (<i>silver</i>)	2	
ALLEVYN GENTLE EXTERNAL PAD (<i>wound dressings</i>)	2	
AQUACEL AG BURN EXTERNAL PAD (<i>silver-carboxymethylcellulose</i>)	3	
ARIDA EXTERNAL GEL (<i>silver</i>)	3	
AVO CREAM EXTERNAL EMULSION (<i>wound dressings</i>)	3	
BIAFINE EXTERNAL EMULSION (<i>wound dressings</i>)	3	
BIOSTEP AG EXTERNAL SHEET (<i>collagen matrix-silver</i>)	2	
BIOSTEP EXTERNAL SHEET (<i>collagen matrix (porcine)</i>)	2	
CARRASYN HYDROGEL WOUND DRESS EXTERNAL GEL (<i>wound dressings</i>)	3	
CURITY HYPERTONIC NACL STRIP EXTERNAL (<i>wound dressings</i>)	3	
CURITY NACL DRESSING 6"X6-3/4" EXTERNAL PAD (<i>wound dressings</i>)	2	
DIAB EXTERNAL GEL (<i>wound dressings</i>)	3	
DIAB F.D.G. FREEZE-DRIED EXTERNAL GEL (<i>wound dressings</i>)	3	
DURAFIBER AG EXTERNAL PAD (<i>silver</i>)	3	

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DURAFIBER EXTERNAL PAD (<i>silver</i>)	3	
ENDOFORM DERMAL TEMPLATE EXTERNAL SHEET (<i>collagen matrix (ovine)</i>)	3	
ENDOFORM DERMAL/FENESTRATED EXTERNAL SHEET (<i>collagen matrix (ovine)</i>)	3	
HYDROFERA BLUE 4"X4" EXTERNAL PAD (<i>wound dressings</i>)	2	
HYDROFERA BLUE 6"X6" EXTERNAL PAD (<i>wound dressings</i>)	2	
HYDROFERA BLUE FOAM DRESSING EXTERNAL PAD (<i>wound dressings</i>)	2	
HYDROFERA BLUE FOAM/TUNNELING EXTERNAL PAD (<i>wound dressings</i>)	2	
HYDROFERA BLUE MRF DRESSING EXTERNAL PAD (<i>wound dressings</i>)	2	
HYDROFERA BLUE READY FOAM EXTERNAL PAD (<i>wound dressings</i>)	2	
HYGEL EXTERNAL GEL	3	
KENDALL ALGINATE 12" ROPE EXTERNAL (<i>wound dressings</i>)	3	
KENDALL ALGINATE DRESS 2"X2" EXTERNAL PAD (<i>wound dressings</i>)	2	
KENDALL ALGINATE DRESS 4"X4" EXTERNAL PAD (<i>hydroactive dressings</i>)	2	
KENDALL ALGINATE DRESS 4"X8" EXTERNAL PAD (<i>wound dressings</i>)	2	
KENDALL AMORPHOUS WOUND EXTERNAL GEL (<i>wound dressings</i>)	3	
KENDALL HYDROGEL GAUZE 2"X2" EXTERNAL PAD (<i>hydroactive dressings</i>)	3	
KENDALL HYDROGEL GAUZE 4"X4" EXTERNAL PAD (<i>hydroactive dressings</i>)	3	
KENDALL HYDROGEL GAUZE 4"X8" EXTERNAL PAD (<i>hydroactive dressings</i>)	3	
KENDALL HYDROGEL WOUND DRESS EXTERNAL (<i>hydroactive dressings</i>)	3	
KERAGEL EXTERNAL GEL (<i>wound dressings</i>)	3	
KERAGELT EXTERNAL GEL (<i>wound dressings</i>)	3	
MEDIHONEY CA ALGINATE 2"X2" EXTERNAL PAD (<i>wound dressings</i>)	2	
MEDIHONEY CA ALGINATE 4"X5" EXTERNAL PAD (<i>wound dressings</i>)	2	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL (<i>wound dressings</i>)	2	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PAD (<i>wound dressings</i>)	2	

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MEDIHONEY WOUND/BURN DRESSING EXTERNAL PASTE (wound dressings)	3	
MIRODERM BIOLOGIC MATRIX FENES EXTERNAL SHEET (collagen matrix fenest (porc))	3	
MIRODERM BIOLOGIC WOUND MATRIX EXTERNAL SHEET (collagen matrix meshed (porc))	3	
NOXIFINE WOUND DRESSING EXTERNAL EMULSION	3	
OASIS ULTRA MATRIX FENESTRATED EXTERNAL SHEET (collagen matrix fenest (porc))	3	
OASIS ULTRA TRI-LAYER MATRIX EXTERNAL SHEET 5X7CM (collagen matrix meshed (porc))	3	
OASIS ULTRA TRI-LAYER MATRIX EXTERNAL SHEET 7X10CM , 7X20CM (collagen matrix meshed (porc))	2	
OASIS WOUND MATRIX FENESTRATED EXTERNAL SHEET (collagen matrix fenest (porc))	3	
PICO WOUND THERAPY SYSTEM EXTERNAL KIT (wound dressings)	3	
PROTECT EXTERNAL EMULSION (wound dressings)	3	
RADIAGEL EXTERNAL GEL (wound dressings)	3	
RESTORE SILVER DRESSING EXTERNAL PAD (silver)	2	
RTD WOUND CARE DRESSING EXTERNAL PAD (wound dressings)	2	
SIL-K PAD MEDIUM EXTERNAL (wound dressings)	3	
SIL-K PAD SMALL EXTERNAL (wound dressings)	3	
SILVASORB EXTERNAL GEL (silver)	3	
SILVRSTAT WOUND DRESSING EXTERNAL GEL (silver)	3	
SONAFINE EXTERNAL EMULSION (wound dressings)	3	
TEGADERM AG MESH EXTERNAL PAD (silver)	2	
THERAHONEY EXTERNAL GEL (wound dressings)	3	
THERAHONEY EXTERNAL SHEET (wound dressings)	3	
VACUSTIM SILVER EXTERNAL KIT (wound dressings)	3	
VASCUDERM HYDROGEL EXTERNAL GEL (wound dressings)	3	
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC TESTS***		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (glucose blood)	2	QL (204 strips per 30 days)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP (glucose blood)	2	QL (204 strips per 30 days)
ACCU-CHEK GUIDE IN VITRO STRIP (glucose blood)	2	QL (204 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (glucose blood)	2	QL (204 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP (glucose blood)	2	QL (204 strips per 30 days)
ADVANCE INTUITION TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
ADVOCATE REDI-CODE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)

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ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
ADVOCATE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
AGAMATRIX AMP TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
AGAMATRIX JAZZ TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
AGAMATRIX PRESTO TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
ASSURE 3 TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
ASSURE 4 TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
ASSURE II CHECK IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
ASSURE II IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
ASSURE PLATINUM IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
ASSURE PRISM MULTI TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
ASSURE PRO TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
BIOSCANNER GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CARESENS N GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CARETOUCH TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 EA per 30 days)
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CLEVER CHEK TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE MICRO TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE NO CODING IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CONTOUR NEXT TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CONTOUR TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CVS GLUCOSE METER TEST STRIPS IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
D-CARE BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
DIATHRIVE GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
DIATRUE PLUS TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
DUO-CARE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EASY PLUS BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)

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EASY PLUS II GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASY STEP TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASY TOUCH TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASY TRAK II GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASYGLUCO IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EASYGLUCO PLUS IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EASYMAX 15 TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EASYMAX TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EASYPLUS BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EASYPRO PLUS IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
ELEMENT COMPACT TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
ELEMENT TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EQ BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EVENCARE + BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EVENCARE BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EVENCARE G2 TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EVENCARE G3 TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EVENCARE MINI GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EVENCARE PROVIEW GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EVOLUTION AUTOCODE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EXACTECH R-S-G TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EXACTECH TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EZ SMART BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EZ SMART PLUS GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA GD20 TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA TN'G/TN'G VOICE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORACARE GD40 TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORACARE PREMIUM V10 TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORACARE TEST N GO TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORTISCARE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FREESTYLE INSULINX TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FREESTYLE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GE100 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GENULTIMATE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GHT TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GLUCO PERFECT 3 TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GLUCOCARD SHINE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GLUCOCARD VITAL TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GLUCOCARD X-SENSOR IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GLUCOCOM TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GLUCOSE METER TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GNP EASY TOUCH GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GOODSENSE BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL (204 strips per 30 days)

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HARMONY BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
IGLUCOSE TEST STRIPS IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
INFINITY VOICE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
KROGER BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
KROGER PREMIUM GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
KROGER TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
LIBERTY TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
MEIJER BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
MEIJER ESSENTIAL GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
MEIJER PREMIUM GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
MEIJER TRUETEST TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
MEIJER TRUETRACK TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
MICRODOT TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
MM EASY TOUCH GLUCOSE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
MYGLUCOHEALTH TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
NEUTEK 2TEK TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
NOVA MAX GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
ON CALL PLUS BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
ON CALL VIVID BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
ONE DROP TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
ONETOUCH ULTRA IN VITRO STRIP (glucose blood)	2	ST; QL (204 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP (glucose blood)	2	QL (204 strips per 30 days)
OPTIUM TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
OPTIUMEZ TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
OPTUMRX BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
PHARMACIST CHOICE NO CODING IN VITRO STRIP	3	ST; QL (204 strips per 30 days)

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POCKETCHEM EZ TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
PRECISION PCX IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
PRECISION PCX PLUS TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
PRECISION POINT OF CARE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
PRECISION QID TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
PRECISION SOF-TACT TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
PRO VOICE V8/V9 GLUCOSE IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
PTS PANELS GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
QUICKTEK TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
RA TRUETEST TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
RELION CONFIRM/MICRO TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
RELION PREMIER TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
RELION PRIME TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
RELION ULTIMA TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
REVEAL BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
SMART SENSE PREMIUM TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
SMART SENSE VALUE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
SMARTTEST BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
SOLUS V2 TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
SUPREME TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
SURE EDGE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
SURECHEK BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
SURE-TEST EASYPLUS MINI TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)

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TELCARE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
TGT BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
TRUE FOCUS BLOOD GLUCOSE STRIP IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ULTIMA TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ULTRATRAK PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ULTRATRAK ULTIMATE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
UNISTRIPI1 GENERIC IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
VERASENS BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
VICTORY AGM-4000 TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
VOCAL POINT BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
WAVESENSE PRESTO IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
*DIGESTIVE ENZYMES*** - DRUGS FOR THE STOMACH		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	2	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST
SUCRAID ORAL SOLUTION (<i>sacrosidase</i>)	4	PA; LD
VIOKACE ORAL TABLET (<i>pancrelipase (lip-prot-amyl)</i>)	3	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	2	
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD		
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD		
BRILINTA ORAL TABLET (<i>ticagrelor</i>)	2	QL (2 tablets per 1 day)
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED (<i>cangrelor tetrasodium</i>)	3	
DIURETICS - DRUGS FOR THE HEART		
*CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
acetazolamide er oral capsule extended release 12 hour	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	

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acetazolamide sodium injection solution reconstituted	1 or 1b*	
KEVEYIS ORAL TABLET (dichlorphenamide)	4	PA; LD; QL (4 tablet per 1 day)
methazolamide oral tablet	1 or 1b*	
NEPTAZANE ORAL TABLET (methazolamide)	3	
*DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ALDACTAZIDE ORAL TABLET (spironolactone-hctz)	3	
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
DYAZIDE ORAL CAPSULE (triamterene-hctz)	3	
MAXZIDE ORAL TABLET (triamterene-hctz)	3	
MAXZIDE-25 ORAL TABLET (triamterene-hctz)	3	
spironolactone-hctz oral tablet	1 or 1b*	
triamterene-hctz oral capsule	1 or 1a*	
triamterene-hctz oral tablet	1 or 1a*	
*LOOP DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
bumetanide injection solution	1 or 1b*	
bumetanide oral tablet	1 or 1b*	
BUMEX ORAL TABLET (bumetanide)	3	
DEMADEX ORAL TABLET (torsemide)	3	
EDECRIN ORAL TABLET (ethacrynic acid)	3	
ethacrynate sodium intravenous solution reconstituted	1 or 1b*	
ethacrynic acid oral tablet	1 or 1b*	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
furosemide injection solution	1 or 1a*	
furosemide oral solution	1 or 1a*	
furosemide oral tablet	1 or 1a*	
LASIX ORAL TABLET (furosemide)	3	
SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED (ethacrynate sodium)	3	
torsemide oral tablet	1 or 1b*	
*OSMOTIC DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
mannitol intravenous solution	1 or 1b*	
osmitrol intravenous solution	1 or 1b*	
*POTASSIUM SPARING DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ALDACTONE ORAL TABLET (spironolactone)	3	
amiloride hcl oral tablet	1 or 1b*	
CAROSPIR ORAL SUSPENSION (spironolactone)	3	
DYRENIUM ORAL CAPSULE (triamterene)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>spironolactone oral tablet</i>	1 or 1a*	
<i>triamterene oral capsule</i>	1 or 1b*	
*THIAZIDES AND THIAZIDE-LIKE DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>chlorothiazide oral tablet</i>	1 or 1b*	
<i>chlorothiazide sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>chlorthalidone oral tablet</i>	1 or 1a*	
DIURIL ORAL SUSPENSION (<i>chlorothiazide</i>)	3	
<i>hydrochlorothiazide oral capsule</i>	1 or 1a*	
<i>hydrochlorothiazide oral tablet</i>	1 or 1a*	
<i>indapamide oral tablet</i>	1 or 1b*	
<i>methyclothiazide oral tablet</i>	1 or 1b*	
<i>metolazone oral tablet</i>	1 or 1b*	
MICROZIDE ORAL CAPSULE (<i>hydrochlorothiazide</i>)	3	
SODIUM DIURIL INTRAVENOUS SOLUTION RECONSTITUTED (<i>chlorothiazide sodium</i>)	3	
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** - DRUGS FOR THE NERVOUS SYSTEM		
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** - DRUGS FOR THE NERVOUS SYSTEM		
SUNOSI ORAL TABLET 150 MG (<i>solriamfetol hcl</i>)	3	PA; QL (1 tablet per 1 day)
SUNOSI ORAL TABLET 75 MG (<i>solriamfetol hcl</i>)	3	PA; DO
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR WOMEN		
MIFEPREX ORAL TABLET (<i>mifepristone</i>)	3	
<i>mifepristone oral tablet</i>	1 or 1b*	
*BISPHOSPHONATES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>)	3	QL (1 tablet per 30 days)
ACTONEL ORAL TABLET 30 MG (<i>risedronate sodium</i>)	3	
ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>)	3	QL (4 tablets per 28 days)
ACTONEL ORAL TABLET 5 MG (<i>risedronate sodium</i>)	3	QL (1 tablet per 1 day)
<i>alendronate sodium oral solution</i>	1 or 1b*	
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1 or 1b*	QL (4 tablets per 28 days)
<i>alendronate sodium oral tablet 40 mg</i>	1 or 1b*	
ATELVIA ORAL TABLET DELAYED RELEASE (<i>risedronate sodium</i>)	3	QL (4 tablets per 28 days)
BINOSTO ORAL TABLET EFFERVESCENT (<i>alendronate sodium</i>)	3	QL (4 tablets per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BONIVA INTRAVENOUS SOLUTION (<i>ibandronate sodium</i>)	4	
BONIVA ORAL TABLET (<i>ibandronate sodium</i>)	3	ST; QL (1 tablet per 28 days)
<i>etidronate disodium oral tablet</i>	1 or 1b*	
FOSAMAX ORAL TABLET (<i>alendronate sodium</i>)	3	QL (4 tablets per 28 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT (<i>alendronate-cholecalciferol</i>)	2	QL (4 tablets per 28 days)
FOSAMAX PLUS D ORAL TABLET 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	2	
<i>ibandronate sodium intravenous solution</i>	4	
<i>ibandronate sodium oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 28 days)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	4	SP
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	4	SP
<i>pamidronate disodium intravenous solution reconstituted</i>	4	SP
RECLAST INTRAVENOUS SOLUTION (<i>zoledronic acid</i>)	4	PA; SP
<i>risedronate sodium oral tablet 150 mg</i>	1 or 1b*	QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	1 or 1b*	QL (4 tablets per 28 days)
<i>risedronate sodium oral tablet delayed release</i>	1 or 1b*	QL (4 tablets per 28 days)
<i>zoledronic acid intravenous concentrate</i>	1 or 1b*	PA; SP
ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/100ML	4	PA; SP
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	4	PA; SP
ZOLEDRONIC ACID INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
ZOMETA INTRAVENOUS CONCENTRATE (<i>zoledronic acid</i>)	3	PA; SP
ZOMETA INTRAVENOUS SOLUTION (<i>zoledronic acid</i>)	3	PA; SP
*CALCIMIMETIC AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	4	PA; QL (2 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	4	PA; QL (4 tablets per 1 day)
PARSABIV INTRAVENOUS SOLUTION (<i>etelcalcetide hcl</i>)	4	PA
SENSIPAR ORAL TABLET 30 MG, 60 MG (<i>cinacalcet hcl</i>)	4	PA; QL (2 tablets per 1 day)
SENSIPAR ORAL TABLET 90 MG (<i>cinacalcet hcl</i>)	4	PA; QL (4 tablets per 1 day)
*CALCITONINS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitonin (salmon) nasal solution</i>	1 or 1b*	QL (1 bottle per 30 days)
MIACALCIN INJECTION SOLUTION (<i>calcitonin (salmon)</i>)	4	
*CARNITINE REPLENISHER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CARNITOR INTRAVENOUS SOLUTION (<i>levocarnitine</i>)	3	
CARNITOR ORAL SOLUTION (<i>levocarnitine</i>)	3	
CARNITOR ORAL TABLET (<i>levocarnitine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARNITOR SF ORAL SOLUTION (<i>levocarnitine</i>)	3	
LEVOCARNITINE INJECTION SOLUTION	3	
<i>levocarnitine oral solution</i>	1 or 1b*	
<i>levocarnitine oral tablet</i>	1 or 1b*	
<i>levocarnitine sf oral solution</i>	1 or 1b*	
*CORTICOTROPIN*** - HORMONES		
ACTHAR INJECTION GEL (<i>corticotropin</i>)	4	PA; LD; SP
*DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR WOMEN		
<i>cabergoline oral tablet</i>	1 or 1b*	
*FABRY DISEASE - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>agalsidase beta</i>)	4	PA; LD; SP
GALAFOLD ORAL CAPSULE (<i>migalastat hcl</i>)	4	PA; LD; SP; QL (14 capsules per 30 days)
*GAA DEFICIENCY TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>alglucosidase alfa</i>)	4	PA; LD; SP
*GNRH/LHRH ANTAGONISTS*** - DRUGS FOR WOMEN		
CETROTIDE SUBCUTANEOUS KIT (<i>cetorelix acetate</i>)	4	PA; SP
GANIRELIX ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; SP
ORILISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	3	PA; QL (1 tablet per 1 day)
ORILISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	3	PA; QL (2 tablets per 1 day)
*GROWTH HORMONE RECEPTOR ANTAGONISTS*** - DRUGS FOR GROWTH		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>pegvisomant</i>)	4	PA; LD; SP; QL (1 vial per 1 day)
*GROWTH HORMONE RELEASING HORMONES (GHRH)*** - DRUGS FOR GROWTH		
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 1 MG (<i>tesamorelin acetate</i>)	4	PA; LD; QL (1 package per 30 days)
EGRIFTA SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG (<i>tesamorelin acetate</i>)	4	LD
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>tesamorelin acetate</i>)	4	PA; LD; QL (1 package per 30 days)
IPAMORELIN ACETATE INJECTION SOLUTION RECONSTITUTED	3	
*GROWTH HORMONES*** - DRUGS FOR GROWTH		
GENOTROPIN MINIQUICK SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin</i>)	4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENOTROPIN SUBCUTANEOUS SOLUTION RECONSTITUTED (somatropin)	4	PA; SP
HUMATROPE INJECTION SOLUTION RECONSTITUTED (somatropin)	4	PA; SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION (somatropin)	4	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION (somatropin)	4	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION (somatropin)	4	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION (somatropin)	4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION (somatropin)	4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED (somatropin)	4	PA; SP
SAIZEN INJECTION SOLUTION RECONSTITUTED (somatropin (non-refrigerated))	4	PA; SP
SAIZENPREP INJECTION SOLUTION RECONSTITUTED (somatropin (non-refrigerated))	4	PA; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED (somatropin (non-refrigerated))	4	PA; LD
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED (somatropin)	4	PA; SP
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED (somatropin (non-refrigerated))	4	PA; SP
*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
nitisinone oral capsule	4	PA; LD
NITYR ORAL TABLET (nitisinone)	4	PA; LD
ORFADIN ORAL CAPSULE (nitisinone)	4	PA; LD
ORFADIN ORAL SUSPENSION (nitisinone)	4	PA; LD
*HOMOCYSTINURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CYSTADANE ORAL POWDER (betaine)	3	LD
*HYPERAMMONEMIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CARBAGLU ORAL TABLET (carglumic acid)	4	PA; LD
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
calcitriol intravenous solution	1 or 1b*	PA
calcitriol oral capsule	1 or 1b*	PA
calcitriol oral solution	1 or 1b*	PA
doxercalciferol intravenous solution	1 or 1b*	PA
doxercalciferol oral capsule	1 or 1b*	PA
HECTOROL INTRAVENOUS SOLUTION (doxercalciferol)	3	PA

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<i>paricalcitol intravenous solution</i>	1 or 1b*	PA
<i>paricalcitol oral capsule</i>	1 or 1b*	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE (<i>calcifediol</i>)	3	PA; QL (2 tablets per 1 day)
ROCALTROL ORAL CAPSULE (<i>calcitriol</i>)	3	PA
ROCALTROL ORAL SOLUTION (<i>calcitriol</i>)	3	PA
ZEMPLAR INTRAVENOUS SOLUTION (<i>paricalcitol</i>)	3	PA
ZEMPLAR ORAL CAPSULE (<i>paricalcitol</i>)	3	PA
*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)*** - HORMONES		
INCRELEX SUBCUTANEOUS SOLUTION (<i>mecasermin</i>)	4	PA; LD; SP
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** - DRUGS FOR WOMEN		
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG (<i>leuprolide acetate</i>)	4	PA; SP; QL (1 kit per 28 days)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	4	PA; SP; QL (1 syringe kit per 28 days)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED) (<i>leuprolide acetate (3 month)</i>)	4	PA; SP; QL (1 kit per 12 weekss)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (PED) (<i>leuprolide acetate (3 month)</i>)	4	PA; SP; QL (1 kit per 84 days)
SUPPRELIN LA SUBCUTANEOUS KIT (<i>histrelin acetate (cpp)</i>)	4	PA; LD; SP; QL (1 kit per 365 days)
SYNAREL NASAL SOLUTION (<i>nafarelin acetate</i>)	4	PA; SP; QL (5 bottle per 30 days)
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>triptorelin pamoate</i>)	4	PA; LD; QL (1 vial per 168 days)
*MUCOPOLYSACCHARIDOSIS I (MPS I) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ALDURAZYME INTRAVENOUS SOLUTION (<i>laronidase</i>)	4	PA; LD; SP
*MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ELAPRASE INTRAVENOUS SOLUTION (<i>idursulfase</i>)	4	PA; LD
*MUCOPOLYSACCHARIDOSIS VI (MPS VI) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
NAGLAZYME INTRAVENOUS SOLUTION (<i>galsulfase</i>)	4	PA; LD; SP
*OVULATION STIMULANTS-GONADOTROPINS*** - DRUGS FOR WOMEN		
BRAVELLE INJECTION SOLUTION RECONSTITUTED (<i>urofollitropin purified</i>)	4	SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	4	PA; SP
FOLLISTIM AQ SUBCUTANEOUS SOLUTION (<i>follitropin beta</i>)	4	PA; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED (<i>follitropin alfa</i>)	4	PA; SP

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GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION (<i>follitropin alfa</i>)	4	PA; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>follitropin alfa</i>)	4	PA; SP
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>menotropins</i>)	4	PA; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>chorionic gonadotropin</i>)	4	PA; SP
OVIDREL SUBCUTANEOUS INJECTABLE (<i>choriogonadotropin alfa</i>)	4	PA; SP
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>chorionic gonadotropin</i>)	4	PA; SP
*OVULATION STIMULANTS-SYNTHETIC*** - DRUGS FOR WOMEN		
clomiphene citrate oral tablet	1 or 1b*	PA
*PARATHYROID HORMONE AND DERIVATIVES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>teriparatide (recombinant)</i>)	4	PA; SP; QL (1 pen per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE (<i>parathyroid hormone (recomb)</i>)	3	PA; LD; SP; QL (2 cartridge per 30 days)
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR	4	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>abaloparatide</i>)	4	PA; SP; QL (1 mL per 30 days)
*PHENYLKETONURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
KUVAN ORAL PACKET (<i>sapropterin dihydrochloride</i>)	4	PA; LD; SP
KUVAN ORAL TABLET SOLUBLE (<i>sapropterin dihydrochloride</i>)	4	PA; LD; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML (<i>pegvaliase-pqpz</i>)	4	PA; LD; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>pegvaliase-pqpz</i>)	4	PA; LD; SP; QL (2 syringes per 1 day)
*RANK LIGAND (RANKL) INHIBITORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>denosumab</i>)	3	PA; SP; QL (2 injections per 365 days)
XGEVA SUBCUTANEOUS SOLUTION (<i>denosumab</i>)	3	PA; SP; QL (1 vial per 28 days)
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
EVISTA ORAL TABLET (<i>raloxifene hcl</i>)	3	
OSPHENA ORAL TABLET (<i>ospemifene</i>)	3	PA; QL (1 tablet per 1 day)
raloxifene hcl oral tablet	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS*** - HORMONES		
JYNARQUE ORAL TABLET (<i>tolvaptan</i>)	4	PA; LD; SP; QL (4 tablets per 1 day)
JYNARQUE ORAL TABLET THERAPY PACK 15 MG (<i>tolvaptan</i>)	4	PA; QL (4 tablets per 1 day)
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG (<i>tolvaptan</i>)	4	PA; QL (1 carton per 28 days)
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	4	PA; LD; QL (1 carton per 28 days)
SAMSCA ORAL TABLET 15 MG (<i>tolvaptan</i>)	3	PA; LD; SP; QL (1 tablet per 1 day)
SAMSCA ORAL TABLET 30 MG (<i>tolvaptan</i>)	3	PA; LD; SP; QL (2 tablets per 1 day)
<i>tolvaptan oral tablet</i>	1 or 1b*	PA; SP; QL (2 tablets per 1 day)
*SOMATOSTATIC AGENTS*** - DRUGS FOR GROWTH		
BYNFEZIA PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>octreotide acetate</i>)	4	PA; QL (1 pen per 14 days)
<i>octreotide acetate injection solution</i>	4	PA; SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	4	PA; SP
SANDOSTATIN INJECTION SOLUTION 1000 MCG/ML (<i>octreotide acetate</i>)	4	SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 30 MG (<i>octreotide acetate</i>)	4	PA; SP; QL (1 kit per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 20 MG (<i>octreotide acetate</i>)	4	PA; SP; QL (2 kits per 28 days)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>pasireotide pamoate</i>)	4	PA; LD; SP; QL (1 kit per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION (<i>pasireotide diaspertate</i>)	4	PA; LD; SP; QL (2 mL per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION (<i>lanreotide acetate</i>)	4	PA; LD; SP; QL (1 syringe/vial per 28 days)
*UREA CYCLE DISORDER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
AMMONUL INTRAVENOUS SOLUTION (<i>sod benz-sod phenylacet</i>)	3	
BUPHENYL ORAL POWDER (<i>sodium phenylbutyrate</i>)	3	PA; LD; QL (25 GM per 1 day)
BUPHENYL ORAL TABLET (<i>sodium phenylbutyrate</i>)	3	PA; LD; QL (40 tablets per 1 day)
RAVICTI ORAL LIQUID (<i>glycerol phenylbutyrate</i>)	3	PA; LD; SP; QL (17.5 mL per 1 day)
<i>sod benz-sod phenylacet intravenous solution</i>	1 or 1b*	
<i>sodium phenylbutyrate oral powder</i>	1 or 1b*	PA; QL (25 GM per 1 day)
<i>sodium phenylbutyrate oral tablet</i>	1 or 1b*	PA; QL (40 tablets per 1 day)
*V1A/V2-ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS*** - HORMONES		
VAPRISOL INTRAVENOUS SOLUTION (<i>conivaptan hcl in dextrose</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*VASOPRESSIN*** - HORMONES		
DDAVP INJECTION SOLUTION (<i>desmopressin acetate</i>)	3	
DDAVP NASAL SOLUTION (<i>desmopressin acetate spray</i>)	3	
DDAVP ORAL TABLET (<i>desmopressin acetate</i>)	3	
DDAVP RHINAL TUBE NASAL SOLUTION (<i>desmopressin ace refrigerated</i>)	3	
<i>desmopressin ace spray refrig nasal solution</i>	1 or 1b*	
<i>desmopressin acetate injection solution</i>	1 or 1b*	
<i>desmopressin acetate oral tablet</i>	1 or 1b*	
<i>desmopressin acetate spray nasal solution</i>	1 or 1b*	
NOCURNA SUBLINGUAL TABLET SUBLINGUAL (<i>desmopressin acetate</i>)	4	PA; SP; QL (1 tablet per 1 day)
NOCTIVA NASAL EMULSION 0.83 MCG/0.1ML (<i>desmopressin acetate</i>)	3	PA; QL (1 bottle per 30 days)
NOCTIVA NASAL EMULSION 1.66 MCG/0.1ML (<i>desmopressin acetate</i>)	3	QL (4 bottle per 30 days)
STIMATE NASAL SOLUTION (<i>desmopressin acetate</i>)	3	
VASOPRESSIN-DEXTROSE INTRAVENOUS SOLUTION	3	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
VASOSTRICT INTRAVENOUS SOLUTION (<i>vasopressin</i>)	3	
*ERYTHROID MATURATION AGENTS*** - DRUGS FOR THE BLOOD		
*ERYTHROID MATURATION AGENTS*** - DRUGS FOR THE BLOOD		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>luspaterecept-aamt</i>)	4	PA; LD
*ESTROGEN COMBINATIONS*** - HORMONES		
*ESTROGEN COMBINATIONS*** - DRUGS FOR WOMEN		
BI-EST 50:50 TRANSDERMAL CREAM	3	
*ESTROGEN-ANDROGEN-PROGESTIN*** - HORMONES		
*ESTROGEN-ANDROGEN-PROGESTIN*** - DRUGS FOR WOMEN		
BI-EST PROGEST-TESTOSTERONE TRANSDERMAL CREAM	3	
ESTROGENS - HORMONES		
*ESTROGEN & PROGESTIN*** - DRUGS FOR WOMEN		
ACTIVELLA ORAL TABLET (<i>estradiol-norethindrone acet</i>)	3	
<i>estradiol-norethindrone acet (Amabelz Oral Tablet)</i>	1 or 1b*	
ANGELIQ ORAL TABLET (<i>drospirenone-estradiol</i>)	3	
BI-EST 80:20 PROGESTERONE TRANSDERMAL CREAM	3	
BIEST/PROGESTERONE TRANSDERMAL CREAM (<i>estradiol-estriol-progesterone</i>)	3	
BIJUVA ORAL CAPSULE (<i>estradiol-progesterone</i>)	2	ST; QL (1 capsule per 1 day)

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CLIMARA PRO TRANSDERMAL PATCH WEEKLY (<i>estradiol-levonorgestrel</i>)	2	QL (4 patch per 28 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol-norethindrone acet</i>)	2	QL (8 patch per 28 days)
<i>estradiol-norethindrone acet oral tablet</i>	1 or 1b*	
ESTRIOL-PROGESTERONE MICRO TRANSDERMAL CREAM	3	
FEMHRT LOW DOSE ORAL TABLET (<i>norethindrone-eth estradiol</i>)	3	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet)	1 or 1b*	
<i>jevantique lo oral tablet</i>	1 or 1b*	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet)	1 or 1b*	
<i>estradiol-norethindrone acet</i> (Lopreeza Oral Tablet)	1 or 1b*	
<i>estradiol-norethindrone acet</i> (Mimvey Lo Oral Tablet)	1 or 1b*	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet)	1 or 1b*	
<i>norethindrone-eth estradiol oral tablet</i>	1 or 1b*	
PREFEST ORAL TABLET (<i>estradiol-norgestimate</i>)	3	
PREMPHASE ORAL TABLET (<i>conj estrogen-medroxyprogest ace</i>)	2	
PREMPRO ORAL TABLET (<i>conj estrogen-medroxyprogest ace</i>)	2	
*ESTROGENS*** - DRUGS FOR WOMEN		
ALORA TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol</i>)	3	QL (8 patch per 28 days)
CLIMARA TRANSDERMAL PATCH WEEKLY (<i>estradiol</i>)	3	
DELESTROGEN INTRAMUSCULAR OIL (<i>estradiol valerate</i>)	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL (<i>estradiol cypionate</i>)	3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM (<i>estradiol</i>)	2	QL (1 packet per 1 day)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM (<i>estradiol</i>)	2	QL (30 packets per 30 days)
<i>estradiol</i> (Dotti Transdermal Patch Twice Weekly)	1 or 1b*	QL (8 patch per 28 days)
EC-RX ESTRADIOL TRANSDERMAL CREAM	3	
ELESTRIN TRANSDERMAL GEL (<i>estradiol</i>)	3	QL (1 pump per 30 days)
ESTRACE ORAL TABLET (<i>estradiol</i>)	3	
<i>estradiol oral tablet</i>	1 or 1b*	
<i>estradiol transdermal patch twice weekly</i>	1 or 1b*	QL (8 patch per 28 days)
<i>estradiol transdermal patch weekly</i>	1 or 1b*	
<i>estradiol valerate intramuscular oil</i>	1 or 1b*	
ESTROGEL TRANSDERMAL GEL (<i>estradiol</i>)	3	QL (1 pump per 30 days)
<i>estropipate oral tablet</i>	1 or 1a*	
EVAMIST TRANSDERMAL SOLUTION (<i>estradiol</i>)	2	QL (2 bottles per 30 days)
MENEST ORAL TABLET (<i>esterified estrogens</i>)	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY (<i>estradiol</i>)	3	QL (4 patch per 28 days)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol</i>)	3	QL (8 patch per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMARIN INJECTION SOLUTION RECONSTITUTED (<i>estrogens conjugated</i>)	2	
PREMARIN ORAL TABLET (<i>estrogens conjugated</i>)	2	QL (1 tablet per 1 day)
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol</i>)	3	QL (8 patch per 28 days)
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - HORMONES		
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - HORMONES		
DUAVEE ORAL TABLET (<i>conj estrogens-bazedoxifene</i>)	3	PA; QL (1 tablet per 1 day)
*FARNESOID X RECEPTOR (FXR) AGONISTS*** - DRUGS FOR THE LIVER		
*FARNESOID X RECEPTOR (FXR) AGONISTS*** - DRUGS FOR THE LIVER		
OALIVA ORAL TABLET (<i>obeticholic acid</i>)	4	PA; LD; SP; QL (1 tablet per 1 day)
*FENTANYL COMBINATIONS*** - DRUGS FOR PAIN AND FEVER		
*FENTANYL COMBINATIONS*** - DRUGS FOR PAIN AND FEVER		
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION	3	
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION	3	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION	3	
*FLUOROCYCLINES*** - DRUGS FOR INFECTIONS		
*FLUOROCYCLINES*** - DRUGS FOR INFECTIONS		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED (<i>eravacycline dihydrochloride</i>)	3	
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
*FLUOROQUINOLONES*** - ANTIBIOTICS		
AVELOX INTRAVENOUS SOLUTION (<i>moxifloxacin hcl in nacl</i>)	3	
AVELOX ORAL TABLET (<i>moxifloxacin hcl</i>)	3	QL (21 tablet per 30 days)
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED (<i>delafloxacin meglumine</i>)	3	
BAXDELA ORAL TABLET (<i>delafloxacin meglumine</i>)	3	PA; QL (28 tablets per 30 days)
CIPRO IN D5W INTRAVENOUS SOLUTION (<i>ciprofloxacin in d5w</i>)	3	
CIPRO ORAL SUSPENSION RECONSTITUTED (<i>ciprofloxacin</i>)	3	QL (3 bottle per 30 days)
CIPRO ORAL TABLET (<i>ciprofloxacin hcl</i>)	3	QL (28 tablets per 30 days)
<i>ciprofloxacin hcl oral tablet</i>	1 or 1b*	QL (28 tablets per 30 days)
<i>ciprofloxacin in d5w intravenous solution</i>	1 or 1b*	
<i>ciprofloxacin oral suspension reconstituted</i>	1 or 1b*	
<i>ciprofloxacin-ciproflox hcl er oral tablet extended release 24 hour</i>	1 or 1b*	
LEVAQUIN ORAL TABLET (<i>levofloxacin</i>)	3	QL (14 tablets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levofloxacin in d5w intravenous solution	1 or 1b*	
levofloxacin intravenous solution	1 or 1b*	
levofloxacin oral solution	1 or 1b*	QL (480 mL per 30 days)
levofloxacin oral tablet	1 or 1b*	QL (14 tablets per 30 days)
moxifloxacin hcl in nacl intravenous solution	1 or 1b*	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION	3	
moxifloxacin hcl oral tablet	1 or 1b*	QL (21 tablet per 30 days)
ofloxacin oral tablet	1 or 1b*	QL (28 tablet per 30 days)
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID*** - DRUGS FOR THE NERVOUS SYSTEM		
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID*** - DRUGS FOR THE NERVOUS SYSTEM		
ZULRESSO INTRAVENOUS SOLUTION (<i>brexanolone</i>)	4	PA; LD
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
*GALLSTONE SOLUBILIZING AGENTS*** - DRUGS FOR THE STOMACH		
ACTIGALL ORAL CAPSULE (<i>ursodiol</i>)	3	
CHENODAL ORAL TABLET (<i>chenodiol</i>)	3	PA; LD; QL (7 tablets per 1 day)
URSO 250 ORAL TABLET (<i>ursodiol</i>)	3	
URSO FORTE ORAL TABLET (<i>ursodiol</i>)	3	
ursodiol oral capsule	1 or 1b*	
ursodiol oral tablet	1 or 1b*	
*GASTROINTESTINAL ANTIALLERGY AGENTS*** - DRUGS FOR THE STOMACH		
cromolyn sodium oral concentrate	1 or 1b*	
GASTROCROM ORAL CONCENTRATE (<i>cromolyn sodium</i>)	3	
*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
AMITIZA ORAL CAPSULE (<i>lubiprostone</i>)	2	
*GASTROINTESTINAL STIMULANTS*** - DRUGS FOR THE STOMACH		
DEXPANTHENOL INJECTION SOLUTION	3	
metoclopramide hcl injection solution	1 or 1a*	
metoclopramide hcl oral solution	1 or 1a*	
metoclopramide hcl oral tablet	1 or 1a*	
METOCLOPRAMIDE HCL ORAL TABLET DISPERSIBLE 10 MG	3	
metoclopramide hcl oral tablet dispersible 5 mg	1 or 1a*	
REGLAN ORAL TABLET (<i>metoclopramide hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS*** - DRUGS FOR THE STOMACH		
GATTEX SUBCUTANEOUS KIT (<i>teduglutide (rdna)</i>)	3	PA; LD; SP
*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
LINZESS ORAL CAPSULE (<i>linaclotide</i>)	2	
*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
<i>alosetron hcl oral tablet</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
LOTRONEX ORAL TABLET (<i>alosetron hcl</i>)	3	PA; QL (2 tablets per 1 day)
*INFLAMMATORY BOWEL AGENTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>mesalamine</i>)	3	QL (4 capsule per 1 day)
ASACOL HD ORAL TABLET DELAYED RELEASE (<i>mesalamine</i>)	3	ST; QL (6 tablet per 1 day)
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE (<i>sulfasalazine</i>)	3	QL (8 tablet per 1 day)
AZULFIDINE ORAL TABLET (<i>sulfasalazine</i>)	3	QL (8 tablet per 1 day)
<i>balsalazide disodium oral capsule</i>	1 or 1b*	QL (9 capsule per 1 day)
CANASA RECTAL SUPPOSITORY (<i>mesalamine</i>)	3	QL (1 suppository per 1 day)
COLAZAL ORAL CAPSULE (<i>balsalazide disodium</i>)	3	QL (9 capsule per 1 day)
DELZICOL ORAL CAPSULE DELAYED RELEASE (<i>mesalamine</i>)	3	ST; QL (6 tablets per 1 day)
DIPENTUM ORAL CAPSULE (<i>olsalazine sodium</i>)	3	ST; QL (4 capsule per 1 day)
GIAZO ORAL TABLET (<i>balsalazide disodium</i>)	3	
LIALDA ORAL TABLET DELAYED RELEASE (<i>mesalamine</i>)	3	ST; QL (4 tablet per 1 day)
<i>mesalamine er oral capsule extended release 24 hour</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>mesalamine oral capsule delayed release</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>mesalamine oral tablet delayed release 800 mg</i>	1 or 1b*	QL (6 tablet per 1 day)
<i>mesalamine rectal enema</i>	1 or 1b*	QL (60 mL per 1 day)
<i>mesalamine rectal suppository</i>	1 or 1b*	QL (1 suppository per 1 day)
<i>mesalamine-cleanser rectal kit</i>	1 or 1b*	QL (1 kit per 28 days)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (<i>mesalamine</i>)	2	QL (16 capsule per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (<i>mesalamine</i>)	2	QL (8 capsule per 1 day)
ROWASA RECTAL KIT (<i>mesalamine-cleanser</i>)	3	QL (1 kit per 28 days)
SFROWASA RECTAL ENEMA (<i>mesalamine</i>)	3	QL (60 mL per 1 day)
<i>sulfasalazine oral tablet</i>	1 or 1b*	QL (8 tablet per 1 day)
<i>sulfasalazine oral tablet delayed release</i>	1 or 1b*	QL (8 tablet per 1 day)

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*INTESTINAL ACIDIFIERS*** - DRUGS FOR THE STOMACH		
<i>enulose oral solution</i>	1 or 1b*	
<i>generlac oral solution</i>	1 or 1b*	
<i>lactulose encephalopathy oral solution</i>	1 or 1b*	
*PERIPHERAL OPIOID RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH		
ENTEREG ORAL CAPSULE (<i>alvimopan</i>)	3	
MOVANTIK ORAL TABLET (<i>naloxegol oxalate</i>)	2	
RELISTOR ORAL TABLET (<i>methylnaltrexone bromide</i>)	3	ST
RELISTOR SUBCUTANEOUS SOLUTION (<i>methylnaltrexone bromide</i>)	3	ST
SYMPROIC ORAL TABLET (<i>naldemedine tosylate</i>)	3	ST
*PHOSPHATE BINDER AGENTS*** - DRUGS FOR THE STOMACH		
AURYXIA ORAL TABLET (<i>ferric citrate</i>)	3	ST
<i>calcium acetate (phos binder) oral capsule</i>	1 or 1b*	
<i>calcium acetate (phos binder) oral tablet</i>	1 or 1b*	
<i>calcium acetate oral tablet</i>	1 or 1b*	
FOSRENOL ORAL PACKET (<i>lanthanum carbonate</i>)	3	ST
FOSRENOL ORAL TABLET CHEWABLE (<i>lanthanum carbonate</i>)	3	ST
<i>lanthanum carbonate oral tablet chewable</i>	1 or 1b*	
PHOSLYRA ORAL SOLUTION (<i>calcium acetate (phos binder)</i>)	3	ST
RENAGEL ORAL TABLET (<i>sevelamer hcl</i>)	3	ST
RENVELA ORAL PACKET (<i>sevelamer carbonate</i>)	3	ST
RENVELA ORAL TABLET (<i>sevelamer carbonate</i>)	3	ST
<i>sevelamer carbonate oral packet</i>	1 or 1b*	
<i>sevelamer carbonate oral tablet</i>	1 or 1b*	
<i>sevelamer hcl oral tablet</i>	1 or 1b*	
VELPHORO ORAL TABLET CHEWABLE (<i>sucroferric oxyhydroxide</i>)	3	ST
*TUMOR NECROSIS FACTOR ALPHA BLOCKERS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab-axxq</i>)	4	PA
CIMZIA PREFILLED SUBCUTANEOUS KIT (<i>certolizumab pegol</i>)	4	PA; SP; QL (1 kit per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS KIT (<i>certolizumab pegol</i>)	4	PA; SP; QL (1 kit per 365 days)
CIMZIA SUBCUTANEOUS KIT (<i>certolizumab pegol</i>)	4	PA; SP; QL (1 package per 30 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab-dyyb</i>)	4	PA; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab</i>)	4	PA; SP

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RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>infliximab-abda</i>)	4	PA; LD; SP
GENERAL ANESTHETICS - DRUGS FOR PAIN AND FEVER		
*ANESTHETICS - MISC.*** - DRUGS FOR SEDATION		
AMIDATE INTRAVENOUS SOLUTION (<i>etomidate</i>)	3	
ANESTHESIA S/I-40 INTRAVENOUS KIT	3	
ANESTHESIA S/I-40A INTRAVENOUS KIT	3	
ANESTHESIA S/I-40H INTRAVENOUS KIT	3	
ANESTHESIA S/I-40S INTRAVENOUS KIT	3	
DIPRIVAN INTRAVENOUS EMULSION (<i>propofol</i>)	3	
<i>etomidate intravenous solution</i>	1 or 1b*	
<i>fresenius propoven intravenous emulsion</i>	1 or 1b*	
KETALAR INJECTION SOLUTION (<i>ketamine hcl</i>)	3	
<i>ketamine hcl injection solution</i>	1 or 1b*	
KETAMINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>propofol intravenous emulsion</i>	1 or 1b*	
PROPOFOL INTRAVENOUS PREFILLED SYRINGE	3	
*BARBITURATE ANESTHETICS*** - DRUGS FOR SEDATION		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED (<i>methohexital sodium</i>)	3	
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
*VOLATILE ANESTHETICS*** - DRUGS FOR SEDATION		
<i>desflurane inhalation solution</i>	1 or 1b*	
FORANE INHALATION SOLUTION (<i>isoflurane</i>)	3	
<i>isoflurane inhalation solution</i>	1 or 1b*	
<i>sevoflurane inhalation solution</i>	1 or 1b*	
SUPRANE INHALATION SOLUTION (<i>desflurane</i>)	3	
<i>isoflurane</i> (Terrell Inhalation Solution)	1 or 1b*	
ULTANE INHALATION SOLUTION (<i>sevoflurane</i>)	3	
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
*5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE PROSTATE		
AVODART ORAL CAPSULE (<i>dutasteride</i>)	3	
<i>dutasteride oral capsule</i>	1 or 1b*	
<i>finasteride oral tablet</i>	1 or 1b*	

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PROSCAR ORAL TABLET (<i>finasteride</i>)	3	
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** - DRUGS FOR THE PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	1 or 1b*	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>doxazosin mesylate</i>)	3	
FLOMAX ORAL CAPSULE (<i>tamsulosin hcl</i>)	3	
RAPAFLO ORAL CAPSULE (<i>silodosin</i>)	3	
<i>silodosin oral capsule</i>	1 or 1b*	
<i>tamsulosin hcl oral capsule</i>	1 or 1b*	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>alfuzosin hcl</i>)	3	
*ANTI-INFECTIVE GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>neomycin-polymyxin b gu irrigation solution</i>	1 or 1b*	
*CITRATES*** - DRUGS FOR INFECTIONS		
<i>pot & sod cit-cit ac oral solution</i>	1 or 1b*	
<i>potassium citrate er oral tablet extended release</i>	1 or 1b*	
<i>potassium citrate-citric acid oral solution</i>	1 or 1b*	
<i>sod citrate-citric acid oral solution</i>	1 or 1b*	
<i>potassium citrate-citric acid</i> (Taron-Crystals Oral Packet)	1 or 1b*	
<i>tricitrates oral solution</i>	1 or 1b*	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE (<i>potassium citrate</i>)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE (<i>potassium citrate</i>)	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE (<i>potassium citrate</i>)	3	
*CYSTINOSIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
CYSTAGON ORAL CAPSULE (<i>cysteamine bitartrate</i>)	4	LD
PROCYSBI ORAL CAPSULE DELAYED RELEASE (<i>cysteamine bitartrate</i>)	4	ST; LD; SP
PROCYSBI ORAL PACKET (<i>cysteamine bitartrate</i>)	4	ST; LD
*GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>acetic acid irrigation solution</i>	1 or 1b*	
<i>aminoacetic acid irrigation solution</i>	1 or 1b*	
<i>sodium chloride (gu irrigant)</i> (Argyle Sterile Saline Irrigation Solution)	1 or 1b*	
<i>sodium chloride (gu irrigant)</i> (Curity Sterile Saline Irrigation Solution)	1 or 1b*	
<i>glycine irrigation solution</i>	1 or 1b*	
<i>glycine urologic irrigation solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	3	
RESECTISOL IRRIGATION SOLUTION (<i>mannitol (gu irrigant)</i>)	3	
sodium chloride irrigation solution	1 or 1b*	
SORBITOL IRRIGATION SOLUTION	3	
SORBITOL-MANNITOL IRRIGATION SOLUTION	3	
*INTERSTITIAL CYSTITIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
ELMIRON ORAL CAPSULE (<i>pentosan polysulfate sodium</i>)	3	
RIMSO-50 INTRAVESICAL SOLUTION (<i>dimethyl sulfoxide</i>)	3	
*PHOSPHATES*** - DRUGS FOR INFECTIONS		
K-PHOS NO 2 ORAL TABLET (<i>pot & sod ac phosphates</i>)	3	
*PROSTATIC HYPERTROPHY AGENT COMBINATIONS*** - DRUGS FOR THE PROSTATE		
dutasteride-tamsulosin hcl oral capsule	1 or 1b*	
JALYN ORAL CAPSULE (<i>dutasteride-tamsulosin hcl</i>)	3	
*URINARY ANALGESICS*** - DRUGS FOR INFECTIONS		
phenazopyridine hcl (Phenazo Oral Tablet)	1 or 1a*	
phenazopyridine hcl oral tablet	1 or 1a*	
*URINARY STONE AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
LITHOSTAT ORAL TABLET (<i>acetohydroxamic acid</i>)	3	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG (<i>tiopronin</i>)	3	PA; LD; QL (10 tablet per 1 day)
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG (<i>tiopronin</i>)	3	PA; LD; QL (3 tablet per 1 day)
THIOLA ORAL TABLET (<i>tiopronin</i>)	3	PA; LD; QL (10 tablet per 1 day)
*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS		
*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED (<i>dalbavancin hcl</i>)	3	
FIRST-VANCOMYCIN ORAL SOLUTION (<i>vancomycin hcl</i>)	3	
FIRVANQ ORAL SOLUTION RECONSTITUTED (<i>vancomycin hcl</i>)	3	PA
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED (<i>oritavancin diphosphate</i>)	3	
VANOCIN HCL ORAL CAPSULE (<i>vancomycin hcl</i>)	3	PA
VANOCIN ORAL CAPSULE (<i>vancomycin hcl</i>)	3	PA
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION	3	
VANCOMYCIN HCL IN NACL INTRAVENOUS SOLUTION	3	
VANCOMYCIN HCL INTRAVENOUS SOLUTION	3	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg, 750 mg	1 or 1b*	

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VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 250 MG	3	
<i>vancomycin hcl oral capsule</i>	1 or 1b*	PA
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED	3	PA
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION (<i>vancomycin hcl</i>)	3	
VANCOSOL PACK INTRAVENOUS KIT	3	
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED (<i>telavancin hcl</i>)	3	
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
*GOUT AGENT COMBINATIONS*** - GOUT DRUGS		
<i>colchicine-probenecid oral tablet</i>	1 or 1b*	
DUZALLO ORAL TABLET (<i>lesinurad-allopurinol</i>)	3	
*GOUT AGENTS*** - GOUT DRUGS		
<i>allopurinol oral tablet</i>	1 or 1a*	
<i>allopurinol sodium intravenous solution reconstituted</i>	1 or 1b*	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED (<i>allopurinol sodium</i>)	3	
<i>colchicine oral capsule</i>	3	ST; QL (2 capsules per 1 day)
<i>colchicine oral tablet</i>	2	QL (2.3 tablet per 1 day)
COLCRYS ORAL TABLET (<i>colchicine</i>)	2	QL (2.3 tablet per 1 day)
<i>febuxostat oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
GLOPERBA ORAL SOLUTION (<i>colchicine</i>)	3	ST; QL (2 bottles per 30 days)
KRYSTEXXA INTRAVENOUS SOLUTION (<i>pegloticase</i>)	4	PA; LD; SP
MITIGARE ORAL CAPSULE (<i>colchicine</i>)	3	ST; QL (2 capsules per 1 day)
ULORIC ORAL TABLET (<i>febuxostat</i>)	3	ST; QL (1 tablet per 1 day)
ZURAMPIC ORAL TABLET (<i>lesinurad</i>)	3	ST
ZYLOPRIM ORAL TABLET (<i>allopurinol</i>)	3	
*URICOSURICS*** - GOUT DRUGS		
<i>probenecid oral tablet</i>	1 or 1b*	
*GROWTH HORMONE RELEASING HORMONES (GHRH) COMBINATIONS***		
*GROWTH HORMONE RELEASING HORMONES (GHRH) COMBINATIONS***		
GHRP2-GHRP6-SERMORELIN INJECTION SOLUTION RECONSTITUTED	3	
GHRP2-SERMORELIN INJECTION SOLUTION RECONSTITUTED	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
*ANTIHEMOPHILIC PRODUCTS*** - DRUGS TO PREVENT BLEEDING		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED (antihemophilic factor rahf-pfm)	4	PA; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
AFSTYLA INTRAVENOUS KIT (antihemophil fact single chain)	4	PA; SP
ALPHANATE/VWF COMPLEX/HUMAN INTRAVENOUS SOLUTION RECONSTITUTED (antihemophilic factor-vwf)	4	PA; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED (coagulation factor ix)	4	PA; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED (coagulation factor ix (rfixfc))	4	PA; SP
BEBULIN INTRAVENOUS SOLUTION RECONSTITUTED (factor ix complex)	4	SP
BENEFIX INTRAVENOUS KIT (coagulation factor ix (recomb))	4	PA; SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED (coagulation factor x (human))	4	PA; LD
CORIFACT INTRAVENOUS KIT (factor xiii concentrate human)	4	PA; LD; SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED (antihem fact (bdd-rfviiiifc))	4	PA; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED (antihemoph fact rcmb gpeg-exei)	4	PA; LD
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED (antiinhibitor coagulant cmplx)	4	PA; SP
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (fibrinogen concentrate (human))	4	PA
HELIXATE FS INTRAVENOUS KIT (antihemophilic factor (recomb))	4	PA; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED (antihemophilic factor)	4	PA; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED (antihemophilic factor-vwf)	4	PA; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED (coagulation factor ix (rix-fp))	4	PA; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED (coagulation factor ix (recomb))	4	PA; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED (antihemoph fact rcmb peg-aucl)	4	PA; SP
KCENTRA INTRAVENOUS KIT (prothrombin complex conc human)	3	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED (antihemophilic factor)	4	PA; SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED (antihemophilic factor)	4	SP

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KOGENATE FS BIO-SET INTRAVENOUS KIT (<i>antihemophilic factor (recomb)</i>)	4	PA; SP
KOGENATE FS INTRAVENOUS KIT (<i>antihemophilic factor (recomb)</i>)	4	PA; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor rahf-pfm</i>)	4	PA; SP
MONOCLATE-P INTRAVENOUS KIT (<i>antihemophilic factor</i>)	4	SP
MONONINE INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix</i>)	4	PA; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophil fact bd truncated</i>)	4	PA; LD; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor viia recomb</i>)	4	PA; SP
NUWIQ INTRAVENOUS KIT (<i>antihem fact (bdd-rfviii,sim)</i>)	4	PA; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem fact (bdd-rfviii,sim)</i>)	4	PA; SP
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; LD
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED (<i>factor ix complex</i>)	4	PA; SP
PROFILNINE SD INTRAVENOUS SOLUTION RECONSTITUTED (<i>factor ix complex</i>)	4	PA; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix glycopeg</i>)	4	PA; SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor (recomb)</i>)	4	PA; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	3	PA
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	4	PA; SP
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor xiii a-sub</i>)	4	PA; LD; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED (<i>von willebrand factor (recomb)</i>)	4	PA; LD; SP
WILATE INTRAVENOUS KIT (<i>antihemophilic factor-vwf</i>)	4	PA; SP
XYNTHA INTRAVENOUS KIT (<i>antihemophilic factor rahf-paf</i>)	4	PA; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT (<i>antihemophilic factor rahf-paf</i>)	4	PA; SP
*BRADYKININ B2 RECEPTOR ANTAGONISTS*** - DRUGS FOR THE BLOOD		
FIRAZYR SUBCUTANEOUS SOLUTION (<i>icatibant acetate</i>)	4	PA; LD; SP; QL (24 syringes per 30 days)
<i>icatibant acetate subcutaneous solution</i>	4	PA; SP; QL (24 syringes per 30 days)
*C1 INHIBITORS*** - DRUGS FOR THE BLOOD		
BERINERT INTRAVENOUS KIT (<i>c1 esterase inhibitor (human)</i>)	4	PA; LD; QL (24 vials per 30 days)

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CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED (<i>c1 esterase inhibitor (human)</i>)	4	PA; LD; SP; QL (20 vials per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (<i>c1 esterase inhibitor (human)</i>)	4	PA; LD; SP; QL (24 vials per 28 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	4	PA; LD; SP; QL (16 vials per 28 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED (<i>c1 esterase inhibitor (recomb)</i>)	4	PA; LD; SP; QL (16 vials per 30 days)
*COMPLEMENT INHIBITORS*** - DRUGS FOR THE BLOOD		
SOLIRIS INTRAVENOUS SOLUTION (<i>eculizumab</i>)	4	PA; LD; SP
ULTOMIRIS INTRAVENOUS SOLUTION (<i>ravulizumab-cwvz</i>)	4	PA; LD; SP; QL (12 vials per 56 days)
*CYCLOPENTYLTRIAZOLOPYRIMIDINE (CPTP) DERIVATIVES*** - DRUGS FOR THE BLOOD		
BRILINTA ORAL TABLET (<i>ticagrelor</i>)	2	QL (2 tablets per 1 day)
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED (<i>cangrelor tetrasodium</i>)	3	
*GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS*** - DRUGS FOR THE BLOOD		
AGGRASTAT INTRAVENOUS CONCENTRATE (<i>tirofiban hcl</i>)	3	
AGGRASTAT INTRAVENOUS SOLUTION (<i>tirofiban hcl in nacl</i>)	3	
<i>eptifibatide intravenous solution</i>	1 or 1b*	
INTEGRILIN INTRAVENOUS SOLUTION (<i>eptifibatide</i>)	3	
REOPRO INTRAVENOUS SOLUTION (<i>abciximab</i>)	3	
*HEMATORHEOLOGIC AGENTS*** - DRUGS FOR THE BLOOD		
<i>pentoxifylline er oral tablet extended release</i>	1 or 1b*	
*HEMIN*** - DRUGS FOR THE BLOOD		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>hemin</i>)	3	
*HUMAN PROTEIN C*** - DRUGS FOR THE BLOOD		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>protein c concentrate (human)</i>)	4	LD; SP
*PHOSPHODIESTERASE III INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>cilostazol oral tablet</i>	1 or 1b*	
*PLASMA EXPANDERS*** - DRUGS FOR THE BLOOD		
HESPAN INTRAVENOUS SOLUTION (<i>hetastarch-nacl</i>)	3	
<i>hetastarch-nacl intravenous solution</i>	1 or 1b*	
HEXTEND INTRAVENOUS SOLUTION (<i>hetastarch in lact electrolyte</i>)	3	
<i>lmd in d5w intravenous solution</i>	1 or 1b*	
<i>lmd in nacl intravenous solution</i>	1 or 1b*	

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VOLUVEN INTRAVENOUS SOLUTION (<i>hydroxyethyl starch in nacl</i>)	3	
*PLASMA KALLIKREIN INHIBITORS*** - DRUGS FOR THE BLOOD		
KALBITOR SUBCUTANEOUS SOLUTION (<i>ecallantide</i>)	4	PA; LD; SP; QL (48 vials per 30 days)
*PLASMA PROTEINS*** - DRUGS FOR THE BLOOD		
<i>albumin human</i> (Albuked 25 Intravenous Solution)	1 or 1b*	
<i>albumin human</i> (Albuked 5 Intravenous Solution)	1 or 1b*	
<i>albumin human intravenous solution</i>	1 or 1b*	
<i>albumin human</i> (Albuminar-25 Intravenous Solution)	1 or 1b*	
<i>albumin human</i> (Albuminar-5 Intravenous Solution)	1 or 1b*	
ALBUMINEX INTRAVENOUS SOLUTION (<i>albumin human-kjda</i>)	3	
<i>albumin-zlb intravenous solution</i>	1 or 1b*	
<i>alburx intravenous solution</i>	1 or 1b*	
<i>albumin human</i> (Albutein Intravenous Solution)	1 or 1b*	
<i>albumin human</i> (Buminate Intravenous Solution)	1 or 1b*	
<i>albumin human</i> (Flexbumin Intravenous Solution)	1 or 1b*	
<i>albumin human</i> (Human Albumin Grifols Intravenous Solution)	1 or 1b*	
<i>kedbumin intravenous solution</i>	1 or 1b*	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
<i>albumin human</i> (Plasbumin-25 Intravenous Solution)	1 or 1b*	
<i>albumin human</i> (Plasbumin-5 Intravenous Solution)	1 or 1b*	
PLASMANATE INTRAVENOUS SOLUTION (<i>plasma protein fraction</i>)	3	
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED (<i>antithrombin iii (human)</i>)	3	
*PLATELET AGGREGATION INHIBITOR COMBINATIONS*** - DRUGS FOR THE BLOOD		
AGGRENOX ORAL CAPSULE EXTENDED RELEASE 12 HOUR (<i>aspirin-dipyridamole</i>)	3	QL (2 capsules per 1 day)
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	1 or 1b*	QL (2 capsules per 1 day)
ASPIRIN-OMEPRAZOLE ORAL TABLET DELAYED RELEASE	3	PA; QL (1 tablet per 1 day)
CLOPIDOGREL & ASPIRIN ORAL THERAPY PACK	3	
YOSPRALA ORAL TABLET DELAYED RELEASE (<i>aspirin-omeprazole</i>)	3	PA; QL (1 tablet per 1 day)

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*PLATELET AGGREGATION INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>dipyridamole oral tablet</i>	1 or 1b*	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>aspirin</i>)	3	PA; QL (1 capsule per 1 day)
*PROTAMINE*** - DRUGS FOR THE BLOOD		
<i>protamine sulfate intravenous solution</i>	1 or 1b*	
*QUINAZOLINE AGENTS*** - DRUGS FOR THE BLOOD		
AGRYLIN ORAL CAPSULE (<i>anagrelide hcl</i>)	3	
<i>anagrelide hcl oral capsule</i>	1 or 1b*	
*THIENOPYRIDINE DERIVATIVES*** - DRUGS FOR THE BLOOD		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	1 or 1b*	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
EFFIENT ORAL TABLET 10 MG (<i>prasugrel hcl</i>)	3	QL (1 tablet per 1 day)
EFFIENT ORAL TABLET 5 MG (<i>prasugrel hcl</i>)	3	DO
PLAVIX ORAL TABLET 300 MG (<i>clopidogrel bisulfate</i>)	3	
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	3	QL (1 tablet per 1 day)
<i>prasugrel hcl oral tablet 10 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>prasugrel hcl oral tablet 5 mg</i>	1 or 1b*	DO
*TISSUE PLASMINOGEN ACTIVATORS*** - DRUGS FOR THE BLOOD		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED (<i>alteplase</i>)	3	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED (<i>alteplase</i>)	3	
RETAVASE HALF-KIT INTRAVENOUS KIT (<i>reteplase</i>)	3	
RETAVASE INTRAVENOUS KIT (<i>reteplase</i>)	3	
TNKASE INTRAVENOUS KIT (<i>tenecteplase</i>)	3	
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
*AGENTS FOR GAUCHER DISEASE*** - DRUGS FOR NUTRITION		
CERDELGA ORAL CAPSULE (<i>eliglustat tartrate</i>)	4	PA; LD; SP
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>imiglucerase</i>)	4	PA; LD; SP
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED (<i>taliglucerase alfa</i>)	4	PA; LD; SP
<i>miglustat oral capsule</i>	4	PA; SP
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED (<i>velaglucerase alfa</i>)	4	PA; LD; SP
ZAVESCA ORAL CAPSULE (<i>miglustat</i>)	4	PA; LD; SP
*COBALAMIN COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>cyanocobalamin-methylcobalamin (Abaneu-SI Sublingual Tablet Sublingual)</i>	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOLTRATE ORAL TABLET (<i>cobalamin combinations</i>)	3	
LIPO-B INTRAMUSCULAR SOLUTION	3	
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL	3	
VIT B12-METHIONINE-INOS-CHOL INTRAMUSCULAR SOLUTION	3	
*COBALAMINS*** - DRUGS FOR NUTRITION		
cyanocobalamin injection solution 1000 mcg/ml	1 or 1a*	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
hydroxocobalamin acetate intramuscular solution	1 or 1b*	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	3	
NASCOBAL NASAL SOLUTION (<i>cyanocobalamin</i>)	3	
VITAMIN DEFICIENCY SYSTEM-B12 INJECTION KIT	3	
*CXCR4 RECEPTOR ANTAGONIST*** - DRUGS FOR NUTRITION		
MOZOBIL SUBCUTANEOUS SOLUTION (<i>plerixafor</i>)	4	PA; LD; SP
*CYTOTOXIC AGENTS*** - DRUGS FOR NUTRITION		
DROXIA ORAL CAPSULE (<i>hydroxyurea</i>)	2	
SIKLOS ORAL TABLET (<i>hydroxyurea</i>)	3	PA; SP
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION (<i>darbepoetin alfa</i>)	4	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE (<i>darbepoetin alfa</i>)	4	PA; SP
EPOGEN INJECTION SOLUTION (<i>epoetin alfa</i>)	4	PA; SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE (<i>methoxy peg-epoetin beta</i>)	4	PA; LD
PROCRIT INJECTION SOLUTION (<i>epoetin alfa</i>)	4	PA; SP
RETACRIT INJECTION SOLUTION (<i>epoetin alfa-epbx</i>)	4	PA; SP
*ERYTHROPOIETINS*** - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION (<i>darbepoetin alfa</i>)	4	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE (<i>darbepoetin alfa</i>)	4	PA; SP
EPOGEN INJECTION SOLUTION (<i>epoetin alfa</i>)	4	PA; SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE (<i>methoxy peg-epoetin beta</i>)	4	PA; LD
PROCRIT INJECTION SOLUTION (<i>epoetin alfa</i>)	4	PA; SP
RETACRIT INJECTION SOLUTION (<i>epoetin alfa-epbx</i>)	4	PA; SP
*FOLIC ACID/FOLATE COMBINATIONS*** - DRUGS FOR NUTRITION		
folic acid-vit b6-vit b12 (Airavite Oral Tablet)	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANIMI-3 ORAL CAPSULE (<i>fa-b6-b12-d-omega 3-phytoster</i>)	3	
ANIMI-3/VITAMIN D ORAL CAPSULE (<i>fa-b6-b12-d-omega 3-phytoster</i>)	3	
<i>av-vite fb oral tablet</i>	1 or 1b*	
B-6 FOLIC ACID ORAL CAPSULE	3	
BP VIT 3 ORAL CAPSULE	3	
CENFOL ORAL TABLET (<i>folic acid-vit b6-vit b12</i>)	3	
DIVISTA ORAL CAPSULE (<i>fa-b6-b12-omega 3-biotin-cr</i>)	3	
<i>fabb oral tablet</i>	1 or 1b*	
<i>fa-vitamin b-6-vitamin b-12 oral tablet</i>	1 or 1b*	
<i>folbee oral tablet</i>	1 or 1b*	
FOLGARD RX ORAL TABLET (<i>folic acid-vit b6-vit b12</i>)	3	
FOLI-D ORAL TABLET (<i>folic acid-cholecalciferol</i>)	3	
<i>folplex 2.2 oral tablet</i>	1 or 1b*	
<i>foltabs 800 oral tablet</i>	1 or 1b*; \$0	
<i>millguard oral tablet</i>	1 or 1b*; \$0	
<i>folic acid-vit b6-vit b12</i> (Nufol Oral Tablet)	1 or 1b*	
OVEEZA ORAL CAPSULE (<i>fa-b12-ala-co q10-omega 3</i>)	3	
TALIVA ORAL CAPSULE (<i>fa-b6-b12-omega 3-phytosterols</i>)	3	
<i>tl gard rx oral tablet</i>	1 or 1b*	
<i>folic acid-vit b6-vit b12</i> (Virt-Gard Oral Tablet)	1 or 1b*	
VITAMEZ ORAL CAPSULE (<i>fa-b6-b12-omega 3-phytosterols</i>)	3	
*FOLIC ACID/FOLATES*** - DRUGS FOR NUTRITION		
<i>cvs folic acid oral tablet</i>	1 or 1a*; \$0	
<i>fa-8 oral capsule</i>	1 or 1b*; \$0	
<i>fa-8 oral tablet</i>	1 or 1a*; \$0	
<i>folate oral tablet</i>	1 or 1a*; \$0	
<i>folic acid injection solution</i>	1 or 1a*	
<i>folic acid oral capsule</i>	1 or 1b*; \$0	
<i>folic acid oral tablet 1 mg</i>	1 or 1a*	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1 or 1a*; \$0	
<i>gnp folic acid oral tablet</i>	1 or 1a*; \$0	
<i>hm folic acid oral tablet</i>	1 or 1a*; \$0	
<i>kp folic acid oral tablet</i>	1 or 1a*; \$0	
<i>px folic acid oral tablet</i>	1 or 1a*; \$0	
<i>qc folic acid oral tablet</i>	1 or 1a*; \$0	
<i>ra folic acid oral tablet</i>	1 or 1a*; \$0	
<i>sm folic acid oral tablet</i>	1 or 1a*; \$0	
<i>yl folic acid oral tablet</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** - DRUGS FOR NUTRITION		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (pegfilgrastim-jmdb)	4	PA; SP; QL (2 syringes per 30 days)
GRANIX SUBCUTANEOUS SOLUTION (tbo-filgrastim)	4	PA; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (tbo-filgrastim)	4	PA; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT (pegfilgrastim)	4	PA; SP; QL (2 injectors/kits per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (pegfilgrastim)	4	PA; SP; QL (2 syringes per 28 days)
NEUPOGEN INJECTION SOLUTION (filgrastim)	4	PA; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE (filgrastim)	4	PA; SP
NIVESTYM INJECTION SOLUTION (filgrastim-aafi)	4	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE (filgrastim-aafi)	4	PA; SP
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (pegfilgrastim-cbqv)	4	PA; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE (filgrastim-sndz)	4	PA; SP
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (pegfilgrastim-bmez)	4	PA; LD; QL (2 injections per 30 days)
*GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)*** - DRUGS FOR NUTRITION		
LEUKINE INJECTION SOLUTION RECONSTITUTED (sargramostim)	4	PA; SP
*IRON COMBINATIONS*** - DRUGS FOR NUTRITION		
ACTIVE FE ORAL TABLET	3	
CENTRATEX ORAL CAPSULE (fe fum-fa-b cmp-c-zn-mg-mn-cu)	3	
iron combinations (Chromagen Oral Capsule)	1 or 1b*	
iron-folic acid-c-b6-b12-zinc (Corvita 150 Oral Tablet)	1 or 1b*	
CORVITE 150 ORAL TABLET (iron-folic acid-c-b6-b12-zinc)	3	
ferocon oral capsule	1 or 1b*	
ferotrin oral capsule	1 or 1b*	
fe fum-fa-b cmp-c-zn-mg-mn-cu (Ferrocite Plus Oral Tablet)	1 or 1b*	
FERRO-PLEX HEMATINIC ORAL TABLET (fe fum-dss-c-e-b12-if-fa)	3	
FERROTRIN ORAL CAPSULE (iron-b12-vit c-fa-ifc)	3	
FOLIVANE-PLUS ORAL CAPSULE (fefum-fepoly-fa-b cmp-c-biot)	3	
foltrin oral capsule	1 or 1b*	
FUSION PLUS ORAL CAPSULE (iron-fa-b cmp-c-biot-probiotic)	3	
hematinic plus vit/minerals oral tablet	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMATOGEN FA ORAL CAPSULE (<i>fe fum-vit c-vit b12-fa</i>)	3	
<i>fe fum-vit c-vit b12-fa</i> (Hematogen Forte Oral Capsule)	1 or 1b*	
<i>iron combinations</i> (Hematogen Oral Capsule)	1 or 1b*	
HEMATRON-AF ORAL TABLET (<i>iron-dss-b12-fa-c-e-cu-biotin</i>)	3	
HEMOCYTE PLUS ORAL CAPSULE (<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i>)	3	
<i>hemocyte-plus oral tablet</i>	1 or 1b*	
ICAR-C PLUS ORAL TABLET (<i>iron-vit c-vit b12-folic acid</i>)	3	
INTEGRA PLUS ORAL CAPSULE (<i>fefum-fepoly-fa-b cmp-c-biot</i>)	3	
IROSPAN 24/6 ORAL (<i>fe-succ ac-b cmplx-c-ca-fa</i>)	3	
IS 24/6 ORAL (<i>fe-succ ac-b cmplx-c-ca-fa</i>)	3	
<i>fefum-fepo-fa-b cmp-c-zn-mn-cu</i> (K-Tan Plus Oral Capsule)	1 or 1b*	
MULTIGEN FOLIC ORAL TABLET (<i>fe asp gly-succ-c-thre-b12-fa</i>)	3	
MULTIGEN ORAL TABLET (<i>fe-succ-c-thre-b12-des stomach</i>)	3	
MULTIGEN PLUS ORAL TABLET (<i>feasp-fefum -suc-c-thre-b12-fa</i>)	3	
NEPHRON FA ORAL TABLET (<i>iron-fa-dss-b cmplx-vit c</i>)	3	
<i>polysaccharide iron forte oral capsule</i>	1 or 1b*	
PUREFE PLUS ORAL CAPSULE	3	
<i>purevit dualfe plus oral capsule</i>	1 or 1b*	
<i>se-tan plus oral capsule</i>	1 or 1b*	
TANDEM PLUS ORAL CAPSULE (<i>fefum-fepo-fa-b cmp-c-zn-mn-cu</i>)	3	
TARON FORTE ORAL CAPSULE	3	
<i>tl icon oral capsule</i>	1 or 1b*	
<i>tl-hem 150 oral tablet</i>	1 or 1b*	
<i>fe fumarate-b12-vit c-fa-ifc</i> (Tricon Oral Capsule)	1 or 1b*	
<i>trigels-f forte oral capsule</i>	1 or 1b*	
*IRON W/ FOLIC ACID*** - DRUGS FOR NUTRITION		
FOLIVANE-F ORAL CAPSULE (<i>fe fum-fepoly-fa-vit c-vit b3</i>)	3	
FUSION SPRINKLES ORAL PACKET (<i>fefum-fepoly-fa-c-probiotic</i>)	3	
<i>hematinic/folic acid oral tablet</i>	1 or 1b*	
<i>ferrous fumarate-folic acid</i> (Hemocyte-F Oral Tablet)	1 or 1b*	
INTEGRA F ORAL CAPSULE (<i>fe fum-fepoly-fa-vit c-vit b3</i>)	3	
TANDEM F ORAL CAPSULE (<i>ferrous fum-iron polysacch-fa</i>)	3	
*IRON*** - DRUGS FOR NUTRITION		
FERAHEME INTRAVENOUS SOLUTION (<i>ferumoxytol</i>)	3	
FERRLECIT INTRAVENOUS SOLUTION (<i>na ferric gluc cplx in sucrose</i>)	3	
INFED INJECTION SOLUTION (<i>iron dextran</i>)	3	
INJECTAFER INTRAVENOUS SOLUTION (<i>ferric carboxymaltose</i>)	3	
<i>na ferric gluc cplx in sucrose intravenous solution</i>	1 or 1b*	

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TRIFERIC HEMODIALYSIS PACKET (<i>ferric pyrophosphate citrate</i>)	3	
TRIFERIC HEMODIALYSIS SOLUTION (<i>ferric pyrophosphate citrate</i>)	3	
VENOFER INTRAVENOUS SOLUTION (<i>iron sucrose</i>)	3	
*IRON-B12-FOLATE*** - DRUGS FOR NUTRITION		
BIFERARX ORAL TABLET (<i>poly fe cmplx-fehempoly-fa-b12</i>)	3	
FERIVA 21/7 ORAL TABLET (<i>feasp-b12-fa-c-dss-succac-zn</i>)	3	
FERRALET 90 ORAL TABLET (<i>fe cbn-fe gluc-fa-b12-c-dss</i>)	3	
FERRAPLUS 90 ORAL TABLET	3	
HEMETAB ORAL TABLET	3	
*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS*** - DRUGS FOR NUTRITION		
DOPTELET ORAL TABLET (<i>avatrombopag maleate</i>)	4	PA; LD; SP; QL (60 tablets per 30 days)
MULPLETA ORAL TABLET (<i>lusutrombopag</i>)	4	PA; SP; QL (1 tablet per 1 day)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG (<i>romiplostim</i>)	4	PA
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (<i>romiplostim</i>)	4	PA; SP
PROMACTA ORAL PACKET (<i>eltrombopag olamine</i>)	4	PA; LD
PROMACTA ORAL TABLET (<i>eltrombopag olamine</i>)	4	PA; LD; SP
*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS*** - DRUGS FOR THE BLOOD		
*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS*** - DRUGS FOR THE BLOOD		
OXBRYTA ORAL TABLET (<i>voxelotor</i>)	4	PA; LD; QL (3 tablets per 1 day)
HEMOSTATICS - DRUGS FOR THE BLOOD		
*HEMOSTATIC COMBINATIONS - TOPICAL*** - DRUGS TO PREVENT BLEEDING		
ARTISS EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
THROMBI-GEL 10 EXTERNAL PAD (<i>thrombin-cmc-cacl-gelatin</i>)	3	
THROMBI-GEL 100 EXTERNAL PAD (<i>thrombin-cmc-cacl-gelatin</i>)	3	
THROMBI-GEL 40 EXTERNAL PAD (<i>thrombin-cmc-cacl-gelatin</i>)	3	
THROMBI-PAD EXTERNAL PAD (<i>thrombin-cmc-cacl</i>)	3	
TISSEEL EXTERNAL KIT (<i>fibrin sealant component</i>)	3	
TISSEEL EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
TISSEEL VH EXTERNAL KIT (<i>fibrin sealant component</i>)	3	
TISSEEL VHSD EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
*HEMOSTATICS - SYSTEMIC*** - DRUGS TO PREVENT BLEEDING		
AMICAR ORAL SOLUTION (<i>aminocaproic acid</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMICAR ORAL TABLET (<i>aminocaproic acid</i>)	3	
<i>aminocaproic acid intravenous solution</i>	1 or 1b*	
<i>aminocaproic acid oral solution</i>	1 or 1b*	
<i>aminocaproic acid oral tablet</i>	1 or 1b*	
CYKLOKAPRON INTRAVENOUS SOLUTION (<i>tranexamic acid</i>)	3	
LYSTEDA ORAL TABLET (<i>tranexamic acid</i>)	3	
<i>tranexamic acid intravenous solution</i>	1 or 1b*	
<i>tranexamic acid oral tablet</i>	1 or 1b*	
TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION	3	
*HEMOSTATICS - TOPICAL*** - DRUGS TO PREVENT BLEEDING		
ACTIFOAM COLLAGEN SPONGE EXTERNAL (<i>absorbable collagen hemostat</i>)	3	
AVITENE EXTERNAL PAD (<i>microfibrillar coll hemostat</i>)	3	
AVITENE FLOUR EXTERNAL POWDER (<i>microfibrillar coll hemostat</i>)	3	
ENDO AVITENE EXTERNAL (<i>absorbable collagen hemostat</i>)	3	
GEL-FLOW NT EXTERNAL PREFILLED SYRINGE (<i>gelatin absorbable</i>)	3	
GELFOAM COMPRESSED SIZE 100 EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM MOUTH/THROAT POWDER (<i>gelatin absorbable</i>)	3	
GELFOAM SPONGE EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM SPONGE SIZE 100 EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM SPONGE SIZE 200 EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM SPONGE SIZE 50 EXTERNAL (<i>gelatin absorbable</i>)	3	
INSTAT EXTERNAL PAD (<i>absorbable collagen hemostat</i>)	3	
INTERCEED (TC7) EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
INTERCEED EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
OXYCEL GAUZE-TYPE EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
OXYCEL GAUZE-TYPE STRIP EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin (recombinant)</i>)	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin (recombinant)</i>)	3	
SURGICEL FIBRILLAR EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SURGICEL NU-KNIT EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SYRINGE AVITENE EXTERNAL (<i>absorbable collagen hemostat</i>)	3	
TACHOSIL EXTERNAL PATCH (<i>absorbable fibrin sealant</i>)	3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT (<i>thrombin</i>)	3	
THROMBIN-JMI EXTERNAL KIT (<i>thrombin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED (thrombin)	3	
THROMBOGEN EXTERNAL KIT (thrombin)	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED (thrombin)	3	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL (microfibrillar coll hemostat)	3	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL (microfibrillar coll hemostat)	3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL (microfibrillar coll hemostat)	3	
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL (microfibrillar coll hemostat)	3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL (microfibrillar coll hemostat)	3	
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS		
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS		
EPCLUSA ORAL TABLET (sofosbuvir-velpatasvir)	4	PA; SP; QL (1 tablet per 1 day)
HARVONI ORAL PACKET 33.75-150 MG (ledipasvir-sofosbuvir)	4	PA; QL (1 packet per 1 day)
HARVONI ORAL PACKET 45-200 MG (ledipasvir-sofosbuvir)	4	PA; QL (2 packets per 1 day)
HARVONI ORAL TABLET 45-200 MG (ledipasvir-sofosbuvir)	4	PA; QL (1 tablet per 1 day)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	4	PA; SP; QL (1 tablet per 1 day)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	2	PA; QL (1 tablet per 1 day)
MAVYRET ORAL TABLET (glecaprevir-pibrentasvir)	2	PA; SP; QL (3 tablets per 1 day)
SOFOSBUVIR-VELPATASVIR ORAL TABLET	2	PA; QL (1 tablet per 1 day)
TECHNIVIE ORAL TABLET (ombitasvir-paritaprev-ritonavir)	4	PA; SP
VIEKIRA PAK ORAL TABLET THERAPY PACK (ombitas-paritaprev-ritonavir-dasab)	4	PA; SP; QL (4 tablets per 1 day)
VOSEVI ORAL TABLET (sofosbuvir-velpatasvir-voxilaprevir)	4	PA; SP; QL (1 tablet per 1 day)
ZEPATIER ORAL TABLET (elbasvir-grazoprevir)	4	PA; SP; QL (1 tablet per 1 day)
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS THAT ALTER METABOLISM		
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS THAT ALTER METABOLISM		
XURIDEN ORAL PACKET (uridine triacetate)	3	PA; LD; QL (4 packets per 1 day)
*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
WAKIX ORAL TABLET 17.8 MG (pitolisant hcl)	4	PA; LD; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAKIX ORAL TABLET 4.45 MG (<i>pitolisant hcl</i>)	4	PA; DO; LD
*HYDROMORPHONE COMBINATIONS*** - DRUGS FOR PAIN AND FEVER		
*HYDROMORPHONE COMBINATIONS*** - DRUGS FOR PAIN AND FEVER		
HYDROMORPHONE-BUPIVACAINE-NACL EPIDURAL SOLUTION	3	
HYDROMORPHONE-ROPIVACAINE-NACL EPIDURAL SOLUTION	3	
HYPNOTICS - DRUGS FOR THE NERVOUS SYSTEM		
*BARBITURATE HYPNOTICS*** - DRUGS FOR INSOMNIA		
AMYTAL SODIUM INJECTION SOLUTION RECONSTITUTED (<i>amobarbital sodium</i>)	3	
BUTISOL SODIUM ORAL TABLET (<i>butabarbital sodium</i>)	3	
NEMBUTAL INJECTION SOLUTION (<i>pentobarbital sodium</i>)	3	
<i>pentobarbital sodium injection solution</i>	1 or 1b*	
<i>phenobarbital oral elixir</i>	1 or 1b*	
<i>phenobarbital oral solution</i>	1 or 1b*	
<i>phenobarbital oral tablet</i>	1 or 1b*	
<i>phenobarbital sodium injection solution</i>	1 or 1b*	
SECONAL ORAL CAPSULE (<i>secobarbital sodium</i>)	3	
*BENZODIAZEPINE HYPNOTICS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
DORAL ORAL TABLET (<i>quazepam</i>)	3	QL (1 tablet per 1 day)
<i>estazolam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>flurazepam hcl oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
HALCION ORAL TABLET (<i>triazolam</i>)	3	QL (1 tablet per 1 day)
<i>midazolam hcl (pf) injection solution</i>	1 or 1b*	
<i>midazolam hcl injection solution</i>	1 or 1b*	
MIDAZOLAM HCL INTRAVENOUS SOLUTION	3	
<i>midazolam hcl oral syrup</i>	1 or 1b*	
MIDAZOLAM HCL-DEXTROSE INTRAVENOUS SOLUTION	3	
MIDAZOLAM HCL-NACL INTRAVENOUS SOLUTION	3	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION (<i>midazolam</i>)	3	
MIDAZOLAM-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
<i>quazepam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
RESTORIL ORAL CAPSULE (<i>temazepam</i>)	3	QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
temazepam oral capsule	1 or 1b*	QL (1 capsule per 1 day)
triazolam oral tablet	1 or 1b*	QL (1 tablet per 1 day)
*HYPNOTICS - TRICYCLIC AGENTS*** - DRUGS FOR INSOMNIA		
doxepin hcl oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
SILENOR ORAL TABLET (doxepin hcl)	3	ST; QL (1 tablet per 1 day)
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** - DRUGS FOR INSOMNIA		
AMBIEN CR ORAL TABLET EXTENDED RELEASE (zolpidem tartrate)	3	ST; QL (1 tablet per 1 day)
AMBIEN ORAL TABLET (zolpidem tartrate)	3	ST; QL (1 tablet per 1 day)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL (zolpidem tartrate)	3	ST; QL (1 tablet per 1 day)
eszopiclone oral tablet	1 or 1b*	QL (1 tablet per 1 day)
INTERMEZZO SUBLINGUAL TABLET SUBLINGUAL (zolpidem tartrate)	3	ST; QL (1 tablet per 1 day)
LUNESTA ORAL TABLET (eszopiclone)	3	ST; QL (1 tablet per 1 day)
SONATA ORAL CAPSULE (zaleplon)	3	ST; QL (1 capsule per 1 day)
zaleplon oral capsule	1 or 1b*	ST; QL (1 capsule per 1 day)
zolpidem tartrate er oral tablet extended release	1 or 1b*	ST; QL (1 tablet per 1 day)
zolpidem tartrate oral tablet	1 or 1b*	QL (1 tablet per 1 day)
zolpidem tartrate sublingual tablet sublingual	1 or 1b*	ST; QL (1 tablet per 1 day)
ZOLPIMIST ORAL SOLUTION (zolpidem tartrate)	3	ST
*SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES*** - DRUGS FOR INSOMNIA		
dexmedetomidine hcl in nacl intravenous solution	1 or 1b*	
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML	3	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1 or 1b*	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION	3	
PRECEDEX INTRAVENOUS SOLUTION (dexmedetomidine hcl)	3	
*SELECTIVE MELATONIN RECEPTOR AGONISTS*** - DRUGS FOR INSOMNIA		
HETLIOZ ORAL CAPSULE (tasimelteon)	4	PA; LD; SP; QL (1 capsule per 1 day)
ramelteon oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
ROZEREM ORAL TABLET (ramelteon)	3	ST; QL (1 tablet per 1 day)
*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR METABOLIC DISEASE		
*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR METABOLIC DISEASE		
STRENSIQ SUBCUTANEOUS SOLUTION (asfotase alfa)	4	PA; LD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*IBS AGENT - 5-HT4 RECEPTOR PARTIAL AGONISTS*** - DRUGS FOR THE STOMACH		
*IBS AGENT - 5-HT4 RECEPTOR PARTIAL AGONISTS*** - DRUGS FOR THE STOMACH		
ZELNORM ORAL TABLET (<i>tegaserod maleate</i>)	3	ST; QL (2 tablets per 1 day)
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
VIBERZI ORAL TABLET (<i>eluxadoline</i>)	3	PA; QL (2 tablets per 1 day)
*IMPOTENCE AGENT COMBINATIONS*** - DRUGS FOR THE URINARY SYSTEM		
*IMPOTENCE AGENT COMBINATIONS*** - DRUGS FOR THE URINARY SYSTEM		
BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	
SUPER BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	
SUPER TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED	3	
*IMPOTENCE AGENTS - OTHER***		
*IMPOTENCE AGENTS - OTHER***		
PHENYLEPHRINE HCL INTRACAVERNOSAL SOLUTION	3	
*IN VITRO/LOCK ANTICOAGULANTS*** - DRUGS FOR THE BLOOD		
*IN VITRO/LOCK ANTICOAGULANTS*** - DRUGS FOR THE BLOOD		
ACD FORMULA A IN VITRO SOLUTION	3	
ACD-A NOCLOT-50 IN VITRO SOLUTION (<i>anticoagulant cit dext soln a</i>)	3	
ANTICOAGULANT CIT DEXT SOLN A IN VITRO SOLUTION	3	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION	3	
TRICITRASOL IN VITRO CONCENTRATE (<i>anticoagulant sodium citrate</i>)	3	
*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - HORMONES		
*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - HORMONES		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine-lixisenatide</i>)	3	ST; QL (5 pen per 25 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin degludec-liraglutide</i>)	3	ST; QL (5 pen per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)*** - HORMONES		
*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)*** - HORMONES		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED (teprotumumab-trbw)	4	LD
*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH		
*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED (vedolizumab)	4	PA; SP; QL (1 vial per 56 days)
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR THE STOMACH		
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR THE STOMACH		
STELARA INTRAVENOUS SOLUTION (ustekinumab)	2	PA; SP; QL (4 vial per 365 days)
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR THE LUNGS		
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR THE LUNGS		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (benralizumab)	4	PA; LD; QL (1 autoinjector per 8 weekss)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (benralizumab)	4	PA; LD; SP; QL (1 syringes per 8 weekss)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (mepolizumab)	4	PA; LD; QL (1 autoinjector per 4 weekss)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (mepolizumab)	4	PA; LD; QL (1 syringe per 4 weekss)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED (mepolizumab)	4	PA; LD; SP
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)*** - DRUGS FOR THE LUNGS		
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)*** - DRUGS FOR THE LUNGS		
CINQAIR INTRAVENOUS SOLUTION (reslizumab)	4	PA; LD
*INTERLEUKIN-6 (IL-6) ANTAGONISTS*** - DRUGS FOR CANCER		
*INTERLEUKIN-6 (IL-6) ANTAGONISTS*** - DRUGS FOR CANCER		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED (siltuximab)	4	PA; LD; SP
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER		
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER		
TIBSOVO ORAL TABLET (ivosidenib)	3; OC	PA; LD; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER		
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER		
IDHIFA ORAL TABLET 100 MG (<i>enasidenib mesylate</i>)	3; OC	PA; LD; SP; QL (1 tablet per 1 day)
IDHIFA ORAL TABLET 50 MG (<i>enasidenib mesylate</i>)	3; OC	PA; LD; SP; QL (2 tablets per 1 day)
LAXATIVES - DRUGS FOR THE STOMACH		
*BOWEL EVACUANT COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION		
CLENPIQ ORAL SOLUTION (<i>sod picosulfate-mag ox-cit acd</i>)	3	
COLYTE WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	3	
<i>gavilyte-c oral solution reconstituted</i>	1 or 1a*; \$0	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted)	1 or 1a*; \$0	
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Gavilyte-H Oral Kit)	1 or 1b*; \$0	
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)	1 or 1a*; \$0	
GOLYTELY ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	3	
MOVIPREP ORAL SOLUTION RECONSTITUTED (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	3	
NULYTELY WITH FLAVOR PACKS ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-na bicarb-nacl</i>)	3	
PCP 100 COMBINATION KIT (<i>mgcit-bisacod-pet-peg-metoclop</i>)	3	
<i>peg 3350/electrolytes oral solution reconstituted</i>	1 or 1a*; \$0	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	1 or 1a*; \$0	
<i>peg-3350/electrolytes oral solution reconstituted</i>	1 or 1a*; \$0	
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Peg-Prep Oral Kit)	1 or 1b*; \$0	
PLENVU ORAL SOLUTION RECONSTITUTED (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	3	
POLY-PREP COMBINATION KIT (<i>bisacodyl-peg 3350-lido-hc</i>)	3	
PREPOPIK ORAL PACKET (<i>sod picosulfate-mag ox-cit acd</i>)	3	
SUPREP BOWEL PREP KIT ORAL SOLUTION (<i>na sulfate-k sulfate-mg sulf</i>)	2	
<i>peg 3350-kcl-na bicarb-nacl</i> (Trilyte Oral Solution Reconstituted)	1 or 1a*; \$0	
*LAXATIVES - MISCELLANEOUS*** - DRUGS TO PREVENT CONSTIPATION		
<i>clearlax oral powder</i>	1 or 1b*; \$0	
<i>constulose oral solution</i>	1 or 1b*	
<i>cvs purelax oral packet</i>	1 or 1b*; \$0	

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<i>cvs purelax oral powder</i>	1 or 1b*; \$0	
<i>eq clearlax oral powder</i>	1 or 1b*; \$0	
<i>eql clearlax oral powder</i>	1 or 1b*; \$0	
<i>gavilax oral powder</i>	1 or 1b*; \$0	
<i>gentlelax oral powder</i>	1 or 1b*; \$0	
<i>glycolax oral powder</i>	1 or 1b*; \$0	
<i>gnp clearlax oral packet</i>	1 or 1b*; \$0	
<i>gnp clearlax oral powder</i>	1 or 1b*; \$0	
<i>goodsense clearlax oral powder</i>	1 or 1b*; \$0	
<i>healthylax oral packet</i>	1 or 1b*; \$0	
<i>hm clearlax oral packet</i>	1 or 1b*; \$0	
<i>hm clearlax oral powder</i>	1 or 1b*; \$0	
<i>kls laxaclear oral powder</i>	1 or 1b*; \$0	
KRISTALOSE ORAL PACKET (<i>lactulose</i>)	3	
LACTULOSE ORAL PACKET	1 or 1b*	
<i>lactulose oral solution</i>	1 or 1b*	
<i>peg 3350 oral packet</i>	1 or 1b*; \$0	
<i>peg 3350 oral powder</i>	1 or 1b*; \$0	
<i>polyethylene glycol 3350</i> (Pegylax Oral Powder)	1 or 1b*; \$0	
<i>polyethylene glycol 3350 oral packet</i>	1 or 1b*; \$0	
<i>polyethylene glycol 3350 oral powder</i>	1 or 1b*; \$0	
<i>qc natura-lax oral powder</i>	1 or 1b*; \$0	
<i>ra laxative oral packet</i>	1 or 1b*; \$0	
<i>ra laxative oral powder</i>	1 or 1b*; \$0	
<i>sb polyethylene glycol 3350 oral powder</i>	1 or 1b*; \$0	
<i>sm clearlax oral powder</i>	1 or 1b*; \$0	
<i>smooth lax oral packet</i>	1 or 1b*; \$0	
<i>smooth lax oral powder</i>	1 or 1b*; \$0	
<i>tgt powderlax oral packet</i>	1 or 1b*; \$0	
<i>tgt powderlax oral powder</i>	1 or 1b*; \$0	
*LUBRICANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>mineral oil heavy oral oil</i>	1 or 1b*	
*SALINE LAXATIVE MIXTURES*** - DRUGS TO PREVENT CONSTIPATION		
OSMOPREP ORAL TABLET (<i>sod phos mono-sod phos dibasic</i>)	3; \$0	
*SALINE LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>citrate of magnesia oral solution</i>	1 or 1a*; \$0	

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<i>citroma oral solution</i>	1 or 1a*; \$0	
<i>cvs citrate of magnesia oral solution</i>	1 or 1a*; \$0	
<i>cvs magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>cvs milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>dulcolax milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>eq magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>eql magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>eql milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>gnp magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>gnp milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>goodsense magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>hm magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>hm milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>milk of magnesia concentrate oral suspension</i>	1 or 1b*; \$0	
<i>milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>phillips milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>px milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>qc magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>qc milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>ra magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>ra milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>sb magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>sb milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>sm magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>sm milk of magnesia oral suspension</i>	1 or 1b*; \$0	
*STIMULANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>alophen oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bisacodyl ec oral tablet delayed release</i>	1 or 1a*; \$0	
CASCARA SAGRADA ORAL FLUID EXTRACT	3	
<i>correct oral tablet delayed release</i>	1 or 1a*; \$0	
<i>correctol oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs bisacodyl oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs c-lax laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs gentle laxative womens oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ducodyl oral tablet delayed release</i>	1 or 1a*; \$0	

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<i>eq gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq womans laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eql gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eql laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ex-lax ultra oral tablet delayed release</i>	1 or 1a*; \$0	
<i>feenamint oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gentle laxative for women oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp bisa-lax oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp womens gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense bisacodyl ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>hm laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kp bisacodyl oral tablet delayed release</i>	1 or 1a*; \$0	
<i>laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>px laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sb bisacodyl laxative ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sb gentle laxative womens oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sb gentle lax-women oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm womans laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>stimulant laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>tgt gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>tgt womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>veracolate oral tablet delayed release</i>	1 or 1a*; \$0	
<i>womans laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	
*LEPTIN ANALOGUES*** - HORMONES		
*LEPTIN ANALOGUES*** - HORMONES		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED (metreleptin)	4	PA; LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*LHRH/GNRH AGONIST ANALOG COMBINATIONS*** - HORMONES		
*LHRH/GNRH AGONIST ANALOG COMBINATIONS*** - HORMONES		
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG (<i>leuprolide & norethindrone</i>)	4	PA; SP; QL (1 kit per 84 days)
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG (<i>leuprolide & norethindrone</i>)	4	PA; SP; QL (1 kit per 28 days)
LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR PAIN AND FEVER		
*LOCAL ANESTHETIC & SYMPATHOMIMETIC*** - DRUGS FOR SEDATION		
<i>articaine-epinephrine</i> (Articadent Dental Injection Solution Cartridge)	3	
<i>bupivacaine-epinephrine (pf) injection solution</i>	1 or 1b*	
<i>bupivacaine-epinephrine injection solution</i>	1 or 1b*	
CITANEST FORTE DENTAL INJECTION SOLUTION (<i>prilocaine-epinephrine</i>)	3	
<i>lidocaine-epinephrine injection solution</i>	1 or 1b*	
MARCAINE/EPINEPHRINE INJECTION SOLUTION (<i>bupivacaine-epinephrine</i>)	3	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION (<i>bupivacaine-epinephrine</i>)	3	
ORABLOC INJECTION SOLUTION CARTRIDGE (<i>articaine-epinephrine</i>)	3	
RECK SOLUTION PREFILLED SYRINGE	3	
<i>bupivacaine-epinephrine</i> (Sensorcaine/Epinephrine Injection Solution)	1 or 1b*	
<i>bupivacaine-epinephrine</i> (Sensorcaine-Mpf/Epinephrine Injection Solution 0.25% -1:200000, 0.5% -1:200000)	1 or 1b*	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % (<i>bupivacaine-epinephrine</i>)	3	
<i>lidocaine-epinephrine</i> (Xylocaine Dental Injection Solution)	1 or 1b*	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION (<i>lidocaine-epinephrine</i>)	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION (<i>lidocaine-epinephrine</i>)	3	
*LOCAL ANESTHETIC COMBINATIONS*** - DRUGS FOR SEDATION		
ACTIVE INJECTION LM-2 INJECTION KIT	3	
BUFFERED LIDOCAINE INJECTION SOLUTION PREFILLED SYRINGE	3	
LIDOCAINE HCL-SODIUM CHLORIDE INJECTION SOLUTION	3	
LIDOCAINE HCL-SODIUM CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE	3	
P-CARE 100MX INJECTION KIT	3	
POINT OF CARE LM-2.2 INJECTION KIT (lidocaine hcl-bupivacaine hcl)	3	
POINT OF CARE LM-2.5 INJECTION KIT (lidocaine hcl-bupivacaine hcl)	3	
READYSHARP-A INJECTION KIT (lidocaine hcl-bupivacaine hcl)	3	
*LOCAL ANESTHETICS - AMIDES*** - DRUGS FOR SEDATION		
BD PUDENDAL/LOCAL TRAY/1% LIDO INJECTION KIT (lidocaine hcl)	3	
BUPIVACAINE FISIOPHARMA INJECTION SOLUTION	3	
bupivacaine hcl (pf) injection solution	1 or 1b*	
bupivacaine hcl injection solution 0.25 %, 0.5 %	1 or 1b*	
BUPIVACAINE HCL INJECTION SOLUTION 312.5 MG/10ML	3	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE	3	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION	3	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION PREFILLED SYRINGE	3	
BUPIVACAINE HCL-NACL INJECTION SOLUTION	3	
BUPIVACAINE HCL-NACL INJECTION SOLUTION PREFILLED SYRINGE	3	
bupivacaine in dextrose intrathecal solution	1 or 1b*	
bupivacaine spinal intrathecal solution	1 or 1b*	
CARBOCAINE INJECTION SOLUTION (mepivacaine hcl)	3	
CARBOCAINE PRESERVATIVE-FREE INJECTION SOLUTION (mepivacaine hcl)	3	
CITANEST PLAIN DENTAL INJECTION SOLUTION (prilocaine hcl)	3	
DURASAFE SPINAL/EPIDURAL TRAY INJECTION KIT (lidocaine hcl)	3	
EXPAREL INJECTION SUSPENSION (bupivacaine liposome)	3	
lidocaine hcl (pf) injection solution	1 or 1b*	
LIDOCAINE HCL EPIDURAL SOLUTION PREFILLED SYRINGE	3	
lidocaine hcl injection solution	1 or 1b*	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE	3	
lidocaine hcl intradermal jet-injector	1 or 1b*	
LIDOCAINE IN DEXTROSE SOLUTION	3	
MARCAINE INJECTION SOLUTION (bupivacaine hcl)	3	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION (bupivacaine hcl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MARCAINE SPINAL INTRATHECAL SOLUTION (<i>bupivacaine in dextrose</i>)	3	
MONOJECT BONE MARROW BIOPSY INJECTION KIT (<i>lidocaine hcl</i>)	3	
MONOJECT MARROW BIOPSY TRAY INJECTION KIT (<i>lidocaine hcl</i>)	3	
NAROPIN INJECTION SOLUTION (<i>ropivacaine hcl</i>)	3	
<i>mepivacaine hcl</i> (Polocaine Injection Solution)	1 or 1b*	
<i>mepivacaine hcl</i> (Polocaine-Mpf Injection Solution)	1 or 1b*	
ROPIVACAINE HCL EPIDURAL SOLUTION	3	
ROPIVACAINE HCL EPIDURAL SOLUTION PREFILLED SYRINGE	3	
<i>ropivacaine hcl injection solution 10 mg/ml, 2 mg/ml, 5 mg/ml, 7.5 mg/ml</i>	1 or 1b*	
ROPIVACAINE HCL INJECTION SOLUTION 33.4 MG/ML	3	
ROPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE	3	
ROPIVACAINE HCL-NACL EPIDURAL SOLUTION	3	
ROPIVACAINE HCL-NACL EPIDURAL SOLUTION PREFILLED SYRINGE	3	
ROPIVACAINE HCL-NACL INJECTION SOLUTION	3	
ROPIVACAINE HCL-NACL INJECTION SOLUTION PREFILLED SYRINGE	3	
<i>bupivacaine hcl</i> (Sensorcaine Injection Solution)	1 or 1b*	
<i>bupivacaine hcl</i> (Sensorcaine-Mpf Injection Solution)	1 or 1b*	
<i>bupivacaine in dextrose</i> (Sensorcaine-Mpf Spinal Intrathecal Solution)	1 or 1b*	
XYLOCAINE INJECTION SOLUTION (<i>lidocaine hcl</i>)	3	
XYLOCAINE-MPF INJECTION SOLUTION (<i>lidocaine hcl</i>)	3	
ZINGO INTRADERMAL JET-INJECTOR (<i>lidocaine hcl</i>)	3	
*LOCAL ANESTHETICS - ESTERS*** - DRUGS FOR SEDATION		
<i>chloroprocaine hcl (pf) injection solution</i>	1 or 1b*	
CLOROTEKAL INTRATHECAL SOLUTION (<i>chloroprocaine hcl</i>)	3	
NESACAINE INJECTION SOLUTION (<i>chloroprocaine hcl</i>)	3	
NESACAINE-MPF INJECTION SOLUTION (<i>chloroprocaine hcl</i>)	3	
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - DRUGS FOR THE EYE		
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - DRUGS FOR THE EYE		
XIIDRA OPHTHALMIC SOLUTION (<i>lifitegrast</i>)	3	PA; QL (2 vial per 1 day)
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS*** - DRUGS FOR METABOLIC DISEASE		
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS*** - DRUGS FOR METABOLIC DISEASE		
KANUMA INTRAVENOUS SOLUTION (<i>sebelipase alfa</i>)	3	PA; LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MACROLIDES - DRUGS FOR INFECTIONS		
*AZITHROMYCIN*** - ANTIBIOTICS		
azithromycin intravenous solution reconstituted	1 or 1b*	
azithromycin oral packet	1 or 1b*	QL (2 packets per 30 days)
azithromycin oral suspension reconstituted 100 mg/5ml	1 or 1b*	QL (15 ML per 30 days)
azithromycin oral suspension reconstituted 200 mg/5ml	1 or 1b*	QL (15 mL per 30 days)
azithromycin oral tablet 250 mg	1 or 1b*	QL (6 tablets per 30 days)
azithromycin oral tablet 500 mg	1 or 1b*	QL (3 tablets per 30 days)
azithromycin oral tablet 600 mg	1 or 1b*	QL (8 tablet per 28 days)
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED (azithromycin)	3	
ZITHROMAX ORAL PACKET (azithromycin)	3	QL (2 packets per 30 days)
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (azithromycin)	3	QL (15 ML per 30 days)
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (azithromycin)	3	QL (15 mL per 30 days)
ZITHROMAX ORAL TABLET 250 MG (azithromycin)	3	QL (6 tablets per 30 days)
ZITHROMAX ORAL TABLET 500 MG (azithromycin)	3	QL (3 tablets per 30 days)
ZITHROMAX ORAL TABLET 600 MG (azithromycin)	3	QL (8 tablet per 28 days)
ZITHROMAX TRI-PAK ORAL TABLET (azithromycin)	3	QL (3 tablets per 30 days)
ZITHROMAX Z-PAK ORAL TABLET (azithromycin)	3	QL (6 tablets per 30 days)
*CLARITHROMYCIN*** - ANTIBIOTICS		
clarithromycin er oral tablet extended release 24 hour	1 or 1b*	
clarithromycin oral suspension reconstituted	1 or 1b*	
clarithromycin oral tablet	1 or 1b*	
*ERYTHROMYCINS*** - ANTIBIOTICS		
e.e.s. 400 oral tablet	1 or 1b*	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED (erythromycin ethylsuccinate)	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED (erythromycin ethylsuccinate)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED (erythromycin ethylsuccinate)	3	
erythromycin base (Ery-Tab Oral Tablet Delayed Release)	1 or 1b*	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED (erythromycin lactobionate)	3	
erythrocin stearate oral tablet	1 or 1b*	
erythromycin base oral capsule delayed release particles	1 or 1b*	
erythromycin base oral tablet	1 or 1b*	
erythromycin base oral tablet delayed release	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	1 or 1b*	
<i>erythromycin ethylsuccinate oral tablet</i>	1 or 1b*	
<i>erythromycin oral tablet delayed release</i>	1 or 1b*	
*FIDAXOMICIN*** - ANTIBIOTICS		
DIFICID ORAL TABLET (<i>fidaxomicin</i>)	3	
MEDICAL DEVICES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
*CERVICAL CAPS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FEMCAP VAGINAL DEVICE (<i>cervical caps</i>)	2; \$0	
*CONDOMS - FEMALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FC FEMALE CONDOM (<i>condoms - female</i>)	2; \$0	
FC2 FEMALE CONDOM (<i>condoms - female</i>)	2; \$0	
*DENTAL DESENSITIZING PRODUCTS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
REMESENSE DENTAL (<i>dental desensitizing product</i>)	3	
*DENTIFRICES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
MI PASTE DENTAL PASTE (<i>dentifrices</i>)	3	
MI PASTE PLUS DENTAL PASTE (<i>dentifrices</i>)	3	
*DIAPHRAGMS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	2; \$0	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	3	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*GLUCOSE MONITORING TEST SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
1ST TIER UNILET COMFORTOUCH	2	
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	2	
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	2	
ACCU-CHEK MULTICLIX LANCET DEV KIT (<i>lancets misc.</i>)	2	
ACCU-CHEK MULTICLIX LANCETS (<i>lancets</i>)	2	
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	2	
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	2	
ACTI-LANCE 28G	2	
ACTI-LANCE LITE LANCETS 28G	2	
ACTI-LANCE SPECIAL LANCETS 17G	2	
ACTI-LANCE UNIVERSAL 23G	2	
ACTIVE 1ST BLOOD LANCETS 30G (<i>lancets</i>)	2	
ADJUSTABLE LANCING DEVICE	2	
ADVANCED MOBILE LANCET	2	
ADVOCATE LANCETS (<i>lancets</i>)	2	
ADVOCATE LANCETS 30G (<i>lancets</i>)	2	
ADVOCATE LANCING DEVICE (<i>lancet devices</i>)	2	
ADVOCATE RAPID-SAFE LANCING (<i>lancet devices</i>)	2	
ADVOCATE SAFETY LANCETS (<i>lancets</i>)	2	
ADVOCATE SAFETY LANCETS 26G (<i>lancets</i>)	2	
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	2	
AIMSCO TWIST LANCETS 32G	2	
AIMSCO TWIST LANCETS 33G (<i>lancets</i>)	2	
ALTERNATE SITE LANCING DEVICE	2	
AQUA LANCE ADJUSTABLE LANCING DEVICE	2	
AQUALANCE LANCETS 30G (<i>lancets</i>)	2	
ASSURE COMFORT LANCETS 28G	2	
ASSURE HAEMOLANCE PLUS HIGH (<i>lancets</i>)	2	
ASSURE HAEMOLANCE PLUS LOW (<i>lancets</i>)	2	
ASSURE HAEMOLANCE PLUS MICRO (<i>lancets</i>)	2	
ASSURE HAEMOLANCE PLUS NORMAL (<i>lancets</i>)	2	
ASSURE HAEMOLANCE PLUS PED (<i>lancets</i>)	2	
ASSURE LANCE LANCETS (<i>lancets</i>)	2	
ASSURE LANCE LANCETS 21G (<i>lancets</i>)	2	
ASSURE LANCE PLUS SAFETY 25G (<i>lancets</i>)	2	

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ASSURE LANCE PLUS SAFETY 30G (<i>lancets</i>)	2	
ASSURE LANCE SAFETY LANCET 28G (<i>lancets</i>)	2	
ASSURE LANCETS (<i>lancets</i>)	2	
AURORA LANCET SUPER THIN 30G	2	
AURORA LANCET THIN 23G	2	
AUTO-LANCET (<i>lancet devices</i>)	2	
AUTO-LANCET MINI (<i>lancet devices</i>)	2	
AUTOLET II CLINISAFE KIT (<i>lancets misc.</i>)	2	
AUTOLET LANCING DEVICE (<i>lancet devices</i>)	2	
AUTOLET LITE CLINISAFE KIT (<i>lancets misc.</i>)	2	
AUTOLET LITE STARTER PACK KIT (<i>lancets misc.</i>)	2	
AUTOLET MINI (<i>lancet devices</i>)	2	
AUTOLET PLATFORMS (<i>lancets misc.</i>)	2	
AUTOLET PLUS (<i>lancet devices</i>)	2	
BD LANCET ULTRAFINE 30G (<i>lancets</i>)	2	
BD LANCET ULTRAFINE 33G (<i>lancets</i>)	2	
BD MICROTAINER LANCETS (<i>lancets</i>)	2	
BULLSEYE MINI SAFETY LANCETS	2	
BULLSEYE SAFETY LANCETS (<i>lancets</i>)	2	
CARDIOCOM LANCING DEVICE (<i>lancet devices</i>)	2	
CAREONE ADVANCED LANCING DEV	2	
CAREONE LANCET THIN 23G	2	
CAREONE LANCET ULTRA THIN 28G	2	
CARESENS LANCETS (<i>lancets</i>)	2	
CARETOUCH LANCING/EJECTOR (<i>lancet devices</i>)	2	
CARETOUCH SAFETY LANCETS (<i>lancets</i>)	2	
CARETOUCH SAFETY LANCETS 26G (<i>lancets</i>)	2	
CARETOUCH TWIST LANCETS 28G (<i>lancets</i>)	2	
CARETOUCH TWIST LANCETS 30G (<i>lancets</i>)	2	
CARETOUCH TWIST LANCETS 33G (<i>lancets</i>)	2	
CLEANLET LANCETS 28G (<i>lancets</i>)	2	
CLEVER CHEK LANCETS (<i>lancets</i>)	2	
CLEVER CHOICE LANCETS 21G (<i>lancets</i>)	2	
CLEVER CHOICE LANCETS 23G (<i>lancets</i>)	2	
CLEVER CHOICE LANCETS 28G (<i>lancets</i>)	2	
COAGUCHEK LANCETS (<i>lancets</i>)	2	
COMFORT ASSURED LANCETS 28G	2	
COMFORT ASSURED LANCETS 33G	2	

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COMFORT LANCETS	2	
CVS LANCETS 21G	2	
CVS LANCETS MICRO THIN 33G	2	
CVS LANCETS ORIGINAL	2	
CVS LANCETS THIN 26G	2	
CVS LANCETS ULTRA THIN 30G	2	
CVS LANCETS ULTRA-THIN 30G	2	
CVS LANCING DEVICE	2	
CVS ULTRA THIN LANCETS	2	
DIATHRIVE LANCET ULTRA THIN 30	2	
DIATHRIVE LANCETS	2	
DIATHRIVE LANCING DEVICE	2	
DROPLET LANCETS ULTRA THIN 30G (lancets)	2	
DROPLET LANCING DEVICE (lancet devices)	2	
DRUG MART LANCETS THIN 26G	2	
DRUG MART LANCING DEVICE (lancet devices)	2	
DRUG MART ON-THE-GO LANCET 30G (lancets)	2	
DRUG MART UNILET LANCETS 28G (lancets)	2	
DRUG MART UNILET LANCETS 30G (lancets)	2	
DRUG MART UNILET LANCETS 33G (lancets)	2	
EASY COMFORT LANCETS	2	
EASY COMFORT LANCETS TWIST TOP	2	
EASY MINI EJECT LANCING DEVICE	2	
EASY MINI LANCING DEVICE	2	
EASY TOUCH LANCETS 21G (lancets)	2	
EASY TOUCH LANCETS 23G (lancets)	2	
EASY TOUCH LANCETS 26G (lancets)	2	
EASY TOUCH LANCETS 28G (lancets)	2	
EASY TOUCH LANCETS 28G/TWIST (lancets)	2	
EASY TOUCH LANCETS 30G (lancets)	2	
EASY TOUCH LANCETS 30G/TWIST (lancets)	2	
EASY TOUCH LANCETS 32G (lancets)	2	
EASY TOUCH LANCETS 32G/TWIST (lancets)	2	
EASY TOUCH LANCETS 33G/TWIST (lancets)	2	
EASY TOUCH LANCING DEVICE (lancet devices)	2	
EASY TOUCH SAFETY LANCETS 21G (lancets)	2	
EASY TOUCH SAFETY LANCETS 23G (lancets)	2	
EASY TOUCH SAFETY LANCETS 26G (lancets)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY TOUCH SAFETY LANCETS 28G (<i>lancets</i>)	2	
EASY TWIST & CAP LANCETS (<i>lancets</i>)	2	
EMBRACE LANCETS ULTRA THIN 30G (<i>lancets</i>)	2	
EQL COLOR LANCETS 21G	2	
EQL COLOR LANCETS MICRO 33G	2	
EQL SUPER THIN LANCETS 30G	2	
EQL THIN LANCETS 26G	2	
E-Z JECT LANCET MICRO-THIN 33G (<i>lancets</i>)	2	
E-Z JECT LANCET SUPER THIN 30G (<i>lancets</i>)	2	
E-Z JECT LANCETS (<i>lancets</i>)	2	
E-Z JECT LANCETS 21G (<i>lancets</i>)	2	
E-Z JECT LANCETS THIN 26G (<i>lancets</i>)	2	
EZ SMART BLOOD GLUCOSE LANCETS (<i>lancets</i>)	2	
EZ-LETS LANCETS 21G (<i>lancets</i>)	2	
EZ-LETS LANCETS 26G (<i>lancets</i>)	2	
EZ-LETS LANCETS 28G (<i>lancets</i>)	2	
EZ-LETS LANCETS 30G (<i>lancets</i>)	2	
FIFTY50 SAFETY SEAL LANCETS (<i>lancets</i>)	2	
FIFTY50 UNILET LANCETS 33G (<i>lancets</i>)	2	
FINE 30 (<i>lancets</i>)	2	
FINGERSTIX LANCETS (<i>lancets</i>)	2	
FORA LANCETS (<i>lancets</i>)	2	
FORA LANCING DEVICE (<i>lancet devices</i>)	2	
FREDS PHARMACY AUTOLET LANCING	2	
FREDS PHARMACY UNILET LANC 28G	2	
FREDS PHARMACY UNILET LANC 30G	2	
FREESTYLE LANCETS (<i>lancets</i>)	2	
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	2	
GENTEEL BUTTERFLY TOUCH LANCET (<i>lancets</i>)	2	
GENTEEL CONTACT TIPS (BLUE) (<i>lancets misc.</i>)	2	
GENTEEL CONTACT TIPS (CLEAR) (<i>lancets misc.</i>)	2	
GENTEEL CONTACT TIPS (GREEN) (<i>lancets misc.</i>)	2	
GENTEEL CONTACT TIPS (ORANGE) (<i>lancets misc.</i>)	2	
GENTEEL CONTACT TIPS (RAINBOW) (<i>lancets misc.</i>)	2	
GENTEEL CONTACT TIPS (VIOLET) (<i>lancets misc.</i>)	2	
GENTEEL CONTACT TIPS (YELLOW) (<i>lancets misc.</i>)	2	
GENTEEL LANCING DEVICE (BLACK) (<i>lancet devices</i>)	2	
GENTEEL LANCING DEVICE (BLUE) (<i>lancet devices</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENTEEL LANCING DEVICE (GOLD) (lancet devices)	2	
GENTEEL LANCING DEVICE (PINK) (lancet devices)	2	
GENTEEL LANCING DEVICE (WHITE) (lancet devices)	2	
GENTEEL LANCING DEVICE(PLATNM) (lancet devices)	2	
GENTEEL LANCING DEVICE(PURPLE) (lancet devices)	2	
GENTEEL LANCING DEVICE(SILVER) (lancet devices)	2	
GENTEEL LANCING KIT (BLUE) KIT (lancets misc.)	2	
GENTEEL NOZZLES (lancets misc.)	2	
GENTLE-LET GP LANCETS (lancets)	2	
GENTLE-LET LANCETS (lancets)	2	
GENTLE-LET PLATFORMS (lancets misc.)	2	
GLOBAL INJECT EASE LANCETS 28G	2	
GLOBAL INJECT EASE LANCETS 30G	2	
GLOBAL LANCING DEVICE	2	
GLUCOCOM LANCETS 28G (lancets)	2	
GLUCOCOM LANCETS 30G (lancets)	2	
GLUCOCOM LANCETS 33G (lancets)	2	
GNP LANCETS	2	
GNP LANCETS 21G	2	
GNP LANCETS MICRO THIN 33G	2	
GNP LANCETS SUPER THIN 30G	2	
GNP LANCETS THIN	2	
GNP LANCETS THIN 26G	2	
GNP MICRO THIN LANCETS 33G	2	
GNP SUPER THIN LANCETS 30G	2	
GOJJI LANCING DEVICE/CLEAR CAP (lancet devices)	2	
GOJJI STERILE LANCETS (lancets)	2	
GOODSENSE COLOR LANCETS 33G	2	
GOODSENSE LANCETS 26G UNIV	2	
GOODSENSE LANCETS 30G	2	
GOODSENSE LANCETS 30G UNIV	2	
GOODSENSE LANCETS 33G	2	
GOODSENSE LANCETS 33G UNIV	2	
GOODSENSE LANCING DEVICE	2	
HAEMOLANCE (lancets)	2	
HAEMOLANCE LOW FLOW LANCETS (lancets)	2	
HAEMOLANCE PLUS (lancets)	2	
HAEMOLANCE PLUS HIGH FLOW (lancets)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HAEMOLANCE PLUS LOW FLOW (<i>lancets</i>)	2	
HAEMOLANCE PLUS MAX FLOW (<i>lancets</i>)	2	
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>lancets</i>)	2	
HEALTH CARE LANCING DEVICE (<i>lancet devices</i>)	2	
HEALTHY ACCENTS LANCING DEVICE	2	
HEALTHY ACCENTS UNILET LANCETS	2	
H-E-B INCONTROL ADV LANCING	2	
H-E-B INCONTROL LANCETS 28G	2	
H-E-B INCONTROL LANCETS 30G	2	
H-E-B INCONTROL LANCETS 33G	2	
HYPOLANCE AST LANCING KIT (<i>lancets misc.</i>)	2	
HY-VEE LANCETS (<i>lancets</i>)	2	
HY-VEE THIN LANCETS	2	
IN TOUCH LANCING DEVICE (<i>lancet devices</i>)	2	
IN TOUCH STERILE LANCETS 30G (<i>lancets</i>)	2	
KINNEY LANCETS	2	
KINNEY THIN LANCETS	2	
KROGER AUTOLET LANCING DEVICE (<i>lancet devices</i>)	2	
KROGER HEALTHPRO LANCET 26G (<i>lancets</i>)	2	
KROGER LANCETS	2	
KROGER LANCETS 21G	2	
KROGER LANCETS MICRO THIN 33G	2	
KROGER LANCETS SUPER THIN	2	
KROGER LANCETS THIN	2	
KROGER LANCETS THIN 26G	2	
KROGER LANCETS ULTRATHIN 30G	2	
KROGER LANCING DEVICE	2	
LANCET DEVICE	2	
LANCET DEVICE WITH EJECTOR	2	
LANCET TRANSPORTER CASE	2	
LANCETS	2	
LANCETS 28G	2	
LANCETS 30G	2	
LANCETS MICRO THIN 33G	2	
LANCETS SUPER THIN 28G	2	
LANCETS THIN	2	
LANCETS ULTRA FINE (<i>lancets</i>)	2	
LANCETS ULTRA THIN (<i>lancets</i>)	2	

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LANCETS ULTRA THIN 30G	2	
LANCING DEVICE	2	
LANZO (lancet devices)	2	
LEADER ADVANCED LANCING DEVICE	2	
LIBERTY MEDICAL LANCETS (lancets)	2	
LIBERTY MINI LANCING DEVICE (lancet devices)	2	
LIFESCAN UNISTIK 2 (lancets)	2	
LIFESCAN UNISTIK II LANCETS (lancets)	2	
LITE TOUCH LANCETS	2	
LITE TOUCH LANCING PEN (lancet devices)	2	
LITETOUCH LANCETS (lancets)	2	
LIVE BETTER ADV LANCING DEVICE	2	
LIVE BETTER LANCET SUPER THIN	2	
LIVE BETTER LANCET ULTRA THIN	2	
LONGS LANCETS STANDARD	2	
LONGS LANCETS THIN	2	
LONGS LANCETS ULTRA THIN	2	
MEDICHOICE SAFETY LANCET	2	
MEDICHOICE SAFETY LANCET EXTRA	2	
MEDICHOICE SAFETY LANCET NORM	2	
MEDISENSE THIN LANCETS (lancets)	2	
MEDLANCE EXTRA 21G (lancets)	2	
MEDLANCE LITE 25G (lancets)	2	
MEDLANCE PLUS EXTRA 21G (lancets)	2	
MEDLANCE PLUS LANCETS (lancets)	2	
MEDLANCE PLUS LITE 25G (lancets)	2	
MEDLANCE PLUS SPECIAL 0.8MM (lancets)	2	
MEDLANCE PLUS SUPERLITE 30G (lancets)	2	
MEDLANCE PLUS UNIVERSAL 21G (lancets)	2	
MEDLANCE UNIVERSAL 21G (lancets)	2	
MEIJER LANCETS (lancets)	2	
MEIJER LANCETS THIN (lancets)	2	
MEIJER LANCETS UNIVERSAL 21G (lancets)	2	
MEIJER LANCETS UNIVERSAL 30G (lancets)	2	
MEIJER LANCETS UNIVERSAL 33G (lancets)	2	
MEIJER SUPER THIN LANCETS (lancets)	2	
MICROLET LANCETS (lancets)	2	
MICROLET NEXT LANCING DEVICE (lancet devices)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICROTAINER SAFETY FLOW LANCET (lancets)	2	
MINI LANCING DEVICE	2	
MM LANCING DEVICE (lancet devices)	2	
MM TWIST LANCETS (lancets)	2	
MONOJECTOR END CAPS (lancets misc.)	2	
MONOJECTOR OPD END CAPS (lancets misc.)	2	
MONOLET LANCETS (lancets)	2	
MONOLET OPD LANCETS (lancets)	2	
MONOLETTOR SAFETY LANCETS (lancets)	2	
MPD SAFETY LANCET 21G	2	
MPD SAFETY LANCET 23G	2	
MPD SAFETY LANCET 28G	2	
MPD SAFETY LANCET 30G	2	
MULTI-LANCET DEVICE	2	
MULTI-LANCET DEVICE 2 KIT (lancets misc.)	2	
MYGLUCOHEALTH LANCETS 30G (lancets)	2	
NOVA SAFETY LANCETS 23G (lancets)	2	
NOVA SAFETY LANCETS 28G (lancets)	2	
NOVA SUREFLEX LANCETS (lancets)	2	
NOVA SUREFLEX LANCING DEVICE (lancet devices)	2	
ON CALL LANCETS (lancets)	2	
ON CALL LANCING DEVICE (lancet devices)	2	
ON CALL PLUS LANCETS (lancets)	2	
ON CALL PLUS LANCING DEVICE (lancet devices)	2	
ONETOUCH CLUB LANCETS FINE PT (lancets)	2	
ONETOUCH DELICA LANCETS 30G (lancets)	2	
ONETOUCH DELICA LANCETS 33G (lancets)	2	
ONETOUCH DELICA LANCING DEV (lancet devices)	2	
ONETOUCH DELICA PLUS LANCET30G (lancets)	2	
ONETOUCH DELICA PLUS LANCET33G (lancets)	2	
ONETOUCH DELICA PLUS LANCING (lancet devices)	2	
ONETOUCH FINEPOINT LANCETS (lancets)	2	
ONETOUCH SURESOFT LANCING DEV (lancets misc.)	2	
ONETOUCH ULTRASOFT LANCETS (lancets)	2	
PC LANCETS SUPER THIN 30G	2	
PENLET II BLOOD SAMPLER KIT (lancets misc.)	2	
PENLET II REPLACEMENT CAP (lancets misc.)	2	
PERFECT LANCETS 28G (lancets)	2	

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PERFECT LANCETS 30G (<i>lancets</i>)	2	
PHARMACIST CHOICE LANCETS (<i>lancets</i>)	2	
PHARMACY COUNTER LANCETS (<i>lancets</i>)	2	
PIP LANCETS 28G	2	
PIP LANCETS 30G	2	
PRECISION THINS GP LANCETS (<i>lancets</i>)	2	
PREFERRED PLUS LANCETS COLORED	2	
PREFERRED PLUS LANCETS THIN	2	
PRESSURE ACTIVAT SAFETY LANCET	2	
PRO COMFORT LANCETS 30G	2	
PRO COMFORT LANCETS 31G	2	
PRODIGY LANCETS 28G (<i>lancets</i>)	2	
PRODIGY LANCING DEVICE (<i>lancet devices</i>)	2	
PRODIGY SAFETY LANCETS 26G (<i>lancets</i>)	2	
PRODIGY TWIST TOP LANCETS 28G (<i>lancets</i>)	2	
PSS SELECT GP LANCETS (<i>lancets</i>)	2	
PSS SELECT PLATFORMS (<i>lancets misc.</i>)	2	
PSS SELECT SAFETY LANCETS (<i>lancets</i>)	2	
PUSH BUTTON SAFETY LANCETS	2	
PUSH BUTTON SAFETY LANCETS 28G	2	
PX ADVANCED LANCING DEVICE	2	
PX LANCET AUTO INJECTOR	2	
PX LANCETS ULTRA THIN	2	
PX LANCETS ULTRA THIN 28G	2	
QC ADVANCED LANCING DEVICE	2	
QC LANCETS SUPER THIN 30G	2	
QC LANCETS ULTRA THIN	2	
QC UNILET LANCETS 28G	2	
QC UNILET LANCETS MICRO THIN	2	
RA E-ZJECT COLOR LANCETS 33G (<i>lancets</i>)	2	
RA E-ZJECT LANCETS 28G (<i>lancets</i>)	2	
RA E-ZJECT LANCETS THIN 26G (<i>lancets</i>)	2	
RA E-ZJECT LANCETS THIN 28G (<i>lancets</i>)	2	
RA E-ZJECT LANCETS ULTRA THIN (<i>lancets</i>)	2	
RA LANCING DEVICE	2	
READYLANCE SAFETY LANCETS (<i>lancets</i>)	2	
REALITY LANCETS	2	
REALITY TRIGGER LANCETS	2	

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RELION LANCET DEVICES 30G (<i>lancet devices</i>)	2	
RELION LANCETS MICRO-THIN 33G (<i>lancets</i>)	2	
RELION LANCETS STANDARD 21G (<i>lancets</i>)	2	
RELION LANCETS THIN 26G (<i>lancets</i>)	2	
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	2	
RELION LANCING DEVICE (<i>lancet devices</i>)	2	
RELION LANCING DEVICE KIT (<i>lancets misc.</i>)	2	
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	2	
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	2	
REXALL LANCETS ULTRA THIN 30G (<i>lancets</i>)	2	
RIGHTEST ALTERNATE SITE ADAPT (<i>lancets misc.</i>)	2	
RIGHTEST GD500 LANCING DEVICE (<i>lancet devices</i>)	2	
RIGHTEST GL300 LANCETS (<i>lancets</i>)	2	
SAFE-T-LANCE (<i>lancets</i>)	2	
SAFE-T-LANCE PLUS (<i>lancets</i>)	2	
SAFETY LANCET 21G/PRESSURE ACT	2	
SAFETY LANCET 23G/PRESSURE ACT	2	
SAFETY LANCET 28G/PRESSURE ACT	2	
SAFETY LANCET 30G/PRESSURE ACT	2	
SAFETY LANCETS (<i>lancets</i>)	2	
SAFETY LANCETS 21G (<i>lancets</i>)	2	
SAFETY LANCETS 28G	2	
SAFETY LET LANCETS (<i>lancets</i>)	2	
SAFETY SEAL LANCETS (<i>lancets</i>)	2	
SAPS HEALTH TWIST TOP LANCETS	2	
SAPS TWIST TOP LANCETS	2	
SAPSCARE TWIST TOP LANCETS	2	
SB LANCETS THIN	2	
SB LANCETS ULTRA THIN	2	
SELECT-LITE DEVICE/LANCETS KIT	2	
SELECT-LITE LANCING DEVICE	2	
SHOPKO AUTOLET LANCING DEVICE (<i>lancet devices</i>)	2	
SHOPKO ON-THE-GO LANCETS 30G (<i>lancets</i>)	2	
SHOPKO UNILET LANCETS 28G (<i>lancets</i>)	2	
SHOPKO UNILET LANCETS 30G (<i>lancets</i>)	2	
SIDE BUTTON SAFETY LANCET	2	
SIMPLE DIAGNOSTICS LANCING DEV (<i>lancet devices</i>)	2	
SINGLE-LET (<i>lancets</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SM LANCETS 33G	2	
SM TRUEDRAW LANCING DEVICE (<i>lancet devices</i>)	2	
SMART DIABETES VANTAGE LANCING (<i>lancet devices</i>)	2	
SMART SENSE COLOR LANCETS 33G (<i>lancets</i>)	2	
SMART SENSE STANDARD LANCETS (<i>lancets</i>)	2	
SMART SENSE SUPER THIN LANCETS (<i>lancets</i>)	2	
SMART SENSE THIN LANCETS 26G (<i>lancets</i>)	2	
SMARTTEST LANCETS 28G (<i>lancets</i>)	2	
SOLUS V2 LANCETS 28G (<i>lancets</i>)	2	
SOLUS V2 LANCING DEVICE (<i>lancet devices</i>)	2	
SOLUS V2 TWIST LANCETS 30G (<i>lancets</i>)	2	
STERILANCE PA (<i>lancets misc.</i>)	2	
STERILANCE TL (<i>lancets</i>)	2	
SUPER THIN LANCETS	2	
SURE COMFORT LANCETS 18G	2	
SURE COMFORT LANCETS 21G	2	
SURE COMFORT LANCETS 23G	2	
SURE COMFORT LANCETS 28G	2	
SURE COMFORT LANCETS 30G	2	
SURE COMFORT LANCING PEN	2	
SURE-LANCE FLAT LANCETS (<i>lancets</i>)	2	
SURE-LANCE LANCETS 26G (<i>lancets</i>)	2	
SURE-LANCE THIN LANCETS 28G (<i>lancets</i>)	2	
SURE-LANCE ULTRA THIN LANCETS (<i>lancets</i>)	2	
SURELITE LANCETS (<i>lancets</i>)	2	
SURE-PEN (<i>lancet devices</i>)	2	
SURE-TOUCH LANCETS UNIVERSAL (<i>lancets</i>)	2	
TECHLITE AST LANCETS (<i>lancets</i>)	2	
TECHLITE LANCETS (<i>lancets</i>)	2	
TECHLITE LANCETS 30G (<i>lancets</i>)	2	
TGT LANCET MICRO THIN 33G	2	
TGT LANCET THIN 26G	2	
TGT LANCET ULTRA THIN 30G	2	
TGT LANCING DEVICE	2	
THINLETS GP LANCETS (<i>lancets</i>)	2	
TODAYS HEALTH LANCING DEVICE	2	
TODAYS HEALTH THIN LANCETS 28G	2	
TODAYS HEALTH THIN LANCETS 30G	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOPCARE LANCETS MICRO-THIN 33G	2	
TRAVEL LANCETS	2	
TRAVEL LANCETS ADVANCED 28G (lancets)	2	
TRUE COMFORT TWIST TOP LANCETS	2	
TRUEDRAW LANCING DEVICE (lancet devices)	2	
TRUEPLUS LANCETS 26G (lancets)	2	
TRUEPLUS LANCETS 28G (lancets)	2	
TRUEPLUS LANCETS 30G (lancets)	2	
TRUEPLUS LANCETS 33G (lancets)	2	
TRUEPLUS SAFETY LANCETS 28G (lancets)	2	
ULTI-LANCE AUTOMATIC (lancet devices)	2	
ULTILET CLASSIC LANCETS (lancets)	2	
ULTILET LANCETS (lancets)	2	
ULTILET SAFETY LANCETS (lancets)	2	
ULTILET SAFETY LANCETS 23G (lancets)	2	
ULTRA THIN LANCETS 31G	2	
ULTRA-CARE LANCETS 30G	2	
ULTRALANCE (lancets misc.)	2	
ULTRA-THIN II AUTO LANCET (lancets)	2	
ULTRA-THIN II LANCETS (lancets)	2	
UNILET COMFORTOUCH LANCET (lancets)	2	
UNILET EXCELITE (lancets)	2	
UNILET EXCELITE II (lancets)	2	
UNILET G.P. LANCET (lancets)	2	
UNILET G.P. SUPERLITE LANCET (lancets)	2	
UNILET GP 28 ULTRA THIN (lancets)	2	
UNILET LANCET (lancets)	2	
UNILET MICRO-THIN 33G (lancets)	2	
UNILET SUPERLITE LANCET (lancets)	2	
UNILET SUPER-THIN 30G (lancets)	2	
UNILET ULTRA-THIN 28G (lancets)	2	
UNISTIK 1 (lancets misc.)	2	
UNISTIK 2 (lancets misc.)	2	
UNISTIK 2 COMFORT (lancets misc.)	2	
UNISTIK 2 EXTRA (lancets misc.)	2	
UNISTIK 2 NEONATAL (lancets misc.)	2	
UNISTIK 2 NORMAL (lancets misc.)	2	
UNISTIK 2 SUPER (lancets misc.)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK 3 (<i>lancets misc.</i>)	2	
UNISTIK 3 COMFORT (<i>lancets misc.</i>)	2	
UNISTIK 3 EXTRA (<i>lancets misc.</i>)	2	
UNISTIK 3 GENTLE (<i>lancets</i>)	2	
UNISTIK 3 NEONATAL (<i>lancets misc.</i>)	2	
UNISTIK 3 NORMAL (<i>lancets misc.</i>)	2	
UNISTIK CZT COMFORT (<i>lancets misc.</i>)	2	
UNISTIK CZT NORMAL (<i>lancets misc.</i>)	2	
UNISTIK PRO SAFETY LANCET (<i>lancets</i>)	2	
UNISTIK SAFETY LANCETS 28G (<i>lancets</i>)	2	
UNISTIK SAFETY LANCETS 30G (<i>lancets</i>)	2	
UNISTIK TOUCH SAFETY LANC 21G (<i>lancets</i>)	2	
UNISTIK TOUCH SAFETY LANC 23G (<i>lancets</i>)	2	
UNISTIK TOUCH SAFETY LANC 28G (<i>lancets</i>)	2	
UNISTIK TOUCH SAFETY LANC 30G (<i>lancets</i>)	2	
UNIVERSAL 1 LANCETS THIN 26G (<i>lancets</i>)	2	
UNIVERSAL 1 LANCETS THIN 33G (<i>lancets</i>)	2	
UNIVERSAL 1 LANCETS ULTRA THIN (<i>lancets</i>)	2	
VALUE PLUS LANCET STANDARD 21G	2	
VALUE PLUS LANCETS SUPER THIN	2	
VALUE PLUS LANCETS THIN 26G	2	
VALUE PLUS LANCING DEVICE	2	
VALUMARK LANCET SUPER THIN 30G	2	
VALUMARK LANCET ULTRA THIN 28G	2	
VIDA MIA AUTOLET LANCING DEV (<i>lancet devices</i>)	2	
VIDA MIA UNILET LANCETS 28G (<i>lancets</i>)	2	
VIDA MIA UNILET LANCETS 30G (<i>lancets</i>)	2	
VITALET PRO LANCETS (<i>lancets</i>)	2	
VITALET PRO PLUS LANCETS (<i>lancets</i>)	2	
VIVAGUARD LANCETS (<i>lancets</i>)	2	ST; QL (204 strips per 30 days)
VIVAGUARD LANCING DEVICE (<i>lancet devices</i>)	2	
WALGREENS ADV TRAVEL LANCETS	2	
WALGREENS LANCETS (<i>lancets</i>)	2	
WALGREENS LANCETS MICRO THIN	2	
WALGREENS LANCETS SUPER THIN	2	
WALGREENS THIN LANCETS (<i>lancets</i>)	2	
WALGREENS ULTRA THIN LANCETS (<i>lancets</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*NEEDLES & SYRINGES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
1ST TIER UNIFINE PENTIPS	3	ST
1ST TIER UNIFINE PENTIPS PLUS	3	ST
ABOUTTIME PEN NEEDLE (insulin pen needle)	3	ST
ADVOCATE INSULIN PEN NEEDLES (insulin pen needle)	3	ST
ADVOCATE INSULIN SYRINGE (insulin syringe-needle u-100)	3	ST
ASSURE ID INSULIN SAFETY SYR (insulin syringe-needle u-100)	3	ST
ASSURE ID SAFETY PEN NEEDLES (insulin pen needle)	3	
AURORA PEN NEEDLES	3	ST
AURORA UNIFINE PENTIPS	3	ST
BD AUTOSHIELD (insulin pen needle)	2	ST
BD AUTOSHIELD DUO (insulin pen needle)	2	
BD INSULIN SYR ULTRAFINE II (insulin syringe-needle u-100)	2	ST
BD INSULIN SYRINGE (insulin syringes (disposable))	2	
BD INSULIN SYRINGE MICROFINE (insulin syringe-needle u-100)	2	
BD INSULIN SYRINGE U/F (insulin syringe-needle u-100)	2	
BD INSULIN SYRINGE U/F 1/2UNIT (insulin syringe-needle u-100)	2	
BD INSULIN SYRINGE U-500 (insulin syringe/needle u-500)	2	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML (insulin syringe-needle u-100)	2	
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML (insulin syringe-needle u-100)	2	ST
BD PEN NEEDLE MICRO U/F (insulin pen needle)	2	
BD PEN NEEDLE MINI U/F (insulin pen needle)	2	
BD PEN NEEDLE NANO 2ND GEN (insulin pen needle)	2	ST
BD PEN NEEDLE NANO U/F (insulin pen needle)	2	
BD PEN NEEDLE ORIGINAL U/F (insulin pen needle)	2	
BD PEN NEEDLE SHORT U/F (insulin pen needle)	2	
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 30G X 5/16" 0.5 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 (insulin syringe-needle u-100)	2	
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML (insulin syringe-needle u-100)	2	ST
BD SAFETY-LOK INSULIN SYRINGE (insulin syringe-needle u-100)	2	
BD VEO INSULIN SYR U/F 1/2UNIT (insulin syringe-needle u-100)	2	ST
BD VEO INSULIN SYRINGE U/F (insulin syringe-needle u-100)	2	
CAREFINE PEN NEEDLES (insulin pen needle)	3	ST
CAREONE INSULIN SYRINGE	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAREONE UNIFINE PENTIPS	3	ST
CAREONE UNIFINE PENTIPS PLUS	3	ST
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML (insulin syringe-needle u-100)	3	ST
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML (insulin syringe-needle u-100)	3	
CARETOUCH PEN NEEDLES (insulin pen needle)	3	ST
CLEVER CHOICE COMFORT EZ (insulin pen needle)	3	ST
CLICKFINE PEN NEEDLES	3	ST
COMFORT ASSIST INSULIN SYRINGE (insulin syringe-needle u-100)	3	ST
COMFORT EZ INSULIN SYRINGE (insulin syringe-needle u-100)	3	ST
COMFORT EZ MICRO PEN NEEDLES (insulin pen needle)	3	ST
COMFORT EZ PEN NEEDLES (insulin pen needle)	3	ST
COMFORT EZ SHORT PEN NEEDLES (insulin pen needle)	3	ST
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 15/64" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML (insulin syringe-needle u-100)	3	
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML (insulin syringe-needle u-100)	3	ST
DROPLET MICRON (insulin pen needle)	3	
DROPLET PEN NEEDLES (insulin pen needle)	3	ST
DROPSAFE SAFETY PEN NEEDLES	3	
DRUG MART UNIFINE PENTIPS	3	ST
DRUG MART UNIFINE PENTIPS PLUS	3	ST
EASY COMFORT INSULIN SYRINGE	3	ST
EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 8 MM	3	
EASY COMFORT PEN NEEDLES 31G X 6 MM , 32G X 4 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	3	ST
EASY GLIDE PEN NEEDLES	3	ST
EASY TOUCH FLIPLOCK INSULIN SY (insulin syringe-needle u-100)	3	ST
EASY TOUCH INSULIN SAFETY SYR (insulin syringe-needle u-100)	3	ST
EASY TOUCH INSULIN SYRINGE (insulin syringe-needle u-100)	3	ST
EASY TOUCH PEN NEEDLES (insulin pen needle)	3	ST
EASY TOUCH SAFETY PEN NEEDLES (insulin pen needle)	3	ST
EASY TOUCH SHEATHLOCK SYRINGE (insulin syringe-needle u-100)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELITE-THIN INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST
ELITE-THIN INSULIN SYRINGE 28G X 5/16" 0.5 ML, 29G X 5/16" 0.5 ML	3	
EQL INSULIN SYRINGE	3	ST
EXEL COMFORT POINT INSULIN SYR (<i>insulin syringe-needle u-100</i>)	3	ST
EXEL COMFORT POINT PEN NEEDLE (<i>insulin pen needle</i>)	3	ST
FIFTY50 PEN NEEDLES (<i>insulin pen needle</i>)	3	ST
FIFTY50 SUPERIOR COMFORT SYR (<i>insulin syringe-needle u-100</i>)	3	ST
FREDS PHARMACY UNIFINE PENTIP+	3	ST
FREDS PHARMACY UNIFINE PENTIPS	3	ST
FREESTYLE PRECISION INS SYR (<i>insulin syringe-needle u-100</i>)	3	ST
GLOBAL EASE INJECT PEN NEEDLES	3	ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	3	
GLOBAL EASY GLIDE INSULIN SYR 31G X 5/16" 0.3 ML	3	ST
GLOBAL EASY GLIDE PEN NEEDLES	3	ST
GLOBAL INJECT EASE INSULIN SYR	3	ST
GLOBAL INSULIN SYRINGES	3	ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	3	
GNP CLICKFINE PEN NEEDLES	3	ST
GNP INSULIN SYRINGE	3	ST
GNP ULTRA COM INSULIN SYRINGE	3	ST
GOODSENSE CLICKFINE PEN NEEDLE	3	ST
GOODSENSE PEN NEEDLE PENFINE (<i>insulin pen needle</i>)	3	ST
HEALTHWISE INSULIN SYR/NEEDLE	3	
HEALTHWISE MICRON PEN NEEDLES	3	
HEALTHWISE MINI PEN NEEDLES	3	ST
HEALTHWISE PEN NEEDLES	3	ST
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	3	
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	3	ST
HEALTHWISE UNIFINE PENTIPS	3	ST
HEALTHY ACCENTS UNIFINE PENTIP	3	ST
H-E-B INCONTROL PEN NEEDLES	3	ST

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H-E-B INCONTROL UNIFINE PENTIP (<i>insulin pen needle</i>)	3	ST
HM ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST
HM ULTICARE SHORT PEN NEEDLES (<i>insulin pen needle</i>)	3	ST
INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST
INSULIN SYRINGE 29G X 1" 0.3 ML	3	
INSULIN SYRINGE/NEEDLE	3	ST
INSULIN SYRINGE-NEEDLE U-100	3	ST
INSUPEN PEN NEEDLES	3	ST
INSUPEN SENSITIVE (<i>insulin pen needle</i>)	3	ST
INSUPEN ULTRAFIN (<i>insulin pen needle</i>)	3	ST
KINRAY INSULIN SYRINGE	3	ST
KMART VALU INSULIN SYRINGE 29G	3	ST
KMART VALU INSULIN SYRINGE 30G	3	ST
KROGER INSULIN SYRINGE	3	ST
KROGER PEN NEEDLES 29G X 12MM	3	
KROGER PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	3	ST
LEADER INSULIN SYRINGE	3	ST
LEADER UNIFINE PENTIPS (<i>insulin pen needle</i>)	3	ST
LEADER UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	3	ST
LITETOUCH INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST
LITETOUCH PEN NEEDLES (<i>insulin pen needle</i>)	3	ST
LONGS INSULIN SYRINGE	3	ST
MAGELLAN INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	3	ST
MARATHON MEDICAL PENTIPS (<i>insulin pen needle</i>)	3	ST
MAXICOMFORT II PEN NEEDLE (<i>insulin pen needle</i>)	3	ST
MAXI-COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST
MAXI-COMFORT SAFETY PEN NEEDLE (<i>insulin pen needle</i>)	3	ST
MAXICOMFORT SYR 27G X 1/2" (<i>insulin syringe-needle u-100</i>)	3	ST
MEDIC INSULIN SYRINGE	3	ST
MEDICINE SHOPPE PEN NEEDLES	3	ST
MEIJER PEN NEEDLES	3	ST
MICRODOT PEN NEEDLE (<i>insulin pen needle</i>)	3	ST
MM INSULIN SYRINGE/NEEDLE	3	ST
MM PEN NEEDLES (<i>insulin pen needle</i>)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST
MONOJECT ULTRA COMFORT SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST
MS INSULIN SYRINGE	3	ST
NOVOFINE (<i>insulin pen needle</i>)	3	ST
NOVOFINE AUTOCOVER (<i>insulin pen needle</i>)	3	ST
NOVOFINE PLUS (<i>insulin pen needle</i>)	3	ST
NOVOTWIST (<i>insulin pen needle</i>)	3	ST
PC UNIFINE PENTIPS	3	ST
PEN NEEDLES	3	ST
PEN NEEDLES 1/2"	3	ST
PEN NEEDLES 3/16"	3	ST
PEN NEEDLES 5/16"	3	ST
PENTIPS (<i>insulin pen needle</i>)	3	ST
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML (<i>insulin syringe-needle u-100</i>)	3	
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 30G X 3/8" 0.5 ML (<i>insulin syringe-needle u-100</i>)	3	
PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	3	ST
PREFERRED PLUS INSULIN SYRINGE	3	ST
PREFERRED PLUS UNIFINE PENTIPS	3	ST
PREVENT SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	3	ST
PRO COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST
PRO COMFORT PEN NEEDLES	3	ST
PRODIGY INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST
PURE COMFORT PEN NEEDLE	3	ST
PX EXTRA SHORT PEN NEEDLES	3	ST
PX INSULIN SYRINGE	3	ST
PX MINI PEN NEEDLES	3	ST
PX PEN NEEDLE	3	ST
PX SHORTLENGTH PEN NEEDLES	3	ST
QC PEN NEEDLES	3	ST
QC UNIFINE PENTIPS	3	ST
RA INSULIN SYRINGE	3	ST
RA PEN NEEDLES	3	ST
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST
RELION INSULIN SYRINGE (insulin syringe-needle u-100)	3	ST
RELI-ON INSULIN SYRINGE (insulin syringe-needle u-100)	3	ST
RELION MINI PEN NEEDLES (insulin pen needle)	3	ST
RELION PEN NEEDLES (insulin pen needle)	3	ST
RELION SHORT PEN NEEDLES (insulin pen needle)	3	ST
SAFESNAP INSULIN SYRINGE (insulin syringe-needle u-100)	3	ST
SAFETY INSULIN SYRINGES	3	ST
SB INSULIN SYRINGE	3	ST
SECURESAFE INSULIN SYRINGE (insulin syringe-needle u-100)	3	ST
SHOPKO UNIFINE PENTIPS (insulin pen needle)	3	ST
SHOPKO UNIFINE PENTIPS PLUS (insulin pen needle)	3	ST
SURE COMFORT INSULIN SYRINGE	3	ST
SURE COMFORT PEN NEEDLES	3	ST
SURE-FINE PEN NEEDLES (insulin pen needle)	3	ST
SURE-JECT INSULIN SYRINGE (insulin syringe-needle u-100)	3	ST
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	3	ST
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML	3	
TECHLITE PEN NEEDLES (insulin pen needle)	3	ST
TODAYS HEALTH MINI PEN NEEDLES	3	ST
TODAYS HEALTH PEN NEEDLES	3	ST
TODAYS HEALTH SHORT PEN NEEDLE	3	ST
TOPCARE CLICKFINE PEN NEEDLES	3	ST
TOPCARE ULTRA COMFORT INS SYR	3	ST
TRUE COMFORT INSULIN SYRINGE	3	
TRUE COMFORT PEN NEEDLES	3	ST
TRUEPLUS 5-BEVEL PEN NEEDLES (insulin pen needle)	3	
TRUEPLUS INSULIN SYRINGE (insulin syringe-needle u-100)	3	ST
TRUEPLUS PEN NEEDLES (insulin pen needle)	3	
ULTICARE INSULIN SAFETY SYR (insulin syringe-needle u-100)	3	ST
ULTICARE INSULIN SYRINGE (insulin syringe-needle u-100)	3	ST
ULTICARE MICRO PEN NEEDLES (insulin pen needle)	3	ST
ULTICARE MINI PEN NEEDLES (insulin pen needle)	3	ST
ULTICARE PEN NEEDLES (insulin pen needle)	3	ST
ULTICARE SHORT PEN NEEDLES (insulin pen needle)	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTIGUARD SAFEPAK PEN NEEDLE	3	ST
ULTILET INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST
ULTILET INSULIN SYRINGE SHORT (<i>insulin syringe-needle u-100</i>)	3	ST
ULTILET PEN NEEDLE (<i>insulin pen needle</i>)	3	ST
ULTRA COMFORT INSULIN SYRINGE	3	ST
ULTRA FLO INSULIN PEN NEEDLES (<i>insulin pen needle</i>)	3	ST
ULTRA FLO INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST
ULTRA THIN PEN NEEDLES (<i>insulin pen needle</i>)	3	ST
ULTRACARE INSULIN SYRINGE	3	
ULTRACARE PEN NEEDLES	3	ST
ULTRA-COMFORT INSULIN SYRINGE	3	ST
ULTRA-THIN II INS SYR SHORT (<i>insulin syringe-needle u-100</i>)	3	ST
ULTRA-THIN II INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST
ULTRA-THIN II MINI PEN NEEDLE (<i>insulin pen needle</i>)	3	ST
ULTRA-THIN II PEN NEEDLE SHORT (<i>insulin pen needle</i>)	3	ST
ULTRA-THIN II PEN NEEDLES (<i>insulin pen needle</i>)	3	ST
UNIFINE PENTIPS (<i>insulin pen needle</i>)	3	ST
UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	3	ST
UNIFINE SAFECONTROL PEN NEEDLE (<i>insulin pen needle</i>)	3	ST
VALUE HEALTH INSULIN SYRINGE	3	ST
VALUMARK PEN NEEDLES	3	ST
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	
VIDA MIA UNIFINE PENTIPS (<i>insulin pen needle</i>)	3	ST
VP INSULIN SYRINGE	3	ST
WEGMANS UNIFINE PENTIPS PLUS	3	ST
*OSTOMY SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
KANGAROO BALLOON 12FR/0.8CM KIT (<i>ostomy supplies</i>)	2	
KANGAROO BALLOON 12FR/1.2CM KIT (<i>ostomy supplies</i>)	2	
KANGAROO BALLOON 12FR/1.5CM KIT (<i>ostomy supplies</i>)	2	
KANGAROO BALLOON 12FR/1.7CM KIT (<i>ostomy supplies</i>)	2	
KANGAROO BALLOON 12FR/1CM KIT (<i>ostomy supplies</i>)	2	
KANGAROO BALLOON 12FR/2.3CM KIT (<i>ostomy supplies</i>)	2	
KANGAROO BALLOON 12FR/2.5CM KIT (<i>ostomy supplies</i>)	2	
KANGAROO BALLOON 12FR/2.7CM KIT (<i>ostomy supplies</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KANGAROO BALLOON 12FR/2CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 12FR/3.5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 12FR/3CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 12FR/4.5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 12FR/4CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 12FR/5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 14FR/0.8CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 14FR/1.2CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 14FR/1.5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 14FR/1.7CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 14FR/1CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 14FR/2.3CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 14FR/2.5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 14FR/2.7CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 14FR/2CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 14FR/3.5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 14FR/3CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 14FR/4.5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 14FR/4CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 14FR/5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 16FR/0.8CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 16FR/1.2CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 16FR/1.5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 16FR/1.7CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 16FR/1CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 16FR/2.3CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 16FR/2.5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 16FR/2.7CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 16FR/2CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 16FR/3.5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 16FR/3CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 16FR/4.5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 16FR/4CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 16FR/5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 18FR/0.8CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 18FR/1.2CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 18FR/1.5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 18FR/1.7CM KIT (ostomy supplies)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KANGAROO BALLOON 18FR/1CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 18FR/2.3CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 18FR/2.5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 18FR/2.7CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 18FR/2CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 18FR/3.5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 18FR/3CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 18FR/4.5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 18FR/4CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 18FR/5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 20FR/0.8CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 20FR/1.2CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 20FR/1.5CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 20FR/1.7CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 20FR/1CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 20FR/2.3CM KIT (ostomy supplies)	2	
KANGAROO BALLOON 20FR/2CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 20FR/2.5CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 20FR/2.7CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 20FR/3.5CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 20FR/4.5CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 20FR/4CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 20FR/5CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 24FR/0.8CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 24FR/1.2CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 24FR/1.5CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 24FR/1.7CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 24FR/1CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 24FR/2.3CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 24FR/2.5CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 24FR/2.7CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 24FR/2CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 24FR/3.5CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 24FR/3CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 24FR/4.5CM KIT (ostomy supplies)	2	
NUTRIPORT BALLOON 24FR/4CM KIT (ostomy supplies)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)*** - DRUGS FOR THE SKIN		
*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)*** - DRUGS FOR THE SKIN		
SCENESSE SUBCUTANEOUS IMPLANT (<i>afamelanotide acetate</i>)	3	PA; LD; QL (1 implant per 2 monthss)
*MELANOCORTIN RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
*MELANOCORTIN RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>bremelanotide acetate</i>)	3	PA; LD; QL (4 autoinjectors per 30 days)
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
*ERGOT COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
CAFERGOT ORAL TABLET (<i>ergotamine-caffeine</i>)	3	
<i>ergotamine-caffeine oral tablet</i>	1 or 1b*	
<i>migergot rectal suppository</i>	1 or 1b*	
*MIGRAINE COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
MIGRAINE PACK COMBINATION THERAPY PACK (<i>sumatriptan-homeopathic prod</i>)	3	
*MIGRAINE PRODUCTS - NSAIDS*** - DRUGS FOR MIGRAINE HEADACHES		
CAMBIA ORAL PACKET (<i>diclofenac potassium</i>)	3	ST; QL (9 packets per 30 days)
*MIGRAINE PRODUCTS*** - DRUGS FOR MIGRAINE HEADACHES		
D.H.E. 45 INJECTION SOLUTION (<i>dihydroergotamine mesylate</i>)	3	PA
<i>dihydroergotamine mesylate injection solution</i>	1 or 1b*	PA
<i>dihydroergotamine mesylate nasal solution</i>	1 or 1b*	ST; QL (8 bottles per 30 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL (<i>ergotamine tartrate</i>)	3	
MIGRANAL NASAL SOLUTION (<i>dihydroergotamine mesylate</i>)	3	ST; QL (8 bottles per 30 days)
*SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>sumatriptan-naproxen sodium oral tablet</i>	1 or 1b*	ST; QL (9 tablets per 30 days)
TREXIMET ORAL TABLET (<i>sumatriptan-naproxen sodium</i>)	3	ST; QL (9 tablets per 30 days)
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** - DRUGS FOR MIGRAINE HEADACHES		
<i>almotriptan malate oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
AMERGE ORAL TABLET (<i>naratriptan hcl</i>)	3	ST; QL (9 tablets per 30 days)
AXERT ORAL TABLET (<i>almotriptan malate</i>)	3	QL (9 tablets per 30 days)

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<i>eletriptan hydrobromide oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
FROVA ORAL TABLET (<i>frovatriptan succinate</i>)	3	ST; QL (9 tablets per 30 days)
<i>frovatriptan succinate oral tablet</i>	1 or 1b*	ST; QL (9 tablets per 30 days)
IMITREX NASAL SOLUTION (<i>sumatriptan</i>)	3	ST; QL (6 nasal inhalers per 30 days)
IMITREX ORAL TABLET (<i>sumatriptan succinate</i>)	3	ST; QL (9 tablets per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>sumatriptan succinate</i>)	3	ST; QL (6 cartridges per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML (<i>sumatriptan succinate</i>)	3	ST; QL (6 syringes (2 ML) per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML (<i>sumatriptan succinate</i>)	3	ST; QL (6 cartridges (2ml) per 30 days)
IMITREX SUBCUTANEOUS SOLUTION (<i>sumatriptan succinate</i>)	3	ST; QL (5 vials per 30 days)
MAXALT ORAL TABLET (<i>rizatriptan benzoate</i>)	3	ST; QL (9 tablets per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 10 MG (<i>rizatriptan benzoate</i>)	3	ST; QL (9 tablets per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE 5 MG (<i>rizatriptan benzoate</i>)	3	QL (9 tablets per 30 days)
<i>naratriptan hcl oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER (<i>sumatriptan succinate</i>)	3	ST; QL (1 kit per 30 days)
RELPAK ORAL TABLET (<i>eletriptan hydrobromide</i>)	3	ST; QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>sumatriptan nasal solution</i>	1 or 1b*	QL (6 nasal inhalers per 30 days)
<i>sumatriptan succinate oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1 or 1b*	QL (6 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1 or 1b*	QL (5 vials per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	1 or 1b*	QL (6 syringes (2 ML) per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	1 or 1b*	QL (6 cartridges (2ml) per 30 days)
<i>sumatriptan succinate subcutaneous solution prefilled syringe</i>	1 or 1b*	QL (2 syringes per 30 days)
TOSYMRA NASAL SOLUTION (<i>sumatriptan</i>)	3	ST; QL (12 units per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>sumatriptan succinate</i>)	3	ST; QL (8 syringes per 30 days)
<i>zolmitriptan oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	1 or 1b*	QL (9 tablets per 30 days)
ZOMIG NASAL SOLUTION (<i>zolmitriptan</i>)	3	ST; QL (6 nasal inhalers per 30 days)
ZOMIG ORAL TABLET (<i>zolmitriptan</i>)	3	ST; QL (9 tablets per 30 days)
ZOMIG ZMT ORAL TABLET DISPERSIBLE (<i>zolmitriptan</i>)	3	ST; QL (9 tablets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
*BICARBONATES*** - DRUGS FOR NUTRITION		
NEUT INTRAVENOUS SOLUTION (<i>sodium bicarbonate</i>)	3	
SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML	3	
<i>sodium acetate intravenous solution 4 meq/ml</i>	1 or 1b*	
SODIUM BICARBONATE INJECTION SOLUTION	3	
<i>sodium bicarbonate intravenous solution</i>	1 or 1b*	
SODIUM BICARBONATE-DEXTROSE INTRAVENOUS SOLUTION	3	
SODIUM LACTATE INTRAVENOUS SOLUTION	3	
*CALCIUM COMBINATIONS*** - DRUGS FOR NUTRITION		
CALCIFOL ORAL WAFER (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	3	
CALCIUM GLUCONATE-DEXTROSE INTRAVENOUS SOLUTION	3	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION	3	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
CALCIUM-FOLIC ACID PLUS D ORAL WAFER	3	
*CALCIUM*** - DRUGS FOR NUTRITION		
CALCIUM GLUCONATE INTRAVENOUS SOLUTION	3	
*ELECTROLYTES & DEXTROSE*** - DRUGS FOR NUTRITION		
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	3	
<i>dextrose in lactated ringers intravenous solution</i>	1 or 1b*	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 5-0.3 %	3	
<i>dextrose-nacl intravenous solution 10-0.45 %, 2.5-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1 or 1b*	
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 5-0.225 %, 5-0.3 %	3	
<i>dextrose-sodium chloride intravenous solution 5-0.45 %, 5-0.9 %</i>	1 or 1b*	
ELLIOTTS B INTRATHECAL SOLUTION (<i>intrathecal elec-dextrose</i>)	3	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-mb in dextrose</i>)	3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-p in dextrose</i>)	3	
KCL IN D5W LACTATED RINGERS INTRAVENOUS SOLUTION	3	
<i>kcl in dextrose-nacl intravenous solution 0.15-5-0.45 %, 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.33 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%</i>	1 or 1b*	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-%, 40-5-0.9 MEQ/L-%-%	3	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION	3	
KCL-LIDOCAINE IN D5W INTRAVENOUS SOLUTION	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-m in dextrose</i>)	3	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-r in dextrose</i>)	3	
POTASSIUM CHLORIDE IN D5W INTRAVENOUS SOLUTION	3	
<i>potassium chloride in dextrose intravenous solution</i>	1 or 1b*	
*ELECTROLYTES PARENTERAL*** - DRUGS FOR NUTRITION		
ISOLYTE-S INTRAVENOUS SOLUTION (<i>electrolyte-s</i>)	3	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION (<i>electrolyte-s (ph 7.4)</i>)	3	
KCL (IN NACL 0.9%) INTRAVENOUS SOLUTION	3	
KCL IN LACTATED RINGERS INTRAVENOUS SOLUTION	3	
KCL-LIDOCAINE IN NACL INTRAVENOUS SOLUTION	3	
KCL-LIDOCAINE-NACL INTRAVENOUS SOLUTION	3	
<i>lactated ringers intravenous solution</i>	1 or 1b*	
NORMOSOL-R INTRAVENOUS SOLUTION (<i>electrolyte-r</i>)	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION (<i>electrolyte-r (ph 7.4)</i>)	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION (<i>electrolyte-148</i>)	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION (<i>electrolyte-a</i>)	3	
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 10-0.9 MEQ/L-%	3	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1 or 1b*	
<i>ringers intravenous solution</i>	1 or 1b*	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE (<i>parenteral electrolytes</i>)	3	
*FLUORIDE COMBINATIONS*** - DRUGS FOR NUTRITION		
FLORIVA ORAL LIQUID (<i>sodium fluoride-vitamin d</i>)	3	
*FLUORIDE*** - DRUGS FOR NUTRITION		
FLUORABON ORAL SOLUTION (<i>sodium fluoride</i>)	3	
<i>fluoritab oral solution</i>	1 or 1a*; \$0	
<i>fluoritab oral tablet chewable</i>	1 or 1a*; \$0	
<i>flura-drops oral solution</i>	1 or 1a*; \$0	
<i>sodium fluoride</i> (Ludent Oral Tablet Chewable)	1 or 1a*; \$0	
<i>sodium fluoride</i> (Nafrinse Drops Oral Solution)	1 or 1a*; \$0	
<i>sodium fluoride</i> (Nafrinse Oral Tablet Chewable)	1 or 1a*; \$0	
<i>sodium fluoride oral solution</i>	1 or 1a*; \$0	
<i>sodium fluoride oral tablet</i>	1 or 1a*; \$0	
<i>sodium fluoride oral tablet chewable</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*IODINE PRODUCTS*** - DRUGS FOR NUTRITION		
IODOPEN INJECTION SOLUTION (<i>sodium iodide</i>)	3	
*MAGNESIUM COMBINATIONS*** - DRUGS FOR NUTRITION		
MAGNEBIND 400 ORAL TABLET (<i>magnesium-calcium-folic acid</i>)	3	
*MAGNESIUM*** - DRUGS FOR NUTRITION		
<i>magnesium chloride injection solution</i>	1 or 1b*	
MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION	3	
<i>magnesium sulfate injection solution</i>	1 or 1b*	
MAGNESIUM SULFATE INTRAVENOUS SOLUTION	3	
MAGNESIUM SULFATE-LACT RINGERS INTRAVENOUS SOLUTION	3	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION	3	
*MANGANESE*** - DRUGS FOR NUTRITION		
<i>manganese chloride intravenous solution</i>	1 or 1b*	
<i>manganese sulfate intravenous solution</i>	1 or 1b*	
*PHOSPHATE*** - DRUGS FOR NUTRITION		
GLYCOPHOS INTRAVENOUS SOLUTION (<i>sodium glycerophosphate</i>)	3	
K-PHOS ORAL TABLET (<i>potassium phosphate monobasic</i>)	2	
K-PHOS-NEUTRAL ORAL TABLET (<i>k phos mono-sod phos di & mono</i>)	3	
<i>k phos mono-sod phos di & mono</i> (Phospha 250 Neutral Oral Tablet)	1 or 1b*	
<i>phosphorous oral tablet</i>	1 or 1b*	
<i>k phos mono-sod phos di & mono</i> (Phospho-Trin 250 Neutral Oral Tablet)	1 or 1b*	
POTASSIUM PHOSPHATE-NACL INTRAVENOUS SOLUTION	3	
POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION	3	
POTASSIUM PHOSPHATES-DEXTROSE INTRAVENOUS SOLUTION	3	
POTASSIUM PHOSPHATES-NACL INTRAVENOUS SOLUTION	3	
SODIUM PHOSPHATE-NACL INTRAVENOUS SOLUTION	3	
<i>sodium phosphates intravenous solution</i>	1 or 1b*	
SODIUM PHOSPHATES-DEXTROSE INTRAVENOUS SOLUTION	3	
<i>virt-phos 250 neutral oral tablet</i>	1 or 1b*	
*POTASSIUM COMBINATIONS*** - DRUGS FOR NUTRITION		
EFFER-K ORAL TABLET EFFERVESCENT (<i>potassium bicarb-citric acid</i>)	3	
<i>effervescent pot chloride oral tablet effervescent</i>	1 or 1b*	
<i>pot bicarb-pot chloride oral tablet effervescent</i>	1 or 1b*	
*POTASSIUM*** - DRUGS FOR NUTRITION		
<i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent)	1 or 1b*	
<i>k-effervescent oral tablet effervescent</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release)	1 or 1b*	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release)	1 or 1a*	
<i>klor-con m15 oral tablet extended release</i>	1 or 1a*	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release)	1 or 1a*	
<i>potassium chloride</i> (Klor-Con Oral Packet)	1 or 1b*	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release)	1 or 1b*	
<i>potassium chloride</i> (Klor-Con Sprinkle Oral Capsule Extended Release)	1 or 1b*	
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent)	1 or 1b*	
<i>potassium bicarbonate</i> (K-Prime Oral Tablet Effervescent)	1 or 1b*	
K-TAB ORAL TABLET EXTENDED RELEASE (<i>potassium chloride</i>)	3	
<i>k-vescent oral tablet effervescent</i>	1 or 1b*	
<i>potassium acetate intravenous solution</i>	1 or 1b*	
POTASSIUM ACETATE-NACL INTRAVENOUS SOLUTION	3	
<i>potassium bicarbonate oral tablet effervescent</i>	1 or 1b*	
<i>potassium chloride crys er oral tablet extended release</i>	1 or 1a*	
<i>potassium chloride er oral capsule extended release</i>	1 or 1b*	
<i>potassium chloride er oral tablet extended release</i>	1 or 1b*	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 0.4 MEQ/ML, 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/50ML, 40 MEQ/100ML	3	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1 or 1b*	
<i>potassium chloride oral packet</i>	1 or 1b*	
<i>potassium chloride oral solution</i>	1 or 1b*	
<i>potassium chloride</i> (Potassium Chloride Proamp Intravenous Solution)	1 or 1b*	
*SODIUM*** - DRUGS FOR NUTRITION		
<i>sodium chloride flush</i> (Bd Posiflush Intravenous Solution)	1 or 1b*	
LIQUIVIDA HYDRATION INTRAVENOUS KIT (<i>sodium chloride</i>)	3	
<i>sodium chloride flush</i> (Monoject Flush Syringe Intravenous Solution)	1 or 1b*	
<i>sodium chloride flush</i> (Monoject Sodium Chloride Flush Intravenous Solution)	1 or 1b*	
<i>normal saline flush intravenous solution</i>	1 or 1b*	
<i>saline flush intravenous solution</i>	1 or 1b*	
<i>sodium chloride flush</i> (Saline Flush Zr Intravenous Solution)	1 or 1b*	
<i>sodium chloride (pf) injection solution</i>	1 or 1b*	
<i>sodium chloride flush intravenous solution</i>	1 or 1b*	
SODIUM CHLORIDE INJECTION SOLUTION 0.9 %	3	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1 or 1b*	
<i>sodium chloride intravenous solution</i>	1 or 1b*	
<i>sodium chloride flush</i> (Swabflush Saline Flush Intravenous Solution)	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*TRACE MINERAL COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>multitrace-4 concentrate intravenous solution</i>	1 or 1b*	
MULTITRACE-4 INTRAVENOUS SOLUTION (<i>trace minerals cr-cu-mn-zn</i>)	3	
MULTITRACE-4 NEONATAL INTRAVENOUS SOLUTION (<i>trace minerals cr-cu-mn-zn</i>)	3	
MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION (<i>trace minerals cr-cu-mn-zn</i>)	3	
<i>multitrace-5 concentrate intravenous solution</i>	1 or 1b*	
MULTITRACE-5 INTRAVENOUS SOLUTION (<i>trace minerals cr-cu-mn-se-zn</i>)	3	
THE LIQUILIFT TRACE INTRAVENOUS KIT (<i>trace minerals cr-cu-mn-se-zn</i>)	3	
TRACE ELEMENTS 4/PEDIATRIC INTRAVENOUS SOLUTION (<i>trace minerals cr-cu-mn-zn</i>)	3	
*TRACE MINERALS*** - DRUGS FOR NUTRITION		
<i>chromic chloride intravenous solution</i>	1 or 1b*	
<i>cupric chloride intravenous solution</i>	1 or 1b*	
SELENIOUS ACID INTRAVENOUS SOLUTION	3	
<i>selenium intravenous solution</i>	1 or 1b*	
*ZINC*** - DRUGS FOR NUTRITION		
GALZIN ORAL CAPSULE (<i>zinc acetate (oral)</i>)	3	
<i>zinc chloride intravenous solution</i>	1 or 1b*	
<i>zinc sulfate intravenous solution 1 mg/ml, 5 mg/ml</i>	1 or 1b*	
ZINC SULFATE INTRAVENOUS SOLUTION 3 MG/ML	3	
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS		
*MISCELLANEOUS THERAPEUTIC CLASSES*** - VITAMINS AND MINERALS		
NEXAVIR INJECTION SOLUTION (<i>liver derivative complex</i>)	3	
PHENOL INJECTION SOLUTION	3	
*MIXED ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS		
*MIXED ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS		
DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION	3	
MIXED ASPERGILLUS SUBCUTANEOUS SOLUTION	3	
MIXED FEATHERS SUBCUTANEOUS SOLUTION	3	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL (<i>dust mite mixed allergen ext</i>)	3	PA; QL (1 tablet per 1 day)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL (<i>grass mix pollens allergen ext</i>)	3	PA; LD; QL (1 tablet per 1 day)
SORREL/DOCK MIX SUBCUTANEOUS SOLUTION	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MONOBACTAMS*** - DRUGS FOR INFECTIONS		
*MONOBACTAMS*** - DRUGS FOR INFECTIONS		
AZACTAM IN DEXTROSE INTRAVENOUS SOLUTION (<i>aztreonam-dextrose</i>)	3	
AZACTAM INJECTION SOLUTION RECONSTITUTED (<i>aztreonam</i>)	3	
<i>aztreonam injection solution reconstituted</i>	1 or 1b*	
CAYSTON INHALATION SOLUTION RECONSTITUTED (<i>aztreonam lysine</i>)	4	LD; SP
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
*ANESTHETICS TOPICAL ORAL - COMBINATIONS*** - DRUGS FOR THE MOUTH AND THROAT		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	
*ANESTHETICS TOPICAL ORAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>lidocaine hcl mouth/throat solution</i>	1 or 1a*	QL (10 mL per 1 day)
<i>lidocaine viscous hcl mouth/throat solution</i>	1 or 1a*	QL (10 mL per 1 day)
<i>benzocaine</i> (Topex Topical Anesthetic Mouth/Throat Aerosol)	1 or 1b*	
*ANTI-INFECTIVES - THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>clotrimazole mouth/throat lozenge</i>	1 or 1b*	QL (5 tablet per 1 day)
<i>clotrimazole mouth/throat troche</i>	1 or 1b*	QL (5 tablet per 1 day)
<i>nystatin mouth/throat suspension</i>	1 or 1b*	
ORAVIG BUCCAL TABLET (<i>miconazole</i>)	3	
*ANTISEPTIC COMBINATIONS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
DEBACTEROL MOUTH/THROAT SOLUTION (<i>sulfuric acid-sulf phenolics</i>)	3	
*ANTISEPTICS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>chlorhexidine gluconate mouth/throat solution</i>	1 or 1a*	
<i>chlorhexidine gluconate</i> (Paroex Mouth/Throat Solution)	1 or 1a*	
PERIDEX MOUTH/THROAT SOLUTION (<i>chlorhexidine gluconate</i>)	3	
<i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution)	1 or 1a*	
*DENTAL PRODUCTS - COMBINATIONS*** - DRUGS FOR THE MOUTH AND THROAT		
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED (<i>sodium fluoride-phosphoric acid</i>)	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE (<i>sod fluoride-potassium nitrate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREVIDENT 5000 SENSITIVE DENTAL PASTE (<i>sod fluoride-potassium nitrate</i>)	3	
*DRY MOUTH AGENTS AND ARTIFICIAL SALIVA*** - DRUGS FOR THE MOUTH AND THROAT		
CAPHOSOL MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	3	
NEUTRASAL MOUTH/THROAT PACKET (<i>artificial saliva</i>)	3	
*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>sodium fluoride</i> (Cavarest Dental Gel)	1 or 1b*	
<i>sodium fluoride</i> (Dentagel Dental Gel)	1 or 1a*	
<i>easygel dental gel</i>	1 or 1b*	
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED (<i>sodium fluoride</i>)	3	
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED (<i>sodium fluoride</i>)	3	
<i>neutral sodium fluoride mouth/throat solution</i>	1 or 1a*	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE (<i>sodium fluoride</i>)	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL (<i>sodium fluoride</i>)	3	
PREVIDENT 5000 PLUS DENTAL CREAM (<i>sodium fluoride</i>)	3	
PREVIDENT DENTAL GEL (<i>sodium fluoride</i>)	3	
PREVIDENT MOUTH/THROAT SOLUTION (<i>sodium fluoride</i>)	3	
<i>sf dental gel</i>	1 or 1a*	
*PROTECTANTS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
EPISIL MOUTH/THROAT LIQUID (<i>oral wound care products</i>)	3	
GELX MOUTH/THROAT GEL (<i>oral wound care products</i>)	3	
MUCOTROL MOUTH/THROAT WAFER (<i>oral wound care products</i>)	3	
MUGARD MOUTH/THROAT LIQUID (<i>oral wound care products</i>)	3	
ORAFATE MOUTH/THROAT PASTE (<i>sucralfate-malate</i>)	3	
ORAMAGICRX MOUTH/THROAT SUSPENSION RECONSTITUTED (<i>oral wound care products</i>)	3	
SALICEPT MOUTH/THROAT SUSPENSION RECONSTITUTED (<i>oral wound care products</i>)	3	
*SALIVA STIMULANTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>cevimeline hcl oral capsule</i>	1 or 1b*	
EVOXAC ORAL CAPSULE (<i>cevimeline hcl</i>)	3	
<i>pilocarpine hcl oral tablet</i>	1 or 1b*	
SALAGEN ORAL TABLET (<i>pilocarpine hcl</i>)	3	

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*STERIODS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste)	1 or 1b*	
<i>triamcinolone acetonide mouth/throat paste</i>	1 or 1b*	
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS*** - DRUGS FOR METABOLIC DISEASE		
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS*** - DRUGS FOR METABOLIC DISEASE		
VIMIZIM INTRAVENOUS SOLUTION (<i>elosulfase alfa</i>)	4	PA; LD; SP
*MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS*** - DRUGS FOR METABOLIC DISEASE		
*MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS*** - DRUGS FOR METABOLIC DISEASE		
MEPSEVII INTRAVENOUS SOLUTION (<i>vestronidase alfa-vjvk</i>)	4	PA; LD; SP
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR THE NERVOUS SYSTEM		
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR THE NERVOUS SYSTEM		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	4	PA; LD; QL (2 packs per 46 weekss)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	4	PA; LD; QL (2 packs per 46 weekss)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	4	PA; LD; QL (2 packs per 46 weekss)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	4	PA; LD; QL (2 packs per 46 weekss)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	4	PA; LD; QL (2 packs per 46 weekss)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	4	PA; LD; QL (2 packs per 46 weekss)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	4	PA; LD; QL (2 packs per 46 weekss)
*MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID*** - VITAMINS AND MINERALS		
*MULTIPLE VITAMINS & FLUORIDE-FOLIC ACID*** - VITAMINS AND MINERALS		
MULTIVITAMIN/FLUORIDE ORAL TABLET CHEWABLE	3	
*MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID*** - DRUGS FOR NUTRITION		
*MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID*** - DRUGS FOR NUTRITION		
QUFLORA FE ORAL TABLET CHEWABLE (<i>multi vit-min-fluoride-fe-fa</i>)	3	

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*MULTIPLE VITAMINS WITH FOLIC ACID*** - DRUGS FOR NUTRITION		
*MULTIPLE VITAMINS WITH FOLIC ACID*** - DRUGS FOR NUTRITION		
FOLIKA-V ORAL TABLET	3	
MULTIVITAMINS - DRUGS FOR NUTRITION		
*B-COMPLEX VITAMINS*** - DRUGS FOR NUTRITION		
<i>b complex 50 oral tablet</i>	1 or 1b*; \$0	
<i>b complex oral tablet</i>	1 or 1b*; \$0	
<i>b complex-b12 oral tablet</i>	1 or 1b*; \$0	
B-COMPLEX INJECTION INJECTABLE	3	
<i>b-complex/b-12 oral tablet</i>	1 or 1b*; \$0	
<i>pa b-complex with b-12 oral tablet</i>	1 or 1b*; \$0	
<i>ra b-complex oral tablet</i>	1 or 1b*; \$0	
<i>ra b-complex with b-12 oral tablet</i>	1 or 1b*; \$0	
<i>vitamin b complex oral tablet</i>	1 or 1b*; \$0	
<i>vitamin b-complex oral tablet</i>	1 or 1b*; \$0	
<i>vitamin-b complex oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/ C & CALCIUM*** - DRUGS FOR NUTRITION		
<i>gnp b-complex plus vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>qc b-complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/ C & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex-c-folic acid oral tablet</i>	1 or 1b*; \$0	
<i>b-complex balanced oral tablet</i>	1 or 1b*; \$0	
<i>b-complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>b-plex oral tablet</i>	1 or 1b*	
<i>b complex-c-folic acid (Dexifol Oral Tablet)</i>	1 or 1b*	
<i>dialyvite 800 oral tablet</i>	1 or 1b*; \$0	
<i>b complex-c-folic acid (Dialyvite Oral Tablet)</i>	1 or 1b*	
<i>eql super b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>folbee plus oral tablet</i>	1 or 1b*	
FULL SPECTRUM B/VITAMIN C ORAL TABLET	2; \$0	
<i>hm super vitamin b complex/c oral tablet</i>	1 or 1b*; \$0	
<i>hm vitamin b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>hylavite oral tablet</i>	1 or 1b*	
<i>kp b complex-c oral tablet</i>	1 or 1b*; \$0	
<i>mynephrocaps oral capsule</i>	1 or 1b*	
<i>b complex-c-folic acid (Mynephron Oral Capsule)</i>	1 or 1b*	

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<i>nephro vitamins oral tablet</i>	1 or 1b*; \$0	
NEPHROCAPS ORAL CAPSULE (<i>b complex-c-folic acid</i>)	3	
NEPHRO-VITE ORAL TABLET (<i>b complex-c-folic acid</i>)	2	
<i>px b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>renal multivitamin formula oral tablet</i>	1 or 1b*; \$0	
<i>b complex-c-folic acid</i> (Renal Oral Capsule)	1 or 1b*	
<i>renal vitamin oral tablet</i>	1 or 1b*; \$0	
<i>renal-vite oral tablet</i>	1 or 1b*; \$0	
<i>rena-vite oral tablet</i>	1 or 1b*; \$0	
<i>reno caps oral capsule</i>	1 or 1b*	
<i>sm b super vitamin complex oral tablet</i>	1 or 1b*; \$0	
SM B-COMPLEX/VITAMIN C ORAL TABLET	2; \$0	
<i>stress formula oral tablet</i>	1 or 1b*; \$0	
<i>super b complex/fa/vit c oral tablet</i>	1 or 1b*; \$0	
<i>super b-complex/vit c/fa oral tablet</i>	1 or 1b*; \$0	
<i>triphrocaps oral capsule</i>	1 or 1b*	
<i>virt-caps oral capsule</i>	1 or 1b*	
<i>vita-bee/c oral tablet</i>	1 or 1b*; \$0	
VITALINE BIOTIN FORTE ORAL TABLET (<i>b complex-c-folic acid</i>)	2; \$0	
WEST-VITE W/FOLIC ACID ORAL TABLET	2; \$0	
*B-COMPLEX W/ C*** - DRUGS FOR NUTRITION		
<i>allbee/c oral tablet</i>	1 or 1b*; \$0	
<i>b complex-c oral tablet</i>	1 or 1b*; \$0	
<i>b-complex-c oral tablet</i>	1 or 1b*; \$0	
<i>better b complex oral tablet</i>	1 or 1b*; \$0	
<i>cvs b complex plus c oral tablet</i>	1 or 1b*; \$0	
<i>cvs super b complex/c oral tablet</i>	1 or 1b*; \$0	
<i>hm b complex/c oral tablet</i>	1 or 1b*; \$0	
<i>sm super b complex/c oral tablet</i>	1 or 1b*; \$0	
<i>sm vitamin b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>super b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>superplex-t oral tablet</i>	1 or 1b*; \$0	
<i>total b/c oral tablet</i>	1 or 1b*; \$0	
<i>vitamin b + c complex oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/ C-BIOTIN-D & FOLIC ACID*** - DRUGS FOR NUTRITION		
NEPHROCAPS QT ORAL TABLET DISPERSIBLE (<i>b complex-c-biotin-d-fa</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*B-COMPLEX W/ C-BIOTIN-D-ZINC & FOLIC ACID*** - DRUGS FOR NUTRITION		
VITAL-D RX ORAL TABLET (<i>b complex-c-biotin-d-zinc-fa</i>)	3	
*B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID*** - DRUGS FOR NUTRITION		
B COMPLEX-C-BIOTIN-E-FA ORAL TABLET	2; \$0	
RENATABS ORAL TABLET (<i>b complex-c-biotin-e-fa</i>)	3	
*B-COMPLEX W/ C-BIOTIN-E-FOLIC ACID & IRON*** - DRUGS FOR NUTRITION		
RENATABS WITH IRON ORAL (<i>b complex-c-biotin-e-fa-fe cbn</i>)	3	
*B-COMPLEX W/ C-BIOTIN-E-MINERALS & FOLIC ACID*** - DRUGS FOR NUTRITION		
DIALYVITE 3000 ORAL TABLET (<i>b complex-c-biotin-e-min-fa</i>)	3	
DIALYVITE 5000 ORAL TABLET (<i>b complex-c-biotin-e-min-fa</i>)	3	
*B-COMPLEX W/ C-ZN & FOLIC ACID*** - DRUGS FOR NUTRITION		
DIALYVITE/ZINC ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	3	
NEPHPLEX RX ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	3	
*B-COMPLEX W/ FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex formula 1 oral tablet</i>	1 or 1b*; \$0	
<i>b complex plus oral tablet</i>	1 or 1b*; \$0	
<i>kobee oral tablet</i>	1 or 1b*; \$0	
<i>sm balanced b-100 oral tablet</i>	1 or 1b*; \$0	
<i>sm balanced b-50 oral tablet</i>	1 or 1b*; \$0	
<i>super b complex maxi oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/ LYSINE-MIN-FE & FOLIC ACID*** - DRUGS FOR NUTRITION		
NUTRIVIT ORAL LIQUID (<i>b complex-lysine-min-fe-fa</i>)	2	
*B-COMPLEX W/ LYSINE-ZN & FOLIC ACID*** - DRUGS FOR NUTRITION		
SUPERVITE ORAL LIQUID (<i>b complex-lysine-zn-fa</i>)	3	
*B-COMPLEX W/BIOTIN & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complete oral tablet</i>	1 or 1b*; \$0	
<i>b complex 100 tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>b complex-biotin-fa oral tablet</i>	1 or 1b*; \$0	
<i>b-100 b-complex oral tablet</i>	1 or 1b*; \$0	
<i>b-100 complex cr oral tablet extended release</i>	1 or 1b*; \$0	
<i>b-100 tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>b-50 complex oral tablet extended release</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>b50 complex tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>balance b-50 oral tablet</i>	1 or 1b*; \$0	
<i>balanced b complex oral tablet</i>	1 or 1b*; \$0	
<i>balanced b-100 oral tablet extended release</i>	1 or 1b*; \$0	
<i>b-compleet-100 oral tablet</i>	1 or 1b*; \$0	
<i>b-compleet-50 oral tablet</i>	1 or 1b*; \$0	
<i>b-complex oral tablet</i>	1 or 1b*; \$0	
<i>big 100 oral tablet</i>	1 or 1b*; \$0	
<i>complex b-50 prolonged release oral tablet extended release</i>	1 or 1b*; \$0	
<i>endur-b oral tablet extended release</i>	1 or 1b*; \$0	
<i>eql b complex 50 oral tablet</i>	1 or 1b*; \$0	
<i>eql b-100 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>extress oral tablet</i>	1 or 1b*; \$0	
<i>extress-super oral tablet</i>	1 or 1b*; \$0	
<i>gnp b-100 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>gnp b-50 balanced oral tablet</i>	1 or 1b*; \$0	
<i>gnp b-50 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>hm vitamin b100 complex oral tablet</i>	1 or 1b*; \$0	
<i>hm vitamin b50 complex oral tablet</i>	1 or 1b*; \$0	
<i>poten b-150 cr oral tablet extended release</i>	1 or 1b*; \$0	
<i>qc b50 prolonged release oral tablet extended release</i>	1 or 1b*; \$0	
<i>quin b strong b-25 oral tablet</i>	1 or 1b*; \$0	
<i>ra balanced b-100 cr oral tablet extended release</i>	1 or 1b*; \$0	
<i>ra balanced b-100 oral tablet</i>	1 or 1b*; \$0	
<i>ra balanced b-50 oral tablet</i>	1 or 1b*; \$0	
<i>ra balanced b-50 tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>sm b100 complex oral tablet</i>	1 or 1b*; \$0	
<i>sm b-complex oral tablet</i>	1 or 1b*; \$0	
<i>super b-100 oral tablet</i>	1 or 1b*; \$0	
<i>super b-50 oral tablet</i>	1 or 1b*; \$0	
<i>super b-complex oral tablet</i>	1 or 1b*; \$0	
<i>super dec b-100 oral tablet</i>	1 or 1b*; \$0	
<i>super quints b-50 oral tablet</i>	1 or 1b*; \$0	
<i>vitamin b50 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>yl balanced b-100 oral tablet</i>	1 or 1b*; \$0	
*BIOFLAVONOID PRODUCTS*** - DRUGS FOR NUTRITION		
ADRENAL C FORMULA ORAL TABLET (bioflavonoid products)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*IRON W/ VITAMINS*** - DRUGS FOR NUTRITION		
VITAFOL ORAL TABLET (<i>iron-vitamins</i>)	3	
*MULTIPLE VITAMINS W/ IRON*** - DRUGS FOR NUTRITION		
<i>daily multiple vitamins/iron oral tablet</i>	1 or 1b*; \$0	
<i>daily vitamin formula+iron oral tablet</i>	1 or 1b*; \$0	
<i>daily vite multivitamin/iron oral tablet</i>	1 or 1b*; \$0	
<i>daily vites/iron oral tablet</i>	1 or 1b*; \$0	
<i>daily-vitamin/iron oral tablet</i>	1 or 1b*; \$0	
<i>daily-vite/iron/beta-carotene oral tablet</i>	1 or 1b*; \$0	
<i>gnp one daily plus iron oral tablet</i>	1 or 1b*; \$0	
<i>hm one daily/iron oral tablet</i>	1 or 1b*; \$0	
<i>multi-day plus iron oral tablet</i>	1 or 1b*; \$0	
<i>multiple vitamins/iron oral tablet</i>	1 or 1b*; \$0	
<i>multi-vitamin/iron oral tablet</i>	1 or 1b*; \$0	
<i>nat-rul daily-vite+iron oral tablet</i>	1 or 1b*; \$0	
<i>once daily/iron oral tablet</i>	1 or 1b*; \$0	
<i>one daily multivitamin/iron oral tablet</i>	1 or 1b*; \$0	
<i>one-daily/iron oral tablet</i>	1 or 1b*; \$0	
<i>qc daily multivitamins/iron oral tablet</i>	1 or 1b*; \$0	
<i>ra one daily multi-vit plus fe oral tablet</i>	1 or 1b*; \$0	
<i>sm multiple vitamins/iron oral tablet</i>	1 or 1b*; \$0	
<i>stress b complex/iron oral tablet</i>	1 or 1b*; \$0	
<i>stress formula/iron oral tablet</i>	1 or 1b*; \$0	
<i>tab-a-vite/iron oral tablet</i>	1 or 1b*; \$0	
*MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID*** - DRUGS FOR NUTRITION		
FOLGARD OS ORAL TABLET (<i>multiple vit-min-calcium-fa</i>)	3	
TL G-FOL OS ORAL TABLET (<i>multiple vit-min-calcium-fa</i>)	3	
*MULTIPLE VITAMINS W/ MINERALS & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>corvita oral tablet</i>	1 or 1b*	
CORVITE ORAL TABLET (<i>multiple vitamins-minerals-fa</i>)	3	
DIALYVITE SUPREME D ORAL TABLET (<i>multiple vitamins-minerals-fa</i>)	3	
OCUVEL ORAL CAPSULE (<i>multiple vitamins-minerals-fa</i>)	2	
ONEVITE ORAL TABLET	3	
STROVITE FORTE ORAL SYRUP (<i>multiple vitamins-minerals-fa</i>)	3	
SYNAGEX ORAL CAPSULE (<i>multiple vitamins-minerals-fa</i>)	3	
SYNATEK ORAL CAPSULE (<i>multiple vitamins-minerals-fa</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THRIVITE 19 ORAL TABLET	2	
UDAMIN SP ORAL TABLET (multiple vitamins-minerals-fa)	3	
*MULTIPLE VITAMINS W/ MINERALS*** - DRUGS FOR NUTRITION		
BACMIN ORAL TABLET (multiple vitamins-minerals)	3	
biocel oral tablet	1 or 1b*	
b-plex plus oral tablet	1 or 1b*	
multiple vitamins-minerals (Corvite Free Oral Tablet)	1 or 1b*	
FORTAVIT ORAL CAPSULE (multiple vitamins-minerals)	3	
multiple vitamins-minerals (Lysiplex Plus Oral Tablet)	1 or 1b*	
MULTIVITAMIN ADULT ORAL TABLET	2; \$0	
NICAZEL FORTE ORAL TABLET (multiple vitamins-minerals)	3	
NICAZEL ORAL TABLET (multiple vitamins-minerals)	3	
NUTRICAP ORAL TABLET (multiple vitamins-minerals)	3	
multiple vitamins-minerals (Nutrifac Zx Oral Tablet)	1 or 1b*	
one daily multivitamin adult oral tablet	1 or 1b*; \$0	
PROTECT PLUS ORAL CAPSULE (multiple vitamins-minerals)	3	
REQ 49+ ORAL TABLET (multiple vitamins-minerals)	3	
SIDEROL ORAL TABLET (multiple vitamins-minerals)	2	
STROVITE FORTE ORAL TABLET (multiple vitamins-minerals)	3	
STROVITE ONE ORAL TABLET (multiple vitamins-minerals)	3	
SUPPORT ORAL LIQUID	3	
tab-a-vite oral tablet	1 or 1b*; \$0	
v-c forte oral capsule	1 or 1b*	
multiple vitamins-minerals (Vic-Forte Oral Capsule)	1 or 1b*	
multiple vitamins-minerals (Vita S Forte Oral Tablet)	1 or 1b*	
multiple vitamins-minerals (Vitacel Oral Tablet)	1 or 1b*	
vita-min oral capsule	1 or 1b*	
VITAROCA PLUS ORAL TABLET (multiple vitamins-minerals)	3	
VP-ZEL ORAL TABLET	3	
*MULTIVITAMINS*** - DRUGS FOR NUTRITION		
anti-oxidant oral tablet	1 or 1b*; \$0	
cvs daily multiple oral tablet	1 or 1b*; \$0	
daily multiple vitamins oral tablet	1 or 1b*; \$0	
daily value multivitamin oral tablet	1 or 1b*; \$0	
daily vitamin formula oral tablet	1 or 1b*; \$0	
daily vitamin oral tablet	1 or 1b*; \$0	
daily vitamins oral tablet	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>daily vite oral tablet</i>	1 or 1b*; \$0	
<i>daily vites oral tablet</i>	1 or 1b*; \$0	
<i>daily-vitamin oral tablet</i>	1 or 1b*; \$0	
<i>daily-vite oral tablet</i>	1 or 1b*; \$0	
ESTROFACTORS ORAL TABLET (multiple vitamin)	2; \$0	
<i>gnp essential one daily oral tablet</i>	1 or 1b*; \$0	
<i>healthy hair/skin/nails oral tablet</i>	1 or 1b*; \$0	
INFUVITE ADULT INTRAVENOUS INJECTABLE (multiple vitamin)	3	
M.V.I. ADULT INTRAVENOUS INJECTABLE (multiple vitamin)	3	
<i>multi vitamin daily oral tablet</i>	1 or 1b*; \$0	
<i>multi vitamin mens oral tablet</i>	1 or 1b*; \$0	
MULTI VITAMIN ORAL TABLET	2; \$0	
MULTI VITAMIN W/D-3 ORAL TABLET	2; \$0	
<i>multi-day oral tablet</i>	1 or 1b*; \$0	
<i>multiple vitamin-folic acid oral tablet</i>	1 or 1b*; \$0	
<i>multiple vitamins essential oral tablet</i>	1 or 1b*; \$0	
<i>multiple vitamins oral tablet</i>	1 or 1b*; \$0	
<i>multi-vitamin daily oral tablet</i>	1 or 1b*; \$0	
<i>multivitamin iron-free oral tablet</i>	1 or 1b*; \$0	
MULTIVITAMIN ORAL TABLET	2; \$0	
<i>multi-vitamin oral tablet</i>	1 or 1b*; \$0	
<i>multi-vitamins oral tablet</i>	1 or 1b*; \$0	
NEOMULTIVITE ORAL TABLET (multiple vitamin)	2; \$0	
OMNICAP ORAL TABLET	2; \$0	
<i>once daily oral tablet</i>	1 or 1b*; \$0	
<i>one daily essential oral tablet</i>	1 or 1b*; \$0	
<i>one daily oral tablet</i>	1 or 1b*; \$0	
ONE-A-DAY ESSENTIAL ORAL TABLET (multiple vitamin)	2	
ONE-A-DAY MENS ORAL TABLET (multiple vitamin)	2	
<i>one-daily multi vitamins oral tablet</i>	1 or 1b*; \$0	
<i>one-daily multi-vitamin oral tablet</i>	1 or 1b*; \$0	
<i>qc essentials oral tablet</i>	1 or 1b*; \$0	
QUINTABS ORAL TABLET	2; \$0	
<i>ra one daily essential oral tablet</i>	1 or 1b*; \$0	
<i>ra one daily multi-vitamin oral tablet</i>	1 or 1b*; \$0	
<i>renal multivitamin/zinc oral tablet</i>	1 or 1b*; \$0	
<i>sigtab oral tablet</i>	1 or 1b*; \$0	
<i>sm multiple vitamins essential oral tablet</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>stresstabs energy oral tablet</i>	1 or 1b*; \$0	
<i>tab-a-vite/beta carotene oral tablet</i>	1 or 1b*; \$0	
THERA ORAL TABLET (<i>multiple vitamin</i>)	2; \$0	
<i>thera-mill oral tablet</i>	1 or 1b*; \$0	
<i>therapeutic oral tablet</i>	1 or 1b*; \$0	
<i>thera-tabs oral tablet</i>	1 or 1b*; \$0	
THEREMS ORAL TABLET (<i>multiple vitamin</i>)	2; \$0	
<i>vit e-vit c-beta carotene oral tablet</i>	1 or 1b*; \$0	
<i>vitalee oral tablet</i>	1 or 1b*; \$0	
*PED MULTI VITAMINS W/FL & FE*** - DRUGS FOR NUTRITION		
ESCAVITE D ORAL TABLET CHEWABLE (<i>ped multivitamins-fl-iron</i>)	3	
<i>escavite lq oral liquid</i>	1 or 1b*	
ESCAVITE ORAL TABLET CHEWABLE (<i>ped multivitamins-fl-iron</i>)	3	
<i>multi-vit/fluoride/iron oral solution</i>	1 or 1b*	
<i>multi-vit/iron/fluoride oral solution</i>	1 or 1b*	
<i>multivitamin/fluoride/iron oral solution</i>	1 or 1b*	
<i>multi-vitamin/fluoride/iron oral solution</i>	1 or 1b*	
POLY-VI-FLOR/IRON ORAL SUSPENSION (<i>ped multivitamins-fl-iron</i>)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE (<i>ped multivitamins-fl-iron</i>)	3	
QUFLORA FE PEDIATRIC ORAL LIQUID (<i>ped multivitamins-fl-iron</i>)	3	
TL-FLUORIVITE ORAL TABLET CHEWABLE	3	
*PED MULTIPLE VITAMINS W/ MINERALS & C*** - DRUGS FOR NUTRITION		
<i>pediatric multivit-minerals-c</i> (Vitamax Pediatric Oral Solution)	1 or 1b*	
*PED MV W/ FLUORIDE*** - DRUGS FOR NUTRITION		
FLORIVA PLUS ORAL SOLUTION (<i>pediatric multivitamins-fl</i>)	3	
<i>multi-vit/fluoride oral solution</i>	1 or 1b*; \$0	
<i>multivitamin/fluoride oral solution</i>	1 or 1b*; \$0	
<i>multi-vitamin/fluoride oral solution</i>	1 or 1b*; \$0	
<i>multivitamin/fluoride oral tablet chewable</i>	1 or 1b*; \$0	
<i>multivitamins/fluoride oral tablet chewable</i>	1 or 1b*; \$0	
<i>pediatric multivitamins-fl</i> (Mvc-Fluoride Oral Tablet Chewable)	1 or 1b*; \$0	
POLY-VI-FLOR FS ORAL STRIP (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR ORAL SUSPENSION (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	3	
QUFLORA GUMMIES ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUFLORA PEDIATRIC ORAL SOLUTION (<i>pediatric multivitamins-fl</i>)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	3	
*PED VITAMINS ACD & FA W/ FLUORIDE*** - DRUGS FOR NUTRITION		
TRI-VI-FLOL ORAL SUSPENSION (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLOL ORAL SUSPENSION	3	
*PED VITAMINS ACD FLUORIDE & IRON*** - DRUGS FOR NUTRITION		
tri-vit/fluoride/iron oral solution	1 or 1b*	
*PED VITAMINS ACD W/ FLUORIDE*** - DRUGS FOR NUTRITION		
adc/f (0.5mg/ml) oral solution	1 or 1b*; \$0	
tri-vit/fluoride oral solution	1 or 1b*; \$0	
tri-vitamin/fluoride oral solution	1 or 1b*; \$0	
tri-vite/fluoride oral solution	1 or 1b*; \$0	
vitamins acd-fluoride oral solution	1 or 1b*; \$0	
*PEDIATRIC MULTIPLE VITAMINS*** - DRUGS FOR NUTRITION		
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (<i>pediatric multiple vitamins</i>)	3	
M.V.I. PEDIATRIC INTRAVENOUS SOLUTION RECONSTITUTED (<i>pediatric multiple vitamins</i>)	3	
*PRENATAL MV & MIN W/FE-FA*** - DRUGS FOR NUTRITION		
ATABEX EC ORAL TABLET DELAYED RELEASE (<i>prenatal vit-dss-fe cbn-fa</i>)	3	
ATABEX OB ORAL TABLET (<i>prenatal vit w/ fe bisg-fa</i>)	3	
AZESCHEW PRENATAL/POSTNATAL ORAL TABLET CHEWABLE	3	
BAL-CARE DHA ORAL (<i>prenat-fepoly-fered-fa-omega 3</i>)	3	
CITRANATAL B-CALM ORAL (<i>prenat w/o a fecbnfeglu-fa &b6</i>)	3	
CITRANATAL BLOOM ORAL TABLET (<i>prenatal-dss-fecb-fegl-fa</i>)	3	
CITRANATAL RX ORAL TABLET (<i>prenat w/o a-fecb-fegl-dss-fa</i>)	3	
CLASSIC PRENATAL ORAL TABLET	2; \$0	
C-NATE DHA ORAL CAPSULE	3	
COMPLETENATE ORAL TABLET CHEWABLE	2	
CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
CONCEPT DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	3	
CONCEPT OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	3	
CVS PRENATAL ORAL TABLET	2; \$0	
DOTHELLE DHA ORAL CAPSULE	3	
DUET DHA 400 ORAL (<i>prenat-fepoly-fered-fa-omega 3</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUET DHA BALANCED ORAL (<i>prenat-fepoly-fered-fa-omega 3</i>)	3	
<i>elite-ob oral tablet</i>	1 or 1b*	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	
EQL PRENATAL FORMULA ORAL TABLET	2; \$0	
FOLIVANE-OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	2	
GNP DAILY PRENATAL ORAL	2; \$0	
GNP PRENATAL ORAL TABLET	2; \$0	
GOODSENSE PRENATAL VITAMINS ORAL TABLET	2; \$0	
HEMENATAL OB + DHA ORAL	3	
HEMENATAL OB ORAL TABLET	3	
HM ONE DAILY PRENATAL ORAL	2; \$0	
HM PRENATAL ORAL TABLET	2; \$0	
<i>inatal gt oral tablet</i>	1 or 1b*	
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	
KP PRENATAL MULTIVITAMINS ORAL TABLET	2; \$0	
KPN PRENATAL ORAL TABLET	2; \$0	
MARNATAL-F ORAL CAPSULE (<i>prenat w/o a-fe poly cmplx-fa</i>)	3	
MULTI PRENATAL ORAL TABLET	2; \$0	
M-VIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
MYNATAL ADVANCE ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	3	
MYNATAL ORAL CAPSULE (<i>prenatal multivit-min-fe-fa</i>)	3	
MYNATAL ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	3	
MYNATAL PLUS ORAL TABLET	2	
MYNATAL-Z ORAL TABLET	2	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE	2	
NATACHEW ORAL TABLET CHEWABLE (<i>prenatal vit-fe fum-fe bisg-fa</i>)	3	
NATALVIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
NATELLE ONE ORAL CAPSULE (<i>prenat w/o a-fe fum-fa-omega 3</i>)	3	
NEEVO DHA ORAL CAPSULE (<i>prenat w/oa-fefum-methf-omegas</i>)	3	
NEONATAL COMPLETE ORAL TABLET	3	
NEONATAL PLUS ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
NEONATAL VITAMIN ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2; \$0	
NESTABS DHA ORAL (<i>prenat-w/oa-fe bisgly-fa-omega</i>)	3	
NESTABS ORAL TABLET (<i>prenat-fe bisgly-fa-w/o vit a</i>)	3	
NIVA-PLUS ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
OB COMPLETE ONE ORAL CAPSULE (<i>prenat-fecbn-feaspgl-fa-fish</i>)	3	
OB COMPLETE ORAL TABLET (<i>prenatal vit-iron carbonyl-fa</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OB COMPLETE PETITE ORAL CAPSULE (<i>prenat-fecbn-feaspgl-fa-omega</i>)	3	
OB COMPLETE PREMIER ORAL TABLET (<i>prenatal-fe cbn-fe asp gly-fa</i>)	3	
OB COMPLETE/DHA ORAL CAPSULE (<i>prenat-fecbn-feaspgl-fa-omega</i>)	3	
OBSTETRIX DHA ORAL (<i>prenatal-fecbn-fa-dss-omega 3</i>)	3	
OBSTETRIX EC ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	3	
O-CAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
O-CAL PRENATAL ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
ONE-A-DAY WOMENS PRENATAL ORAL (<i>prenatal vit-fe fum-fa-omega</i>)	2; \$0	
PERRY PRENATAL ORAL CAPSULE (<i>prenatal vit-fe fumarate-fa</i>)	2; \$0	
PNV FOLIC ACID + IRON ORAL TABLET	3	
PNV PRENATAL PLUS MULTIVIT+DHA ORAL	3	
PNV PRENATAL PLUS MULTIVITAMIN ORAL TABLET	2	
PNV TABS 29-1 ORAL TABLET	2	
PNV-OMEGA ORAL CAPSULE	3	
PNV-TOTAL ORAL CAPSULE	3	
PREFERA OB ORAL TABLET (<i>prenatal vit-fepoly-fehempo-fa</i>)	3	
PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE	3	
PRENAISSANCE HARMONY DHA ORAL	3	
PRENARA ORAL CAPSULE	3	
PRENATA ORAL TABLET CHEWABLE (<i>prenatal w/o a vit-fe fum-fa</i>)	3	
<i>prenatabs rx oral tablet</i>	1 or 1a*	
<i>prenatal 19 oral tablet</i>	1 or 1a*	
PRENATAL 19 ORAL TABLET 29-1 MG	3	
<i>prenatal 19 oral tablet chewable</i>	1 or 1a*	
PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG	3	
PRENATAL COMPLETE ORAL TABLET	2; \$0	
PRE-NATAL FORMULA ORAL TABLET	2; \$0	
PRENATAL FORTE ORAL TABLET	2; \$0	
PRENATAL LOW IRON ORAL TABLET	2; \$0	
PRENATAL ONE DAILY ORAL TABLET	2; \$0	
PRENATAL ORAL TABLET 27-0.8 MG, 28-0.8 MG	2; \$0	
PRENATAL ORAL TABLET 27-1 MG	2	
PRENATAL PLUS IRON ORAL TABLET	2	
PRENATAL VITAMIN AND MINERAL ORAL TABLET	2; \$0	
PRENATAL VITAMIN ORAL TABLET	2; \$0	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL VITAMINS ORAL TABLET	2; \$0	
PRENATAL/IRON ORAL TABLET	2; \$0	
PRENATAL-U ORAL CAPSULE (<i>prenatal w/o a vit-fe fum-fa</i>)	2	
PRENATE ELITE ORAL TABLET (<i>prenatal-feaspgly-methylfol-fa</i>)	3	
PRENATVITE COMPLETE ORAL TABLET	3	
PRENATVITE PLUS ORAL TABLET	3	
PRENATVITE RX ORAL TABLET	3	
PREPLUS ORAL TABLET	2	
PRETAB ORAL TABLET	2	
PRIMACARE ORAL CAPSULE (<i>pren-fe-meth-fa-omeg w/o a</i>)	3	
PROVIDA OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	3	
PUREFE OB PLUS ORAL CAPSULE	3	
PX PRENATAL MULTIVITAMINS ORAL TABLET	2; \$0	
QC PRENATAL ORAL TABLET	2; \$0	
RA ONE DAILY ORAL	2; \$0	
RA PRENATAL FORMULA ORAL TABLET	2; \$0	
RA PRENATAL ORAL TABLET	2; \$0	
RELNATE DHA ORAL CAPSULE	3	
RIGHT STEP PRENATAL ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2; \$0	
SELECT-OB ORAL TABLET CHEWABLE (<i>prenatal vit-fe psac cmplx-fa</i>)	3	
SE-NATAL 19 ORAL TABLET	2	
SE-NATAL 19 ORAL TABLET CHEWABLE	2	
SM ONE DAILY PRENATAL ORAL	2; \$0	
SM PRENATAL VITAMINS ORAL TABLET	2; \$0	
TARON-BC ORAL (<i>prenatal w/o vit a-fecbn-fa-b6</i>)	2	
TARON-C DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	3	
THRIVITE RX ORAL TABLET	2	
TL FOLATE ORAL TABLET	3	
TL-CARE DHA ORAL CAPSULE	3	
TRICARE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
TRICARE PRENATAL DHA ONE ORAL CAPSULE (<i>prenatal-fefum-fa-dss-fish oil</i>)	3	
TRINATAL RX 1 ORAL TABLET	2	
<i>trinate oral tablet</i>	1 or 1a*	
TRI-TABS DHA ORAL	3	
ULTIMATECARE ONE ORAL CAPSULE	3	
VENA-BAL DHA ORAL	3	
VIL-RX ORAL TABLET	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VINATE DHA RF ORAL CAPSULE (prenat w/oa-fefum-methf-omegas)	3	
VINATE II ORAL TABLET (prenatal vit w/ fe bisg-fa)	2	
VINATE M ORAL TABLET (prenatal vit-sel-fe fum-fa)	2	
VINATE ONE ORAL TABLET (prenatal vit-fe fumarate-fa)	2	
VIRT NATE ORAL TABLET	2	
VIRT-C DHA ORAL CAPSULE	3	
VIRT-NATE DHA ORAL CAPSULE	3	
VIRT-PN ORAL TABLET	3	
VIRT-PN PLUS ORAL CAPSULE	3	
VITAFOL GUMMIES ORAL TABLET CHEWABLE (prenatal vit-fe phos-fa-omega)	3	
VITAFOL-NANO ORAL TABLET (prenatal-fe fum-methf-fa w/o a)	3	
VITAFOL-OB ORAL TABLET (prenatal vit-fe fumarate-fa)	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE (prenat-fefum-fered-fa-dha w/oa)	3	
VITATHELY WITH GINGER ORAL TABLET (prenatal vit-fe fumarate-fa)	3	
VIVA DHA ORAL CAPSULE (prenatal vit-fe fum-fa-omega)	3	
VOL-NATE ORAL TABLET	2	
VOL-PLUS ORAL TABLET	2	
VOL-TAB RX ORAL TABLET	2	
VP-HEME OB + DHA ORAL	3	
VP-HEME OB ORAL TABLET	3	
VP-PNV-DHA ORAL CAPSULE	3	
ZALVIT ORAL TABLET	3	
ZATEAN-PN PLUS ORAL CAPSULE (prenat w/o a-fe-methf-fa-omega)	3	
*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL*** - DRUGS FOR NUTRITION		
COMPLETE NATAL DHA ORAL	3	
NESTABS ABC ORAL (prenat w/o a-fe-fa-ca-omega)	3	
PR NATAL 400 EC ORAL (prenat-febis-febro-fa-ca-omega)	2	
PR NATAL 400 ORAL (prenat-febis-febro-fa-ca-omega)	2	
PR NATAL 430 EC ORAL (prenat-febis-febro-fa-ca-omega)	2	
PR NATAL 430 ORAL (prenat-febis-febro-fa-ca-omega)	2	
TRIVEEN-DUO DHA ORAL (prenat-febis-febro-fa-ca-omega)	2	
*PRENATAL MV & MIN W/FE-FA-DHA*** - DRUGS FOR NUTRITION		
CITRANATAL 90 DHA ORAL (prenat w/o a-fecbgl-dss-fa-dha)	3	
CITRANATAL ASSURE ORAL (prenat w/o a-fecbgl-dss-fa-dha)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL BLOOM DHA ORAL (prenat w/o a-fecbgl-dss-fa-dha)	3	
CITRANATAL DHA ORAL (prenat w/o a-fecbgl-dss-fa-dha)	3	
CITRANATAL HARMONY ORAL CAPSULE (prenat-fefmcb-dss-fa-dha w/o a)	3	
CITRANATAL MEDLEY ORAL CAPSULE (prenat-fecb-fefum-fa-dha w/o a)	3	
ENFAMIL EXPECTA ORAL (prenatal mv-min-fe fum-fa-dha)	2; \$0	
FOLET DHA ORAL THERAPY PACK (prenat-fe-methylfol-dss-dha)	3	
FOLET ONE ORAL CAPSULE (prenat-fe-methyl-dss-dha w/o a)	3	
INFANATE BALANCE ORAL CAPSULE	3	
NESTABS ONE ORAL CAPSULE (prenat-fe-methylfol-dha w/o a)	3	
NEXA PLUS ORAL CAPSULE (prenat-fefum-doc-fa-dha w/o a)	3	
OBSTETRIX ONE ORAL CAPSULE (prenat-fe-methyl-dss-dha w/o a)	3	
PNV OB+DHA ORAL	3	
PNV-DHA+DOCUSATE ORAL CAPSULE	3	
PREFERAOB +DHA ORAL (prenat fepoly-fehempo-fa-dha)	3	
PREFERAOB ONE ORAL CAPSULE (prenat fepoly-fehempo-fa-dha)	3	
PRENA 1 TRUE ORAL	3	
PRENAISSANCE BALANCE ORAL CAPSULE	3	
PRENAISSANCE ORAL CAPSULE	3	
PRENAISSANCE PLUS ORAL CAPSULE	3	
PRENATAL + DHA ORAL THERAPY PACK (prenatal-fefum-fa-dha w/o a)	3	
PRENATAL MULTIVITAMIN + DHA ORAL (prenatal mv-min-fe fum-fa-dha)	2; \$0	
PRENATE DHA ORAL CAPSULE (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE ENHANCE ORAL CAPSULE (prenat w/o a-fe-methfol-fa-dha)	3	
PRENATE ESSENTIAL ORAL CAPSULE (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE MINI ORAL CAPSULE (prenat-fecbn-feasp-meth-fa-dha)	3	
PRENATE PIXIE ORAL CAPSULE (prenat-feasp-meth-fa-dha w/o a)	3	
PRENATE RESTORE ORAL CAPSULE (prenat w/o a-fe-methfol-fa-dha)	3	
PROVIDA DHA ORAL CAPSULE (prenat-fefum-fepo-fa-dha w/o a)	3	
R-NATAL OB ORAL CAPSULE (prenatal-fe cbn-fa-dha w/o a)	3	
SELECT-OB+DHA ORAL (prenatal vit-fepoly-fa-dha)	3	
TARON-PREX ORAL CAPSULE (prenat-fefum-dss-fa-dha w/o a)	3	
TL-SELECT ORAL CAPSULE	3	
TRISTART DHA ORAL CAPSULE	3	
TRISTART ONE ORAL CAPSULE (prenat w/o a-fecbn-meth-fa-dha)	3	

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VIRT-PN DHA ORAL CAPSULE	3	
VITAFOL FE+ ORAL CAPSULE (<i>prenat-fe poly-methfol-fa-dha</i>)	3	
VITAFOL FE+ ORAL CAPSULE THERAPY PACK (<i>prenat-fepoly-metf-fa-dha-dss</i>)	3	
VITAFOL ULTRA ORAL CAPSULE (<i>prenat-fe poly-methfol-fa-dha</i>)	3	
VITAFOL-OB+DHA ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	3	
VITAFOL-ONE ORAL CAPSULE (<i>prenatal vit-fepoly-fa-dha</i>)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
VITATRUE ORAL (<i>prenat-fechel-fa-dha w/o vit a</i>)	3	
VP-HEME ONE ORAL CAPSULE	3	
ZATEAN-PN DHA ORAL CAPSULE (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
*PRENATAL MV & MINERALS W/FA*** - DRUGS FOR NUTRITION		
PRENATE ORAL TABLET CHEWABLE (<i>prenat mv-min-methylfolate-fa</i>)	3	
*PRENATAL VITAMINS*** - DRUGS FOR NUTRITION		
PREMESISRX ORAL TABLET (<i>prenatal ca-b6-b12-fa-ginger</i>)	2	
PRENA1 ORAL TABLET CHEWABLE	2	
PRENAISSANCE NEXT ORAL TABLET	2	
PRENAISSANCE NEXT-B ORAL TABLET	2	
PRENATE AM ORAL TABLET (<i>prenatal ca-b6-b12-fa-ginger</i>)	3	
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE (<i>prenat-b2-b6-b12-d3-fa</i>)	3	
VP-GGR-B6 PRENATAL ORAL TABLET	2	
*SPECIALTY VITAMINS PRODUCTS*** - DRUGS FOR NUTRITION		
SUPPORT-500 ORAL CAPSULE (<i>specialty vitamins products</i>)	3	
urosex oral tablet	1 or 1b*	
VITA-RX DIABETIC VITAMIN ORAL CAPSULE	3	
*VITAMINS A & D*** - DRUGS FOR NUTRITION		
COD LIVER OIL ORAL OIL	3	
*VITAMINS W/ LIPOTROPICS*** - DRUGS FOR NUTRITION		
ACTIFLOVIT EAR HEALTH ORAL TABLET (<i>vitamins-lipotropics</i>)	2; \$0	
b-100 complex oral tablet	1 or 1b*; \$0	
b-100 cr oral tablet extended release	1 or 1b*; \$0	
b-100 oral tablet	1 or 1b*; \$0	
b-50 oral tablet	1 or 1b*; \$0	
balance b-100 oral tablet	1 or 1b*; \$0	
balanced b-100 complex cr oral tablet extended release	1 or 1b*; \$0	
balanced b-100 oral tablet	1 or 1b*; \$0	
balanced b-50 complex oral tablet	1 or 1b*; \$0	

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<i>balanced b-50 oral tablet</i>	1 or 1b*; \$0	
<i>complex b-100 oral tablet extended release</i>	1 or 1b*; \$0	
<i>cvs balanced b50 oral tablet</i>	1 or 1b*; \$0	
<i>cvs inner ear plus oral tablet</i>	1 or 1b*; \$0	
<i>ear health formula oral tablet</i>	1 or 1b*; \$0	
<i>ear health plus oral tablet</i>	1 or 1b*; \$0	
<i>inner ear plus oral tablet</i>	1 or 1b*; \$0	
<i>lipoflavonoid oral tablet</i>	1 or 1b*; \$0	
<i>lipoflavovit oral tablet</i>	1 or 1b*; \$0	
<i>lipo-key oral tablet</i>	1 or 1b*; \$0	
LIPOTRIAD ORAL TABLET (vitamins-lipotropics)	2	
<i>mega multiple/chelated mineral oral tablet</i>	1 or 1b*; \$0	
<i>nat-rul b-50 oral tablet</i>	1 or 1b*; \$0	
<i>px b-50 oral tablet</i>	1 or 1b*; \$0	
<i>risanoid plus oral tablet</i>	1 or 1b*; \$0	
<i>super stress b-complex cr oral tablet extended release</i>	1 or 1b*; \$0	
<i>ultra b-100 complex oral tablet</i>	1 or 1b*; \$0	
*MUSCULAR DYSTROPHY AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
*MUSCULAR DYSTROPHY AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
EXONDYS 51 INTRAVENOUS SOLUTION (eteplirsen)	4	PA; LD
VYONDYS 53 INTRAVENOUS SOLUTION (golodirsen)	4	PA; LD
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
*ARTICULAR CARTILAGE REPAIR THERAPY*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
CARTICEL INTRA-ARTICULAR IMPLANT (autologous culture chondrocyte)	3	
*CENTRAL MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
ACTIVE-CYCLOBENZAPRINE TRANSDERMAL CREAM	3	
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR (cyclobenzaprine hcl)	3	ST
<i>baclofen intrathecal solution</i>	4	
<i>baclofen oral tablet 10 mg, 5 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>baclofen oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>carisoprodol oral tablet</i>	1 or 1b*	
CHLORZOXAZONE ORAL TABLET 250 MG	1 or 1b*	ST
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	1 or 1b*	ST

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chlorzoxazone oral tablet 500 mg	1 or 1b*	
cyclobenzaprine hcl er oral capsule extended release 24 hour	1 or 1b*	ST
cyclobenzaprine hcl oral tablet	1 or 1b*	
CYCLOPHENE RAPIDPAQ TRANSDERMAL CREAM (cyclobenzaprine hcl)	3	
fexmid oral tablet	1 or 1b*	ST
FIRST-BACLOFEN ORAL SUSPENSION (baclofen)	3	
GABLOFEN INTRATHECAL SOLUTION (baclofen)	4	
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE (baclofen)	4	
LIORESAL INTRATHECAL SOLUTION (baclofen)	3	
chlorzoxazone (Lorzone Oral Tablet)	1 or 1b*	ST
metaxalone (Metaxall Oral Tablet)	1 or 1b*	
metaxalone oral tablet	1 or 1b*	ST
methocarbamol injection solution	1 or 1b*	
methocarbamol oral tablet	1 or 1b*	
orphenadrine citrate er oral tablet extended release 12 hour	1 or 1b*	
orphenadrine citrate injection solution	1 or 1b*	
OZOBAX ORAL SOLUTION (baclofen)	3	QL (80 mL per 1 day)
ROBAXIN INJECTION SOLUTION (methocarbamol)	3	ST
ROBAXIN ORAL TABLET (methocarbamol)	3	
ROBAXIN-750 ORAL TABLET (methocarbamol)	3	ST
SKELAXIN ORAL TABLET (metaxalone)	3	ST
SOMA ORAL TABLET (carisoprodol)	3	ST
TABRADOL FUSEPAQ ORAL SUSPENSION (cyclobenzaprine hcl-msm)	3	
TABRADOL RAPIDPAQ ORAL SUSPENSION (cyclobenzaprine hcl-msm)	3	
tizanidine hcl oral capsule	1 or 1b*	
tizanidine hcl oral tablet	1 or 1b*	
ZANAFLEX ORAL CAPSULE (tizanidine hcl)	3	ST
ZANAFLEX ORAL TABLET (tizanidine hcl)	3	ST
*DIRECT MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED (dantrolene sodium)	3	
DANTRIUM ORAL CAPSULE (dantrolene sodium)	3	
dantrolene sodium intravenous solution reconstituted	1 or 1b*	
dantrolene sodium oral capsule	1 or 1b*	
dantrolene sodium (Revonto Intravenous Solution Reconstituted)	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED (dantrolene sodium)	3	
*MUSCLE RELAXANT COMBINATIONS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
carisoprodol-aspirin oral tablet	1 or 1b*	
carisoprodol-aspirin-codeine oral tablet	1 or 1b*	
CYCLO/GABA 10/300 ORAL THERAPY PACK	3	
METAXALL CP COMBINATION KIT (metaxalone-capsaicin)	3	
orphenadrine-aspirin-caffeine oral tablet	1 or 1b*	
orphengesic forte oral tablet	1 or 1b*	ST
*VISCOSUPPLEMENTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE (sodium hyaluronate (viscosup))	4	PA; SP
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (sodium hyaluronate (viscosup))	4	PA; SP
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE (cross-linked hyaluronate)	4	PA; SP
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (sodium hyaluronate (viscosup))	4	PA; SP
HYALGAN INTRA-ARTICULAR SOLUTION (sodium hyaluronate (viscosup))	4	PA; SP
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (sodium hyaluronate (viscosup))	4	PA; SP
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hyaluronan)	4	PA; LD; SP
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hyaluronan)	4	PA; SP
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hyaluronan)	4	PA; SP
SODIUM HYALURONATE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	4	PA; SP
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (sodium hyaluronate (viscosup))	4	PA; SP
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hylan)	4	PA; SP
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hylan)	4	PA; SP
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (sodium hyaluronate (viscosup))	4	SP
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (sodium hyaluronate (viscosup))	4	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
*ANTI HISTAMINE-STEROID*** - ALLERGY		
azelastine-fluticasone nasal suspension	1 or 1b*	QL (1 bottle per 30 days)
DYMISTA NASAL SUSPENSION (azelastine-fluticasone)	3	QL (1 bottle per 30 days)
*NASAL ANTIBIOTICS*** - ALLERGY		
BACTROBAN NASAL NASAL OINTMENT (mupirocin calcium)	2	
*NASAL ANTICHOLINERGICS*** - ALLERGY		
ipratropium bromide nasal solution 0.03 %	1 or 1b*	QL (2 bottles per 30 days)
ipratropium bromide nasal solution 0.06 %	1 or 1b*	QL (1 mL per 1 day)
*NASAL ANTIHISTAMINES*** - ALLERGY		
ASTEPRO NASAL SOLUTION (azelastine hcl)	2	QL (1 bottle per 25 days)
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1 or 1b*	QL (1 package per 25 days)
azelastine hcl nasal solution 0.15 %	1 or 1b*	QL (1 bottle per 25 days)
olopatadine hcl nasal solution	1 or 1b*	QL (1 bottle per 30 days)
PATANASE NASAL SOLUTION (olopatadine hcl)	3	QL (1 bottle per 30 days)
*NASAL STEROIDS*** - ALLERGY		
BECONASE AQ NASAL SUSPENSION (beclomethasone diprop monohyd)	3	ST; QL (2 bottles per 30 days)
flunisolide nasal solution	3	ST; QL (1 bottle per 30 days)
fluticasone propionate nasal suspension	1 or 1a*	QL (1 bottle per 30 days)
mometasone furoate nasal suspension	3	ST; QL (1 bottle per 30 days)
NASONEX NASAL SUSPENSION (mometasone furoate)	3	ST; QL (1 inhaler per 30 days)
OMNARIS NASAL SUSPENSION (ciclesonide)	3	ST; QL (1 bottle per 30 days)
PROPEL MINI NASAL IMPLANT (mometasone furoate)	3	
PROPEL NASAL IMPLANT (mometasone furoate)	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION (beclomethasone diprop (nasal))	3	ST; QL (1 bottle per 30 days)
QNASL NASAL AEROSOL SOLUTION (beclomethasone diprop (nasal))	3	ST; QL (1 bottle per 30 days)
XHANCE NASAL EXHALER SUSPENSION (fluticasone propionate)	3	PA; QL (2 inhalers per 30 days)
ZETONNA NASAL AEROSOL SOLUTION (ciclesonide)	3	ST; QL (1 inhaler per 30 days)
*TOPICAL DECONGESTANTS*** - ALLERGY		
ADRENALIN NASAL SOLUTION (epinephrine hcl (nasal))	3	
*NASAL ANESTHETICS*** - DRUGS FOR THE NOSE		
*NASAL ANESTHETICS*** - DRUGS FOR THE NOSE		
COCAINE HCL NASAL SOLUTION	3	
GOPRELTO NASAL SOLUTION	3	
NUMBRINO NASAL SOLUTION (cocaine hcl (nasal anesthetic))	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR THE HEART		
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR THE HEART		
ENTRESTO ORAL TABLET 24-26 MG (<i>sacubitril-valsartan</i>)	3	PA; QL (6 tablets per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	3	PA; QL (2 tablets per 1 day)
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR THE HEART		
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR THE HEART		
NORTHERA ORAL CAPSULE (<i>droxidopa</i>)	3	LD; SP
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
*BENZATHIAZOLES*** - DRUGS FOR NERVES AND MUSCLES		
RILUTEK ORAL TABLET (<i>riluzole</i>)	4	SP; QL (4 tablets per 1 day)
<i>riluzole oral tablet</i>	4	SP; QL (4 tablets per 1 day)
TIGLUTIK ORAL SUSPENSION (<i>riluzole</i>)	4	LD; SP
*DEPOLARIZING MUSCLE RELAXANTS*** - DRUGS FOR NERVES AND MUSCLES		
ANECTINE INJECTION SOLUTION (<i>succinylcholine chloride</i>)	3	
QUELICIN INJECTION SOLUTION (<i>succinylcholine chloride</i>)	3	
<i>succinylcholine chloride injection solution</i>	1 or 1b*	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
*NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS*** - DRUGS FOR NERVES AND MUSCLES		
BOTOX INJECTION SOLUTION RECONSTITUTED (<i>onabotulinumtoxinA</i>)	4	PA; SP
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>abobotulinumtoxinA</i>)	4	PA; SP
MYOBLOC INTRAMUSCULAR SOLUTION (<i>rimabotulinumtoxinB</i>)	4	PA; SP
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>incobotulinumtoxinA</i>)	4	PA; LD; SP
*NONDEPOLARIZING MUSCLE RELAXANTS*** - DRUGS FOR NERVES AND MUSCLES		
<i>atracurium besylate intravenous solution</i>	1 or 1b*	
<i>cisatracurium besylate (pf) intravenous solution</i>	1 or 1b*	
<i>cisatracurium besylate intravenous solution</i>	1 or 1b*	
CISATRACURIUM BESYLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
MIVACRON INTRAVENOUS SOLUTION (<i>mivacurium chloride</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NIMBEX INTRAVENOUS SOLUTION (<i>cisatracurium besylate</i>)	3	
<i>pancuronium bromide intravenous solution</i>	1 or 1b*	
<i>rocuronium bromide intravenous solution</i>	1 or 1b*	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>vecuronium bromide intravenous solution reconstituted</i>	1 or 1b*	
VECURONIUM BROMIDE-NACL INTRAVENOUS SOLUTION	3	
*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK (<i>esketamine hcl</i>)	4	PA; LD; QL (4 kits per 28 days)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK (<i>esketamine hcl</i>)	4	PA; LD; QL (4 kits per 28 days)
*NSAID COMBINATIONS*** - DRUGS FOR PAIN AND FEVER		
*NSAID COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
ANODYNE ILE COMBINATION THERAPY PACK	3	
*NSAID-DIETARY MANAGEMENT COMBINATIONS*** - DRUGS FOR PAIN AND FEVER		
*NSAID-DIETARY MANAGEMENT COMBINATIONS*** - DRUGS FOR PAIN AND FEVER		
PRASTERA ORAL KIT (<i>prasterone & ibuprofen</i>)	3	
*NSAID-VITAMINS AND/OR MINERALS COMBINATIONS*** - DRUGS FOR PAIN AND FEVER		
*NSAID-VITAMINS AND/OR MINERALS COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
EQUAPAX/IBUPROFEN/MINREX ORAL THERAPY PACK	3	
NUTRIENTS - DRUGS FOR NUTRITION		
*AMINO ACID MIXTURES*** - DRUGS FOR NUTRITION		
<i>amino acids</i> (Aminoamrms Oral Capsule)	1 or 1b*	
AMINOPROTECT INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
<i>amino acids</i> (Aminoreliefrms Oral Capsule)	1 or 1b*	
AMINOSYN II INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
<i>amino acid electrolyte infusion</i> (Aminosyn Ii/Electrolytes Intravenous Solution)	1 or 1b*	
AMINOSYN INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
AMINOSYN M INTRAVENOUS SOLUTION (<i>amino acid electrolyte infusion</i>)	3	
AMINOSYN/ELECTROLYTES INTRAVENOUS SOLUTION 7 % (<i>amino acid electrolyte infusion</i>)	3	
<i>aminosyn/electrolytes intravenous solution 8.5 %</i>	1 or 1b*	

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AMINOSYN-HBC INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
AMINOSYN-PF INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
AMINOSYN-RF INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
BCAA INJECTION SOLUTION	3	
BCAA INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (2.75/10) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d10w</i>)	3	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d5w</i>)	3	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d10w</i>)	3	
CLINIMIX E/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d25w</i>)	3	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d5w</i>)	3	
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d15w</i>)	3	
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d20w</i>)	3	
CLINIMIX E/DEXTROSE (5/25) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d25w</i>)	3	
CLINIMIX N14G30E INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d15w</i>)	3	
CLINIMIX N9G15E INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d7.5w</i>)	3	
CLINIMIX N9G20E INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d10w</i>)	3	
CLINIMIX/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION (<i>amino acid infusion in d5w</i>)	3	
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION (<i>amino acid infusion in d10w</i>)	3	
CLINIMIX/DEXTROSE (4.25/20) INTRAVENOUS SOLUTION (<i>amino acid infusion in d20w</i>)	3	
CLINIMIX/DEXTROSE (4.25/25) INTRAVENOUS SOLUTION (<i>amino acid infusion in d25w</i>)	3	
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION (<i>amino acid infusion in d5w</i>)	3	
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION (<i>amino acid infusion in d15w</i>)	3	
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION (<i>amino acid infusion in d20w</i>)	3	
CLINIMIX/DEXTROSE (5/25) INTRAVENOUS SOLUTION (<i>amino acid infusion in d25w</i>)	3	

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<i>amino acid infusion</i> (Clinisol Sf Intravenous Solution)	1 or 1b*	
FREAMINE HBC INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
FREAMINE III INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
<i>hepatamine intravenous solution</i>	1 or 1b*	
NEPHRAMINE INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
<i>amino acid infusion</i> (Plenamaine Intravenous Solution)	1 or 1b*	
PREMASOL INTRAVENOUS SOLUTION 10 % (<i>amino acid infusion</i>)	3	
<i>amino acid infusion</i> (Premasol Intravenous Solution 6 %)	1 or 1b*	
PROCALAMINE INTRAVENOUS SOLUTION (<i>amino acid electrolyte infusion</i>)	3	
PROSOL INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
SYNTHAMIN 17 INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
TRAVASOL INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
TROPHAMINE INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
*AMINO ACIDS-SINGLE*** - DRUGS FOR NUTRITION		
ARGININE HCL INJECTION SOLUTION	3	
ELCYS INTRAVENOUS SOLUTION (<i>cysteine hcl</i>)	3	
GABA INJECTION SOLUTION	3	
GLUTATHIONE INJECTION SOLUTION	3	
GLUTATHIONE INTRAVENOUS SOLUTION	3	
GLYCINE INJECTION SOLUTION	3	
<i>l-cysteine hcl intravenous solution</i>	1 or 1b*	
LYSINE HCL INJECTION SOLUTION	3	
<i>n-acetyl-l-cysteine oral capsule</i>	1 or 1b*	
NEOKE ALCAR ORAL POWDER (<i>acetylcarnitine</i>)	3	
NUTRESTORE ORAL PACKET (<i>glutamine</i>)	3	
TAURINE INJECTION SOLUTION	3	
TRYPTOPHAN ORAL CAPSULE	3	
*CARBOHYDRATES*** - DRUGS FOR NUTRITION		
<i>dextrose intravenous solution 10 %, 250 mg/ml, 30 %, 5 %, 70 %</i>	1 or 1b*	
DEXTROSE INTRAVENOUS SOLUTION 20 %, 40 %	3	
<i>glucose intravenous solution</i>	1 or 1b*	
*LIPIDS*** - DRUGS FOR NUTRITION		
CLINOLIPID INTRAVENOUS EMULSION (<i>fat emulsion plant based</i>)	3	
INTRALIPID INTRAVENOUS EMULSION (<i>fat emulsion plant based</i>)	3	
NEOKE MCT70 ORAL POWDER (<i>medium chain triglycerides</i>)	2	
NUTRILIPID INTRAVENOUS EMULSION	3	
OMEGAVEN INTRAVENOUS EMULSION (<i>fish oil triglyceride based</i>)	3	

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SMOFLIPID INTRAVENOUS EMULSION (<i>fat emul fish oil/plant based</i>)	3	
*LIPOTROPIC COMBINATIONS*** - DRUGS FOR NUTRITION		
LECITHIN ORAL GRANULES	3	
LIPO INTRAMUSCULAR SOLUTION	3	
LIPO-C INTRAMUSCULAR SOLUTION	3	
*MISC. NUTRITIONAL SUBSTANCES COMBINATIONS*** - DRUGS FOR NUTRITION		
CARDIOVID PLUS ORAL CAPSULE (<i>dha-epa-vit b6-b12-folic acid</i>)	3	
*PROTEIN COMBINATIONS*** - DRUGS FOR NUTRITION		
CALM INJECTION SOLUTION	3	
TRI-AMINO INJECTION SOLUTION	3	
*ONCOLYTIC VIRAL AGENTS - HSV1*** - BIOLOGICAL AGENTS		
*ONCOLYTIC VIRAL AGENTS - HSV1*** - BIOLOGICAL AGENTS		
IMLYGIC INTRALESIONAL SUSPENSION (<i>talimogene laherparepvec</i>)	3	LD
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
*ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB*** - DRUGS FOR GLAUCOMA		
SIMBRINZA OPHTHALMIC SUSPENSION (<i>brinzolamide-brimonidine</i>)	2	
*ARTIFICIAL TEAR INSERTS*** - DRUGS FOR THE EYE		
LACRISERT OPHTHALMIC INSERT (<i>artificial tear insert</i>)	3	PA; QL (2 inserts per 1 day)
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** - DRUGS FOR GLAUCOMA		
COMBIGAN OPHTHALMIC SOLUTION (<i>brimonidine tartrate-timolol</i>)	2	
COSOPT OPHTHALMIC SOLUTION (<i>dorzolamide hcl-timolol mal</i>)	3	
COSOPT PF OPHTHALMIC SOLUTION (<i>dorzolamide hcl-timolol mal</i>)	3	
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1 or 1b*	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	1 or 1b*	
*BETA-BLOCKERS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
BETAGAN OPHTHALMIC SOLUTION (<i>levobunolol hcl</i>)	3	
<i>betaxolol hcl ophthalmic solution</i>	1 or 1b*	
BETIMOL OPHTHALMIC SOLUTION (<i>timolol hemihydrate</i>)	3	
BETOPTIC-S OPHTHALMIC SUSPENSION (<i>betaxolol hcl</i>)	2	
<i>carteolol hcl ophthalmic solution</i>	1 or 1a*	
ISTALOL OPHTHALMIC SOLUTION (<i>timolol maleate</i>)	3	
<i>levobunolol hcl ophthalmic solution</i>	1 or 1b*	
<i>metipranolol ophthalmic solution</i>	1 or 1b*	
<i>timolol maleate ophthalmic gel forming solution</i>	1 or 1b*	
<i>timolol maleate ophthalmic solution</i>	1 or 1b*	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION (<i>timolol maleate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIMOPTIC OPTHALMIC SOLUTION (<i>timolol maleate</i>)	3	
TIMOPTIC-XE OPTHALMIC GEL FORMING SOLUTION (<i>timolol maleate</i>)	3	
*CYCLOPLEGIC MYDRIATIC COMBINATIONS*** - DRUGS FOR THE EYE		
CYCLOMYDRIL OPTHALMIC SOLUTION (<i>cyclopentolate-phenylephrine</i>)	3	
*CYCLOPLEGIC MYDRIATICS*** - DRUGS FOR THE EYE		
<i>phenylephrine hcl</i> (Altafrin Ophthalmic Solution)	1 or 1b*	
ATROPINE SULFATE OPTHALMIC SOLUTION	3	
CYCLOGYL OPTHALMIC SOLUTION (<i>cyclopentolate hcl</i>)	3	
<i>cyclopentolate hcl ophthalmic solution</i>	1 or 1b*	
ISOPTO ATROPINE OPTHALMIC SOLUTION (<i>atropine sulfate</i>)	3	
MYDRIACYL OPTHALMIC SOLUTION (<i>tropicamide</i>)	3	
<i>phenylephrine hcl ophthalmic solution</i>	1 or 1b*	
<i>tropicamide ophthalmic solution</i>	1 or 1b*	
*MIOTICS - CHOLINESTERASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
PHOSPHOLINE IODIDE OPTHALMIC SOLUTION RECONSTITUTED (<i>echothiophate iodide</i>)	3	
*MIOTICS - DIRECT ACTING*** - DRUGS FOR GLAUCOMA		
ISOPTO CARPINE OPTHALMIC SOLUTION (<i>pilocarpine hcl</i>)	3	
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED (<i>acetylcholine chloride</i>)	3	
MIOSTAT INTRAOCULAR SOLUTION (<i>carbachol</i>)	3	
<i>pilocarpine hcl ophthalmic solution</i>	1 or 1b*	
*OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE		
ALOCRIL OPTHALMIC SOLUTION (<i>nedocromil sodium</i>)	3	ST; QL (1 bottle per 30 days)
ALOMIDE OPTHALMIC SOLUTION (<i>lodoxamide tromethamine</i>)	3	ST; QL (1 bottle per 30 days)
<i>azelastine hcl ophthalmic solution</i>	1 or 1b*	QL (1 bottle per 24 days)
BEPREVE OPTHALMIC SOLUTION (<i>bepotastine besilate</i>)	3	ST; QL (10 mL per 30 days)
<i>cromolyn sodium ophthalmic solution</i>	1 or 1a*	QL (1 bottle per 30 days)
ELESTAT OPTHALMIC SOLUTION (<i>epinastine hcl</i>)	3	QL (1 bottle per 30 days)
EMADINE OPTHALMIC SOLUTION (<i>emedastine difumarate</i>)	3	
<i>epinastine hcl ophthalmic solution</i>	1 or 1b*	QL (1 bottle per 30 days)
LASTACFT OPTHALMIC SOLUTION (<i>alcaftadine</i>)	3	ST; QL (1 bottle per 30 days)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	1 or 1b*	ST; QL (1 bottle per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	1 or 1b*	ST; QL (1 mL per 1 day)
PATADAY OPTHALMIC SOLUTION (<i>olopatadine hcl</i>)	3	ST; QL (1 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PATANOL OPHTHALMIC SOLUTION (<i>olopatadine hcl</i>)	3	ST; QL (1 bottle per 30 days)
PAZEO OPHTHALMIC SOLUTION (<i>olopatadine hcl</i>)	3	ST; QL (1 bottle per 30 days)
ZERVIAE OPHTHALMIC SOLUTION (<i>cetirizine hcl</i>)	3	ST; QL (1 bottle per 30 days)
*OPHTHALMIC ANTIBIOTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
AZASITE OPHTHALMIC SOLUTION (<i>azithromycin</i>)	3	
<i>bacitracin ophthalmic ointment</i>	1 or 1b*	
BESIVANCE OPHTHALMIC SUSPENSION (<i>besifloxacin hcl</i>)	3	
CILOXAN OPHTHALMIC OINTMENT (<i>ciprofloxacin hcl</i>)	3	
CILOXAN OPHTHALMIC SOLUTION (<i>ciprofloxacin hcl</i>)	3	
<i>ciprofloxacin hcl ophthalmic solution</i>	1 or 1a*	
<i>erythromycin ophthalmic ointment</i>	1 or 1a*	
<i>gatifloxacin ophthalmic solution</i>	1 or 1b*	
<i>gentak ophthalmic ointment</i>	1 or 1a*	
<i>gentamicin sulfate ophthalmic solution</i>	1 or 1a*	
<i>levofloxacin ophthalmic solution</i>	1 or 1b*	
MOXEZA OPHTHALMIC SOLUTION (<i>moxifloxacin hcl</i>)	3	
<i>moxifloxacin hcl (2x day) ophthalmic solution</i>	1 or 1b*	
<i>moxifloxacin hcl ophthalmic solution</i>	1 or 1b*	
OCUFLOX OPHTHALMIC SOLUTION (<i>ofloxacin</i>)	3	
<i>ofloxacin ophthalmic solution</i>	1 or 1a*	
<i>tobramycin ophthalmic solution</i>	1 or 1a*	
TOBREX OPHTHALMIC OINTMENT (<i>tobramycin</i>)	3	
TOBREX OPHTHALMIC SOLUTION (<i>tobramycin</i>)	3	
VIGAMOX OPHTHALMIC SOLUTION (<i>moxifloxacin hcl</i>)	3	
ZYMAXID OPHTHALMIC SOLUTION (<i>gatifloxacin</i>)	3	
*OPHTHALMIC ANTIFUNGAL*** - DRUGS FOR THE EYE		
NATACYN OPHTHALMIC SUSPENSION (<i>natamycin</i>)	3	
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>ak-poly-bac ophthalmic ointment</i>	1 or 1a*	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	1 or 1a*	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	1 or 1b*	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	1 or 1b*	
<i>neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment)</i>	1 or 1b*	
NEOSPORIN OPHTHALMIC SOLUTION (<i>neomycin-polymyxin-gramicidin</i>)	3	
<i>bacitracin-polymyxin b (Polycin Ophthalmic Ointment)</i>	1 or 1a*	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1 or 1a*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POLYTRIM OPHTHALMIC SOLUTION (<i>polymyxin b-trimethoprim</i>)	3	
*OPHTHALMIC ANTISEPTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION (<i>povidone-iodine</i>)	3	
*OPHTHALMIC ANTIVIRALS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>trifluridine ophthalmic solution</i>	1 or 1b*	
VIROPTIC OPHTHALMIC SOLUTION (<i>trifluridine</i>)	3	
ZIRGAN OPHTHALMIC GEL (<i>ganciclovir</i>)	3	
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
AZOPT OPHTHALMIC SUSPENSION (<i>brinzolamide</i>)	2	
<i>dorzolamide hcl ophthalmic solution</i>	1 or 1b*	
TRUSOPT OPHTHALMIC SOLUTION (<i>dorzolamide hcl</i>)	3	
*OPHTHALMIC DIAGNOSTIC PRODUCTS*** - DRUGS FOR THE EYE		
<i>ak-fluor intravenous solution 10 %</i>	1 or 1b*	
AK-FLUOR INTRAVENOUS SOLUTION 25 %	3	
<i>altafluor benox ophthalmic solution</i>	1 or 1b*	
<i>fluorescein-benoxinate ophthalmic solution</i>	1 or 1b*	
FLUORESCITE INTRAVENOUS SOLUTION (<i>fluorescein sodium</i>)	3	
<i>fluorescein sodium</i> (Fluor-I-Strips A.T. Ophthalmic Strip)	1 or 1b*	
FLURA-SAFE OPHTHALMIC SOLUTION (<i>fluorexon-benoxinate</i>)	3	
<i>fluorescein sodium</i> (Glostrips Ophthalmic Strip)	1 or 1b*	
<i>lissamine green ophthalmic strip</i>	1 or 1b*	
PAREMYD OPHTHALMIC SOLUTION (<i>hydroxyamphetamine-tropicamide</i>)	3	
<i>proparacaine-fluorescein ophthalmic solution</i>	1 or 1b*	
ROSE GLO OPHTHALMIC STRIP (<i>rose bengal</i>)	3	
*OPHTHALMIC ENZYMES*** - DRUGS FOR THE EYE		
JETREA INTRAVITREAL SOLUTION (<i>ocriplasmin</i>)	3	PA; LD
*OPHTHALMIC IMMUNOMODULATORS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
CEQUA OPHTHALMIC SOLUTION (<i>cyclosporine</i>)	3	PA; QL (2 vials per 1 day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION (<i>cyclosporine</i>)	3	PA; QL (1 bottle per 28 days)
RESTASIS OPHTHALMIC EMULSION (<i>cyclosporine</i>)	3	PA; QL (2 vials per 1 day)
*OPHTHALMIC IRRIGATION SOLUTIONS*** - DRUGS FOR THE EYE		
<i>balanced salt intraocular solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BSS INTRAOCULAR SOLUTION (<i>ophth irr soln-intraocular</i>)	3	
BSS PLUS INTRAOCULAR SOLUTION (<i>ophth irr soln-intraocular</i>)	3	
*OPHTHALMIC LOCAL ANESTHETICS*** - DRUGS FOR THE EYE		
AKTEN OPHTHALMIC GEL (<i>lidocaine hcl</i>)	3	
ALCAINE OPHTHALMIC SOLUTION (<i>proparacaine hcl</i>)	3	
tetracaine hcl (<i>Altacaine Ophthalmic Solution</i>)	1 or 1b*	
proparacaine hcl <i>ophthalmic solution</i>	1 or 1b*	
tetracaine hcl (<i>Tetacaine Ophthalmic Solution</i>)	1 or 1b*	
tetracaine hcl <i>ophthalmic solution</i>	1 or 1b*	
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
ACULAR LS OPHTHALMIC SOLUTION (<i>ketorolac tromethamine</i>)	3	
ACULAR OPHTHALMIC SOLUTION (<i>ketorolac tromethamine</i>)	3	
ACUVAIL OPHTHALMIC SOLUTION (<i>ketorolac tromethamine</i>)	3	
bromfenac sodium (<i>once-daily</i>) <i>ophthalmic solution</i>	1 or 1b*	
BROMSITE OPHTHALMIC SOLUTION (<i>bromfenac sodium</i>)	3	
diclofenac sodium <i>ophthalmic solution</i>	1 or 1b*	
flurbiprofen sodium <i>ophthalmic solution</i>	1 or 1b*	
ILEVRO OPHTHALMIC SUSPENSION (<i>nepafenac</i>)	2	
ketorolac tromethamine <i>ophthalmic solution</i>	1 or 1b*	
NEVANAC OPHTHALMIC SUSPENSION (<i>nepafenac</i>)	3	
PROLENSA OPHTHALMIC SOLUTION (<i>bromfenac sodium</i>)	3	
*OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS*** - DRUGS FOR THE EYE		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED (<i>verteporfin</i>)	4	LD; SP
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (<i>brimonidine tartrate</i>)	3	
apraclonidine hcl <i>ophthalmic solution</i>	1 or 1b*	
brimonidine tartrate <i>ophthalmic solution</i>	1 or 1b*	
IOPIDINE OPHTHALMIC SOLUTION (<i>apraclonidine hcl</i>)	3	
*OPHTHALMIC STEROID COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
bacitra-neomycin-polymyxin-hc <i>ophthalmic ointment</i>	1 or 1b*	
BLEPHAMIDE OPHTHALMIC SUSPENSION (<i>sulfacetamide-prednisolone</i>)	3	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT (<i>sulfacetamide-prednisolone</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXITROL OPHTHALMIC OINTMENT (<i>neomycin-polymyxin-dexameth</i>)	3	
MAXITROL OPHTHALMIC SUSPENSION (<i>neomycin-polymyxin-dexameth</i>)	3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1 or 1a*	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	1 or 1a*	
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	1 or 1b*	
<i>bacitracin-polymyx-neo-hc</i> (Neo-Polycin Hc Ophthalmic Ointment)	1 or 1b*	
PRED-G OPHTHALMIC SUSPENSION (<i>gentamicin-prednisolone acet</i>)	3	
PRED-G S.O.P. OPHTHALMIC OINTMENT (<i>gentamicin-prednisolone acet</i>)	3	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1 or 1a*	
TOBRADEX OPHTHALMIC OINTMENT (<i>tobramycin-dexamethasone</i>)	2	
TOBRADEX OPHTHALMIC SUSPENSION (<i>tobramycin-dexamethasone</i>)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION (<i>tobramycin-dexamethasone</i>)	3	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	1 or 1b*	
ZYLET OPHTHALMIC SUSPENSION (<i>loteprednol-tobramycin</i>)	2	
*OPHTHALMIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
ALREX OPHTHALMIC SUSPENSION (<i>loteprednol etabonate</i>)	3	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	1 or 1b*	
DEXTENZA OPHTHALMIC INSERT (<i>dexamethasone</i>)	3	
DEXYCU INTRAOCULAR SUSPENSION (<i>dexamethasone</i>)	3	
DUREZOL OPHTHALMIC EMULSION (<i>difluprednate</i>)	2	QL (10 mL per 30 days)
FLAREX OPHTHALMIC SUSPENSION (<i>fluorometholone acetate</i>)	3	
<i>fluorometholone ophthalmic suspension</i>	1 or 1b*	
FML FORTE OPHTHALMIC SUSPENSION (<i>fluorometholone</i>)	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION (<i>fluorometholone</i>)	3	
FML OPHTHALMIC OINTMENT (<i>fluorometholone</i>)	3	
ILUVIEN INTRAVITREAL IMPLANT (<i>fluocinolone acetonide</i>)	4	PA; LD; SP
INVELTYS OPHTHALMIC SUSPENSION (<i>loteprednol etabonate</i>)	3	
LOTEMAX OPHTHALMIC GEL (<i>loteprednol etabonate</i>)	2	
LOTEMAX OPHTHALMIC OINTMENT (<i>loteprednol etabonate</i>)	3	
LOTEMAX OPHTHALMIC SUSPENSION (<i>loteprednol etabonate</i>)	3	
LOTEMAX SM OPHTHALMIC GEL (<i>loteprednol etabonate</i>)	3	
<i>loteprednol etabonate ophthalmic suspension</i>	1 or 1b*	
MAXIDEX OPHTHALMIC SUSPENSION (<i>dexamethasone</i>)	3	
OMNIPRED OPHTHALMIC SUSPENSION (<i>prednisolone acetate</i>)	3	

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OZURDEX INTRAVITREAL IMPLANT (<i>dexamethasone</i>)	3	PA; LD; SP
PRED FORTE OPHTHALMIC SUSPENSION (<i>prednisolone acetate</i>)	3	
PRED MILD OPHTHALMIC SUSPENSION (<i>prednisolone acetate</i>)	3	
<i>prednisolone acetate ophthalmic suspension</i>	1 or 1b*	
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	3	
RETISERT INTRAVITREAL IMPLANT (<i>fluocinolone acetonide</i>)	3	PA; LD; SP
TRIESENCE INTRAOCULAR SUSPENSION (<i>triamcinolone acetonide</i>)	3	
YUTIQ INTRAVITREAL IMPLANT (<i>fluocinolone acetonide</i>)	3	PA; LD; SP
*OPHTHALMIC SULFONAMIDES*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
BLEPH-10 OPHTHALMIC SOLUTION (<i>sulfacetamide sodium</i>)	3	
<i>sulfacetamide sodium ophthalmic ointment</i>	1 or 1b*	
<i>sulfacetamide sodium ophthalmic solution</i>	1 or 1b*	
*OPHTHALMIC SURGICAL AIDS - COMBINATIONS*** - DRUGS FOR THE EYE		
DISCOVISC INTRAOCULAR SOLUTION (<i>na chondroit sulf-na hyaluron</i>)	3	
DUOVISC INTRAOCULAR KIT (<i>na hyalur & na chond-na hyalur</i>)	3	
OMIDRIA INTRAOCULAR SOLUTION (<i>phenylephrine-ketorolac</i>)	3	
VISCOAT INTRAOCULAR SOLUTION (<i>na chondroit sulf-na hyaluron</i>)	3	
*OPHTHALMIC SURGICAL AIDS*** - DRUGS FOR THE EYE		
AMVISC INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	4	
AMVISC PLUS INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	4	
BIOLON INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	4	LD
CELLUGEL INTRAOCULAR SOLUTION (<i>hypromellose</i>)	3	
GELFILM OPHTHALMIC FILM (<i>gelatin adsorbable</i>)	3	
HEALON GV INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	4	
HEALON INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	4	
HEALON PRO INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	4	
HEALON5 INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	4	
HEALON5 PRO INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	4	
MEMBRANEBLUE OPHTHALMIC SOLUTION (<i>trypan blue</i>)	3	
<i>hypromellose (Ocucoat Viscoadherent Intraocular Solution)</i>	1 or 1b*	
PROVISC INTRAOCULAR SOLUTION (<i>sodium hyaluronate</i>)	4	
VISIONBLUE OPHTHALMIC SOLUTION (<i>trypan blue</i>)	3	
*OPHTHALMICS - CYSTINOSIS AGENTS** - DRUGS FOR THE EYE		
CYSTARAN OPHTHALMIC SOLUTION (<i>cysteamine hcl</i>)	3	PA; LD
*PROSTAGLANDINS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>bimatoprost ophthalmic solution</i>	1 or 1b*	

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DURYSTA INTRAOCULAR IMPLANT (<i>bimatoprost</i>)	4	
<i>latanoprost ophthalmic solution</i>	1 or 1b*	
LUMIGAN OPHTHALMIC SOLUTION (<i>bimatoprost</i>)	2	
RESCULA OPHTHALMIC SOLUTION (<i>unoprostone isopropyl</i>)	3	
TRAVATAN Z OPHTHALMIC SOLUTION (<i>travoprost</i>)	2	
<i>travoprost (bak free) ophthalmic solution</i>	1 or 1b*	
VYZULTA OPHTHALMIC SOLUTION (<i>latanoprostene bunod</i>)	3	
XALATAN OPHTHALMIC SOLUTION (<i>latanoprost</i>)	3	
XELPROS OPHTHALMIC EMULSION (<i>latanoprost</i>)	3	
ZIOPTAN OPHTHALMIC SOLUTION (<i>tafluprost</i>)	3	
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS*** - DRUGS FOR THE EYE		
BEOVU INTRAVITREAL SOLUTION (<i>brolucizumab-dbl</i>)	4	PA; LD
EYLEA INTRAVITREAL SOLUTION (<i>aflibercept</i>)	4	PA; LD; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>aflibercept</i>)	4	PA; LD
LUCENTIS INTRAVITREAL SOLUTION (<i>ranibizumab</i>)	4	PA; LD; SP
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>ranibizumab</i>)	4	PA; LD; SP
MACUGEN INTRAOCULAR SOLUTION (<i>pegaptanib sodium</i>)	4	PA; LD; SP
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** - DRUGS FOR THE EYE		
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** - DRUGS FOR THE EYE		
ROCKLATAN OPHTHALMIC SOLUTION (<i>netarsudil-latanoprost</i>)	3	
*OPHTHALMIC NERVE GROWTH FACTORS*** - DRUGS FOR THE EYE		
*OPHTHALMIC NERVE GROWTH FACTORS*** - DRUGS FOR THE EYE		
OXERVATE OPHTHALMIC SOLUTION (<i>cenegermin-bkbj</i>)	4	PA; LD; SP; QL (2 vials per 1 day)
*OPHTHALMIC PHOTOENHANCER COMBINATIONS*** - DRUGS FOR THE EYE		
*OPHTHALMIC PHOTOENHANCER COMBINATIONS*** - DRUGS FOR THE EYE		
PHOTREXA VISCOUS OPHTHALMIC SOLUTION PREFILLED SYRINGE (<i>riboflavin 5-phosphate-dextran</i>)	3	
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE (<i>riboflav5 & riboflav5-dextran</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*OPHTHALMIC RHO KINASE INHIBITORS*** - DRUGS FOR THE EYE		
*OPHTHALMIC RHO KINASE INHIBITORS*** - DRUGS FOR THE EYE		
RHOPRESSA OPHTHALMIC SOLUTION (<i>netarsudil dimesylate</i>)	3	
*OPIOID ANTAGONIST COMBINATIONS*** - DRUGS FOR PAIN AND FEVER		
*OPIOID ANTAGONIST COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
NALTREXONE SUBCUTANEOUS IMPLANT	3	
*OREXIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
*OREXIN RECEPTOR ANTAGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
BELSOMRA ORAL TABLET (<i>suvorexant</i>)	3	ST; QL (1 tablet per 1 day)
DAYVIGO ORAL TABLET (<i>lemborexant</i>)	3	ST; QL (1 tablet per 1 day)
OTIC AGENTS - DRUGS FOR THE EAR		
*OTIC AGENTS - MISCELLANEOUS*** - WAX REMOVAL		
<i>acetic acid otic solution</i>	1 or 1b*	
*OTIC ANALGESIC COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
CORTANE-B AQUEOUS OTIC SOLUTION (<i>pramoxine-hc-chloroxylenol aq</i>)	3	
<i>pramoxine-hc-chloroxylenol</i> (Cortic-Nd Otic Solution)	1 or 1b*	
OTICIN HC NR OTIC SOLUTION (<i>pramoxine-hc-chloroxylenol</i>)	3	
PRAMOTIC OTIC LIQUID (<i>pramoxine-chloroxylenol</i>)	3	
*OTIC ANTI-INFECTIVES*** - ANTIBIOTICS		
CETRAXAL OTIC SOLUTION (<i>ciprofloxacin hcl</i>)	3	
<i>ciprofloxacin hcl otic solution</i>	1 or 1b*	
FLOXIN OTIC OTIC SOLUTION (<i>ofloxacin</i>)	3	
<i>ofloxacin otic solution</i>	1 or 1b*	
OTIPRIO INTRATYMPANIC SUSPENSION (<i>ciprofloxacin</i>)	3	
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
CIPRO HC OTIC SUSPENSION (<i>ciprofloxacin-hydrocortisone</i>)	3	
CIPRODEX OTIC SUSPENSION (<i>ciprofloxacin-dexamethasone</i>)	2	
<i>ciprofloxacin-fluocinolone pf otic solution</i>	1 or 1b*	
COLY-MYCIN S OTIC SUSPENSION (<i>neomycin-colist-hc-thonzonium</i>)	3	
CORTISPORIN-TC OTIC SUSPENSION (<i>neomycin-colist-hc-thonzonium</i>)	3	
<i>neomycin-polymyxin-hc otic solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neomycin-polymyxin-hc otic suspension	1 or 1b*	
OTOVEL OTIC SOLUTION (<i>ciprofloxacin-fluocinolone</i>)	2	
*OTIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
hydrocortisone-acetic acid (Acetasol Hc Otic Solution)	1 or 1b*	
DERMOTIC OTIC OIL (<i>fluocinolone acetonide</i>)	3	
fluocinolone acetonide (Flac Otic Oil)	1 or 1b*	
fluocinolone acetonide otic oil	1 or 1b*	
hydrocortisone-acetic acid otic solution	1 or 1b*	
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
KERYDIN EXTERNAL SOLUTION (<i>tavaborole</i>)	3	ST
OXYTOCICS - HORMONES		
*ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS*** - DRUGS FOR WOMEN		
carboprost tromethamine intramuscular solution	1 or 1b*	
CERVIDIL VAGINAL INSERT (<i>dinoprostone</i>)	3	
HEMABATE INTRAMUSCULAR SOLUTION (<i>carboprost tromethamine</i>)	3	
PREPIDIL VAGINAL GEL (<i>dinoprostone</i>)	3	
PROSTIN E2 VAGINAL SUPPOSITORY (<i>dinoprostone</i>)	3	
*OXYTOCICS*** - DRUGS FOR WOMEN		
methylergonovine maleate (Methergine Oral Tablet)	1 or 1b*	
methylergonovine maleate injection solution	1 or 1b*	
methylergonovine maleate oral tablet	1 or 1b*	
oxytocin injection solution	1 or 1b*	
OXYTOCIN-DEXTROSE INTRAVENOUS SOLUTION	3	
OXYTOCIN-DEXTROSE-LACT RINGERS INTRAVENOUS SOLUTION	3	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION	3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
PITOCIN INJECTION SOLUTION (<i>oxytocin</i>)	3	
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR INFECTIONS		
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR INFECTIONS		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	3	QL (1 dose pack per 90 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	3	QL (1 dose pack per 90 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS		
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS		
HYQVIA SUBCUTANEOUS KIT (<i>immune globulin-hyaluronidase</i>)	4	PA; SP
PASSIVE IMMUNIZING AGENTS - BIOLOGICAL AGENTS		
*ANTITOXINS-ANTIVENINS*** - BIOLOGICAL AGENTS		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (<i>centruroides (scorpion) im fab</i>)	3	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae immune fab (equine)</i>)	3	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	3	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae polyval immune fab</i>)	3	
*ANTIVIRAL MONOCLONAL ANTIBODIES*** - BIOLOGICAL AGENTS		
SYNAGIS INTRAMUSCULAR SOLUTION (<i>palivizumab</i>)	4	PA; SP
*IMMUNE SERUMS*** - BIOLOGICAL AGENTS		
ASCENIV INTRAVENOUS SOLUTION (<i>immune globulin (human)-slra</i>)	4	PA; LD
BIVIGAM INTRAVENOUS SOLUTION (<i>immune globulin (human)</i>)	4	PA; LD; SP
CARIMUNE NF INTRAVENOUS SOLUTION RECONSTITUTED (<i>immune globulin (human)</i>)	4	PA; SP
CUTAQUIG SUBCUTANEOUS SOLUTION (<i>immune globulin (human)-hipp</i>)	4	PA; LD
CUVITRU SUBCUTANEOUS SOLUTION (<i>immune globulin (human)</i>)	4	PA; LD; SP
CYTOGAM INTRAVENOUS INJECTABLE (<i>cytomegalovirus immune glob</i>)	4	SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION (<i>immune globulin (human)</i>)	4	PA; SP
GAMASTAN INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	4	PA; SP
GAMASTAN S/D INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	4	PA; SP
GAMMAGARD INJECTION SOLUTION (<i>immune globulin (human)</i>)	4	PA; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>immune globulin (human)</i>)	4	PA; SP
GAMMAKED INJECTION SOLUTION (<i>immune globulin (human)</i>)	4	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION (<i>immune globulin (human)</i>)	4	PA; LD; SP
GAMUNEX-C INJECTION SOLUTION (<i>immune globulin (human)</i>)	4	PA; SP
HEPAGAM B INJECTION SOLUTION (<i>hepatitis b immune globulin</i>)	4	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIZENTRA SUBCUTANEOUS SOLUTION (<i>immune globulin (human)</i>)	4	PA; LD; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>immune globulin (human)</i>)	4	PA; LD
HYPERHEP B S/D INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	4	SP
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML (<i>rabies immune globulin</i>)	4	SP
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML (<i>rabies immune globulin</i>)	4	
HYPERRAB S/D INJECTION SOLUTION (<i>rabies immune globulin</i>)	4	SP
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	4	SP
HYPERTET S/D INTRAMUSCULAR INJECTABLE (<i>tetanus immune globulin</i>)	3	
IMOGAM RABIES-HT INJECTION SOLUTION (<i>rabies immune globulin</i>)	4	SP
KEDRAB INJECTION SOLUTION	4	SP
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	4	SP
NABI-HB INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	4	SP
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 25 GM/500ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	4	PA; SP
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML (<i>immune globulin (human)</i>)	4	PA
PANZYGA INTRAVENOUS SOLUTION (<i>immune globulin (human)-ifas</i>)	4	PA
PRIVIGEN INTRAVENOUS SOLUTION (<i>immune globulin (human)</i>)	4	PA; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	4	SP
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	4	SP
VARIZIG INTRAMUSCULAR SOLUTION (<i>varicella-zoster immune glob</i>)	3	
WINRHO SDF INJECTION SOLUTION (<i>rho d immune globulin</i>)	4	SP
XEMBIFY SUBCUTANEOUS SOLUTION (<i>immune globulin (human)-klhw</i>)	4	PA; LD
*PCSK9 INHIBITORS*** - DRUGS FOR THE HEART		
*PCSK9 INHIBITORS*** - DRUGS FOR THE HEART		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>alirocumab</i>)	3	PA; SP; QL (2 injection per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE (<i>evolocumab</i>)	3	PA; SP; QL (1 injector per 30 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>evolocumab</i>)	3	PA; SP; QL (2 syringe per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (evolocumab)	3	PA; SP; QL (2 syringe per 28 days)
*PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE*** - DRUGS FOR NUTRITION		
*PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE*** - DRUGS FOR NUTRITION		
FLORIVA ORAL TABLET CHEWABLE (ped multiple vit-minerals-fl)	3	
PENICILLINS - DRUGS FOR INFECTIONS		
*AMINOPENICILLINS*** - ANTIBIOTICS		
amoxicillin oral capsule	1 or 1a*	
amoxicillin oral suspension reconstituted	1 or 1a*	
amoxicillin oral tablet	1 or 1a*	
amoxicillin oral tablet chewable	1 or 1a*	
ampicillin oral capsule	1 or 1a*	
ampicillin sodium injection solution reconstituted	1 or 1b*	
ampicillin sodium intravenous solution reconstituted	1 or 1b*	
MOXATAG ORAL TABLET EXTENDED RELEASE 24 HOUR (amoxicillin)	3	
*NATURAL PENICILLINS*** - ANTIBIOTICS		
BICILLIN L-A INTRAMUSCULAR SUSPENSION (penicillin g benzathine)	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION	3	
penicillin g potassium injection solution reconstituted	1 or 1b*	
PENICILLIN G PROCAINE INTRAMUSCULAR SUSPENSION	3	
penicillin g sodium injection solution reconstituted	1 or 1b*	
penicillin v potassium oral solution reconstituted	1 or 1b*	
penicillin v potassium oral tablet	1 or 1b*	
pfizerpen injection solution reconstituted	1 or 1b*	
*PENICILLIN COMBINATIONS*** - ANTIBIOTICS		
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	1 or 1b*	
amoxicillin-pot clavulanate oral suspension reconstituted	1 or 1b*	
amoxicillin-pot clavulanate oral tablet	1 or 1b*	
amoxicillin-pot clavulanate oral tablet chewable	1 or 1b*	
ampicillin-sulbactam sodium injection solution reconstituted	1 or 1b*	
ampicillin-sulbactam sodium intravenous solution reconstituted	1 or 1b*	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED (amoxicillin-pot clavulanate)	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (amoxicillin-pot clavulanate)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 250-62.5 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	3	
AUGMENTIN ORAL TABLET (<i>amoxicillin-pot clavulanate</i>)	3	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>amoxicillin-pot clavulanate</i>)	3	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION (<i>penicillin g benzathine & proc</i>)	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION (<i>penicillin g benzathine & proc</i>)	3	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	1 or 1b*	
UNASYN INJECTION SOLUTION RECONSTITUTED (<i>ampicillin-sulbactam sodium</i>)	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED (<i>ampicillin-sulbactam sodium</i>)	3	
ZOSYN INTRAVENOUS SOLUTION (<i>piperacillin-tazobactam in dex</i>)	3	
ZOSYN INTRAVENOUS SOLUTION RECONSTITUTED (<i>piperacillin sod-tazobactam so</i>)	3	
*PENICILLINASE-RESISTANT PENICILLINS*** - ANTIBIOTICS		
<i>dicloxacillin sodium oral capsule</i>	1 or 1b*	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1 or 1b*	
NAFCILLIN SODIUM INJECTION SOLUTION RECONSTITUTED 10 GM	3	
<i>nafcillin sodium intravenous solution reconstituted</i>	1 or 1b*	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	
<i>oxacillin sodium injection solution reconstituted</i>	1 or 1b*	
<i>oxacillin sodium intravenous solution reconstituted</i>	1 or 1b*	
*PERITONEAL DIALYSIS SOLUTIONS*** - DRUGS FOR THE KIDNEYS		
*PERITONEAL DIALYSIS SOLUTIONS*** - DRUGS FOR THE KIDNEYS		
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	3	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	3	
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	3	
DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	2	
DELFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	3	

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DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	3	
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	3	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	3	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	3	
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	3	
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	3	
EXTRANEAL INTRAPERITONEAL SOLUTION (<i>icodextrin-electrolytes</i>)	3	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	3	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	3	
ULTRABAG/DIANEAL PD-2/4.25% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	3	
ULTRABAG/DIANEAL/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	3	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	3	
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION (<i>peritoneal dialysis solutions</i>)	3	
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER		
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER		
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED (<i>copanlisib hcl</i>)	3	PA; LD
COPIKTRA ORAL CAPSULE (<i>duvelisib</i>)	3; OC	PA; LD; QL (2 tablets per 1 day)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>apfelisib</i>)	3; OC	PA; QL (1 pack per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>apfelisib</i>)	3; OC	PA; QL (1 pack per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>apfelisib</i>)	3; OC	PA; QL (1 pack per 28 days)
ZYDELIG ORAL TABLET (<i>idelalisib</i>)	3; OC	PA; LD; SP; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
EUCRISA EXTERNAL OINTMENT (<i>crisaborole</i>)	3	ST
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR PAIN AND FEVER		
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR PAIN AND FEVER		
OTEZLA ORAL TABLET (<i>apremilast</i>)	4	PA; SP; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK (<i>apremilast</i>)	4	PA; SP; QL (1 pack per 365 days)
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE HEART		
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE HEART		
TAKHZYRO SUBCUTANEOUS SOLUTION (<i>lanadelumab-flyo</i>)	4	PA; LD; SP; QL (2 syringes per 30 days)
*PLEUROMUTILINS*** - DRUGS FOR INFECTIONS		
*PLEUROMUTILINS*** - DRUGS FOR INFECTIONS		
XENLETA INTRAVENOUS SOLUTION (<i>lefamulin acetate</i>)	3	LD
XENLETA ORAL TABLET (<i>lefamulin acetate</i>)	3	PA; LD; QL (10 tablets per 30 days)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER		
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER		
LYNPARZA ORAL CAPSULE (<i>olaparib</i>)	3; OC	PA; LD; SP; QL (16 tablets per 1 day)
LYNPARZA ORAL TABLET (<i>olaparib</i>)	3; OC	PA; LD; SP; QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 200 MG (<i>rucaparib camsylate</i>)	3; OC	PA; LD; QL (6 tablet per 1 day)
RUBRACA ORAL TABLET 250 MG (<i>rucaparib camsylate</i>)	3; OC	PA; LD; QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 300 MG (<i>rucaparib camsylate</i>)	3; OC	PA; LD; QL (4 tablet per 1 day)
TALZENNA ORAL CAPSULE 0.25 MG (<i>talazoparib tosylate</i>)	3; OC	PA; LD; SP; QL (3 capsules per 1 day)
TALZENNA ORAL CAPSULE 1 MG (<i>talazoparib tosylate</i>)	3; OC	PA; LD; SP; QL (1 capsule per 1 day)
ZEJULA ORAL CAPSULE (<i>niraparib tosylate</i>)	3; OC	PA; LD; QL (3 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER		
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER		
LYNPARZA ORAL CAPSULE (<i>olaparib</i>)	3; OC	PA; LD; SP; QL (16 tablets per 1 day)
LYNPARZA ORAL TABLET (<i>olaparib</i>)	3; OC	PA; LD; SP; QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 200 MG (<i>rucaparib camsylate</i>)	3; OC	PA; LD; QL (6 tablet per 1 day)
RUBRACA ORAL TABLET 250 MG (<i>rucaparib camsylate</i>)	3; OC	PA; LD; QL (4 tablets per 1 day)
RUBRACA ORAL TABLET 300 MG (<i>rucaparib camsylate</i>)	3; OC	PA; LD; QL (4 tablet per 1 day)
TALZENNA ORAL CAPSULE 0.25 MG (<i>talazoparib tosylate</i>)	3; OC	PA; LD; SP; QL (3 capsules per 1 day)
TALZENNA ORAL CAPSULE 1 MG (<i>talazoparib tosylate</i>)	3; OC	PA; LD; SP; QL (1 capsule per 1 day)
ZEJULA ORAL CAPSULE (<i>niraparib tosylate</i>)	3; OC	PA; LD; QL (3 capsules per 1 day)
*POSTHERPETIC NEURALGIA (PHN) COMBINATION AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
*POSTHERPETIC NEURALGIA (PHN) COMBINATION AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
CONVENIENCE PAK COMBINATION THERAPY PACK (<i>gabapentin & lidocaine</i>)	3	
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	2	PA; DO
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	2	PA; QL (3 tablets per 1 day)
GRALISE STARTER ORAL (<i>gabapentin (once-daily)</i>)	2	PA; QL (1 pack per 365 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	3	PA; DO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	3	PA; QL (2 tablets per 1 day)
*POSTHERPETIC NEURALGIA(PHN)/NEUROPATHIC PAIN COMB AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
*POSTHERPETIC NEURALGIA(PHN)/NEUROPATHIC PAIN COMB AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
CONVENIENCE PAK COMBINATION THERAPY PACK (<i>gabapentin & lidocaine</i>)	3	
*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION		
*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION		
<i>sodium polystyrene sulfonate</i> (Kionex Oral Powder)	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium polystyrene sulfonate (Kionex Oral Suspension)	1 or 1b*	
LOKELMA ORAL PACKET (sodium zirconium cyclosilicate)	3	
sodium polystyrene sulfonate oral powder	1 or 1b*	
sodium polystyrene sulfonate oral suspension	1 or 1b*	
sodium polystyrene sulfonate rectal suspension	1 or 1b*	
sodium polystyrene sulfonate (Sps Oral Suspension)	1 or 1b*	
VELTASSA ORAL PACKET (patiomer sorbitex calcium)	3	LD; SP
*PRENATAL MV & MINERALS W/FA WITHOUT IRON*** - DRUGS FOR NUTRITION		
*PRENATAL MV & MINERALS W/FA WITHOUT IRON*** - DRUGS FOR NUTRITION		
PRENATE ORAL TABLET CHEWABLE (prenat mv-min-methylfolate-fa)	3	
PROGESTINS - HORMONES		
*PROGESTINS*** - DRUGS FOR WOMEN		
AYGESTIN ORAL TABLET (norethindrone acetate)	3	
EC-RX PROGESTERONE TRANSDERMAL CREAM	3	
hydroxyprogesterone caproate intramuscular oil	4	PA; SP; QL (25 mL per 21 weekss)
MAKENA INTRAMUSCULAR OIL (hydroxyprogesterone caproate)	4	PA; LD; SP; QL (25 mL per 21 weekss)
MAKENA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (hydroxyprogesterone caproate)	4	PA; LD; SP; QL (25 mL per 21 weekss)
medroxyprogesterone acetate oral tablet	1 or 1a*	QL (1 tablet per 1 day)
MEGACE ES ORAL SUSPENSION (megestrol acetate)	3; OC	
megestrol acetate oral suspension	1 or 1b*; OC	
norethindrone acetate oral tablet	1 or 1b*	
PROGESTERONE COMPOUNDING KIT TRANSDERMAL CREAM	3	
progesterone intramuscular oil	1 or 1b*	
progesterone micronized oral capsule 100 mg	1 or 1b*	QL (2 capsules per 1 day)
progesterone micronized oral capsule 200 mg	1 or 1b*	QL (1 capsule per 1 day)
PROGESTERONE MICRONIZED TRANSDERMAL CREAM	3	
PROMETRIUM ORAL CAPSULE 100 MG (progesterone micronized)	3	QL (2 capsules per 1 day)
PROMETRIUM ORAL CAPSULE 200 MG (progesterone micronized)	3	QL (1 capsule per 1 day)
PROVERA ORAL TABLET (medroxyprogesterone acetate)	3	QL (1 tablet per 1 day)
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** - DRUGS FOR THE BLOOD		
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** - DRUGS FOR THE BLOOD		
ZONTIVITY ORAL TABLET (vorapaxar sulfate)	3	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS*** - DRUGS FOR NUTRITION		
*PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS*** - DRUGS FOR NUTRITION		
KABIVEN INTRAVENOUS EMULSION (<i>amino ac-dext-lipid-electrolyt</i>)	3	
PERIKABIVEN INTRAVENOUS EMULSION (<i>amino ac-dext-lipid-electrolyt</i>)	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
*ALCOHOL DETERRENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
acamprosate calcium oral tablet delayed release	1 or 1b*	QL (6 tablet per 1 day)
ANTABUSE ORAL TABLET (<i>disulfiram</i>)	3	
disulfiram oral tablet	1 or 1b*	
*ANTI-CATAPLECTIC AGENTS*** - DRUGS FOR SLEEP DISORDER		
XYREM ORAL SOLUTION (<i>sodium oxybate</i>)	3	PA; LD; SP; QL (18 mL per 1 day)
*BENZODIAZEPINES & TRICYCLIC AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
chlordiazepoxide-amitriptyline oral tablet	1 or 1b*	
*CHOLINOMIMETICS - ACHE INHIBITORS*** - DRUGS FOR ALZHEIMER'S DISEASE		
ARICEPT ORAL TABLET (<i>donepezil hcl</i>)	3	
donepezil hcl oral tablet	1 or 1b*	
donepezil hcl oral tablet dispersible	1 or 1b*	
EXELON TRANSDERMAL PATCH 24 HOUR (<i>rivastigmine</i>)	3	ST
galantamine hydrobromide er oral capsule extended release 24 hour	1 or 1b*	
galantamine hydrobromide oral solution	1 or 1b*	
galantamine hydrobromide oral tablet	1 or 1b*	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>galantamine hydrobromide</i>)	3	
RAZADYNE ORAL TABLET (<i>galantamine hydrobromide</i>)	3	
rivastigmine tartrate oral capsule	1 or 1b*	
rivastigmine transdermal patch 24 hour	1 or 1b*	
*FIBROMYALGIA AGENT - SNRIS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
SAVELLA ORAL TABLET (<i>milnacipran hcl</i>)	2	QL (2 tablets per 1 day)
SAVELLA TITRATION PACK ORAL (<i>milnacipran hcl</i>)	2	QL (1 pack per 365 days)
*MOVEMENT DISORDER DRUG THERAPY*** - DRUGS FOR THE NERVOUS SYSTEM		
AUSTEDO ORAL TABLET (<i>deutetrabenazine</i>)	4	PA; SP; QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INGREZZA ORAL CAPSULE 40 MG (valbenazine tosylate)	4	PA; DO; LD; QL (2 capsules per 1 day)
INGREZZA ORAL CAPSULE 80 MG (valbenazine tosylate)	4	PA; LD; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK (valbenazine tosylate)	4	PA; LD; QL (1 pack per 1 year)
tetrabenazine oral tablet	1 or 1b*	PA; SP
XENAZINE ORAL TABLET (tetrabenazine)	3	PA; LD; SP
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AUBAGIO ORAL TABLET (teriflunomide)	4	PA; LD; SP; QL (1 tablet per 1 day)
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AVONEX INTRAMUSCULAR KIT (interferon beta-1a)	4	SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (interferon beta-1a)	4	PA; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (interferon beta-1a)	4	PA; SP
BETASERON SUBCUTANEOUS KIT (interferon beta-1b)	2	PA; SP
EXTAVIA SUBCUTANEOUS KIT (interferon beta-1b)	4	PA; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR (peginterferon beta-1a)	4	PA; LD; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (peginterferon beta-1a)	4	PA; LD; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR (peginterferon beta-1a)	4	PA; LD; SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (peginterferon beta-1a)	4	PA; LD; SP
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (interferon beta-1a)	4	PA; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (interferon beta-1a)	4	PA; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (interferon beta-1a)	4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (interferon beta-1a)	4	PA; SP
*MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MULTIPLE SCLEROSIS		
LEMTRADA INTRAVENOUS SOLUTION (alemtuzumab)	4	PA; LD; SP
OCREVUS INTRAVENOUS SOLUTION (ocrelizumab)	4	PA; LD; SP; QL (2 vials per 180 days)
TYSABRI INTRAVENOUS CONCENTRATE (natalizumab)	4	PA; LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
TECFIDERA ORAL (<i>dimethyl fumarate</i>)	2	PA; LD; SP; QL (1 kit per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG (<i>dimethyl fumarate</i>)	2	PA; LD; SP; QL (14 capsules per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG (<i>dimethyl fumarate</i>)	2	PA; LD; SP; QL (2 capsules per 1 day)
VUMERITY (STARTER) ORAL CAPSULE DELAYED RELEASE (<i>diroximel fumarate</i>)	4	PA; LD; QL (4 capsules per 1 day)
VUMERITY ORAL CAPSULE DELAYED RELEASE (<i>diroximel fumarate</i>)	4	PA; LD; QL (4 capsules per 1 day)
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>dalfampridine</i>)	4	PA; LD; SP; QL (2 tablets per 1 day)
<i>dalfampridine er oral tablet extended release 12 hour</i>	4	PA; SP; QL (2 tablets per 1 day)
*MULTIPLE SCLEROSIS AGENTS*** - DRUGS FOR MULTIPLE SCLEROSIS		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>glatiramer acetate</i>)	4	PA; SP
<i>glatiramer acetate subcutaneous solution prefilled syringe</i>	2	PA; SP
<i>glatiramer acetate</i> (Glatopa Subcutaneous Solution Prefilled Syringe)	2	PA; SP
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>memantine hcl er oral capsule extended release 24 hour</i>	1 or 1b*	
<i>memantine hcl oral solution</i>	1 or 1b*	
<i>memantine hcl oral tablet</i>	1 or 1b*	
NAMENDA ORAL TABLET (<i>memantine hcl</i>)	3	
NAMENDA TITRATION PAK ORAL TABLET (<i>memantine hcl</i>)	3	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>memantine hcl</i>)	3	
NAMENDA XR TITRATION PACK ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>memantine hcl</i>)	2	
*PHENOTHIAZINES & TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
<i>perphenazine-amitriptyline oral tablet</i>	1 or 1b*	
*POSTHERPETIC NEURALGIA (PHN) AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	2	PA; DO
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	2	PA; QL (3 tablets per 1 day)
GRALISE STARTER ORAL (<i>gabapentin (once-daily)</i>)	2	PA; QL (1 pack per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	3	PA; DO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	3	PA; QL (2 tablets per 1 day)
*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS*** - DRUGS FOR DEPRESSION		
<i>fluoxetine hcl (pmdd) oral capsule</i>	1 or 1b*	
<i>fluoxetine hcl (pmdd) oral tablet 10 mg</i>	1 or 1b*	DO
<i>fluoxetine hcl (pmdd) oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
SARAFEM ORAL TABLET 10 MG (<i>fluoxetine hcl (pmdd)</i>)	3	DO
SARAFEM ORAL TABLET 20 MG (<i>fluoxetine hcl (pmdd)</i>)	3	QL (4 tablets per 1 day)
*PSEUDOBULBAR AFFECT AGENT COMBINATIONS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
NUEDEXTA ORAL CAPSULE (<i>dextromethorphan-quinidine</i>)	3	PA; QL (2 capsules per 1 day)
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>ergoloid mesylates oral tablet</i>	1 or 1b*	
ORAP ORAL TABLET (<i>pimozide</i>)	3	
<i>pimozide oral tablet</i>	1 or 1b*	
*RESTLESS LEG SYNDROME (RLS) AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
HORIZANT ORAL TABLET EXTENDED RELEASE (<i>gabapentin enacarbil</i>)	3	PA; QL (2 tablets per 1 day)
*SMOKING DETERRENTS*** - DRUGS FOR DEPRESSION		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1 or 1b*; \$0	QL (2 tablets per 1 day)
CHANTIX CONTINUING MONTH PAK ORAL TABLET (<i>varenicline tartrate</i>)	3; \$0	QL (60 tablet per 30 days)
CHANTIX ORAL TABLET 0.5 MG (<i>varenicline tartrate</i>)	3; \$0	QL (2 tablets per 1 day)
CHANTIX ORAL TABLET 1 MG (<i>varenicline tartrate</i>)	3; \$0	QL (2 tablet per 1 day)
CHANTIX STARTING MONTH PAK ORAL TABLET (<i>varenicline tartrate</i>)	3; \$0	QL (1 starting month pack per 365 days)
<i>cvs nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>cvs nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>cvs nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>cvs nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>cvs nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>eq nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>eq nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>eq nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>eq nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eq nicotine step 3 transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>eq nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>eql nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>eql nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>gnp nicotine mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>gnp nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>gnp nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>gnp nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>goodsense nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>goodsense nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>hm nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>hm nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>hm nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>kls quit2 mouth/throat gum</i>	1 or 1b*; \$0	
<i>kls quit2 mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>kls quit4 mouth/throat gum</i>	1 or 1b*; \$0	
<i>kls quit4 mouth/throat lozenge</i>	1 or 1b*; \$0	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR (nicotine)	2; \$0	
<i>nicorelief mouth/throat gum</i>	1 or 1b*; \$0	
NICORETTE MINI MOUTH/THROAT LOZENGE (nicotine polacrilex)	2; \$0	
NICORETTE MOUTH/THROAT GUM (nicotine polacrilex)	2; \$0	
NICORETTE MOUTH/THROAT LOZENGE (nicotine polacrilex)	2; \$0	
NICORETTE STARTER KIT MOUTH/THROAT GUM (nicotine polacrilex)	2; \$0	
<i>nicotine mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>nicotine step 1 transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>nicotine step 2 transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>nicotine step 3 transdermal patch 24 hour</i>	1 or 1b*; \$0	
NICOTINE TRANSDERMAL KIT	2; \$0	
<i>nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
NICOTROL INHALATION INHALER (nicotine)	3; \$0	
NICOTROL NS NASAL SOLUTION (nicotine)	3; \$0	
<i>px stop smoking aid mouth/throat gum</i>	1 or 1b*; \$0	
<i>px stop smoking aid mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ra mini nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ra nicotine gum mouth/throat gum</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>ra nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>ra nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ra nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>sm nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>sm nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>sm nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>sm nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>sm nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>sr nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>tgt nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>tgt nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>tgt nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>tgt nicotine step one transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>tgt nicotine step three transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>tgt nicotine step two transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>thrive mouth/throat gum</i>	1 or 1b*; \$0	
ZYBAN ORAL TABLET EXTENDED RELEASE 12 HOUR (bupropion hcl (smoking deter))	3; \$0	PA; QL (2 tablets per 1 day)
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
GILENYA ORAL CAPSULE (fingolimod hcl)	2	PA; SP; QL (1 capsule per 1 day)
MAYZENT ORAL TABLET 0.25 MG (siponimod fumarate)	4	PA; LD; QL (4 tablets per 1 day)
MAYZENT ORAL TABLET 2 MG (siponimod fumarate)	4	PA; LD; QL (1 tablet per 1 day)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK (ozanimod hcl)	4	PA; QL (1 pack per 1 fill)
ZEPOSIA ORAL CAPSULE (ozanimod hcl)	4	PA; QL (1 capsule per 1 day)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK (ozanimod hcl)	4	PA; QL (1 pack per 1 fill)
*THIENBENZODIAZEPINES & SSRIS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine-fluoxetine hcl oral capsule</i>	1 or 1b*	
SYMBYAX ORAL CAPSULE (olanzapine-fluoxetine hcl)	3	
*VASOMOTOR SYMPTOM AGENTS - SSRIS*** - DRUGS FOR THE NERVOUS SYSTEM		
BRISDELLE ORAL CAPSULE (paroxetine mesylate)	3	
<i>paroxetine mesylate oral capsule</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR CANCER		
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR CANCER		
OFEV ORAL CAPSULE (<i>nintedanib esylate</i>)	4	PA; LD; SP; QL (2 capsules per 1 day)
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS		
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS		
ESBRIET ORAL CAPSULE (<i>pirfenidone</i>)	4	PA; LD; SP; QL (9 capsule per 1 day)
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	4	PA; LD; SP; QL (9 tablets per 1 day)
ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	4	PA; LD; SP; QL (3 tablets per 1 day)
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR THE HEART		
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR THE HEART		
UPTRAVI ORAL TABLET (<i>selexipag</i>)	4	PA; LD; SP; QL (2 tablets per 1 day)
UPTRAVI ORAL TABLET THERAPY PACK (<i>selexipag</i>)	4	PA; LD; SP; QL (1 pack per 365 days)
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
*ALPHA-PROTEINASE INHIBITOR (HUMAN)*** - DRUGS FOR ASTHMA/COPD		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED (<i>alpha1-proteinase inhibitor</i>)	4	PA; LD; SP
GLASSIA INTRAVENOUS SOLUTION (<i>alpha1-proteinase inhibitor</i>)	4	PA; LD; SP
PROLASTIN-C INTRAVENOUS SOLUTION (<i>alpha1-proteinase inhibitor</i>)	4	PA; LD
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED (<i>alpha1-proteinase inhibitor</i>)	4	PA; LD; SP
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED (<i>alpha1-proteinase inhibitor</i>)	4	PA; LD; SP
*CFTR POTENTIATORS*** - DRUGS FOR CYSTIC FIBROSIS		
KALYDECO ORAL PACKET 25 MG (<i>ivacaftor</i>)	4	PA; LD; QL (2 packets per 1 day)
KALYDECO ORAL PACKET 50 MG, 75 MG (<i>ivacaftor</i>)	4	PA; LD; SP; QL (2 packet per 1 day)
KALYDECO ORAL TABLET (<i>ivacaftor</i>)	4	PA; LD; SP; QL (2 tablets per 1 day)
*HYDROLYTIC ENZYMES*** - DRUGS FOR THE LUNGS		
PULMOZYME INHALATION SOLUTION (<i>dornase alfa</i>)	4	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PLEURAL SCLEROSING AGENTS*** - DRUGS FOR THE LUNGS		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER (<i>talc</i>)	3	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED (<i>talc</i>)	3	
STERITALC INTRAPLEURAL POWDER (<i>talc</i>)	3	
*RESPIRATORY AGENTS - MISC.*** - DRUGS FOR THE LUNGS		
CUROSURF INTRATRACHEAL SUSPENSION (<i>poractant alfa</i>)	3	
INFASURF INTRATRACHEAL SUSPENSION (<i>calfactant in nacl</i>)	3	
SURVANTA INTRATRACHEAL SUSPENSION (<i>beractant in nacl</i>)	3	
*SCAR TREATMENT PRODUCTS - COMBINATIONS*** - DRUGS FOR THE SKIN		
*SCAR TREATMENT PRODUCTS - COMBINATIONS*** - DRUGS FOR THE SKIN		
RENUU NL EXTERNAL PATCH	3	
*SCLEROSTIN INHIBITORS*** - HORMONES		
*SCLEROSTIN INHIBITORS*** - HORMONES		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>romosozumab-aqqg</i>)	4	PA; QL (2 syringes per 30 days)
*SEBORRHEIC KERATOSIS PRODUCTS** - DRUGS FOR THE SKIN		
*SEBORRHEIC KERATOSIS PRODUCTS** - DRUGS FOR THE SKIN		
ESKATA EXTERNAL SOLUTION (<i>hydrogen peroxide</i>)	3	
*SELECTIN BLOCKERS*** - DRUGS FOR THE BLOOD		
*SELECTIN BLOCKERS*** - DRUGS FOR THE BLOOD		
ADAKVEO INTRAVENOUS SOLUTION (<i>crizanlizumab-tmca</i>)	4	PA
*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)*** - DRUGS FOR THE NERVOUS SYSTEM		
*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)*** - DRUGS FOR THE NERVOUS SYSTEM		
REYVOW ORAL TABLET 100 MG (<i>lasmiditan succinate</i>)	3	ST; QL (8 tablets per 30 days)
REYVOW ORAL TABLET 50 MG (<i>lasmiditan succinate</i>)	3	ST; QL (4 tablets per 30 days)
*SEPTAL AGENTS - ABLATION** - DRUGS FOR THE HEART		
*SEPTAL AGENTS - ABLATION** - DRUGS FOR THE HEART		
ABLYSINOL INTRA-ARTERIAL SOLUTION (<i>dehydrated alcohol</i>)	3	
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM		
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM		
ADDYI ORAL TABLET (<i>flibanserin</i>)	3	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM		
*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>nefazodone hcl oral tablet</i>	1 or 1b*	
<i>trazodone hcl oral tablet</i>	1 or 1a*	
TRINTELLIX ORAL TABLET 10 MG, 5 MG (<i>vortioxetine hbr</i>)	3	DO
TRINTELLIX ORAL TABLET 20 MG (<i>vortioxetine hbr</i>)	3	QL (1 tablet per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG (<i>vilazodone hcl</i>)	3	ST; DO
VIIBRYD ORAL TABLET 40 MG (<i>vilazodone hcl</i>)	3	ST; QL (1 tablet per 1 day)
VIIBRYD STARTER PACK ORAL KIT (<i>vilazodone hcl</i>)	3	ST; QL (1 pack per 365 days)
*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB*** - HORMONES		
*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB*** - HORMONES		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	3	ST; QL (1 tablet per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	3	ST; QL (2 tablets per 1 day)
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - HORMONES		
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - HORMONES		
GLYXAMBI ORAL TABLET (<i>empagliflozin-linagliptin</i>)	3	ST; QL (1 tablet per 1 day)
QTERN ORAL TABLET (<i>dapagliflozin-saxagliptin</i>)	3	ST; QL (1 tablet per 1 day)
STEGLUJAN ORAL TABLET (<i>ertugliflozin-sitagliptin</i>)	3	ST; QL (1 tablet per 1 day)
*SINUS NODE INHIBITORS** - DRUGS FOR THE HEART		
*SINUS NODE INHIBITORS** - DRUGS FOR THE HEART		
CORLANOR ORAL SOLUTION (<i>ivabradine hcl</i>)	3	PA; QL (4 ampules per 1 day)
CORLANOR ORAL TABLET (<i>ivabradine hcl</i>)	2	PA; QL (2 tablets per 1 day)
*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS*** - HORMONES		
*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS*** - HORMONES		
ONPATTRO INTRAVENOUS SOLUTION (<i>patisiran sodium</i>)	4	PA; LD
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES		
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES		
INVOKAMET ORAL TABLET (<i>canagliflozin-metformin hcl</i>)	3	ST; QL (2 tablets per 1 day)

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INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR (canagliflozin-metformin hcl)	3	ST; QL (2 tablets per 1 day)
SEGLUROMET ORAL TABLET (ertugliflozin-metformin hcl)	3	ST; QL (2 tablets per 1 day)
SYNJARDY ORAL TABLET (empagliflozin-metformin hcl)	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG (empagliflozin-metformin hcl)	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (empagliflozin-metformin hcl)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (dapagliflozin-metformin hcl)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (dapagliflozin-metformin hcl)	2	ST; QL (2 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (dapagliflozin-metformin hcl)	2	ST; QL (2 tablets per 1 day)
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** - DRUGS FOR THE BLOOD		
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** - DRUGS FOR THE BLOOD		
TAVALISSE ORAL TABLET (fostamatinib disodium)	4	PA; LD; QL (2 tablets per 1 day)
*STERIODS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
*STERIODS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
triamcinolone acetonide (Oralene Mouth/Throat Paste)	1 or 1b*	
triamcinolone acetonide mouth/throat paste	1 or 1b*	
SULFONAMIDES - DRUGS FOR INFECTIONS		
*SULFONAMIDES*** - ANTIBIOTICS		
SULFADIAZINE ORAL TABLET	3	
TETRACYCLINES - DRUGS FOR INFECTIONS		
*TETRACYCLINES*** - ANTIBIOTICS		
ACTICLATE ORAL TABLET (doxycycline hyclate)	3	ST
avidoxy oral tablet	1 or 1b*	
minocycline hcl (Coremino Oral Tablet Extended Release 24 Hour)	1 or 1b*	ST
demeclocycline hcl oral tablet	1 or 1b*	
DORYX MPC ORAL TABLET DELAYED RELEASE (doxycycline hyclate)	3	ST
DORYX ORAL TABLET DELAYED RELEASE (doxycycline hyclate)	3	ST
doxycycline hyclate (Doxy 100 Intravenous Solution Reconstituted)	1 or 1b*	
doxycycline hyclate intravenous solution reconstituted	1 or 1b*	
doxycycline hyclate oral capsule	1 or 1b*	
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	1 or 1b*	

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<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	1 or 1b*	ST
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1 or 1b*	ST
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	ST
<i>doxycycline monohydrate oral capsule</i>	1 or 1b*	
<i>doxycycline monohydrate oral suspension reconstituted</i>	1 or 1b*	
<i>doxycycline monohydrate oral tablet</i>	1 or 1b*	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED (minocycline hcl)	3	
MINOCIN ORAL CAPSULE 100 MG (minocycline hcl)	3	
MINOCIN ORAL CAPSULE 50 MG (minocycline hcl)	3	ST
<i>minocycline hcl er oral capsule extended release 24 hour</i>	3	ST
<i>minocycline hcl er oral tablet extended release 24 hour</i>	1 or 1b*	ST
<i>minocycline hcl oral capsule</i>	1 or 1b*	
<i>minocycline hcl oral tablet</i>	1 or 1b*	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR (minocycline hcl)	3	ST
<i>doxycycline monohydrate (Mondoxine NI Oral Capsule)</i>	1 or 1b*	
<i>doxycycline hyclate (Morgidox Oral Capsule)</i>	1 or 1b*	
NUTRIDOX ORAL KIT (doxycycline monohyd-omega 3-e)	3	
<i>doxycycline monohydrate (Okebo Oral Capsule)</i>	1 or 1b*	
SEYSARA ORAL TABLET (sarecycline hcl)	3	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR (minocycline hcl)	3	ST
<i>tetracycline hcl oral capsule</i>	1 or 1b*	
VIBRAMYCIN ORAL CAPSULE (doxycycline hyclate)	3	ST
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED (doxycycline monohydrate)	3	ST
VIBRAMYCIN ORAL SYRUP (doxycycline calcium)	3	ST
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR (minocycline hcl)	3	ST
*TETRAHYDROISOQUINOLINES*** - DRUGS FOR CANCER		
*TETRAHYDROISOQUINOLINES*** - DRUGS FOR CANCER		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED (trabectedin)	3	LD
THYROID AGENTS - HORMONES		
*ANTITHYROID AGENTS*** - DRUGS FOR THYROID		
<i>methimazole oral tablet</i>	1 or 1a*	
<i>propylthiouracil oral tablet</i>	1 or 1b*	

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TAPAZOLE ORAL TABLET (<i>methimazole</i>)	3	
*THYROID HORMONES*** - DRUGS FOR THYROID		
ARMOUR THYROID ORAL TABLET (<i>thyroid</i>)	2	
CYTOMEL ORAL TABLET (<i>liothyronine sodium</i>)	3	
levothyroxine sodium (Euthyrox Oral Tablet)	1 or 1b*	
levothyroxine sodium (Levo-T Oral Tablet)	1 or 1b*	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION	3	
levothyroxine sodium intravenous solution reconstituted 100 mcg, 500 mcg	1 or 1a*	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED 200 MCG	3	
levothyroxine sodium oral tablet	1 or 1a*	
levothyroxine sodium (Levoxyl Oral Tablet)	1 or 1a*	
liothyronine sodium intravenous solution	1 or 1b*	
liothyronine sodium oral tablet	1 or 1b*	
NATURE-THROID ORAL TABLET (<i>thyroid</i>)	3	
np thyroid oral tablet	1 or 1a*	
SYNTHROID ORAL TABLET (<i>levothyroxine sodium</i>)	2	
thyroid oral tablet	1 or 1a*	
THYROLAR-1 ORAL TABLET (<i>liotrix (t3-t4)</i>)	3	
THYROLAR-1/2 ORAL TABLET (<i>liotrix (t3-t4)</i>)	3	
THYROLAR-1/4 ORAL TABLET (<i>liotrix (t3-t4)</i>)	3	
THYROLAR-2 ORAL TABLET (<i>liotrix (t3-t4)</i>)	3	
THYROLAR-3 ORAL TABLET (<i>liotrix (t3-t4)</i>)	3	
TIROSINT ORAL CAPSULE (<i>levothyroxine sodium</i>)	3	
TIROSINT-SOL ORAL SOLUTION (<i>levothyroxine sodium</i>)	3	
TRIOSTAT INTRAVENOUS SOLUTION (<i>liothyronine sodium</i>)	3	
levothyroxine sodium (Unithroid Oral Tablet)	1 or 1a*	
WESTHROID ORAL TABLET (<i>thyroid</i>)	3	
WP THYROID ORAL TABLET (<i>thyroid</i>)	3	
TOXOIDS - BIOLOGICAL AGENTS		
*TOXOID COMBINATIONS*** - VACCINES		
ADACEL INTRAMUSCULAR SUSPENSION (<i>tetanus-diphth-acell pertussis</i>)	3; \$0	
BOOSTRIX INTRAMUSCULAR SUSPENSION (<i>tetanus-diphth-acell pertussis</i>)	3; \$0	
DAPTACEL INTRAMUSCULAR SUSPENSION (<i>diphth-acell pertussis-tetanus</i>)	3; \$0	
DIPHThERIA-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION	3; \$0	

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INFANRIX INTRAMUSCULAR SUSPENSION (<i>diphth-acell pertussis-tetanus</i>)	3; \$0	
KINRIX INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	3; \$0	
PEDIARIX INTRAMUSCULAR SUSPENSION (<i>dtap-hepatitis b recomb-ipv</i>)	3; \$0	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	3; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	3; \$0	
TDVAX INTRAMUSCULAR SUSPENSION (<i>tetanus-diphtheria toxoids td</i>)	3; \$0	
TENIVAC INTRAMUSCULAR INJECTABLE (<i>tetanus-diphtheria toxoids td</i>)	3; \$0	
*TRANSTHYRETIN STABILIZERS*** - HORMONES		
*TRANSTHYRETIN STABILIZERS*** - HORMONES		
VYNDAMAX ORAL CAPSULE (<i>tafamidis</i>)	4	PA; LD; QL (1 capsule per 1 day)
VYNDAQEL ORAL CAPSULE (<i>tafamidis meglumine (cardiac)</i>)	4	PA; LD; QL (4 capsules per 1 day)
*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR THE STOMACH		
*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR THE STOMACH		
XERMELO ORAL TABLET (<i>telotristat etiprate</i>)	4	PA; LD; QL (3 tablets per 1 day)
ULCER DRUGS - DRUGS FOR THE STOMACH		
*ANTICHOLINERGIC COMBINATIONS*** - DRUGS FOR STOMACH CRAMPS		
<i>chlordiazepoxide-clidinium oral capsule</i>	1 or 1b*	
LIBRAX ORAL CAPSULE (<i>chlordiazepoxide-clidinium</i>)	3	
<i>phenobarbital-belladonna alk oral elixir</i>	1 or 1b*	
<i>pb-hyoscy-atropine-scopolamine</i> (Phenohydro Oral Elixir)	1 or 1b*	
<i>pb-hyoscy-atropine-scopolamine</i> (Phenohydro Oral Tablet)	1 or 1b*	
*ANTISPASMODICS*** - DRUGS FOR STOMACH CRAMPS		
BENTYL INTRAMUSCULAR SOLUTION (<i>dicyclomine hcl</i>)	3	
BENTYL ORAL CAPSULE (<i>dicyclomine hcl</i>)	3	
<i>dicyclomine hcl intramuscular solution</i>	1 or 1b*	
<i>dicyclomine hcl oral capsule</i>	1 or 1a*	
<i>dicyclomine hcl oral solution</i>	1 or 1a*	
<i>dicyclomine hcl oral tablet</i>	1 or 1a*	
*BELLADONNA ALKALOIDS*** - DRUGS FOR STOMACH CRAMPS		
ANASPAZ ORAL TABLET DISPERSIBLE (<i>hyoscyamine sulfate</i>)	3	
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR (<i>atropine sulfate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atropine sulfate injection solution 0.4 mg/ml, 1 mg/ml</i>	1 or 1b*	
ATROPINE SULFATE INJECTION SOLUTION 8 MG/20ML	3	
<i>atropine sulfate injection solution prefilled syringe</i>	1 or 1b*	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	1 or 1b*	
<i>hyoscyamine sulfate oral tablet</i>	1 or 1b*	
<i>hyoscyamine sulfate sl sublingual tablet sublingual</i>	1 or 1b*	
<i>hyoscyamine sulfate sublingual tablet sublingual</i>	1 or 1b*	
*H-2 ANTAGONISTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>cimetidine hcl oral solution</i>	1 or 1b*	
<i>cimetidine oral tablet</i>	1 or 1b*	
DEPRIZINE FUSEPAQ ORAL SUSPENSION RECONSTITUTED (ranitidine hcl)	3	
FAMOTIDINE IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>famotidine intravenous solution</i>	1 or 1b*	
<i>famotidine oral suspension reconstituted</i>	1 or 1b*	
<i>famotidine oral tablet</i>	1 or 1b*	
<i>famotidine premixed intravenous solution</i>	1 or 1b*	
<i>nizatidine oral capsule</i>	1 or 1b*	
<i>nizatidine oral solution</i>	1 or 1b*	
PEPCID ORAL SUSPENSION RECONSTITUTED (famotidine)	3	
PEPCID ORAL TABLET (famotidine)	3	
<i>ranitidine hcl injection solution</i>	1 or 1b*	
<i>ranitidine hcl oral capsule</i>	1 or 1b*	
<i>ranitidine hcl oral syrup</i>	1 or 1b*	
<i>ranitidine hcl oral tablet</i>	1 or 1b*	
ZANTAC INJECTION SOLUTION (ranitidine hcl)	3	
ZANTAC ORAL TABLET (ranitidine hcl)	3	
*MISC. ANTI-ULCER*** - DRUGS FOR ULCERS AND STOMACH ACID		
CARAFATE ORAL SUSPENSION (sucralfate)	3	
CARAFATE ORAL TABLET (sucralfate)	3	
<i>sucralfate oral suspension</i>	1 or 1b*	
<i>sucralfate oral tablet</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PROTON PUMP INHIBITOR-ANTACID COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>omeprazole-sodium bicarbonate</i> (Omeppi Oral Capsule)	3	ST; QL (1 capsule per 1 day)
<i>omeprazole-sodium bicarbonate oral capsule</i>	3	ST; QL (1 capsule per 1 day)
<i>omeprazole-sodium bicarbonate oral packet</i>	3	ST; QL (1 packet per 1 day)
ZEGERID ORAL CAPSULE (<i>omeprazole-sodium bicarbonate</i>)	3	ST; QL (1 capsule per 1 day)
ZEGERID ORAL PACKET (<i>omeprazole-sodium bicarbonate</i>)	3	ST; QL (1 packet per 1 day)
*PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX ORAL TABLET DELAYED RELEASE (<i>rabeprazole sodium</i>)	3	ST; QL (1 tablet per 1 day)
ACIPHEX SPRINKLE ORAL CAPSULE SPRINKLE (<i>rabeprazole sodium</i>)	3	ST; QL (1 capsule per 1 day)
DEXILANT ORAL CAPSULE DELAYED RELEASE (<i>dexlansoprazole</i>)	2	ST; QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral capsule delayed release</i>	3	ST; QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral packet</i>	3	ST; QL (1 packet per 1 day)
<i>esomeprazole sodium intravenous solution reconstituted</i>	1 or 1b*	
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE DELAYED RELEASE	3	
<i>lansoprazole oral capsule delayed release</i>	3	ST; QL (1 capsule per 1 day)
<i>lansoprazole oral tablet delayed release dispersible</i>	3	ST; QL (1 tablet per 1 day)
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED (<i>esomeprazole sodium</i>)	3	
NEXIUM ORAL CAPSULE DELAYED RELEASE (<i>esomeprazole magnesium</i>)	3	ST; QL (1 capsule per 1 day)
NEXIUM ORAL PACKET (<i>esomeprazole magnesium</i>)	3	ST; QL (1 packet per 1 day)
<i>omeprazole oral capsule delayed release</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>pantoprazole sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>pantoprazole sodium oral tablet delayed release</i>	1 or 1b*	QL (1 tablet per 1 day)
PREVACID ORAL CAPSULE DELAYED RELEASE (<i>lansoprazole</i>)	3	ST; QL (1 capsule per 1 day)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE (<i>lansoprazole</i>)	3	ST; QL (1 tablet per 1 day)
PRILOSEC ORAL PACKET (<i>omeprazole magnesium</i>)	3	ST; QL (30 ML per 30 days)
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>pantoprazole sodium</i>)	3	
PROTONIX ORAL PACKET (<i>pantoprazole sodium</i>)	3	ST; QL (1 packet per 1 day)
PROTONIX ORAL TABLET DELAYED RELEASE (<i>pantoprazole sodium</i>)	3	ST; QL (1 tablet per 1 day)
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	ST; QL (1 capsule per 1 day)
<i>rabeprazole sodium oral tablet delayed release</i>	3	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*QUATERNARY ANTICHOLINERGICS*** - DRUGS FOR STOMACH CRAMPS		
CUVPOSA ORAL SOLUTION (<i>glycopyrrolate</i>)	3	
GLYCATATE ORAL TABLET (<i>glycopyrrolate</i>)	3	PA
<i>glycopyrrolate injection solution</i>	1 or 1b*	
GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1 or 1b*	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	PA
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE	3	
GLYRX-PF INJECTION SOLUTION (<i>glycopyrrolate</i>)	3	
<i>methscopolamine bromide oral tablet</i>	1 or 1b*	
<i>propantheline bromide oral tablet</i>	1 or 1b*	
ROBINUL INJECTION SOLUTION (<i>glycopyrrolate</i>)	3	
ROBINUL ORAL TABLET (<i>glycopyrrolate</i>)	3	
ROBINUL-FORTE ORAL TABLET (<i>glycopyrrolate</i>)	3	
*ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
PYLERA ORAL CAPSULE (<i>bis subcit-metronid-tetracyc</i>)	3	
*ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>amoxicill-clarithro-lansopraz oral</i>	1 or 1b*	
OMECLAMOX-PAK ORAL (<i>amoxicill-clarithro-omeprazole</i>)	3	
PREVPAC ORAL (<i>amoxicill-clarithro-lansopraz</i>)	3	
TALICIA ORAL CAPSULE DELAYED RELEASE (<i>amoxicill-rifabutin-omeprazole</i>)	3	
*ULCER DRUGS - PROSTAGLANDINS*** - DRUGS FOR ULCERS AND STOMACH ACID		
CYTOTEC ORAL TABLET (<i>misoprostol</i>)	3	
<i>misoprostol oral tablet</i>	1 or 1a*	
URINARY ANTI-INFECTIVES - DRUGS FOR THE URINARY SYSTEM		
*URINARY ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS		
FURADANTIN ORAL SUSPENSION (<i>nitrofurantoin</i>)	3	
HIPREX ORAL TABLET (<i>methenamine hippurate</i>)	3	
MACROBID ORAL CAPSULE (<i>nitrofurantoin monohyd macro</i>)	3	
MACRODANTIN ORAL CAPSULE (<i>nitrofurantoin macrocrystal</i>)	3	
<i>methenamine hippurate oral tablet</i>	1 or 1b*	
<i>methenamine mandelate oral tablet</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONUROL ORAL PACKET (<i>fosfomycin tromethamine</i>)	3	
<i>nitrofurantoin macrocrystal oral capsule</i>	1 or 1b*	
<i>nitrofurantoin monohyd macro oral capsule</i>	1 or 1b*	
<i>nitrofurantoin oral suspension</i>	1 or 1b*	
*URINARY ANTISEPTIC-ANTISPASMODIC &/OR ANALGESICS*** - DRUGS FOR INFECTIONS		
<i>meth-hyo-m bl-na phos-ph sal</i> (Uretron D/S Oral Tablet)	1 or 1b*	
<i>methen-hyosc-meth blue-na phos</i> (Uryl Oral Tablet)	1 or 1b*	
<i>uticap oral capsule</i>	1 or 1b*	
<i>meth-hyo-m bl-na phos-ph sal</i> (Utrona-C Oral Tablet)	1 or 1b*	
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
*BETA-3 ADRENERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>mirabegron</i>)	3	
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)*** - DRUGS FOR THE BLADDER		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	1 or 1b*	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>tolterodine tartrate</i>)	3	ST
DETROL ORAL TABLET (<i>tolterodine tartrate</i>)	3	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (<i>oxybutynin chloride</i>)	3	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (<i>oxybutynin chloride</i>)	3	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (<i>darifenacin hydrobromide</i>)	3	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 7.5 MG (<i>darifenacin hydrobromide</i>)	3	ST
GELNIQUE PUMP TRANSDERMAL GEL (<i>oxybutynin chloride</i>)	3	ST
GELNIQUE TRANSDERMAL GEL (<i>oxybutynin chloride</i>)	3	ST
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>oxybutynin chloride oral syrup</i>	1 or 1b*	
<i>oxybutynin chloride oral tablet</i>	1 or 1b*	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY (<i>oxybutynin</i>)	3	ST
<i>solifenacin succinate oral tablet</i>	1 or 1b*	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	1 or 1b*	
<i>tolterodine tartrate oral tablet</i>	1 or 1b*	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>fesoterodine fumarate</i>)	3	

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<i>tropium chloride er oral capsule extended release 24 hour</i>	1 or 1b*	
<i>tropium chloride oral tablet</i>	1 or 1b*	
VESICARE ORAL TABLET (solifenacin succinate)	3	ST
*URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOL)*** (NEW) - DRUGS FOR THE BLADDER		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	1 or 1b*	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (tolterodine tartrate)	3	ST
DETROL ORAL TABLET (tolterodine tartrate)	3	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (oxybutynin chloride)	3	ST
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (oxybutynin chloride)	3	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (darifenacin hydrobromide)	3	
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HOUR 7.5 MG (darifenacin hydrobromide)	3	ST
GELNIQUE PUMP TRANSDERMAL GEL (oxybutynin chloride)	3	ST
GELNIQUE TRANSDERMAL GEL (oxybutynin chloride)	3	ST
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>oxybutynin chloride oral syrup</i>	1 or 1b*	
<i>oxybutynin chloride oral tablet</i>	1 or 1b*	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY (oxybutynin)	3	ST
<i>solifenacin succinate oral tablet</i>	1 or 1b*	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	1 or 1b*	
<i>tolterodine tartrate oral tablet</i>	1 or 1b*	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR (fesoterodine fumarate)	3	
<i>tropium chloride er oral capsule extended release 24 hour</i>	1 or 1b*	
<i>tropium chloride oral tablet</i>	1 or 1b*	
VESICARE ORAL TABLET (solifenacin succinate)	3	ST
*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (mirabegron)	3	
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
<i>bethanechol chloride oral tablet</i>	1 or 1b*	
URECHOLINE ORAL TABLET (bethanechol chloride)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** (NEW) - DRUGS FOR THE BLADDER		
<i>bethanechol chloride oral tablet</i>	1 or 1b*	
URECHOLINE ORAL TABLET (<i>bethanechol chloride</i>)	3	
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** - DRUGS FOR THE BLADDER		
<i>flavoxate hcl oral tablet</i>	1 or 1b*	
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** (NEW) - DRUGS FOR THE BLADDER		
<i>flavoxate hcl oral tablet</i>	1 or 1b*	
VACCINES - BIOLOGICAL AGENTS		
*BACTERIAL VACCINES*** - VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	3; \$0	
BCG VACCINE INJECTION INJECTABLE	3; \$0	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b recomb omv adj</i>)	3; \$0	
BIOTHRAX INTRAMUSCULAR SUSPENSION (<i>anthrax vaccine adsorbed</i>)	3	
HIBERIX INJECTION SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	3; \$0	
MENACTRA INTRAMUSCULAR INJECTABLE (<i>meningococcal a c y&w-135 conj</i>)	3; \$0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135 olig</i>)	3; \$0	
PEDVAX HIB INTRAMUSCULAR SUSPENSION (<i>haemophilus b polysac conj vac</i>)	3; \$0	
PNEUMOVAX 23 INJECTION INJECTABLE (<i>pneumococcal vac polyvalent</i>)	2; \$0	
PREVNAR 13 INTRAMUSCULAR SUSPENSION (<i>pneumococcal 13-val conj vacc</i>)	2; \$0	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b vac (recomb)</i>)	3; \$0	
TYPHIM VI INTRAMUSCULAR SOLUTION (<i>typhoid vi polysaccharide vacc</i>)	3	
VAXCHORA ORAL SUSPENSION RECONSTITUTED (<i>cholera vac live attenuated</i>)	3	
VIVOTIF ORAL CAPSULE DELAYED RELEASE (<i>typhoid vaccine</i>)	2	
*VIRAL VACCINE COMBINATIONS*** - VACCINES		
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	3; \$0	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles-mumps-rubella-varicell</i>)	3; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (hepatitis a-hep b recomb vac)	3; \$0	
*VIRAL VACCINES*** - VACCINES		
AFLURIA INTRAMUSCULAR SUSPENSION (influenza virus vaccine split)	2; \$0	
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (influenza virus vacc split pf)	2; \$0	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (influenza vac split quad)	2; \$0	QL (1 fill per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (influenza vac split quad)	2; \$0	QL (1 fill per 180 days)
ENGRIX-B INJECTION SUSPENSION (hepatitis b vac recombinant)	3; \$0	
ENGRIX-B INTRAMUSCULAR INJECTABLE (hepatitis b vac recombinant)	3; \$0	
EZ FLU SHOT-FLUCELVAX QUAD INTRAMUSCULAR PREFILLED SYRINGE KIT (influenza vac subunit quad)	2; \$0	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (influenza vac a&b surf ant adj)	2; \$0	QL (1 fill per 180 days)
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE (influenza vac a&b sa adj quad)	2	QL (1 fill per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (influenza vac split quad)	2; \$0	QL (1 fill per 180 days)
FLUBLOK INTRAMUSCULAR SOLUTION (influenza vac recombinant ha)	2; \$0	
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (influenza vac recomb ha quad)	2; \$0	QL (1 fill per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (influenza vac subunit quad)	2; \$0	QL (1 fill per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (influenza vac subunit quad)	2; \$0	QL (1 fill per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION (influenza vac split quad)	2; \$0	QL (1 fill per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (influenza vac split quad)	2; \$0	QL (1 fill per 180 days)
FLUMIST QUADRIVALENT NASAL SUSPENSION (influenza virus vac live quad)	2; \$0	QL (2 fills per 180 days)
FLUVIRIN INTRAMUSCULAR SUSPENSION (influenza vac typ a&b surf ant)	2; \$0	
FLUVIRIN INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (influenza vac typ a&b surf ant)	2; \$0	
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (influenza vac split high-dose)	2; \$0	QL (1 fill per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (influenza vac high-dose quad)	2	QL (0.7 mL per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUZONE QUADRIVALENT INTRADERMAL SUSPENSION PEN-INJECTOR (<i>influenza vac split quad</i>)	2; \$0	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	2; \$0	QL (1 fill per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	2; \$0	QL (1 fill per 180 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hpv 9-valent recomb vaccine</i>)	2; \$0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hpv 9-valent recomb vaccine</i>)	2; \$0	
HAVRIX INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	3; \$0	
HEPLISAV-B INTRAMUSCULAR SOLUTION (<i>hepatitis b vac recomb adj</i>)	3; \$0	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>hepatitis b vac recomb adj</i>)	3; \$0	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE (<i>rabies virus vaccine, hdc</i>)	3	
IPOLE INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	3; \$0	
IXIARO INTRAMUSCULAR SUSPENSION (<i>japanese encephalitis vac inac</i>)	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies vaccine, pcec</i>)	3	
RECOMBIVAX HB INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	3; \$0	
ROTARIX ORAL SUSPENSION RECONSTITUTED (<i>rotavirus vaccine live oral</i>)	3; \$0	
ROTATEQ ORAL SOLUTION (<i>rotavirus vac live pentavalent</i>)	3; \$0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>zoster vac recomb adjuvanted</i>)	3; \$0	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	3	
VAQTA INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	3; \$0	
VARIVAX SUBCUTANEOUS INJECTABLE (<i>varicella virus vaccine live</i>)	3; \$0	
YF-VAX SUBCUTANEOUS INJECTABLE (<i>yellow fever vaccine</i>)	3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>zoster vaccine live</i>)	2; \$0	
VAGINAL PRODUCTS - DRUGS FOR WOMEN		
*IMIDAZOLE-RELATED ANTIFUNGALS*** - DRUGS FOR INFECTIONS		
GYNAZOLE-1 VAGINAL CREAM (<i>butoconazole nitrate (1 dose)</i>)	3	
<i>miconazole 3 vaginal suppository</i>	1 or 1b*	
TERAZOL 7 VAGINAL CREAM (<i>terconazole</i>)	3	
<i>terconazole vaginal cream</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>terconazole vaginal suppository</i>	1 or 1b*	
*MISCELLANEOUS VAGINAL PRODUCTS*** - DRUGS FOR WOMEN		
INTRAROSA VAGINAL INSERT (<i>prasterone</i>)	3	ST; QL (1 insert per 1 day)
*SPERMICIDES*** - BIRTH CONTROL PILLS		
ENCARE VAGINAL SUPPOSITORY (<i>nonoxynol-9</i>)	2; \$0	
OPTIONS CONCEPTROL VAGINAL GEL (<i>nonoxynol-9</i>)	2	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL (<i>nonoxynol-9</i>)	2; \$0	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL (<i>nonoxynol-9</i>)	2; \$0	
TODAY SPONGE VAGINAL (<i>nonoxynol-9</i>)	2; \$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM (<i>nonoxynol-9</i>)	2; \$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM (<i>nonoxynol-9</i>)	2; \$0	
<i>vcf vaginal contraceptive vaginal gel</i>	1 or 1b*; \$0	
*VAGINAL ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS		
AVC VAGINAL VAGINAL CREAM (<i>sulfanilamide</i>)	3	
CLEOCIN VAGINAL CREAM (<i>clindamycin phosphate</i>)	3	
CLEOCIN VAGINAL SUPPOSITORY (<i>clindamycin phosphate</i>)	2	
<i>clindamycin phosphate vaginal cream</i>	1 or 1b*	
CLINDESSE VAGINAL CREAM (<i>clindamycin phosphate (1 dose)</i>)	3	
METROGEL-VAGINAL VAGINAL GEL (<i>metronidazole</i>)	3	
<i>metronidazole vaginal gel</i>	1 or 1b*	
NUVESSA VAGINAL GEL (<i>metronidazole</i>)	3	
<i>metronidazole (Vandazole Vaginal Gel)</i>	1 or 1b*	
*VAGINAL ESTROGENS*** - DRUGS FOR WOMEN		
ESTRACE VAGINAL CREAM (<i>estradiol</i>)	3	
<i>estradiol vaginal cream</i>	1 or 1b*	
<i>estradiol vaginal tablet</i>	1 or 1b*	QL (18 tablet per 28 days)
ESTRING VAGINAL RING (<i>estradiol</i>)	3	QL (1 ring per 90 days)
FEMRING VAGINAL RING (<i>estradiol acetate</i>)	3	QL (1 ring per 90 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT (<i>estradiol</i>)	3	
IMVEXXY STARTER PACK VAGINAL INSERT (<i>estradiol</i>)	3	
PREMARIN VAGINAL CREAM (<i>estrogens, conjugated</i>)	2	QL (1 gm per 1 day)
VAGIFEM VAGINAL TABLET (<i>estradiol</i>)	3	QL (18 tablet per 28 days)
<i>estradiol (Yuvafem Vaginal Tablet)</i>	1 or 1b*	QL (18 tablet per 28 days)
*VAGINAL PROGESTINS*** - DRUGS FOR WOMEN		
CRINONE VAGINAL GEL 4 % (<i>progesterone</i>)	4	SP
CRINONE VAGINAL GEL 8 % (<i>progesterone</i>)	4	PA; SP; QL (1 applicator per 1 day)
ENDOMETRIN VAGINAL INSERT (<i>progesterone</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VASOPRESSORS - DRUGS FOR THE HEART		
*ANAPHYLAXIS THERAPY AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
ADRENALIN INJECTION SOLUTION (<i>epinephrine</i>)	3	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR (<i>epinephrine</i>)	3	ST; QL (2 pens per 1 fill)
<i>epinephrine injection solution auto-injector</i>	1 or 1b*	QL (2 pens per 1 fill)
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR (<i>epinephrine</i>)	3	ST; QL (2 pens per 1 fill)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR (<i>epinephrine</i>)	3	ST; QL (2 pens per 1 fill)
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE (<i>epinephrine</i>)	2	QL (2 syringes per 1 fill)
*VASOPRESSORS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
AKOVAZ INTRAVENOUS SOLUTION (<i>ephedrine sulfate (pressors)</i>)	3	
BIORPHEN INTRAVENOUS SOLUTION (<i>phenylephrine hcl (pressors)</i>)	3	
<i>dobutamine hcl intravenous solution</i>	1 or 1b*	
<i>dobutamine in d5w intravenous solution</i>	1 or 1b*	
<i>dopamine hcl intravenous solution</i>	1 or 1b*	
<i>dopamine in d5w intravenous solution</i>	1 or 1b*	
EMERPHED INTRAVENOUS SOLUTION (<i>ephedrine sulfate (pressors)</i>)	3	
EPHEDRINE SULFATE INTRAVENOUS SOLUTION	3	
EPHEDRINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION	3	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
EPINEPHRINE HCL-NACL EPIDURAL SOLUTION PREFILLED SYRINGE	3	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION	3	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
<i>epinephrine injection solution</i>	1 or 1b*	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION	3	
GIAPREZA INTRAVENOUS SOLUTION (<i>angiotensin ii acetate</i>)	3	
LEVOPHED INTRAVENOUS SOLUTION (<i>norepinephrine bitartrate</i>)	3	
<i>midodrine hcl oral tablet</i>	1 or 1b*	
<i>norepinephrine bitartrate intravenous solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION	3	
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION	3	
PHENYLEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
VAZCULEP INTRAVENOUS SOLUTION (<i>phenylephrine hcl (pressors)</i>)	3	
*VESICOURETERAL REFLUX (VUR) AGENT COMBINATIONS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
*VESICOURETERAL REFLUX (VUR) AGENT COMBINATIONS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
DEFLUX INJECTION PREFILLED SYRINGE (<i>dextranomer-hyaluronic acid</i>)	3	
VITAMINS - DRUGS FOR NUTRITION		
*PABA*** - DRUGS FOR NUTRITION		
<i>aminobenzoate potassium oral packet</i>	1 or 1b*	
*VITAMIN A*** - DRUGS FOR NUTRITION		
AQUASOL A INTRAMUSCULAR SOLUTION (<i>vitamin a</i>)	3	
*VITAMIN B-1*** - DRUGS FOR NUTRITION		
<i>thiamine hcl injection solution</i>	1 or 1b*	
*VITAMIN B-6*** - DRUGS FOR NUTRITION		
<i>pyridoxine hcl injection solution</i>	1 or 1b*	
*VITAMIN C*** - DRUGS FOR NUTRITION		
ASCOR INTRAVENOUS SOLUTION (<i>ascorbic acid</i>)	3	
<i>ascorbic acid injection solution</i>	1 or 1b*	
ASCORBIC ACID INTRAVENOUS SOLUTION	3	
*VITAMIN D*** - DRUGS FOR NUTRITION		
DRISDOL ORAL CAPSULE (<i>ergocalciferol</i>)	3	
ERGOCAL ORAL CAPSULE	2	
<i>ergocalciferol oral capsule</i>	1 or 1a*	
<i>vitamin d (ergocalciferol) oral capsule</i>	1 or 1a*	
*VITAMIN E*** - DRUGS FOR NUTRITION		
WHEAT GERM OIL ORAL OIL	2	

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*VITAMIN K*** - DRUGS FOR NUTRITION		
MEPHYTON ORAL TABLET (<i>phytonadione</i>)	3	
<i>phytonadione injection solution</i>	1 or 1b*	
<i>phytonadione oral tablet</i>	1 or 1b*	
<i>vitamin k1 injection solution</i>	1 or 1b*	
*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS*** - HORMONES		
*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS*** - HORMONES		
CRYSVITA SUBCUTANEOUS SOLUTION (<i>burosumab-twza</i>)	4	PA; LD; SP

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Index

1ST MEDX-PATCH/ LIDOCAINE	168	<i>acetylcysteine</i>	63, 65, 146	ACUNOL	114
1ST TIER UNIFINE PENTIPS	235	ACIPHEX	309	ACUVAIL	281
1ST TIER UNIFINE PENTIPS PLUS	235	ACIPHEX SPRINKLE	309	<i>acyclovir</i>	112, 156
1ST TIER UNILET		<i>acitretin</i>	154	<i>acyclovir sodium</i>	112
COMFORTOUCH	222	ACREMONIUM	120	ACZONE	148
7TOPIC	163	ACTEMRA	21	ADACEL	306
A.A.G.C. KIT IN TERODERM	19	ACTEMRA ACTPEN	21	ADAGEN	125
<i>abacavir sulfate</i>	109	ACTHAR	182	ADAKVEO	302
<i>abacavir sulfate-lamivudine</i>	107	ACTHIB	313	ADALAT CC	126
<i>abacavir-lamivudine-zidovudine</i>	107	ACTICLATE	304	<i>adapalene</i>	150
Abaneu-SI	201	ACTICOAT	170	ADAPALENE	150
ABELCET	68	ACTICOAT 7	170	<i>adapalene-benzoyl peroxide</i>	149
ABILIFY	105	ACTICOAT ABSORBENT	170	ADASUVE	104
ABILIFY MAINTENA	105	ACTICOAT ANTIMICROBIAL	170	<i>adc/f (0.5mg/ml)</i>	262
ABILIFY MYCITE	105	ACTICOAT FLEX 3	170	ADCETRIS	94
<i>abiraterone acetate</i>	87	ACTICOAT FLEX 3 4"X4"	170	ADCIRCA	130
ABLYSINOL	302	ACTICOAT FLEX 7	170	ADDERALL	15
ABOUTTIME PEN NEEDLE	235	ACTICOAT MOISTURE CONTROL	170	ADDERALL XR	15
ABRAXANE	98	ACTICOAT SITE	170	ADDYI	302
ABSORICA	150	ACTICOAT SURGICAL	170	<i>adefovir dipivoxil</i>	111
ABSORICA LD	150	ACTIFLOVIT EAR HEALTH	268	ADEMPAS	130
ABSTRAL	29	ACTIFOAM COLLAGEN SPONGE	207	ADENOCARD	40
ACACIA	120	ACTIGALL	190	<i>adenosine</i>	40
<i>acamprosate calcium</i>	295	ACTI-LANCE 28G	222	ADENOSINE	40
ACANYA	149	ACTI-LANCE LITE LANCETS	222	ADHANSIA XR	16
<i>acarbose</i>	56	28G	222	ADIPEX-P	16
ACCOLATE	44	ACTI-LANCE SPECIAL LANCETS	222	ADJUSTABLE LANCING DEVICE	222
ACCU-CHEK AVIVA PLUS	172	17G	222	ADLYXIN	61
ACCU-CHEK COMPACT PLUS	172	ACTI-LANCE UNIVERSAL 23G	222	ADLYXIN STARTER PACK	61
ACCU-CHEK FASTCLIX LANCET	222	ACTIMMUNE	95	ADMELOG	58
ACCU-CHEK FASTCLIX LANCETS	222	ACTIQ	29	ADMELOG SOLOSTAR	58
ACCU-CHEK GUIDE	172	ACTIVASE	201	ADRENAL C FORMULA	257
ACCU-CHEK MULTICLIX LANCET DEV	222	ACTIVE 1ST BLOOD LANCETS	222	ADRENALIN	272, 317
ACCU-CHEK MULTICLIX LANCETS	222	30G	222	<i>Adriamycin</i>	93
ACCU-CHEK SAFE-T PRO LANCETS	222	ACTIVE FE	204	<i>adriamycin</i>	93
ACCU-CHEK SMARTVIEW	172	ACTIVE INJECTION BLM-1	143	<i>Adrucil</i>	87
ACCU-CHEK SOFTCLIX LANCET DEV	222	ACTIVE INJECTION BM	143	<i>adult aspirin ec low strength</i>	25
ACCU-CHEK SOFTCLIX LANCETS	222	ACTIVE INJECTION DL	143	<i>adult aspirin regimen</i>	25
ACCUPRIL	74	ACTIVE INJECTION DLM	143	ADVAIR DISKUS	41
ACCURETIC	74	ACTIVE INJECTION DLM	143	ADVAIR HFA	41
ACCU-TREND GLUCOSE	172	ACTIVE INJECTION KIT L	143	ADVANCE INTUITION TEST	172
ACD FORMULA A	47, 211	ACTIVE INJECTION KL-3	144	ADVANCE MICRO-DRAW TEST	172
ACD-A NOCLOT-50	47, 211	ACTIVE INJECTION KM	144	ADVANCED MOBILE LANCET	222
<i>acebutolol hcl</i>	119	ACTIVE INJECTION LM-2	217	ADVATE	197
ACETADOTE	63, 65	ACTIVE INJECTION LM-DEP-1	144	ADVOCATE INSULIN PEN NEEDLES	235
<i>acetaminophen-codeine</i>	28	ACTIVE INJECTION LM-DEP-2	144	ADVOCATE INSULIN SYRINGE	235
<i>acetaminophen-codeine #2</i>	28	ACTIVE INJECTION M-1	144	ADVOCATE LANCETS	222
<i>acetaminophen-codeine #3</i>	28	ACTIVE-CYCLOBENZAPRINE	269	ADVOCATE LANCETS 30G	222
<i>acetaminophen-codeine #4</i>	28	ACTIVELLA	187	ADVOCATE LANCING DEVICE	222
<i>Acetasol Hc</i>	286	ACTIVE-PREP KIT I	153	ADVOCATE RAPID-SAFE LANCING	222
<i>acetazolamide</i>	178	ACTIVE-PREP KIT II	153	ADVOCATE REDI-CODE	172
<i>acetazolamide er</i>	178	ACTIVE-PREP KIT III	153	ADVOCATE REDI-CODE+ TEST	173
<i>acetazolamide sodium</i>	179	ACTIVE-PREP KIT IV	19	ADVOCATE SAFETY LANCETS	222
<i>acetic acid</i>	194, 285	ACTIVE-PREP KIT V	152	ADVOCATE SAFETY LANCETS 26G	222
		ACTIVE-TRAMADOL	151	ADVOCATE TEST	173
		ACTONEL	180	ADYNOVATE	197
		ACTOPLUS MET	62	ADZENYS ER	15
		ACTOPLUS MET XR	62	ADZENYS XR-ODT	15
		ACTOS	62		
		ACULAR	281		
		ACULAR LS	281		

AEMCOLO	79	ALDER	120	Amabelz.....	187
Afeditab Cr.....	126	ALDURAZYME	184	<i>amantadine hcl</i>	101
AFFINITY	165, 166	ALECENSA	91	AMARYL	62
AFINITOR	91	<i>alendronate sodium</i>	180	AMBIEN	210
AFINITOR DISPERZ	90	ALEVAMAX	163	AMBIEN CR	210
Afirmelle.....	134	ALFENTANIL HCL	29	AMBISOME	68
AFLURIA	314	ALFERON N	95	<i>ambrisentan</i>	130
AFLURIA PRESERVATIVE FREE	314	<i>alfuzosin hcl er</i>	194	<i>amcinonide</i>	156
AFLURIA QUADRIVALENT	314	ALIMTA	87	AMCINONIDE	156
AFREZZA	58	ALINIA	80	AMELUZ	164
AFSTYLA	197	ALIQOPA	291	AMERGE	244
<i>aftera</i>	138	<i>aliskiren fumarate</i>	79	AMERICAN BEECH	120
AGAMATRIX AMP TEST	173	ALK SQ CAT HAIR	120	AMERICAN COCKROACH	121
AGAMATRIX JAZZ TEST	173	ALKERAN	99	AMERICAN ELM	121
AGAMATRIX KEYNOTE TEST	173	<i>allbee/c</i>	255	AMERICAN SYCAMORE	121
AGAMATRIX PRESTO TEST	173	ALLEVYN AG ADHESIVE	170	<i>Amethia</i>	139
AGAMATRIX ULTRA-THIN		ALLEVYN AG GENTLE	170	<i>Amethia Lo</i>	139
LANCETS	222	ALLEVYN AG GENTLE BORDER	170	<i>Amethyst</i>	138
AGGRASTAT	199	ALLEVYN AG NON-ADHESIVE	170	AMICAR	206, 207
AGGRENOX	200	ALLEVYN AG SACRUM 6-3/4"	170	AMIDATE	193
AGRYLIN	201	ALLEVYN AG SACRUM 9"X9"	170	<i>amikacin sulfate</i>	18
AIF #2 DRUG PREPARATION KIT		ALLEVYN GENTLE	170	<i>amiloride hcl</i>	179
.....	153	<i>allopurinol</i>	196	<i>amiloride-hydrochlorothiazide</i>	179
AIF #3 DRUG PREPARATION KIT		<i>allopurinol sodium</i>	196	<i>aminoacetic acid</i>	194
.....	153	ALLZITAL	24	<i>Aminoamrms</i>	274
AIMOVIG	125, 133	<i>almotriptan malate</i>	244	<i>aminobenzoate potassium</i>	318
AIMOVIG (140 MG DOSE)	125, 133	ALOCRIL	278	<i>aminocaproic acid</i>	207
AIMSCO TWIST LANCETS 32G	222	<i>alogliptin benzoate</i>	57	<i>aminophylline</i>	45
AIMSCO TWIST LANCETS 33G	222	<i>alogliptin-metformin hcl</i>	57	AMINOPROTECT	274
<i>Airavite</i>	202	<i>alogliptin-pioglitazone</i>	58	<i>Aminoreliefrms</i>	274
AIRDUO RESPICLICK 113/14	41	ALOMIDE	278	AMINOSYN	274
AIRDUO RESPICLICK 232/14	41	<i>alophen</i>	215	AMINOSYN II	274
AIRDUO RESPICLICK 55/14	41	ALOPRIM	196	<i>Aminosyn li/Electrolytes</i>	274
AJOVY	125, 134	ALORA	188	AMINOSYN M	274
<i>ak-fluor</i>	280	<i>alosetron hcl</i>	191	AMINOSYN/ELECTROLYTES	274
AK-FLUOR	280	ALOXI	66	<i>aminosyn/electrolytes</i>	274
AKLIEF	150	ALPHAGAN P	281	AMINOSYN-HBC	275
AKOVAZ	317	ALPHANATE/VWF		AMINOSYN-PF	275
<i>ak-poly-bac</i>	279	COMPLEX/HUMAN	197	AMINOSYN-RF	275
AKTEN	281	ALPHANINE SD	197	<i>amiodarone hcl</i>	41
AKTIPAK	149	<i>alprazolam</i>	39	AMIODARONE HCL IN	
AKYNZEO	66	<i>alprazolam er</i>	39	DEXTROSE	41
ALA SCALP	156	ALPRAZOLAM INTENSOL	39	AMITIZA	190
<i>ala-cort</i>	156	<i>alprazolam xr</i>	39	<i>amitriptyline hcl</i>	56
<i>albendazole</i>	38	ALPROLIX	197	<i>amlodipine besy-benazepril hcl</i>	74
ALBENZA	38	<i>alprostadil</i>	117	<i>amlodipine besylate</i>	126
<i>Albuked 25</i>	200	ALREX	282	<i>amlodipine besylate-valsartan</i>	75
<i>Albuked 5</i>	200	ALTABAX	151	<i>amlodipine-atorvastatin</i>	129
<i>albumin human</i>	200	<i>Altacaine</i>	281	<i>amlodipine-olmesartan</i>	75
<i>Albuminar-25</i>	200	ALTACE	74	<i>amlodipine-valsartan-hctz</i>	77
<i>Albuminar-5</i>	200	<i>altafluor benox</i>	280	<i>ammonium lactate</i>	161
ALBUMINEX	200	<i>Altafrin</i>	278	AMMONUL	186
<i>albumin-zlb</i>	200	<i>Altavera</i>	134	<i>Amnesteem</i>	150
<i>alburx</i>	200	ALTERNARIA	120	AMNIOFIX	165, 166
<i>Albutein</i>	200	ALTERNATE SITE LANCING		AMNIOFIX SPORTS MED	165, 166
<i>albuterol sulfate</i>	42	DEVICE	222	<i>amoxapine</i>	56
<i>albuterol sulfate er</i>	42	ALTOPREV	72	<i>amoxicill-clarithro-lansopraz</i>	310
<i>albuterol sulfate hfa</i>	42	ALTRENO	150	<i>amoxicillin</i>	289
ALCAINE	281	ALUNBRIG	91	<i>amoxicillin-pot clavulanate</i>	289
<i>alclometasone dipropionate</i>	156	ALVESCO	44	<i>amoxicillin-pot clavulanate er</i>	289
ALDACTAZIDE	179	<i>alyacen 1/35</i>	134	AMPHADASE	114
ALDACTONE	179	<i>alyacen 7/7/7</i>	140	AMPHENOL-40	165, 166
ALDARA	162	<i>Alyq</i>	130	<i>amphetamine er</i>	15

<i>amphetamine sulfate</i>	15	<i>Apri</i>	134	<i>aspirin</i>	25
<i>amphetamine-dextroamphet er</i>	15	APRISO	191	<i>aspirin 81</i>	25
<i>amphetamine-dextroamphetamine</i>	15	APTENSIO XR	16	<i>aspirin adult</i>	25
<i>amphotericin b</i>	68	APTIOM	48	<i>aspirin adult low dose</i>	25
<i>ampicillin</i>	289	APTIVUS	108	<i>aspirin adult low strength</i>	25
<i>ampicillin sodium</i>	289	AQUA LANCE ADJUSTABLE		<i>aspirin childrens</i>	25
<i>ampicillin-sulbactam sodium</i>	289	LANCING	222	<i>aspirin ec</i>	25
AMPYRA	297	AQUACEL AG BURN	170	<i>aspirin ec adult low strength</i>	25
AMRIX	269	AQUALANCE LANCETS 30G	222	<i>aspirin ec low dose</i>	25
AMVISC	283	AQUASOL A	318	<i>aspirin ec low strength</i>	25
AMVISC PLUS	283	ARAKODA	82	<i>aspirin low dose</i>	25
AMYTAL SODIUM	209	ARALAST NP	301	<i>aspirin low dose adult</i>	25
AMZEEQ	148	<i>Aranelle</i>	140	<i>aspirin low strength</i>	25
ANADROL-50	36	ARANESP (ALBUMIN FREE)	202	<i>aspirin regimen low dose adult</i>	25
ANAFRANIL	56	ARAVA	24	<i>aspirin-dipyridamole er</i>	200
<i>anagrelide hcl</i>	201	ARAZLO	150	ASPIRIN-OMEPRAZOLE	200
ANALPRAM-HC	37	ARCALYST	21	<i>aspir-low</i>	25
ANAPROX DS	22	ARCAPTA NEOHALER	42	<i>aspirtab</i>	26
ANASCORP	287	ARGATROBAN	47	ASSURE 3 TEST	173
ANASPAZ	307	ARGATROBAN IN SODIUM		ASSURE 4 TEST	173
<i>anastrozole</i>	95	CHLORIDE	47	ASSURE COMFORT LANCETS	
ANAVIP	287	ARGININE HCL	276	28G	222
ANCOBON	68	<i>Argyle Sterile Saline</i>	194	ASSURE HAEMOLANCE PLUS	
ANDEXXA	63, 65	<i>Argyle Sterile Water</i>	116	HIGH	222
ANDRODERM	36	ARICEPT	295	ASSURE HAEMOLANCE PLUS	
ANDROGEL	36	ARIDA	170	LOW	222
ANDROGEL PUMP	36	ARIKAYCE	18	ASSURE HAEMOLANCE PLUS	
ANECTINE	273	ARIMIDEX	96	MICRO	222
ANESTHESIA S/I-40	193	<i>aripiprazole</i>	105	ASSURE HAEMOLANCE PLUS	
ANESTHESIA S/I-40A	193	ARISTADA	105	NORMAL	222
ANESTHESIA S/I-40H	193	ARISTADA INITIO	105	ASSURE HAEMOLANCE PLUS	
ANESTHESIA S/I-40S	193	ARIXTRA	47	PED	222
ANGELIQ	187	ARIZONA CYPRESS	121	ASSURE ID INSULIN SAFETY	
ANGIOMAX	47	<i>armodafinil</i>	16	SYR	235
ANIMI-3	203	ARMONAIR RESPICLICK 113	44	ASSURE ID SAFETY PEN	
ANIMI-3/VITAMIN D	203	ARMONAIR RESPICLICK 232	44	NEEDLES	235
ANJESO	22	ARMONAIR RESPICLICK 55	44	ASSURE II	173
ANNOVERA	138	ARMOUR THYROID	306	ASSURE II CHECK	173
ANODYNE ILE	274	ARNUITY ELLIPTA	44	ASSURE LANCE LANCETS	222
ANORO ELLIPTA	41	AROMASIN	96	ASSURE LANCE LANCETS 21G ..	222
ANTABUSE	295	ARRANON	87	ASSURE LANCE PLUS SAFETY	
ANTARA	72	<i>arsenic trioxide</i>	95	25G	222
ANTICOAGULANT CIT DEXT		ARTHROTEC	21	ASSURE LANCE PLUS SAFETY	
SOLN A	47, 211	<i>Articadent Dental</i>	217	30G	223
ANTICOAGULANT SODIUM		ARTISS	206	ASSURE LANCE SAFETY	
CITRATE	47, 211	ARYMO ER	29	LANCET 28G	223
<i>anti-oxidant</i>	259	ARZERRA	89	ASSURE LANCETS	223
ANTIVENIN LATRODECTUS		ASACOL HD	191	ASSURE PLATINUM	173
MACTANS	287	ASCENIV	287	ASSURE PRISM MULTI TEST	173
ANTIVENIN MICRURUS		ASCLERA	118	ASSURE PRO TEST	173
FULVIUS	287	<i>Ascomp-Codeine</i>	28	ASTAGRAF XL	116
ANUSOL-HC	38	ASCOR	318	ASTEPRO	272
ANZEMET	66	<i>ascorbic acid</i>	318	ATABEX EC	262
APADAZ	34	ASCORBIC ACID	318	ATABEX OB	262
<i>apap-caff-dihydrocodeine</i>	29	<i>Ashlyna</i>	139	ATACAND	77
APEXICON E	156	ASMANEX (120 METERED		ATACAND HCT	76
APIDRA	58	DOSES)	44	<i>atazanavir sulfate</i>	108
APIDRA SOLOSTAR	58	ASMANEX (14 METERED DOSES) ..	44	ATELVIA	180
APLENZIN	52, 53	ASMANEX (30 METERED DOSES) ..	44	<i>atenolol</i>	119
APLIGRAF	165, 166	ASMANEX (60 METERED DOSES) ..	44	ATENOLOL+SYRSPEND SF	119
APOKYN	102	ASMANEX (7 METERED DOSES) ..	44	<i>atenolol-chlorthalidone</i>	78
<i>apraclonidine hcl</i>	281	ASMANEX HFA	44	ATGAM	115
<i>aprepitant</i>	67	ASPARLAS	94	ATIVAN	39

<i>atomoxetine hcl</i>	14	AXERT	244	<i>balanced b complex</i>	257
<i>atorvastatin calcium</i>	72	AYGESTIN	294	<i>balanced b-100</i>	257, 268
<i>atovaquone</i>	80	<i>Ayuna</i>	135	<i>balanced b-100 complex cr</i>	268
<i>atovaquone-proguanil hcl</i>	82	AYVAKIT	91	<i>balanced b-50</i>	269
<i>atracurium besylate</i>	273	<i>azacitidine</i>	87	<i>balanced b-50 complex</i>	268
ATRALIN	150	AZACTAM	251	<i>balanced salt</i>	280
ATRAPRO DERMAL SPRAY	169	AZACTAM IN DEXTROSE	251	BAL-CARE DHA	262
ATRIPLA	107	AZASAN	118	BALCOLTRA	135
ATROPEN	307	AZASITE	279	BALD CYPRESS	121
ATROPINE SULFATE	278, 308	<i>azathioprine</i>	118	<i>balsalazide disodium</i>	191
<i>atropine sulfate</i>	308	AZATHIOPRINE SODIUM	118	BALVERSA	85
ATROVENT HFA	43	AZEDRA DOSIMETRIC	95	<i>Balziva</i>	135
AUBAGIO	296	AZEDRA THERAPEUTIC	95	BANZEL	48
<i>Aubra</i>	134	<i>azelaic acid</i>	164	BAQSIMI ONE PACK	57
<i>Aubra Eq</i>	134	<i>azelastine hcl</i>	272, 278	BAQSIMI TWO PACK	57
AUGMENTIN	289, 290	<i>azelastine-fluticasone</i>	272	BARACLUDE	111
AUGMENTIN ES-600	289	AZELEX	150	BASAGLAR KWIKPEN	58
AUGMENTIN XR	290	AZESCHEW		BAVENCIO	89
AUREOBASIDIUM	121	PRENATAL/POSTNATAL	262	BAXDELA	189
AURORA LANCET SUPER THIN		AZILECT	101	BAYBERRY (WAX MYRTLE)	121
30G	223	<i>azithromycin</i>	220	<i>bayer advanced aspirin reg st</i>	26
AURORA LANCET THIN 23G	223	AZOPT	280	<i>bayer aspirin</i>	26
AURORA PEN NEEDLES	235	AZOR	75	<i>bayer aspirin ec low dose</i>	26
AURORA UNIFINE PENTIPS	235	<i>aztreonam</i>	251	<i>bayer aspirin regimen</i>	26
<i>Aurovela 1.5/30</i>	134	AZULFIDINE	191	<i>bayer low dose</i>	26
<i>Aurovela 1/20</i>	134	AZULFIDINE EN-TABS	191	BCAA	275
<i>Aurovela 24 Fe</i>	135	<i>Azurette</i>	134	BCG VACCINE	313
<i>Aurovela Fe 1.5/30</i>	135	<i>b complete</i>	256	<i>b-compleet-100</i>	257
<i>Aurovela Fe 1/20</i>	135	<i>b complex</i>	254	<i>b-compleet-50</i>	257
AURYXIA	192	<i>b complex 100 tr</i>	256	B-COMPLEX	254
AUSTEDO	295	<i>b complex 50</i>	254	<i>b-complex</i>	257
AUSTRALIAN PINE	121	<i>b complex formula 1</i>	256	<i>b-complex balanced</i>	254
AUTO-LANCET	223	<i>b complex plus</i>	256	<i>b-complex/b-12</i>	254
AUTO-LANCET MINI	223	<i>b complex-b12</i>	254	<i>b-complex/vitamin c</i>	254
AUTOLET II CLINISAFE	223	<i>b complex-biotin-fa</i>	256	<i>b-complex-c</i>	255
AUTOLET LANCING DEVICE	223	<i>b complex-c</i>	255	BD AUTOSHIELD	235
AUTOLET LITE CLINISAFE	223	B COMPLEX-C-BIOTIN-E-FA	256	BD AUTOSHIELD DUO	235
AUTOLET LITE STARTER PACK	223	<i>b complex-c-folic acid</i>	254	BD INSULIN SYR ULTRAFINE II	235
AUTOLET MINI	223	<i>b-100</i>	268	BD INSULIN SYRINGE	235
AUTOLET PLATFORMS	223	<i>b-100 b-complex</i>	256	BD INSULIN SYRINGE	
AUTOLET PLUS	223	<i>b-100 complex</i>	268	MICROFINE	235
AUVI-Q	317	<i>b-100 complex cr</i>	256	BD INSULIN SYRINGE U/F	235
AVAGE	151	<i>b-100 cr</i>	268	BD INSULIN SYRINGE U/F	
AVALIDE	76	<i>b-100 tr</i>	256	1/2UNIT	235
AVANDIA	62	<i>b-50</i>	268	BD INSULIN SYRINGE U-500	235
AVAPRO	77	<i>b-50 complex</i>	256	BD INSULIN SYRINGE	
AVASTIN	100	<i>b50 complex tr</i>	257	ULTRAFINE	235
AVC VAGINAL	316	B-6 FOLIC ACID	203	BD LANCET ULTRAFINE 30G	223
AVEED	36	<i>baciim</i>	79	BD LANCET ULTRAFINE 33G	223
AVELOX	189	<i>bacitracin</i>	79, 279	BD MICROTAINER LANCETS	223
<i>Aviane</i>	135	<i>bacitracin-polymyxin b</i>	279	BD PEN NEEDLE MICRO U/F	235
<i>avidoxy</i>	304	<i>bacitra-neomycin-polymyxin-hc</i>	281	BD PEN NEEDLE MINI U/F	235
<i>Avita</i>	150	BACLOFEN	151	BD PEN NEEDLE NANO 2ND GEN	
AVITENE	207	<i>baclofen</i>	269	.....	235
AVITENE FLOUR	207	BACMIN	259	BD PEN NEEDLE NANO U/F	235
AVO CREAM	170	BACTRIM	80	BD PEN NEEDLE ORIGINAL U/F	235
AVODART	193	BACTRIM DS	80	BD PEN NEEDLE SHORT U/F	235
AVONEX	296	BACTROBAN	151	<i>Bd Posiflush</i>	249
AVONEX PEN	296	BACTROBAN NASAL	272	BD PUDENDAL/LOCAL TRAY/1%	
AVONEX PREFILLED	296	BAHIA	121	LIDO	218
AVSOLA	192	BAL IN OIL	64, 65	BD SAFETYGLIDE INSULIN	
<i>av-vite fb</i>	203	<i>balance b-100</i>	268	SYRINGE	235
AVYCAZ	131	<i>balance b-50</i>	257		

BD SAFETY-LOK INSULIN			
SYRINGE	235	BETAPACE AF	120
BD VEO INSULIN SYR U/F		BETASERON	296
1/2UNIT	235	<i>betaxolol hcl</i>	119, 277
BD VEO INSULIN SYRINGE U/F ..	235	<i>bethanechol chloride</i>	312, 313
BEBULIN	197	BETHKIS	18
BECONASE AQ	272	BETIMOL	277
<i>Bekyree</i>	134	BETOPTIC-S	277
BELBUCA	35	<i>better b complex</i>	255
BELEODAQ	89	BEVESPI AEROSPHERE	41
BELRAPZO	86	BEVYXXA	46
BELSOMRA	285	<i>bexarotene</i>	99
BELVIQ	16	BEXSERO	313
BELVIQ XR	16	BEYAZ	135
<i>benazepril hcl</i>	74	BHI URI-CONTROL	114
<i>benazepril-hydrochlorothiazide</i>	74	BIAFINE	170
BENDAMUSTINE HCL	86	<i>bicalutamide</i>	87
BENDEKA	86	BICILLIN C-R	290
BENEFIX	197	BICILLIN C-R 900/300	290
BENICAR	77	BICILLIN L-A	289
BENICAR HCT	76	BICNU	99
BENLYSTA	113	BIDIL	129
BENTYL	307	BI-EST 50:50	187
BENZAC AC WASH	150	BI-EST 80:20 PROGESTERONE	187
BENZACLIN	149	BI-EST PROGEST-	
BENZACLIN WITH PUMP	149	TESTOSTERONE	187
BENZALKONIUM CHLORIDE	106	BIEST/PROGESTERONE	187
BENZAMYCIN	149	BIFERARX	206
<i>Benzepro Short Contact</i>	150	<i>big 100</i>	257
BENZHYDROCODONE-		BIJUVA	187
ACETAMINOPHEN	34	BIKTARVY	107
BENZIQ	150	BILTRICIDE	38
BENZIQ LS	150	<i>bimatoprost</i>	164, 283
<i>benziq wash</i>	150	BI-MIX	211
BENZNIDAZOLE	38	BINOSTO	180
BENZOIN	165	<i>biocel</i>	259
<i>benzoin compound</i>	165	BIOLON	283
<i>benzonatate</i>	145	BIORPHEN	317
<i>benzoyl perox-hydrocortisone</i>	149	BIOSCANNER GLUCOSE TEST ...	173
BENZOYL PEROXIDE	150	BIO-STATIN	68
<i>benzoyl peroxide</i>	150	<i>bio-statin</i>	68
BENZOYL PEROXIDE FORTE-		BIOSTEP	170
HC	149	BIOSTEP AG	170
<i>benzoyl peroxide-erythromycin</i>	149	BIOTHRAX	313
<i>benzphetamine hcl</i>	16	<i>biotuss</i>	145
<i>benztropine mesylate</i>	100	<i>Biotuss Pediatric</i>	145
BEOVU	284	BIOVANCE	165, 166
BEPREVE	278	<i>bisacodyl ec</i>	215
BERINERT	198	<i>bisoprolol fumarate</i>	119
BERMUDA GRASS	121	<i>bisoprolol-hydrochlorothiazide</i>	78
<i>Beser</i>	156	<i>bivalirudin trifluoroacetate</i>	47
BESIVANCE	279	BIVALIRUDIN-SODIUM	
BESPONSA	94	CHLORIDE	47
BETADINE OPHTHALMIC PREP 280		BIVIGAM	287
BETAGAN	277	BLACK WALNUT POLLEN	121
BETAMETHASONE COMBO	144	BLACK WILLOW	121
<i>betamethasone dipropionate</i>	156	<i>Blanche</i>	160
<i>betamethasone dipropionate aug</i>	156	<i>bleomycin sulfate</i>	93
<i>betamethasone sod phos & acet</i>	144	BLEPH-10	283
BETAMETHASONE SOD PHOS &		BLEPHAMIDE	281
ACET	144	BLEPHAMIDE S.O.P.	281
<i>betamethasone valerate</i>	156	BLINCYTO	85
BETAPACE	120	<i>Blisovi 24 Fe</i>	135
		<i>Blisovi Fe 1.5/30</i>	135
		<i>Blisovi Fe 1/20</i>	135
		BLOOD GLUCOSE TEST	173
		BLOXIVERZ	83, 84
		BONIVA	181
		BONJESTA	67
		BOOSTRIX	306
		BORIC ACID	163
		BORTEZOMIB	91
		<i>bosentan</i>	130
		BOSULIF	91
		BOTOX	273
		BOTOX COSMETIC	161
		BOTRYTIS	121
		BOX ELDER	121
		<i>bp 10-1</i>	149
		<i>bp cleansing wash</i>	149
		<i>bp foam</i>	150
		BP VIT 3	203
		<i>bp wash</i>	150
		<i>b-plex</i>	254
		<i>b-plex plus</i>	259
		BPO	150
		BRAFTOVI	88
		BRAVELLE	184
		BREO ELLIPTA	42
		BRETYLIUM TOSYLATE	41
		BREVIBLOC	119
		BREVIBLOC IN NACL	119
		BREVIBLOC PREMIXED	119
		BREVIBLOC PREMIXED DS	119
		BREVITAL SODIUM	193
		BRIDION	64, 65
		<i>briellyn</i>	135
		BRILINTA	178, 199
		<i>brimonidine tartrate</i>	281
		BRISDELLE	300
		BRIVIACT	48
		BROME	121
		<i>Bromfed Dm</i>	146
		<i>bromfenac sodium (once-daily)</i>	281
		<i>bromocriptine mesylate</i>	101
		BROMPHENIRAMINE MALEATE .69	
		<i>brompheniramine tannate</i>	69
		BROMSITE	281
		BROVANA	42
		BRUKINSA	91
		BRYHALI	157
		BSS	281
		BSS PLUS	281
		BT INJECTION	144
		BUCALSEP	106
		<i>budesonide</i>	45, 141
		<i>budesonide er</i>	141
		<i>budesonide-formoterol fumarate</i>	42
		BUFFERED LIDOCAINE	217
		BULLSEYE MINI SAFETY	
		LANCETS	223
		BULLSEYE SAFETY LANCETS	223
		<i>bumetanide</i>	179
		BUMEX	179
		<i>Buminate</i>	200
		BUNAVAIL	35
		<i>Bupap</i>	24

BUPHENYL	186	CALCIUM GLUCONATE-DEXTROSE	246	CAREONE LANCET ULTRA THIN 28G	223
BUPIVACAINE FISIOPHARMA	218	CALCIUM GLUCONATE-NACL	246	CAREONE UNIFINE PENTIPS	236
<i>bupivacaine hcl</i>	218	CALCIUM-FOLIC ACID PLUS D.	246	CAREONE UNIFINE PENTIPS PLUS	236
BUPIVACAINE HCL	218	CALDOLOR	22	CARESENS LANCETS	223
<i>bupivacaine hcl (pf)</i>	218	CALIFORNIA PEPPER TREE	121	CARESENS N GLUCOSE TEST	173
BUPIVACAINE HCL-NACL	218	CALM	277	CARETOUCH INSULIN SYRINGE	236
<i>bupivacaine in dextrose</i>	218	CALQUENCE	91		
<i>bupivacaine spinal</i>	218	CAMBIA	244		
<i>bupivacaine-epinephrine</i>	217	<i>Camila</i>	140	CARETOUCH LANCING/EJECTOR	223
<i>bupivacaine-epinephrine (pf)</i>	217	CAMPATH	90	CARETOUCH PEN NEEDLES	236
BUPRENEX	35	CAMPTOSAR	100	CARETOUCH SAFETY LANCETS	223
<i>buprenorphine</i>	35	<i>Camrese</i>	139	CARETOUCH SAFETY LANCETS 26G	223
<i>buprenorphine hcl</i>	35	<i>Camrese Lo</i>	139	CARETOUCH TEST	173
<i>buprenorphine hcl-naloxone hcl</i>	35	CANASA	191	CARETOUCH TWIST LANCETS	223
<i>bupropion hcl</i>	53	CANCIDAS	68	CARETOUCH TWIST LANCETS 28G	223
<i>bupropion hcl er (smoking det)</i>	298	<i>candesartan cilexetil</i>	77	CARETOUCH TWIST LANCETS 30G	223
<i>bupropion hcl er (sr)</i>	53	<i>candesartan cilexetil-hctz</i>	76	CARETOUCH TWIST LANCETS 33G	223
<i>bupropion hcl er (xl)</i>	53	CANDIDA ALBICANS EXTRACT	121	CARIMUNE NF	287
<i>buspirone hcl</i>	39	CAPASTAT SULFATE	84	<i>carisoprodol</i>	269
<i>busulfan</i>	86	CAPCOF	147	<i>carisoprodol-aspirin</i>	271
BUSULFEX	86	<i>capecitabine</i>	87	<i>carisoprodol-aspirin-codeine</i>	271
BUTALBITAL-ACETAMINOPHEN	24	CAPEX	157	<i>carmustine</i>	99
<i>butalbital-acetaminophen</i>	24	CAPHOSOL	252	CARNITOR	181
<i>butalbital-apap</i>	24	CAPLYTA	103	CARNITOR SF	182
<i>butalbital-apap-caff-cod</i>	28	CAPRELSA	91	CAROSPIR	179
<i>butalbital-apap-caffeine</i>	24	<i>captopril</i>	75	CARRASYN HYDROGEL WOUND DRESS	170
<i>butalbital-asa-caff-codeine</i>	28	<i>captopril-hydrochlorothiazide</i>	74	<i>carteolol hcl</i>	277
<i>butalbital-aspirin-caffeine</i>	24	CARAC	154	<i>Cartia Xt</i>	126
BUTALBITAL-ASPIRIN-CAFFEINE	24	CARAFATE	308	CARTICEL	269
BUTISOL SODIUM	209	CARBAGLU	183	<i>carvedilol</i>	118
<i>butorphanol tartrate</i>	35	<i>carbamazepine</i>	48	<i>carvedilol phosphate er</i>	118
BUTRANS	35	<i>carbamazepine er</i>	48	CASCARA SAGRADA	215
BYDUREON	61	CARBAPHEN 12	146	CASODEX	87
BYDUREON BCISE	61	CARBAPHEN 12 PED	147	CASPOFUNGIN ACETATE	68
BYETTA 10 MCG PEN	61	CARBATROL	48	CAT HAIR EXTRACT	121
BYETTA 5 MCG PEN	61	<i>carbidopa</i>	101	CATAPRES	78
BYNFEZIA PEN	186	<i>carbidopa-levodopa</i>	102	CATAPRES-TTS-1	78
BYSTOLIC	119	<i>carbidopa-levodopa er</i>	102	CATAPRES-TTS-2	78
BYVALSON	118	<i>carbidopa-levodopa-entacapone</i>	102	CATAPRES-TTS-3	78
<i>cabergoline</i>	182	<i>carbinoxamine maleate</i>	70	CATHFLO ACTIVASE	201
CABLIVI	113	CARBINOXAMINE MALEATE	70	CATTLE EPITHELIUM	121
CABOMETYX	91	CARBOCAINE	218	<i>Cavarest</i>	252
CADUET	129	CARBOCAINE PRESERVATIVE-FREE	218	CAVERJECT	129
CAFCIT	15	<i>carboplatin</i>	86	CAVERJECT IMPULSE	129
CAFERGOT	244	<i>carboprost tromethamine</i>	286	CAYA	221
<i>caffeine citrate</i>	15	CARDENE IV	126	CAYSTON	251
CALAN	126	CARDIOM LANCING DEVICE	223	<i>Caziant</i>	140
CALAN SR	126	CARDIOVID PLUS	277	CEDAR ELM	121
CALCIFOL	246	CARDIZEM	126	<i>cefaclor</i>	132
<i>calcipotriene</i>	155	CARDIZEM CD	126	CEFACTOR ER	132
CALCIPOTRIENE	155	CARDIZEM LA	126	<i>cefadroxil</i>	131
<i>calcipotriene-betameth diprop</i>	169	CARDURA	78	CEFAZOLIN IN SODIUM CHLORIDE	131
<i>calcitonin (salmon)</i>	181	CARDURA XL	194	<i>cefazolin sodium</i>	131, 132
<i>Calcitrene</i>	155	CAREFINE PEN NEEDLES	235	CEFAZOLIN SODIUM	132
<i>calcitriol</i>	155, 183	CAREONE ADVANCED LANCING DEV	223	CEFAZOLIN SODIUM-DEXTROSE	132
<i>calcium acetate</i>	192	CAREONE BLOOD GLUCOSE TEST	173		
<i>calcium acetate (phos binder)</i>	192	CAREONE INSULIN SYRINGE	235		
CALCIUM DISODIUM VERSENATE	64, 65	CAREONE LANCET THIN 23G	223		
CALCIUM GLUCONATE	246				

CEFAZOLIN SODIUM-NACL	132	<i>cheratussin ac</i>	145	CITRANATAL HARMONY	267
<i>cefdinir</i>	132	<i>childrens aspirin</i>	26	CITRANATAL MEDLEY	267
<i>cefditoren pivoxil</i>	132	<i>childrens aspirin low strength</i>	26	CITRANATAL RX	262
<i>cefepime hcl</i>	133	<i>chloramphenicol sod succinate</i>	81	<i>citrate of magnesia</i>	214
CEFEPIME HCL	133	<i>chlordiazepoxide hcl</i>	39	<i>citroma</i>	215
CEFEPIME-DEXTROSE	133	<i>chlordiazepoxide-amitriptyline</i>	295	CLADOSPORIUM	
<i>cefixime</i>	132	<i>chlordiazepoxide-clidinium</i>	307	CLADOSPORIOIDES	121
CEFOTAN	132	<i>chlorhexidine gluconate</i>	251	CLADOSPORIUM	
<i>cefotaxime sodium</i>	132	<i>chloroprocaine hcl (pf)</i>	219	SPHAEROSPERMUM	121
<i>cefotetan disodium</i>	132	<i>chloroquine phosphate</i>	82	<i>cladribine</i>	87
CEFOTETAN DISODIUM-DEXTROSE	132	<i>chlorothiazide</i>	180	<i>Claravis</i>	150
<i>cefroxitin sodium</i>	132	<i>chlorothiazide sodium</i>	180	CLARINEX	70
CEFOXITIN SODIUM-DEXTROSE	132	CHLORPROMAZINE HCL	105	CLARINEX-D 12 HOUR	146
<i>cefpodoxime proxetil</i>	133	<i>chlorpromazine hcl</i>	105	<i>clarithromycin</i>	220
<i>cefprozil</i>	132	<i>chlorpropamide</i>	62	<i>clarithromycin er</i>	220
<i>ceftazidime</i>	133	<i>chlorthalidone</i>	180	CLASSIC PRENATAL	262
CEFTAZIDIME AND DEXTROSE	133	CHLORZOXAZONE	269	CLEANLET LANCETS 28G	223
<i>ceftriaxone sodium</i>	133	<i>chlorzoxazone</i>	269, 270	<i>clearlax</i>	213
CEFTRIAZONE SODIUM	133	CHOLBAM	120	<i>clemastine fumarate</i>	70
<i>ceftriaxone sodium in dextrose</i>	133	<i>cholestyramine</i>	71	CLENPIQ	213
CEFTRIAZONE SODIUM-DEXTROSE	133	<i>cholestyramine light</i>	71	CLEOCIN	81, 316
CEFTRI-IM	133	CHORIONIC GONADOTROPIN ..	184	CLEOCIN IN D5W	81
CEFTRISOL PLUS	133	<i>Chromagen</i>	204	CLEOCIN PHOSPHATE	81, 82
<i>cefuroxime axetil</i>	132	<i>chromic chloride</i>	250	CLEOCIN-T	148
<i>cefuroxime sodium</i>	132	CIALIS	131	CLEVER CHEK AUTO-CODE TEST	173
CELEBREX	21	<i>ciclopirox</i>	152	CLEVER CHEK AUTO-CODE VOICE	173
<i>celecoxib</i>	21	<i>ciclopirox olamine</i>	152	CLEVER CHEK LANCETS	223
CELESTONE SOLUSPAN	144	<i>cidofovir</i>	110	CLEVER CHEK TEST	173
CELEXA	53	<i>cilostazol</i>	199	CLEVER CHOICE AUTO-CODE TEST	173
CELLCEPT	115	CILOXAN	279	CLEVER CHOICE COMFORT EZ	236
CELLCEPT INTRAVENOUS	115	CIMDUO	107	CLEVER CHOICE LANCETS 21G	223
CELLUGEL	283	<i>cimetidine</i>	308	CLEVER CHOICE LANCETS 23G	223
CELONTIN	52	<i>cimetidine hcl</i>	308	CLEVER CHOICE LANCETS 28G	223
CENFOL	203	CIMZIA	192	CLEVER CHOICE MICRO TEST ..	173
CENTANY	151	CIMZIA PREFILLED	192	CLEVER CHOICE NO CODING ..	173
CENTANY AT	151	CIMZIA STARTER KIT	192	CLEVER CHOICE TALK SYSTEM ..	173
CENTRATAX	204	<i>cinacalcet hcl</i>	181	CLEVIPREX	126
<i>cephalexin</i>	132	CINQAIR	212	CLICKFINE PEN NEEDLES	236
CEPROTIN	199	CINRYZE	199	CLIMARA	188
CEQUA	280	CINVANTI	67	CLIMARA PRO	188
CERDELGA	201	CIPRO	189	<i>Clindacin Etz</i>	148
CEREBYX	51	CIPRO HC	285	<i>Clindacin-P</i>	148
CEREZYME	201	CIPRO IN D5W	189	CLINDAGEL	148
<i>Cerovel</i>	160	CIPRODEX	285	<i>clindamycin hcl</i>	82
CERVIDIL	286	<i>ciprofloxacin</i>	189	<i>clindamycin palmitate hcl</i>	82
CESAMET	67	<i>ciprofloxacin hcl</i>	189, 279, 285	<i>clindamycin phos-benzoyl perox</i>	149
<i>cetirizine hcl</i>	70	<i>ciprofloxacin in d5w</i>	189	<i>clindamycin phosphate</i>	82, 148, 316
CETRAXAL	285	<i>ciprofloxacin-ciproflox hcl er</i>	189	<i>clindamycin phosphate in d5w</i>	82
CETROTIDE	182	<i>ciprofloxacin-fluocinolone pf</i>	285	CLINDAMYCIN PHOSPHATE IN NACL	82
CETYLEV	64, 65	<i>cisatracurium besylate</i>	273	<i>clindamycin-tretinoin</i>	149
<i>cevimeline hcl</i>	252	CISATRACURIUM BESYLATE ..	273	CLINDESSE	316
CHANTIX	298	<i>cisatracurium besylate (pf)</i>	273	CLINIMIX E/DEXTROSE (2.75/10) ..	275
CHANTIX CONTINUING MONTH PAK	298	<i>cisplatin</i>	86	CLINIMIX E/DEXTROSE (2.75/5) ..	275
CHANTIX STARTING MONTH PAK	298	CISPLATIN	86	CLINIMIX E/DEXTROSE (4.25/10) ..	275
<i>Chateal</i>	135	<i>citalopram hydrobromide</i>	53, 54	CLINIMIX E/DEXTROSE (4.25/25) ..	275
<i>Chateal Eq</i>	135	CITANEST FORTE DENTAL	217	CLINIMIX E/DEXTROSE (4.25/5) ..	275
CHEMET	64	CITANEST PLAIN DENTAL	218	CLINIMIX E/DEXTROSE (5/15) ..	275
CHENODAL	190	CITRANATAL 90 DHA	266	CLINIMIX E/DEXTROSE (5/20) ..	275
		CITRANATAL ASSURE	266		
		CITRANATAL B-CALM	262		
		CITRANATAL BLOOM	262		
		CITRANATAL BLOOM DHA	267		
		CITRANATAL DHA	267		

CLINIMIX E/DEXTROSE (5/25)	275	<i>colesevelam hcl</i>	71	CORTANE-B AQUEOUS	285
CLINIMIX N14G30E	275	COLESTID	71	CORTEF	141
CLINIMIX N9G15E	275	COLESTID FLAVORED	71	CORTENEMA	37
CLINIMIX N9G20E	275	<i>colestipol hcl</i>	71	<i>Cortic-Nd</i>	285
CLINIMIX/DEXTROSE (2.75/5)	275	<i>colistimethate sodium (cba)</i>	82	CORTIFOAM	37
CLINIMIX/DEXTROSE (4.25/10) ...	275	<i>Colocort</i>	37	<i>cortisone acetate</i>	141
CLINIMIX/DEXTROSE (4.25/20) ...	275	COLY-MYCIN M	82	CORTISPORIN	151
CLINIMIX/DEXTROSE (4.25/25) ...	275	COLY-MYCIN S	285	CORTISPORIN-TC	285
CLINIMIX/DEXTROSE (4.25/5)	275	COLYTE WITH FLAVOR PACKS	213	CORVERT	41
CLINIMIX/DEXTROSE (5/15)	275	COMBIGAN	277	<i>corvita</i>	258
CLINIMIX/DEXTROSE (5/20)	275	COMBIPATCH	188	<i>Corvita 150</i>	204
CLINIMIX/DEXTROSE (5/25)	275	COMBIVENT RESPIMAT	42	CORVITE	258
<i>Clinisol Sf</i>	276	COMBIVIR	107	CORVITE 150	204
CLINOIN	149	COMETRIQ (60 MG DAILY DOSE)	91	<i>Corvite Free</i>	259
CLINOLIPID	276	COMFORT ASSIST INSULIN SYRINGE	236	CORZIDE	78
<i>clobazam</i>	48	COMFORT ASSURED LANCETS 28G	223	COSENTYX	154
<i>clobetasol prop emollient base</i>	157	COMFORT ASSURED LANCETS 33G	223	COSENTYX (300 MG DOSE)	154
<i>clobetasol propionate</i>	157	COMFORT ASSURED LANCETS 33G	223	COSENTYX SENSOREADY (300 MG)	154
<i>clobetasol propionate e</i>	157	COMFORT EZ INSULIN SYRINGE	236	COSENTYX SENSOREADY PEN ..	154
<i>clobetasol propionate emulsion</i>	157	COMFORT EZ MICRO PEN NEEDLES	236	COSMEGEN	93
CLOBEX	157	COMFORT EZ PEN NEEDLES	236	COSOPT	277
CLOBEX SPRAY	157	COMFORT EZ SHORT PEN NEEDLES	236	COSOPT PF	277
<i>clocortolone pivalate</i>	157	COMFORT LANCETS	224	COTELIC	89
<i>clocortolone pivalate pump</i>	157	COMPLERA	107	COTEMPLA XR-ODT	16
<i>Clodan</i>	157	COMPLETE NATAL DHA	266	COUMADIN	46
CLODERM	157	COMPLETENATE	262	COZAAR	77
CLODERM PUMP	157	<i>complex b-100</i>	269	CREON	178
<i>clofarabine</i>	88	<i>complex b-50 prolonged release</i>	257	CRESEMBA	68
CLOLAR	88	<i>Compro</i>	105	CRESTOR	72
<i>clomiphene citrate</i>	185	COMTAN	102	CRINONE	316
<i>clomipramine hcl</i>	56	CO-NATAL FA	262	CRIXIVAN	108
<i>clonazepam</i>	48	CONCEPT DHA	262	CROFAB	287
<i>clonidine</i>	78	CONCEPT OB	262	<i>cromolyn sodium</i>	42, 190, 278
<i>clonidine hcl</i>	78	CONCERTA	16	<i>crotan</i>	164
<i>clonidine hcl (analgesia)</i>	24	CONDYLOX	162	<i>Cryselle-28</i>	135
<i>clonidine hcl er</i>	14	CONSENSI	125	CRYSVITA	319
CLOPIDOGREL & ASPIRIN	200	<i>constulose</i>	213	CUBICIN	81
<i>clopidogrel bisulfate</i>	201	CONTOUR NEXT TEST	173	CUBICIN RF	81
<i>clorazepate dipotassium</i>	39	CONTOUR TEST	173	<i>cupric chloride</i>	250
CLOROTEKAL	219	CONTRAVE	100	CUPRIMINE	113
<i>clotrimazole</i>	161, 251	CONVENIENCE PAK	293	CURITY HYPERTONIC NACL STRIP	170
<i>clotrimazole-betamethasone</i>	152	CONZIP	29	CURITY NACL DRESSING 6" X6-3/4"	170
<i>Clovique</i>	113	COOL BLOOD GLUCOSE TEST STRIPS	173	<i>Curity Sterile Saline</i>	194
<i>clozapine</i>	104	COPAXONE	297	CUROSURF	302
CLOZARIL	104	COPIKTRA	291	CURVULARIA	121
C-NATE DHA	262	CORDRAN	157	CUTAQUIG	287
COAGADEX	197	COREG	119	CUTIVATE	157
COAGUCHEK LANCETS	223	COREG CR	119	CUVITRU	287
<i>coal tar</i>	166	CORGARD	120	CUVPOSA	310
COARTEM	82	CORIFACT	197	CVS ADVANCED GLUCOSE TEST	173
COCAINE HCL	272	CORLANOR	303	<i>cvs aspirin</i>	26
COCKLEBUR	121	CORLOPAM	79	<i>cvs aspirin adult low dose</i>	26
COD LIVER OIL	268	CORN POLLEN	121	<i>cvs aspirin adult low strength</i>	26
CODAR AR	147	<i>correct</i>	215	<i>cvs aspirin ec</i>	26
CODEINE SULFATE	29	<i>correctol</i>	215	<i>cvs aspirin low dose</i>	26
CODITUSSIN AC	145			<i>cvs aspirin low strength</i>	26
CODITUSSIN DAC	145			<i>cvs b complex plus c</i>	255
COGENTIN	101			<i>cvs balanced b50</i>	269
COLAZAL	191			<i>cvs bisacodyl</i>	215
<i>colchicine</i>	196				
<i>colchicine-probenecid</i>	196				
COLCIGEL	114				
COLCRYS	196				

<i>cvs buffered aspirin</i>	25	<i>daily value multivitamin</i>	259	Delyla.....	135
<i>cvs citrate of magnesia</i>	215	<i>daily vitamin</i>	259	DELZICOL	191
<i>cvs c-lax laxative</i>	215	<i>daily vitamin formula</i>	259	DEMADEX	179
<i>cvs daily multiple</i>	259	<i>daily vitamin formula+iron</i>	258	<i>demeclocycline hcl</i>	304
<i>cvs folic acid</i>	203	<i>daily vitamins</i>	259	DEMEROL	30
<i>cvs gentle laxative</i>	215	<i>daily vite</i>	260	DEMSE	75
<i>cvs gentle laxative womens</i>	215	<i>daily vite multivitamin/iron</i>	258	DENAVIR	156
CVS GLUCOSE METER TEST		<i>daily vites</i>	260	Dentagel.....	252
STRIPS	173	<i>daily vites/iron</i>	258	DEPACON	52
<i>cvs inner ear plus</i>	269	<i>daily-vitamin</i>	260	DEPAKENE	52
CVS LANCETS 21G	224	<i>daily-vitamin/iron</i>	258	DEPAKOTE	52
CVS LANCETS MICRO THIN 33G	224	<i>daily-vite</i>	260	DEPAKOTE ER	52
CVS LANCETS ORIGINAL	224	<i>daily-vite/iron/beta-carotene</i>	258	DEPAKOTE SPRINKLES	52
CVS LANCETS THIN 26G	224	DAKLINZA	111	DEPEN TITRATABS	113
CVS LANCETS ULTRA THIN 30G	224	<i>dalfampridine er</i>	297	DEPO-ESTRADIOL	188
CVS LANCETS ULTRA-THIN 30G	224	DALIRESP	44	DEPO-MEDROL	142
CVS LANCING DEVICE	224	DALVANCE	195	DEPO-PROVERA	99, 139
<i>cvs magnesium citrate</i>	215	<i>danazol</i>	36	DEPO-SUBQ PROVERA 104	139
<i>cvs milk of magnesia</i>	215	DANDELION	121	DEPO-TESTOSTERONE	36
<i>cvs nicotine</i>	298	DANTRIUM	270	DEPRIZINE FUSEPAQ	308
<i>cvs nicotine polacrilex</i>	298	<i>dantrolene sodium</i>	270	DERMACINRX DUOPATCH	
CVS PRENATAL	262	<i>dapsone</i>	81, 148	PHARMAPAK	168
<i>cvs purelax</i>	213, 214	DAPTACEL	306	DERMACINRX NEUROTRAL	
<i>cvs super b complex/c</i>	255	DAPTOMYCIN	81	PHARMAPAK	168
CVS ULTRA THIN LANCETS	224	<i>daptomycin</i>	81	DERMAGRAFT	165, 166
<i>cyanocobalamin</i>	202	DARAPRIM	82	DERMA-SMOOTH/FS BODY	157
CYANOCOBALAMIN	202	<i>darifenacin hydrobromide er</i>	311, 312	DERMOTIC	286
CYANOKIT	64, 65	DARZALEX	90	DESCOVY	107
<i>Cyclafem 1/35</i>	135	DARZALEX FASPRO	94	DESFERAL	64, 65
<i>Cyclafem 7/7/7</i>	140	<i>Dasetta 1/35</i>	135	<i>desflurane</i>	193
CYCLO/GABA 10/300	271	<i>Dasetta 7/7/7</i>	140	<i>desipramine hcl</i>	56
<i>cyclobenzaprine hcl</i>	270	DAUNORUBICIN HCL	93	<i>desloratadine</i>	70
<i>cyclobenzaprine hcl er</i>	270	DAURISMO	89	<i>desmopressin ace spray refrig</i>	187
CYCLOGYL	278	DAXBIA	132	<i>desmopressin acetate</i>	187
CYCLOMYDRIL	278	DAYPRO	22	<i>desmopressin acetate spray</i>	187
<i>cyclopentolate hcl</i>	278	<i>Daysee</i>	139	DESOGEN	135
CYCLOPHENE RAPIDPAQ	270	DAYTRANA	16	<i>desogestrel-ethinyl estradiol</i>	134, 135
<i>cyclophosphamide</i>	99	DAYVIGO	285	DESONATE	157
<i>cycloserine</i>	84	D-CARE BLOOD GLUCOSE	173	<i>desonide</i>	157
CYCLOSET	58	DDAVP	187	DESOWEN	157
<i>cyclosporine</i>	114	DDAVP RHINAL TUBE	187	<i>desoximetasone</i>	157
<i>cyclosporine modified</i>	114	DEBACTEROL	251	DESOXYN	15
CYKLOKAPRON	207	<i>Deblitane</i>	140	DESVENLAFAXINE ER	55
CYMBALTA	55	<i>Decadron</i>	141	<i>desvenlafaxine succinate er</i>	55
<i>cyproheptadine hcl</i>	71	<i>decitabine</i>	88	DETROL	311, 312
CYRAMZA	100	DECON-A	146	DETROL LA	311, 312
<i>Cyred</i>	135	DECON-G	146	DEX COMBO	144
<i>Cyred Eq</i>	135	<i>deferasirox</i>	64	DEXABLISS	142
CYSTADANE	183	<i>deferroxamine mesylate</i>	64, 65	<i>dexamethasone</i>	142
CYSTAGON	194	DEFITELIO	45	DEXAMETHASONE (LA)	142
CYSTARAN	283	DEFLUX	318	DEXAMETHASONE ACE & SOD	
<i>cytarabine</i>	88	DELESTROGEN	188	PHOS	144
<i>cytarabine (pf)</i>	88	DELFLEX-LC/1.5% DEXTROSE		DEXAMETHASONE INTENSOL ...	142
CYTOGAM	287	.....	116, 290	DEXAMETHASONE SOD PHOS	
CYTOMEL	306	DELFLEX-LC/2.5% DEXTROSE		IN D5W	142
CYTOTEC	310	.....	116, 290	DEXAMETHASONE SOD PHOS-	
CYTOVENE	110	DELFLEX-LC/4.25% DEXTROSE		NACL	142
D.H.E. 45	244	.....	117, 290	<i>dexamethasone sod phosphate pf</i>	142
<i>dacarbazine</i>	95	DELFLEX-SM/1.5% DEXTROSE		DEXAMETHASONE SOD	
DACOGEN	88	.....	117, 290	PHOSPHATE PF	142
<i>dactinomycin</i>	93	DELFLEX-SM/2.5% DEXTROSE		<i>dexamethasone sodium phosphate</i>	142, 282
<i>daily multiple vitamins</i>	259	.....	117, 290	DEXAMETHASONE SODIUM	
<i>daily multiple vitamins/iron</i>	258	DELSTRIGO	107	PHOSPHATE	142

<i>dexchlorpheniramine maleate</i>	70	Diazepam Intensol.....	39	<i>dobutamine hcl</i>	317
DEXEDRINE	15	<i>diazoxide</i>	57	<i>dobutamine in d5w</i>	317
<i>Dexifol</i>	254	DIBENZYLINE	75	DOCETAXEL	98
DEXILANT	309	DICLEGIS	67	DOCETAXEL (NON-ALCOHOL)	98
DEXMEDETOMIDINE HCL	210	<i>diclofenac epolamine</i>	153	<i>dofetilide</i>	41
<i>dexmedetomidine hcl</i>	210	<i>diclofenac potassium</i>	22	DOG EPITHELIUM	121
<i>dexmedetomidine hcl in nacl</i>	210	<i>diclofenac sodium</i>	22, 153, 154, 281	DOG FENNEL	121
DEXMEDETOMIDINE HCL-		<i>diclofenac sodium er</i>	22	DOLOPHINE	30
DEXTROSE	210	<i>diclofenac-misoprostol</i>	21	<i>donepezil hcl</i>	295
<i>dexmethylphenidate hcl</i>	16	<i>dicloxacillin sodium</i>	290	<i>dopamine hcl</i>	317
<i>dexmethylphenidate hcl er</i>	16	DICOPANOL FUSEPAQ	70	<i>dopamine in d5w</i>	317
Dexpak 10 Day.....	142	DICOPANOL RAPIDPAQ	70	DOPRAM	15
Dexpak 13 Day.....	142	<i>dicyclomine hcl</i>	307	DOPTELET	206
Dexpak 6 Day.....	142	<i>didanosine</i>	109	DORAL	209
DEXPANTHENOL	190	<i>diethylpropion hcl</i>	16	<i>doripenem</i>	81
<i>dextrazoxane hcl</i>	96	<i>diethylpropion hcl er</i>	16	DORYX	304
DEXTENZA	282	DIFFERIN	150	DORYX MPC	304
<i>dextroamphetamine sulfate</i>	15	DIFICID	221	<i>dorzolamide hcl</i>	280
<i>dextroamphetamine sulfate er</i>	15	Difil-G Forte.....	45	<i>dorzolamide hcl-timolol mal</i>	277
<i>dextrose</i>	276	<i>diflorasone diacetate</i>	157, 158	<i>dorzolamide hcl-timolol mal pf</i>	277
DEXTROSE	276	DIFLUCAN	68	DOTHELLE DHA	262
DEXTROSE 5%/ELECTROLYTE		<i>diflunisal</i>	26	Dotti.....	188
#48	246	DIGIFAB	64, 65	DOVATO	107
<i>dextrose in lactated ringers</i>	246	Digitek.....	129	DOVONEX	155
DEXTROSE-NACL	246	Digox.....	129	<i>doxazosin mesylate</i>	78
<i>dextrose-nacl</i>	246	<i>digoxin</i>	129	<i>doxepin hcl</i>	56, 154, 210
DEXTROSE-SODIUM CHLORIDE	246	<i>dihydroergotamine mesylate</i>	244	<i>doxercalciferol</i>	183
<i>dextrose-sodium chloride</i>	246	DILANTIN	51	DOXIL	93
DEXYCU	282	DILANTIN INFATABS	51	<i>doxorubicin hcl</i>	93
DFS/MS/MENTH/CAP PAK	153	DILATRATE-SR	38	<i>doxorubicin hcl liposomal</i>	93
DIAB	170	DILAUDID	30	Doxy 100.....	304
DIAB F.D.G. FREEZE-DRIED	170	<i>diltiazem cd</i>	126	<i>doxycycline</i>	164
DIACOMIT	49	<i>diltiazem hcl</i>	127	<i>doxycycline hyclate</i>	304, 305
Dialyvite.....	254	DILTIAZEM HCL	127	DOXYCYCLINE HYCLATE	305
DIALYVITE 3000	256	<i>diltiazem hcl er</i>	127	<i>doxycycline monohydrate</i>	305
DIALYVITE 5000	256	<i>diltiazem hcl er beads</i>	126	<i>doxylamine-pyridoxine</i>	67
<i>dialyvite 800</i>	254	<i>diltiazem hcl er coated beads</i>	126	D-PENAMINE	113
DIALYVITE SUPREME D	258	DILTIAZEM HCL-DEXTROSE	127	DRECHSLERA	121
DIALYVITE/ZINC	256	DILTIAZEM HCL-SODIUM		DRISDOL	318
DIANEAL LOW CALCIUM/1.5%		CHLORIDE	127	DRIZALMA SPRINKLE	55
DEX	117, 291	<i>dilt-xr</i>	127	<i>dronabinol</i>	67
DIANEAL LOW CALCIUM/2.5%		DIMENHYDRINATE	67	<i>droperidol</i>	39
DEX	117, 291	DIOVAN	77	DROPLET INSULIN SYRINGE	236
DIANEAL LOW CALCIUM/4.25%		DIOVAN HCT	76	DROPLET LANCETS ULTRA	
DEX	117, 291	DIPENTUM	191	THIN 30G	224
DIANEAL PD-2/1.5% DEXTROSE		<i>diphen</i>	70	DROPLET LANCING DEVICE	224
.....	117, 291	<i>diphenhydramine hcl</i>	70	DROPLET MICRON	236
DIANEAL PD-2/2.5% DEXTROSE		<i>diphenoxylate-atropine</i>	63	DROPLET PEN NEEDLES	236
.....	117, 291	DIPHThERIA-TETANUS		DROPSAFE SAFETY PEN	
DIANEAL PD-2/4.25% DEXTROSE		TOXOIDS DT	306	NEEDLES	236
.....	117, 291	DIPRIVAN	193	<i>drospiren-eth estrad-levomefol</i>	135
DIASTAT ACUDIAL	48	DIPROLENE	158	<i>drospirenone-ethinyl estradiol</i>	135
DIASTAT PEDIATRIC	48	DIPROLENE AF	158	DROXIA	202
DIATHRIVE BLOOD GLUCOSE		<i>dipyridamole</i>	201	DRUG MART LANCETS THIN	
TEST	173	DISCOVISC	283	26G	224
DIATHRIVE GLUCOSE TEST	173	<i>disopyramide phosphate</i>	40	DRUG MART LANCING DEVICE	224
DIATHRIVE LANCET ULTRA		<i>disulfiram</i>	295	DRUG MART ON-THE-GO	
THIN 30	224	DITROPAN XL	311, 312	LANCET 30G	224
DIATHRIVE LANCETS	224	DIURIL	180	DRUG MART UNIFINE PENTIPS	236
DIATHRIVE LANCING DEVICE ..	224	<i>divalproex sodium</i>	52	DRUG MART UNIFINE PENTIPS	
DIATRUE PLUS TEST	173	<i>divalproex sodium er</i>	52	PLUS	236
<i>diazepam</i>	39, 40, 48	DIVIGEL	188	DRUG MART UNILET LANCETS	
DIAZEPAM	39	DIVISTA	203	28G	224

DRUG MART UNILET LANCETS		EASY COMFORT PEN NEEDLES	236	<i>econazole nitrate</i>	161
30G	224	EASY GLIDE PEN NEEDLES	236	<i>econtra ez</i>	138
DRUG MART UNILET LANCETS		EASY MINI EJECT LANCING		<i>econtra one-step</i>	138
33G	224	DEVICE	224	<i>ecotrin</i>	26
DSUVIA	30	EASY MINI LANCING DEVICE ...	224	<i>ecotrin low strength</i>	26
DUAC	149	EASY PLUS BLOOD GLUCOSE		ECOZA	161
DUAKLIR PRESSAIR	42	TEST	173	<i>ecpirin</i>	26
DUAL COMPLEX FORMULA 1		EASY PLUS II GLUCOSE TEST ...	174	EC-RX ESTRADIOL	188
KIT	153	EASY STEP TEST	174	EC-RX PROGESTERONE	294
DUAVEE	189	EASY TALK BLOOD GLUCOSE		EC-RX TESTOSTERONE	36
<i>ducodyl</i>	215	TEST	174	ECZEMOL	115
DUET DHA 400	262	EASY TOUCH FLIPLOCK		EDARBI	77
DUET DHA BALANCED	263	INSULIN SY	236	EDARBYCLOR	76
DUETACT	62	EASY TOUCH INSULIN SAFETY		EDECIN	179
DUEXIS	21	SYR	236	EDETATE DISODIUM	113
<i>dulcolax milk of magnesia</i>	215	EASY TOUCH INSULIN SYRINGE		EDEX	129
DULERA	42	.....	236	EDLUAR	210
<i>duloxetine hcl</i>	55	EASY TOUCH LANCETS 21G	224	EDURANT	109
DUOBRII	169	EASY TOUCH LANCETS 23G	224	<i>efavirenz</i>	109
DUO-CARE TEST	173	EASY TOUCH LANCETS 26G	224	EFFER-K	248
DUODOTE	63, 64	EASY TOUCH LANCETS 28G	224	<i>Effer-K</i>	248
DUOPA	102	EASY TOUCH LANCETS		<i>effervescent pot chloride</i>	248
DUOVISC	283	28G/TWIST	224	EFFEXOR XR	55
DUPIXENT	118	EASY TOUCH LANCETS 30G	224	EFFIENT	201
DURACLON	24	EASY TOUCH LANCETS		EFUDEX	154
DURAFIBER	171	30G/TWIST	224	EGRIFTA	182
DURAFIBER AG	170	EASY TOUCH LANCETS 32G	224	EGRIFTA SV	182
DURAGESIC-100	30	EASY TOUCH LANCETS		EHA	162
DURAGESIC-12	30	32G/TWIST	224	ELAPRASE	184
DURAGESIC-25	30	EASY TOUCH LANCETS		ELCYS	276
DURAGESIC-50	30	33G/TWIST	224	ELDEPRYL	101
DURAGESIC-75	30	EASY TOUCH LANCING DEVICE	224	ELELYSO	201
<i>duramorph</i>	30	EASY TOUCH PEN NEEDLES	236	ELEMENT COMPACT TEST	174
DURASAFE SPINAL/EPIDURAL		EASY TOUCH SAFETY LANCETS		ELEMENT TEST	174
TRAY	218	21G	224	ELESTAT	278
<i>duraxin</i>	24	EASY TOUCH SAFETY LANCETS		ELESTRIN	188
DUREZOL	282	23G	224	<i>eletriptan hydrobromide</i>	245
DURLAZA	201	EASY TOUCH SAFETY LANCETS		ELIDEL	163
DUROLANE	271	26G	224	ELIGARD	97
DURYSTA	284	EASY TOUCH SAFETY LANCETS		ELIMITE	164
DUST MITE MIXED ALLERGEN		28G	225	<i>Elinest</i>	135
EXT	250	EASY TOUCH SAFETY PEN		ELIQUIS	46
<i>dutasteride</i>	193	NEEDLES	236	ELIQUIS DVT/PE STARTER	
<i>dutasteride-tamsulosin hcl</i>	195	EASY TOUCH SHEATHLOCK		PACK	46
DUTOPROL	78	SYRINGE	236	ELITEK	96
DUZALLO	196	EASY TOUCH TEST	174	<i>elite-ob</i>	263
<i>Dvorah</i>	29	EASY TRAK BLOOD GLUCOSE		ELITE-THIN INSULIN SYRINGE	237
DXEVO 11-DAY	142	TEST	174	ELIXOPHYLLIN	45
DYANAVEL XR	15	EASY TRAK II GLUCOSE TEST ...	174	ELLA	138
DYAZIDE	179	EASY TWIST & CAP LANCETS ...	225	ELLENCE	93
DYMISTA	272	<i>easygel</i>	252	ELLIOTTS B	246
DYRENIUM	179	EASYGLUCO	174	ELMIRON	195
DYSFORT	273	EASYGLUCO PLUS	174	ELOCON	158
<i>e.e.s. 400</i>	220	EASYMAX 15 TEST	174	ELOCTATE	197
E.E.S. GRANULES	220	EASYMAX TEST	174	<i>Eluryng</i>	138
<i>ear health formula</i>	269	EASYPLUS BLOOD GLUCOSE		ELZONRIS	95
<i>ear health plus</i>	269	TEST	174	EMADINE	278
EASTERN COTTONWOOD	121	EASYPRO BLOOD GLUCOSE		EMBEDA	30
EASY COMFORT INSULIN		TEST	174	EMBRACE BLOOD GLUCOSE	
SYRINGE	236	EASYPRO PLUS	174	TEST	174
EASY COMFORT LANCETS	224	<i>ec-81 aspirin</i>	26	EMBRACE EVO BLOOD	
EASY COMFORT LANCETS		EC-NAPROSYN	22	GLUCOSE TEST	174
TWIST TOP	224	EC-NAPROXEN	22		

EMBRACE LANCETS ULTRA			
THIN 30G	225	EPIDUO FORTE	149
EMBRACE PRO GLUCOSE TEST	174	EPIFIX	165, 167
EMBRACE TALK GLUCOSE		EPIFIX MICRONIZED	165, 167
TEST	174	EPIFOAM	166
EMCYT	96	<i>epinastine hcl</i>	278
EMEND	67	<i>epinephrine</i>	317
EMEND TRI-PACK	67	EPINEPHRINE HCL-DEXTROSE	317
EMERPHED	317	EPINEPHRINE HCL-NACL	317
EMFLAZA	142	EPINEPHRINE-DEXTROSE	317
EMGALITY	125, 134	EPINEPHRINE-NACL	317
EMGALITY (300 MG DOSE) ..	125, 134	EPIPEN 2-PAK	317
<i>Emoquette</i>	135	EPIPEN JR 2-PAK	317
EMPLICITI	90	EPIQUIN MICRO	160
EMSAM	53	<i>epirubicin hcl</i>	93
EMTRIVA	110	EPISIL	252
EMULSION SB	163	<i>Epitol</i>	49
EMVERM	38	EPIVIR	110
ENABLEX	311, 312	EPIVIR HBV	111
<i>enalapril maleate</i>	75	<i>eplerenone</i>	79
<i>enalaprilat</i>	75	EPOGEN	202
<i>enalapril-hydrochlorothiazide</i>	74	<i>epoprostenol sodium</i>	130
ENBRACE HR	263	<i>eprosartan mesylate</i>	77
ENBREL	24	<i>eptifibatide</i>	199
ENBREL MINI	24	EPZICOM	107
ENBREL SURECLICK	24	<i>eq adult aspirin low strength</i>	26
ENCARE	316	<i>eq aspirin</i>	26
ENDARI	18	<i>eq aspirin adult low dose</i>	26
ENDO AVITENE	207	<i>eq aspirin low dose</i>	26
<i>Endocet</i>	34	EQ BLOOD GLUCOSE TEST	174
ENDOFORM DERMAL		<i>eq buffered aspirin</i>	25
TEMPLATE	171	<i>eq childrens aspirin</i>	26
ENDOFORM		<i>eq clearlax</i>	214
DERMAL/FENESTRATED	171	<i>eq gentle laxative</i>	216
ENDOMETRIN	316	<i>eq magnesium citrate</i>	215
<i>endur-b</i>	257	<i>eq nicotine</i>	298, 299
ENFAMIL EXPECTA	267	<i>eq nicotine polacrilex</i>	298
ENGERIX-B	314	<i>eq nicotine step 3</i>	299
ENGLISH PLANTAIN	121	<i>eq womans laxative</i>	216
ENGYSTOL	115	<i>eq womens laxative</i>	216
ENHERTU	94	<i>eql aspirin</i>	26
ENLON	83, 84	<i>eql aspirin ec</i>	26
ENOVARX-TRAMADOL	151	<i>eql aspirin low dose</i>	26
<i>enoxaparin sodium</i>	47	<i>eql b complex 50</i>	257
<i>Enpresse-28</i>	140	<i>eql b-100 complex</i>	257
<i>Enskyce</i>	135	<i>eql clearlax</i>	214
ENSTILAR	169	EQL COLOR LANCETS 21G	225
<i>entacapone</i>	102	EQL COLOR LANCETS MICRO	
<i>entecavir</i>	111	33G	225
ENTEREG	192	<i>eql gentle laxative</i>	216
ENTOCORT EC	142	EQL INSULIN SYRINGE	237
ENTRESTO	273	<i>eql laxative</i>	216
ENTYVIO	212	<i>eql magnesium citrate</i>	215
<i>enulose</i>	192	<i>eql milk of magnesia</i>	215
ENVARUS XR	116	<i>eql nicotine polacrilex</i>	299
EPANED	75	EQL PRENATAL FORMULA	263
EPCLUSA	208	<i>eql super b complex/vitamin c</i>	254
EPHEDRINE SULFATE	317	EQL SUPER THIN LANCETS 30G	225
EPHEDRINE SULFATE-NACL	317	EQL THIN LANCETS 26G	225
EPICOCCUM	121	EQUAPAX/ATORVASTATIN/COQ	
EPICORD	165, 166	10	72
EPIDIOLEX	49	EQUAPAX/IBUPROFEN/MINREX	274
EPIDUO	149	EQUETRO	103
		ERAXIS	68
		ERBITUX	90
		ERGOCAL	318
		<i>ergocalciferol</i>	318
		<i>ergoloid mesylates</i>	298
		ERGOMAR	244
		<i>ergotamine-caffeine</i>	244
		ERIVEDGE	89
		ERLEADA	87
		<i>erlotinib hcl</i>	92
		<i>Errin</i>	140
		ERTACZO	161
		<i>ertapenem sodium</i>	81
		ERWINAZE	94
		<i>ery</i>	148
		ERYGEL	148
		ERYPED 200	220
		ERYPED 400	220
		<i>Ery-Tab</i>	220
		ERYTHROCIN LACTOBIONATE	220
		<i>erythrocine stearate</i>	220
		<i>erythromycin</i>	148, 149, 221, 279
		<i>erythromycin base</i>	220
		<i>erythromycin ethylsuccinate</i>	221
		ESBRIET	301
		ESCAVITE	261
		ESCAVITE D	261
		<i>escavite lq</i>	261
		<i>escitalopram oxalate</i>	54
		<i>Esgic</i>	24
		ESGIC	25
		ESKATA	302
		<i>esmolol hcl</i>	119
		ESMOLOL HCL	119
		<i>esmolol hcl-sodium chloride</i>	119
		<i>esomeprazole magnesium</i>	309
		<i>esomeprazole sodium</i>	309
		ESOMEPRAZOLE STRONTIUM	309
		ESPEROCT	197
		ESSENTRA WIPES 9X9"	165
		<i>Estarylla</i>	135
		<i>estazolam</i>	209
		ESTRACE	188, 316
		<i>estradiol</i>	188, 316
		<i>estradiol valerate</i>	188
		<i>estradiol-norethindrone acet</i>	188
		ESTRING	316
		ESTRIOL-PROGESTERONE	
		MICRO	188
		ESTROFACTORS	260
		ESTROGEL	188
		<i>estropipate</i>	188
		ESTROSTEP FE	140
		<i>eszopiclone</i>	210
		<i>ethacrynate sodium</i>	179
		<i>ethacrynic acid</i>	179
		<i>ethambutol hcl</i>	84
		ETHAMOLIN	118
		<i>ethosuximide</i>	52
		<i>ethynodiol diac-eth estradiol</i>	135
		ETHYOL	100
		<i>etidronate disodium</i>	181
		<i>etodolac</i>	22
		<i>etodolac er</i>	22

<i>etomidate</i>	193	EZ SMART BLOOD GLUCOSE		<i>fentanyl citrate (pf)</i>	30
<i>etonogestrel-ethinyl estradiol</i>	138	LANCETS	225	FENTANYL CITRATE-NACL	30
ETOPOPHOS	98	EZ SMART BLOOD GLUCOSE		FENTANYL CIT-ROPIVACAINE-	
<i>etoposide</i>	98	TEST	174	NACL	189
EUCRISA	292	EZ SMART PLUS GLUCOSE TEST		FENTANYL-BUPIVACAINE-	
EUFLEXXA	271		174	NACL	189
EURAX	164	EZALLOR SPRINKLE	72	FENTORA	31
<i>Euthyrox</i>	306	<i>ezetimibe</i>	73	FERAHEME	205
EVAMIST	188	<i>ezetimibe-simvastatin</i>	73	FERIVA 21/7	206
EVEKEO	15	EZ-LETS LANCETS 21G	225	<i>ferocon</i>	204
EVEKEO ODT	15	EZ-LETS LANCETS 26G	225	<i>ferotinsic</i>	204
EVENCARE + BLOOD GLUCOSE		EZ-LETS LANCETS 28G	225	FERRALET 90	206
TEST	174	EZ-LETS LANCETS 30G	225	FERRAPLUS 90	206
EVENCARE BLOOD GLUCOSE		<i>fa-8</i>	203	FERRIPROX	64
TEST	174	<i>fabb</i>	203	FERRLECIT	205
EVENCARE G2 TEST	174	FABIOR	150	<i>Ferrocite Plus</i>	204
EVENCARE G3 TEST	174	FABRAZYME	182	FERRO-PLEX HEMATINIC	204
EVENCARE MINI GLUCOSE		FALESSA	135	FEROTRIN	204
TEST	174	<i>Falmina</i>	135	FETROJA	131
EVENCARE PROVIEW GLUCOSE		<i>famciclovir</i>	112	FETZIMA	55
TEST	174	<i>famotidine</i>	308	FETZIMA TITRATION	55
EVENITY	302	FAMOTIDINE IN NACL	308	<i>fexmid</i>	270
<i>everolimus</i>	91, 116	<i>famotidine premixed</i>	308	FIASP	58
EVISTA	185	FANAPT	103	FIASP FLEXTOUCH	58
EVOCLIN	149	FANAPT TITRATION PACK	103	FIASP PENFILL	58
EVOLUTION AUTOCODE	174	FANATREX FUSEPAQ	49	FIBRICOR	72
EVOMELA	99	FARESTON	87	FIBRYGA	197
EVOTAZ	107	FARXIGA	61	FIFTY50 GLUCOSE TEST 2.0	174
EVOXAC	252	FARYDAK	89	FIFTY50 PEN NEEDLES	237
EVZIO	65	FASENRA	212	FIFTY50 SAFETY SEAL	
EXACTECH R-S-G TEST	174	FASENRA PEN	212	LANCETS	225
EXACTECH TEST	174	FASLODEX	96	FIFTY50 SUPERIOR COMFORT	
EXACTUSS	145	<i>fa-vitamin b-6-vitamin b-12</i>	203	SYR	237
EXALGO	30	<i>Fayosim</i>	139	FIFTY50 UNILET LANCETS 33G	225
EXEL COMFORT POINT		FAZACLO	104	FINACEA	164
INSULIN SYR	237	FBL KIT	153	<i>finasteride</i>	169, 193
EXEL COMFORT POINT PEN		FC FEMALE CONDOM	221	FINE 30	225
NEEDLE	237	FC2 FEMALE CONDOM	221	FINGERSTIX LANCETS	225
EXELDERM	161	<i>febuxostat</i>	196	FIORICET	25
EXELON	295	<i>feenamint</i>	216	FIORICET/CODEINE	28
<i>exemestane</i>	96	FEIBA	197	FIORINAL	25
EXFORGE	75	<i>felbamate</i>	51	FIORINAL/CODEINE #3	28
EXFORGE HCT	78	FELBATOL	51	FIRAZYR	198
EXJADE	64	FELDENE	22	FIRDAPSE	83, 84
<i>ex-lax ultra</i>	216	<i>felodipine er</i>	127	FIRE ANT	122
EXODERM	152	FEMARA	96	FIRMAGON	97
EXONDYS 51	269	FEMCAP	221	FIRMAGON (240 MG DOSE)	97
EXPAREL	218	FEMHRT LOW DOSE	188	FIRST - METOPROLOL	119
EXTAVIA	296	FEMRING	316	FIRST-BACLOFEN	270
EXTINA	161	<i>Femynor</i>	135	FIRST-METRONIDAZOLE	79
EXTRANEAL	117, 291	<i>fenofibrate</i>	72	FIRST-MOUTHWASH BLM	251
<i>extress</i>	257	FENOFIBRATE	72	FIRST-VANCOMYCIN	195
<i>extress-super</i>	257	<i>fenofibrate micronized</i>	72	FIRVANQ	195
EYLEA	284	<i>fenofibric acid</i>	72	<i>Flac</i>	286
EZ FLU SHOT-FLUCELVAX		FENOFIBRIC ACID	72	FLAGYL	79, 80
QUAD	314	FENOGLIDE	72	FLAREX	282
E-Z JECT LANCET MICRO-THIN		FENOPROFEN CALCIUM	22	<i>flavoxate hcl</i>	313
33G	225	<i>fenopropfen calcium</i>	22	FLEBOGAMMA DIF	287
E-Z JECT LANCET SUPER THIN		FENSOLVI	97	<i>flecainide acetate</i>	41
30G	225	<i>fentanyl</i>	31	FLECTOR	153
E-Z JECT LANCETS	225	<i>fentanyl citrate</i>	30	<i>Flexbumin</i>	200
E-Z JECT LANCETS 21G	225	FENTANYL CITRATE	30	FLEXIN	168
E-Z JECT LANCETS THIN 26G	225	FENTANYL CITRATE (PF)	30	FLOLAN	130

FLOLIPID	72	FML	282	FORTISCARE TEST	175
FLOMAX	194	FML FORTE	282	FOSAMAX	181
FLORIVA	247, 289	FML LIQUIFILM	282	FOSAMAX PLUS D	181
FLORIVA PLUS	261	FOCALIN	16	<i>fosamprenavir calcium</i>	108
FLOVENT DISKUS	45	FOCALIN XR	16	<i>fosaprepitant dimeglumine</i>	67
FLOVENT HFA	45	<i>folate</i>	203	FOSCAVIR	111
FLOXIN OTIC	285	<i>folbee</i>	203	<i>fosinopril sodium</i>	75
<i>floxuridine</i>	88	<i>folbee plus</i>	254	<i>fosinopril sodium-hctz</i>	74
FLUAD	314	FOLET DHA	267	<i>fosphenytoin sodium</i>	51
FLUAD QUADRIVALENT	314	FOLET ONE	267	FOSRENOL	192
FLUARIX QUADRIVALENT	314	FOLGARD OS	258	FRAGMIN	47
FLUBLOK	314	FOLGARD RX	203	FREAMINE HBC	276
FLUBLOK QUADRIVALENT	314	<i>folic acid</i>	203	FREAMINE III	276
FLUCELVAX QUADRIVALENT ...	314	FOLI-D	203	FREDS PHARMACY AUTOLET	
<i>fluconazole</i>	69	FOLIKA-V	254	LANCING	225
<i>fluconazole in dextrose</i>	68	FOLIVANE-F	205	FREDS PHARMACY UNIFINE	
FLUCONAZOLE IN SODIUM		FOLIVANE-OB	263	PENTIP+	237
CHLORIDE	69	FOLIVANE-PLUS	204	FREDS PHARMACY UNIFINE	
<i>fluconazole in sodium chloride</i>	69	FOLLISTIM AQ	184	PENTIPS	237
<i>flucytosine</i>	68	FOLOTYN	88	FREDS PHARMACY UNILET	
<i>fludarabine phosphate</i>	88	<i>folplex 2.2</i>	203	LANC 28G	225
<i>fludrocortisone acetate</i>	143	<i>foltabs 800</i>	203	FREDS PHARMACY UNILET	
FLULAVAL QUADRIVALENT	314	FOLTRATE	202	LANC 30G	225
FLUMADINE	112	<i>foltrin</i>	204	FREESTYLE INSULINX TEST	175
<i>flumazenil</i>	65	<i>fomepizole</i>	64, 65	FREESTYLE LANCETS	225
FLUMIST QUADRIVALENT	314	<i>fondaparinux sodium</i>	47	FREESTYLE LITE TEST	175
<i>flunisolide</i>	272	FORA BLOOD GLUCOSE TEST ...	174	FREESTYLE PRECISION INS SYR	
<i>fluocinolone acetonide</i>	158, 286	FORA D15G BLOOD GLUCOSE		.....	237
<i>fluocinolone acetonide body</i>	158	TEST	174	FREESTYLE PRECISION NEO	
<i>fluocinolone acetonide scalp</i>	158	FORA D20 BLOOD GLUCOSE		TEST	175
<i>fluocinonide</i>	158	TEST	174	FREESTYLE TEST	175
<i>fluocinonide emulsified base</i>	158	FORA D40/G31 BLOOD GLUCOSE		FREESTYLE UNISTICK II	
FLUORABON	247	TEST	175	LANCETS	225
<i>fluorescein-benoxinate</i>	280	FORA G20 BLOOD GLUCOSE		<i>fresenius propoven</i>	193
FLUORESCITE	280	TEST	175	FROVA	245
<i>Fluor-I-Strips A.T.</i>	280	FORA G30/PREM V10 GLUCOSE		<i>frovatriptan succinate</i>	245
<i>fluoritab</i>	247	TEST	175	FULL SPECTRUM B/VITAMIN C	254
<i>fluorometholone</i>	282	FORA GD20 TEST	175	FULPHILA	204
FLUOROPLEX	154	FORA GD50 BLOOD GLUCOSE		<i>fulvestrant</i>	96
<i>fluorouracil</i>	88, 154	TEST	175	FUNGIMEZ	152
<i>fluoxetine hcl</i>	54	FORA GTEL BLOOD GLUCOSE		FURADANTIN	310
FLUOXETINE HCL	54	TEST	175	<i>furosemide</i>	179
<i>fluoxetine hcl (pmd)</i>	298	FORA LANCETS	225	FUROSEMIDE IN SODIUM	
<i>fluphenazine decanoate</i>	105	FORA LANCING DEVICE	225	CHLORIDE	179
<i>fluphenazine hcl</i>	105	FORA TN'G/TN'G VOICE	175	FUSARIUM	122
<i>flura-drops</i>	247	FORA V10 BLOOD GLUCOSE		FUSILEV	96
<i>flurandrenolide</i>	158	TEST	175	FUSION PLUS	204
FLURA-SAFE	280	FORA V12 BLOOD GLUCOSE		FUSION SPRINKLES	205
<i>flurazepam hcl</i>	209	TEST	175	FUZEON	108
<i>flurbiprofen</i>	22	FORA V20 BLOOD GLUCOSE		<i>Fyavolv</i>	188
<i>flurbiprofen sodium</i>	281	TEST	175	FYCOMPA	48
<i>flutamide</i>	87	FORA V30A BLOOD GLUCOSE		<i>g tussin ac</i>	145
<i>fluticasone propionate</i>	158, 272	TEST	175	GABA	276
<i>fluticasone-salmeterol</i>	42	FORACARE GD40 TEST	175	<i>gabapentin</i>	49
<i>fluvastatin sodium</i>	73	FORACARE PREMIUM V10 TEST	175	GABAPENTIN-NAPROXEN CMPD	
<i>fluvastatin sodium er</i>	73	FORACARE TEST N GO TEST	175	KIT	153
FLUVIRIN	314	FORANE	193	GABITRIL	51
<i>fluvoxamine maleate</i>	54	FORFIVO XL	53	GABLOFEN	270
<i>fluvoxamine maleate er</i>	54	FORMALDEHYDE	106	GALAFOLD	182
FLUZONE HIGH-DOSE	314	FORTAMET	56	<i>galantamine hydrobromide</i>	295
FLUZONE HIGH-DOSE		FORTAVIT	259	<i>galantamine hydrobromide er</i>	295
QUADRIVALENT	314	FORTEO	185	GALZIN	250
FLUZONE QUADRIVALENT	315	FORTESTA	36	GAMASTAN	287

GAMASTAN S/D	287	GENTEEL CONTACT TIPS		GLOBAL INJECT EASE INSULIN	
GAMIFANT	116	(VIOLET)	225	SYR	237
GAMMAGARD	287	GENTEEL CONTACT TIPS		GLOBAL INJECT EASE	
GAMMAGARD S/D LESS IGA	287	(YELLOW)	225	LANCETS 28G	226
GAMMAKED	287	GENTEEL LANCING DEVICE		GLOBAL INJECT EASE	
GAMMAPLEX	287	(BLACK)	225	LANCETS 30G	226
GAMUNEX-C	287	GENTEEL LANCING DEVICE		GLOBAL INSULIN SYRINGES	237
GANCICLOVIR	111	(BLUE)	225	GLOBAL LANCING DEVICE	226
GANCICLOVIR SODIUM	111	GENTEEL LANCING DEVICE		GLOPERBA	196
<i>ganciclovir sodium</i>	111	(GOLD)	226	<i>Glostrips</i>	280
GANIRELIX ACETATE	182	GENTEEL LANCING DEVICE		GLUCAGEN HYPOKIT	57
GARDASIL 9	315	(PINK)	226	GLUCAGON EMERGENCY	57
GASTROCROM	190	GENTEEL LANCING DEVICE		GLUCO PERFECT 3 TEST	175
<i>gatifloxacin</i>	279	(WHITE)	226	GLUCOCARD 01 SENSOR PLUS ...175	
GATTEX	191	GENTEEL LANCING		GLUCOCARD EXPRESSION	
<i>gavilax</i>	214	DEVICE(PLATNM)	226	TEST	175
<i>gavilyte-c</i>	213	GENTEEL LANCING		GLUCOCARD SHINE TEST	175
<i>Gavilyte-G</i>	213	DEVICE(PURPLE)	226	GLUCOCARD VITAL TEST	175
<i>Gavilyte-H</i>	213	GENTEEL LANCING		GLUCOCARD X-SENSOR	175
<i>Gavilyte-N With Flavor Pack</i>	213	DEVICE(SILVER)	226	GLUCOCOM LANCETS 28G	226
GAZYVA	90	GENTEEL LANCING KIT (BLUE)	226	GLUCOCOM LANCETS 30G	226
GE100 BLOOD GLUCOSE TEST ...	175	GENTEEL NOZZLES	226	GLUCOCOM LANCETS 33G	226
GELFILM	283	<i>gentle laxative</i>	216	GLUCOCOM TEST	175
GEL-FLOW NT	207	<i>gentle laxative for women</i>	216	GLUCONAVII BLOOD GLUCOSE	
GELFOAM	207	<i>gentlelax</i>	214	TEST	175
GELFOAM COMPRESSED SIZE		GENTLE-LET GP LANCETS	226	GLUCOPHAGE	56
100	207	GENTLE-LET LANCETS	226	GLUCOPHAGE XR	56, 57
GELFOAM DENTAL PACK SIZE 4		GENTLE-LET PLATFORMS	226	GLUCOPRO INSULIN SYRINGE ..	237
.....	207	GENULTIMATE TEST	175	<i>glucose</i>	276
GELFOAM SPONGE	207	GENVOYA	107	GLUCOSE METER TEST	175
GELFOAM SPONGE SIZE 100	207	GEODON	103	GLUCOTROL	62
GELFOAM SPONGE SIZE 200	207	GERMAN COCKROACH	122	GLUCOTROL XL	62
GELFOAM SPONGE SIZE 50	207	GHRP2-GHRP6-SERMORELIN	196	GLUCOVANCE	62
GELNIQUE	311, 312	GHRP2-SERMORELIN	196	GLUMETZA	57
GELNIQUE PUMP	311, 312	GHT TEST	175	GLUTARALDEHYDE	106
GEL-ONE	271	<i>Gianvi</i>	135	GLUTATHIONE	276
GELSYN-3	271	GIAPREZA	317	<i>glyburide</i>	62
GELX	252	GIAZO	191	<i>glyburide micronized</i>	62
GEMCITABINE HCL	88	GILENYA	300	<i>glyburide-metformin</i>	62
<i>gemcitabine hcl</i>	88	GILOTRIF	92	GLYCATE	310
<i>gemfibrozil</i>	72	GILPHEX TR	146	<i>glycine</i>	194
GEMZAR	88	GILTUSS	145	GLYCINE	276
GENERESS FE	135	<i>Giltuss Pediatric</i>	145	<i>glycine urologic</i>	194
<i>generlac</i>	192	GILTUSS TR	146	<i>glycolax</i>	214
<i>Gengraf</i>	114	GIVLAARI	18	GLYCOPHOS	248
GENOTROPIN	183	GLASSIA	301	<i>glycopyrrolate</i>	310
GENOTROPIN MINIQUICK	182	<i>glatiramer acetate</i>	297	GLYCOPYRROLATE	310
<i>gentak</i>	279	<i>Glatopa</i>	297	GLYCOPYRROLATE PF	310
<i>gentamicin in saline</i>	18	GLEEVEC	92	<i>Glydo</i>	162
<i>gentamicin sulfate</i>	18, 151, 279	GLEOSTINE	99	GLYNASE	62
GENTEEL BUTTERFLY TOUCH		GLIADEL WAFER	99	GLYRX-PF	310
LANCET	225	<i>glimepiride</i>	62	GLYSET	56
GENTEEL CONTACT TIPS		<i>glipizide</i>	62	GLYXAMBI	303
(BLUE)	225	<i>glipizide er</i>	62	<i>gnp adult aspirin low strength</i>	26
GENTEEL CONTACT TIPS		<i>glipizide xl</i>	62	<i>gnp aspirin</i>	26
(CLEAR)	225	<i>glipizide-metformin hcl</i>	62	<i>gnp aspirin low dose</i>	26
GENTEEL CONTACT TIPS		GLOBAL EASE INJECT PEN		<i>gnp b-100 complex</i>	257
(GREEN)	225	NEEDLES	237	<i>gnp b-50 balanced</i>	257
GENTEEL CONTACT TIPS		GLOBAL EASY GLIDE INSULIN		<i>gnp b-50 complex</i>	257
(ORANGE)	225	SYR	237	<i>gnp b-complex plus vitamin c</i>	254
GENTEEL CONTACT TIPS		GLOBAL EASY GLIDE PEN		<i>gnp bisa-lax</i>	216
(RAINBOW)	225	NEEDLES	237	<i>gnp clearlax</i>	214
				GNP CLICKFINE PEN NEEDLES	237

GNP DAILY PRENATAL	263	GOODSENSE PEN NEEDLE		<i>haloperidol lactate</i>	104
GNP EASY TOUCH GLUCOSE		PENFINE	237	HALOTIN	152
TEST	175	GOODSENSE PRENATAL		HARMONY BLOOD GLUCOSE	
<i>gnp essential one daily</i>	260	VITAMINS	263	TEST	176
<i>gnp folic acid</i>	203	<i>goodsense womens laxative</i>	216	HARVONI	208
<i>gnp gentle laxative</i>	216	GOPRELTO	272	HAVRIX	315
GNP INSULIN SYRINGE	237	GORDOFILM	162	HEALON	283
GNP LANCETS	226	GORDONS UREA	160	HEALON GV	283
GNP LANCETS 21G	226	GRAFIX CORE 1.5CM X 2CM	165, 167	HEALON PRO	283
GNP LANCETS MICRO THIN 33G		GRAFIX CORE 16MM	165, 167	HEALON5	283
.....	226	GRAFIX CORE 2CM X 3CM ..	165, 167	HEALON5 PRO	283
GNP LANCETS SUPER THIN 30G	226	GRAFIX CORE 3CM X 4CM ..	165, 167	HEALTH CARE LANCING	
GNP LANCETS THIN	226	GRAFIX CORE 5CM X 5CM ..	165, 167	DEVICE	227
GNP LANCETS THIN 26G	226	GRAFIX PRIME 1.5CM X 2CM		HEALTHWISE INSULIN	
<i>gnp laxative</i>	216	.....	165, 167	SYR/NEEDLE	237
<i>gnp magnesium citrate</i>	215	GRAFIX PRIME 16MM	165, 167	HEALTHWISE MICRON PEN	
GNP MICRO THIN LANCETS 33G		GRAFIX PRIME 2CM X 3CM	165, 167	NEEDLES	237
.....	226	GRAFIX PRIME 3CM X 4CM	165, 167	HEALTHWISE MINI PEN	
<i>gnp milk of magnesia</i>	215	GRAFIX PRIME 5CM X 5CM	165, 167	NEEDLES	237
<i>gnp nicotine</i>	299	GRAFIX XC 7.5CM X 15CM ...	165, 167	HEALTHWISE PEN NEEDLES	237
<i>gnp nicotine mini</i>	299	GRALISE	293, 297	HEALTHWISE SHORT PEN	
<i>gnp nicotine polacrilex</i>	299	GRALISE STARTER	293, 297	NEEDLES	237
<i>gnp one daily plus iron</i>	258	<i>granisetron hcl</i>	66	HEALTHWISE UNIFINE PENTIPS	
GNP PRENATAL	263	GRANIX	204	.....	237
GNP SUPER THIN LANCETS 30G	226	GRASTEK	122	HEALTHY ACCENTS LANCING	
GNP ULTRA COM INSULIN		<i>griseofulvin microsize</i>	68	DEVICE	227
SYRINGE	237	<i>griseofulvin ultramicrosize</i>	68	HEALTHY ACCENTS UNIFINE	
<i>gnp womens gentle laxative</i>	216	<i>guaiaatussin ac</i>	145	PENTIP	237
<i>gnp womens laxative</i>	216	<i>guaifenesin ac</i>	145	HEALTHY ACCENTS UNILET	
GOCOVRI	101	<i>guaifenesin-codeine</i>	145	LANCETS	227
GOJJI BLOOD GLUCOSE TEST ...	175	<i>guanfacine hcl</i>	78	<i>healthy hair/skin/nails</i>	260
GOJJI BLOOD TEST		<i>guanfacine hcl er</i>	14	<i>healthylax</i>	214
STRIP/LANCETS	175	GUANIDINE HCL	83, 84	<i>Heather</i>	140
GOJJI LANCING DEVICE/CLEAR		GVOKE HYOPEN 1-PACK	57	<i>h-e-b aspirin</i>	27
CAP	226	GVOKE HYOPEN 2-PACK	57	H-E-B INCONTROL ADV	
GOJJI STERILE LANCETS	226	GVOKE PFS	57	LANCING	227
GOLDENROD	122	GYNAZOLE-1	315	H-E-B INCONTROL LANCETS	
GOLYTELY	213	HACKBERRY	122	28G	227
GONAL-F	184	HAEGARDA	199	H-E-B INCONTROL LANCETS	
GONAL-F RFF	185	HAEMOLANCE	226	30G	227
GONAL-F RFF REDIJECT	185	HAEMOLANCE LOW FLOW		H-E-B INCONTROL LANCETS	
GONITRO	38	LANCETS	226	33G	227
<i>goodsense aspirin</i>	27	HAEMOLANCE PLUS	226	H-E-B INCONTROL PEN	
<i>goodsense aspirin adult low st</i>	26	HAEMOLANCE PLUS HIGH		NEEDLES	237
<i>goodsense aspirin low dose</i>	27	FLOW	226	H-E-B INCONTROL UNIFINE	
<i>goodsense bisacodyl ec</i>	216	HAEMOLANCE PLUS LOW		PENTIP	238
GOODSENSE BLOOD GLUCOSE	175	FLOW	227	HECTOROL	183
<i>goodsense clearlax</i>	214	HAEMOLANCE PLUS MAX		HELIXATE FS	197
GOODSENSE CLICKFINE PEN		FLOW	227	HEMABATE	286
NEEDLE	237	HAEMOLANCE PLUS		HEMANGEOL	120
GOODSENSE COLOR LANCETS		PEDIATRIC FLOW	227	<i>hematinic plus vit/minerals</i>	204
33G	226	<i>Hailey 1.5/30</i>	135	<i>hematinic/folic acid</i>	205
GOODSENSE LANCETS 26G		<i>Hailey 24 Fe</i>	135	<i>Hematogen</i>	205
UNIV	226	HALAVEN	98	HEMATOGEN FA	205
GOODSENSE LANCETS 30G	226	<i>halcinonide</i>	158	<i>Hematogen Forte</i>	205
GOODSENSE LANCETS 30G		HALCION	209	HEMATRON-AF	205
UNIV	226	HALDOL	104	HEMENATAL OB	263
GOODSENSE LANCETS 33G	226	HALDOL DECANOATE	104	HEMENATAL OB + DHA	263
GOODSENSE LANCETS 33G		<i>halobetasol propionate</i>	158	HEMETAB	206
UNIV	226	HALOBETASOL PROPIONATE	158	HEMLIBRA	69
GOODSENSE LANCING DEVICE	226	HALOG	158	HEMOCYTE PLUS	205
<i>goodsense magnesium citrate</i>	215	<i>haloperidol</i>	104	<i>Hemocyte-F</i>	205
<i>goodsense nicotine</i>	299	<i>haloperidol decanoate</i>	104	<i>hemocyte-plus</i>	205

HEMOFIL M	197	HUMALOG MIX 75/25	59	<i>hydromorphone hcl pf</i>	31
HEPAGAM B	287	HUMALOG MIX 75/25 KWIKPEN ..	59	HYDROMORPHONE HCL-NACL ...31	
HEPARIN (PORCINE) IN NACL 46		Human Albumin Grifols.....	200	HYDROMORPHONE-	
<i>heparin lock flush</i>	46	HUMATE-P	197	BUIVACAINE-NACL	209
HEPARIN SOD (PORCINE) IN		HUMATROPE	183	HYDROMORPHONE-	
D5W	46	HUMIRA	20	ROPIVACAINE-NACL	209
<i>heparin sod (porcine) in d5w</i>	46	HUMIRA PEDIATRIC CROHNS		<i>hydroxocobalamin acetate</i>	202
HEPARIN SOD (PORCINE)-D10 46		START	19, 20	<i>hydroxychloroquine sulfate</i>	83
<i>heparin sodium (porcine)</i>	46	HUMIRA PEN	19, 20	<i>hydroxyprogesterone caproate</i>	99, 294
HEPARIN SODIUM (PORCINE) 46		HUMIRA PEN-CD/UC/HS		<i>hydroxyurea</i>	95
<i>heparin sodium (porcine) pf</i>	46	STARTER	20	<i>hydroxyzine hcl</i>	39
HEPARIN SODIUM (PORCINE)		HUMIRA PEN-PS/UV/ADOL HS		<i>hydroxyzine pamoate</i>	39
PF	46	START	20	HYGEL	171
<i>heparin sodium flush</i>	46	HUMULIN 70/30	59	HYLAFEM	115
<i>heparin sodium lock flush</i>	46	HUMULIN 70/30 KWIKPEN	59	HYLAGUARD	163
<i>hepatamine</i>	276	HUMULIN N	59	<i>hylavite</i>	254
HEPLISAV-B	315	HUMULIN N KWIKPEN	59	HYLENEX	114
HEPMED	47	HUMULIN R	59	HYMOVIS	271
HEPSERA	111	HUMULIN R U-500		<i>hyoscyamine sulfate</i>	308
HERCEPTIN	90	(CONCENTRATED)	59	<i>hyoscyamine sulfate er</i>	308
HERCEPTIN HYLECTA	94	HUMULIN R U-500 KWIKPEN	59	<i>hyoscyamine sulfate sl</i>	308
HERZUMA	90	HW EMBRACE PRO GLUCOSE		HYPERHEP B S/D	288
HESPAN	199	TEST	176	HYPERRAB	288
<i>hetastarch-nacl</i>	199	HW EMBRACE TALK GLUCOSE		HYPERRAB S/D	288
HETLIOZ	210	TEST	176	HYPERRHO S/D	288
HEXALEN	86	HYALGAN	271	HYPERSAL	146
HEXTEND	199	HYALUCIL-4	86	HYPERTET S/D	288
HIBERIX	313	HYCANTIN	100	HYPOLANCE AST LANCING	227
HIPREX	310	<i>hydralazine hcl</i>	79	HYQVIA	287
HISTEX-AC	147	HYDREA	95	HYSINGLA ER	31
HIZENTRA	288	HYDRO 40	160	HY-VEE LANCETS	227
<i>hm aspirin</i>	27	<i>hydrochlorothiazide</i>	180	HY-VEE THIN LANCETS	227
<i>hm aspirin ec</i>	27	<i>hydrocod polst-cpm polst er</i>	147	HYZAAR	76
<i>hm aspirin ec low dose</i>	27	<i>hydrocodone bitartrate er</i>	31	<i>ibandronate sodium</i>	181
<i>hm b complex/c</i>	255	HYDROCODONE-		IBRANCE	147
<i>hm clearlax</i>	214	ACETAMINOPHEN	29	<i>Ibu</i>	22
<i>hm folic acid</i>	203	<i>hydrocodone-acetaminophen</i>	29	<i>Ibudone</i>	29
<i>hm laxative</i>	216	HYDROCODONE-GUAIFENESIN 145		<i>ibuprofen</i>	22
<i>hm magnesium citrate</i>	215	<i>hydrocodone-homatropine</i>	145	<i>ibuprofen lysine</i>	22
<i>hm milk of magnesia</i>	215	<i>hydrocodone-ibuprofen</i>	29	<i>ibutilide fumarate</i>	41
<i>hm nicotine</i>	299	<i>hydrocortisone</i>	37, 142, 158	ICAR-C PLUS	205
<i>hm nicotine polacrilex</i>	299	<i>hydrocortisone (perianal)</i>	38	<i>icatibant acetate</i>	198
HM ONE DAILY PRENATAL 263		<i>hydrocortisone ace-pramoxine</i>	37	ICLUSIG	92
<i>hm one daily/iron</i>	258	<i>hydrocortisone butyr lipo base</i>	158	IDAMYCIN PFS	93
HM PRENATAL	263	<i>hydrocortisone butyrate</i>	158	<i>idarubicin hcl</i>	93
<i>hm super vitamin b complex/c</i>	254	Hydrocortisone In Absorbase.....	158	IDELVION	197
HM ULTICARE INSULIN		<i>hydrocortisone valerate</i>	158, 159	IDHIFA	213
SYRINGE	238	<i>hydrocortisone-acetic acid</i>	286	IFEX	99
HM ULTICARE SHORT PEN		HYDROFERA BLUE 4"X4"	171	<i>ifosfamide</i>	99
NEEDLES	238	HYDROFERA BLUE 6"X6"	171	IFOSFAMIDE	99
<i>hm vitamin b complex/vitamin c</i>	254	HYDROFERA BLUE FOAM		IGLUCOSE TEST STRIPS	176
<i>hm vitamin b100 complex</i>	257	DRESSING	171	ILARIS	21
<i>hm vitamin b50 complex</i>	257	HYDROFERA BLUE		ILEVRO	281
HONEY BEE TREATMENT	122	FOAM/TUNNELING	171	ILIDERM	163
HONEY BEE VENOM	122	HYDROFERA BLUE MRF		ILUMYA	154
HONEY BEE VENOM PROTEIN ..	122	DRESSING	171	ILUVIEN	282
HORIZANT	298	HYDROFERA BLUE READY		<i>imatinib mesylate</i>	92
HORSE EPITHELIUM	122	FOAM	171	IMBRUVICA	92
HUMALOG	59	<i>hydromet</i>	145	IMFINZI	90
HUMALOG JUNIOR KWIKPEN	58	HYDROMORPHONE HCL	31	<i>imipenem-cilastatin</i>	80
HUMALOG KWIKPEN	59	<i>hydromorphone hcl</i>	31	<i>imipramine hcl</i>	56
HUMALOG MIX 50/50	59	<i>hydromorphone hcl er</i>	31	<i>imipramine pamoate</i>	56
HUMALOG MIX 50/50 KWIKPEN ..	59	HYDROMORPHONE HCL PF	31	<i>imiquimod</i>	162

<i>imiquimod pump</i>	162	INSULIN LISPRO PROT & LISPRO	59	<i>isosorbide mononitrate</i>	38
IMITREX	245	INSULIN SYRINGE	238	<i>isosorbide mononitrate er</i>	38
IMITREX STATDOSE REFILL	245	INSULIN SYRINGE/NEEDLE	238	<i>isotretinoin</i>	150
IMITREX STATDOSE SYSTEM	245	INSULIN SYRINGE-NEEDLE U-100	238	<i>isradipine</i>	127
IMLYGIC	277	INSUPEN PEN NEEDLES	238	ISTALOL	277
IMOGAM RABIES-HT	288	INSUPEN SENSITIVE	238	ISTODAX (OVERFILL)	89
IMOVAX RABIES	315	INSUPEN ULTRAFIN	238	ISTURISA	145
IMPAVIDO	80	INTEGRA F	205	ISUPREL	43
IMPOYZ	159	INTEGRA PLUS	205	<i>itraconazole</i>	69
IMURAN	118	INTEGRILIN	199	IV NOVICE PACK	168
IMVEXXY MAINTENANCE PACK	316	INTELENCE	109	<i>ivermectin</i>	38, 164
IMVEXXY STARTER PACK	316	INTERCEED	207	IXEMPRA KIT	98
IN TOUCH BLOOD GLUCOSE TEST	176	INTERCEED (TC7)	207	IXIARO	315
IN TOUCH LANCING DEVICE	227	INTERMEZZO	210	IXINITY	197
IN TOUCH STERILE LANCETS 30G	227	INTRALIPID	276	JADENU	64
<i>inatal gt</i>	263	INTRAROSA	316	JADENU SPRINKLE	64
INBRIJA	101	INTRON A	95	<i>Jaimiess</i>	139
<i>Incassia</i>	140	<i>Introvale</i>	139	JAKAFI	97
INCRELEX	184	INTUNIV	14	JALYN	195
INCRUSE ELLIPTA	43	INVANZ	81	<i>Jantoven</i>	46
<i>indapamide</i>	180	INVEGA	103	JANUMET	57
INDERAL LA	120	INVEGA SUSTENNA	103	JANUMET XR	57, 58
INDERAL XL	120	INVEGA TRINZA	103	JANUVIA	57
INDOCIN	22	INVELTYS	282	JARDIANCE	62
<i>indomethacin</i>	22	INVIRASE	108	<i>Jasmiel</i>	135
<i>indomethacin er</i>	22	INVOKAMET	303	JATENZO	36
<i>indomethacin sodium</i>	22	INVOKAMET XR	304	JELMYTO	93
INFANATE BALANCE	267	INVOKANA	62	<i>Jencycla</i>	140
INFANRIX	307	IODINE TINCTURE	106	JENTADUETO	58
INFASURF	302	IODOFLEX	106	JENTADUETO XR	58
INFED	205	IODOPEN	248	JETREA	280
INFINITY BLOOD GLUCOSE TEST	176	<i>iodoquimez-hc</i>	152	<i>jevantique lo</i>	188
INFINITY VOICE	176	IODOSORB	106	JEVTANA	98
INFLECTRA	192	IONOSOL-MB IN D5W	246	<i>Jinteli</i>	188
INFUGEM	88	IONSYS	31	JIVI	197
INFUMORPH 200	31	IOPIDINE	281	JOHNSON GRASS	122
INFUMORPH 500	31	IPAMORELIN ACETATE	182	<i>Jolessa</i>	139
INFUVITE ADULT	260	IPOL	315	<i>Jolivet</i>	140
INFUVITE PEDIATRIC	262	<i>ipratropium bromide</i>	43, 272	JORNAY PM	16
INGREZZA	296	<i>ipratropium-albuterol</i>	42	JTT PHYSICIANS	144
INJECTAFER	205	IPRIVASK	47	JUBLIA	161
INLYTA	92	<i>irbesartan</i>	77	<i>Juleber</i>	136
<i>inner ear plus</i>	269	<i>irbesartan-hydrochlorothiazide</i>	76	JULUCA	107
INNOPRAN XL	120	IRESSA	92	JUNE GRASS POLLEN STANDARDIZED	122
INREBIC	97	<i>irinotecan hcl</i>	100	<i>Junel 1.5/30</i>	136
INSPRA	79	IROSPAN 24/6	205	<i>Junel 1/20</i>	136
INSTAT	207	IS 24/6	205	<i>Junel Fe 1.5/30</i>	136
INSULIN ASP PROT & ASP FLEXPEN	59	ISENTRESS	108	<i>Junel Fe 1/20</i>	136
INSULIN ASPART	59	ISENTRESS HD	108	<i>Junel Fe 24</i>	136
INSULIN ASPART FLEXPEN	59	<i>Isibloom</i>	135	JUXTAPID	73
INSULIN ASPART PENFILL	59	<i>isoflurane</i>	193	JYNARQUE	186
INSULIN ASPART PROT & ASPART	59	ISOLYTE-P IN D5W	246	K.B.G.L IN TERODERM	153
INSULIN LISPRO	59	ISOLYTE-S	247	KABIVEN	295
INSULIN LISPRO (1 UNIT DIAL)	59	ISOLYTE-S PH 7.4	247	KADCYLA	94
INSULIN LISPRO JUNIOR	59	<i>isoniazid</i>	84	KADIAN	31
KWIKPEN	59	<i>isoproterenol hcl</i>	42	<i>Kaitlib Fe</i>	136
		ISOPTO ATROPINE	278	KALBITOR	200
		ISOPTO CARPINE	278	KALETRA	107
		ISORDIL TITRADOSE	38	<i>Kalliga</i>	136
		<i>isosorbide dinitrate</i>	38	KALYDECO	301
		<i>isosorbide dinitrate er</i>	38	KANGAROO BALLOON 12FR/0.8CM	241

KEVZARA	21	KROGER AUTOLET LANCING		LANCETS 30G	227
KEYTRUDA	90	DEVICE	227	LANCETS MICRO THIN 33G	227
KHAPZORY	96	KROGER BLOOD GLUCOSE		LANCETS SUPER THIN 28G	227
KHEDEZLA	55	TEST	176	LANCETS THIN	227
Kimidess.....	134	KROGER HEALTHPRO		LANCETS ULTRA FINE	227
KINERET	21	GLUCOSE TEST	176	LANCETS ULTRA THIN	227
KINNEY LANCETS	227	KROGER HEALTHPRO LANCET		LANCETS ULTRA THIN 30G	228
KINNEY THIN LANCETS	227	26G	227	LANCING DEVICE	228
KINRAY INSULIN SYRINGE	238	KROGER INSULIN SYRINGE	238	LANOXIN	129
KINRIX	307	KROGER LANCETS	227	LANOXIN PEDIATRIC	129
Kionex.....	117, 293, 294	KROGER LANCETS 21G	227	<i>lansoprazole</i>	309
KISQALI (200 MG DOSE)	147	KROGER LANCETS MICRO		<i>lanthanum carbonate</i>	192
KISQALI (400 MG DOSE)	148	THIN 33G	227	LANTUS	59
KISQALI (600 MG DOSE)	148	KROGER LANCETS SUPER THIN		LANTUS SOLOSTAR	59
KISQALI FEMARA (400 MG		.....	227	LANZO	228
DOSE)	94	KROGER LANCETS THIN	227	Larin 1.5/30.....	136
KISQALI FEMARA (600 MG		KROGER LANCETS THIN 26G	227	Larin 1/20.....	136
DOSE)	94	KROGER LANCETS ULTRATHIN		Larin 24 Fe.....	136
KISQALI FEMARA(200 MG		30G	227	Larin Fe 1.5/30.....	136
DOSE)	94	KROGER LANCING DEVICE	227	Larin Fe 1/20.....	136
KITABIS PAK	18	KROGER PEN NEEDLES	238	Larissia.....	136
KLARON	149	KROGER PREMIUM GLUCOSE		LARTRUVO	90
KLONOPIN	48	TEST	176	LASIX	179
Klor-Con.....	249	KROGER TEST	176	LASTACFT	278
Klor-Con 10.....	249	KRYSTEXXA	196	<i>latanoprost</i>	284
Klor-Con M10.....	249	K-TAB	249	LATISSE	164
<i>klor-con m15</i>	249	K-Tan Plus.....	205	LATRIX XM	161
Klor-Con M20.....	249	Kurvelo.....	136	LATUDA	103
Klor-Con Sprinkle.....	249	KUVAN	185	<i>laxative</i>	216
Klor-Con/Ef.....	249	<i>k-vescent</i>	249	Layolis Fe.....	136
<i>kls aspirin ec</i>	27	KYLEENA	140	LAZANDA	31
<i>kls aspirin low dose</i>	27	KYPROLIS	91	<i>l-cysteine hcl</i>	276
<i>kls laxaclear</i>	214	LABETALOL HCL	119	LEADER ADVANCED LANCING	
<i>kls quit2</i>	299	<i>labetalol hcl</i>	119	DEVICE	228
<i>kls quit4</i>	299	LABETALOL HCL-DEXTROSE	119	LEADER INSULIN SYRINGE	238
KMART VALU INSULIN		LABETALOL HCL-SODIUM		LEADER UNIFINE PENTIPS	238
SYRINGE 29G	238	CHLORIDE	119	LEADER UNIFINE PENTIPS PLUS	
KMART VALU INSULIN		LAC-HYDRIN	161	.....	238
SYRINGE 30G	238	LACRISERT	277	LECITHIN	277
KOATE	197	<i>lactated ringers</i>	116, 247	LEDIPASVIR-SOFOSBUVIR	208
KOATE-DVI	197	<i>lactic acid</i>	161	Leena.....	140
<i>kobee</i>	256	<i>lactic acid e</i>	160	<i>leflunomide</i>	24
KOCHIA	122	LACTULOSE	214	LEMTRADA	296
KOGENATE FS	198	<i>lactulose</i>	214	LENSCALE	122
KOGENATE FS BIO-SET	198	<i>lactulose encephalopathy</i>	192	LENVIMA (10 MG DAILY DOSE) ... 92	
KOMBIGLYZE XR	58	LAMBS QUARTERS	122	LENVIMA (12 MG DAILY DOSE) ... 92	
KORLYM	61	LAMICTAL	49	LENVIMA (14 MG DAILY DOSE) ... 92	
KOSELUGO	89	LAMICTAL ODT	49	LENVIMA (18 MG DAILY DOSE) ... 92	
KOSHER PRENATAL PLUS IRON 263		LAMICTAL STARTER	49	LENVIMA (20 MG DAILY DOSE) ... 92	
KOVALTRY	198	LAMICTAL XR	49	LENVIMA (24 MG DAILY DOSE) ... 92	
<i>kp aspirin</i>	27	<i>lamivudine</i>	110, 111	LENVIMA (4 MG DAILY DOSE) 92	
<i>kp b complex-c</i>	254	<i>lamivudine-zidovudine</i>	107	LENVIMA (8 MG DAILY DOSE) 92	
<i>kp bisacodyl</i>	216	<i>lamotrigine</i>	49	LESCOL XL	73
<i>kp folic acid</i>	203	<i>lamotrigine er</i>	49	Lessina.....	136
KP PRENATAL MULTIVITAMINS		<i>lamotrigine starter kit-blue</i>	49	LETAIRIS	130
.....	263	<i>lamotrigine starter kit-green</i>	49	<i>letrozole</i>	96
K-PHOS	248	<i>lamotrigine starter kit-orange</i>	49	<i>leucovorin calcium</i>	96
K-PHOS NO 2	195	LANCET DEVICE	227	LEUKERAN	99
K-PHOS-NEUTRAL	248	LANCET DEVICE WITH		LEUKINE	204
KPN PRENATAL	263	EJECTOR	227	<i>leuprolide acetate</i>	97
K-Prime.....	249	LANCET TRANSPORTER CASE ..	227	LEUPROLIDE ACETATE-	
KRINTAFEL	83	LANCETS	227	BUPIVACAINE	85
KRISTALOSE	214	LANCETS 28G	227	<i>levallbuterol hcl</i>	43

<i>levabuterol tartrate</i>	43	LIDOCAINE-HYDROCORTISONE		LOESTRIN FE 1.5/30	136
LEVAQUIN	189	ACE	166	LOESTRIN FE 1/20	136
LEVATIO	168	<i>lidocaine-prilocaine</i>	168	Lojaimiess	139
LEVEMIR	60	LIDOCAINE-SODIUM		LOKELMA	117, 294
LEVEMIR FLEXTOUCH	60	BICARBONATE	218	LOMAIRA	16
<i>levetiracetam</i>	49	LIDOCAINE-TETRACAINE	168	LOMOTIL	63
<i>levetiracetam er</i>	49	LIDODERM	163	LONGS INSULIN SYRINGE	238
LEVETIRACETAM IN NACL	49	LIDOPROFEN	153	LONGS LANCETS STANDARD	228
LEVITRA	131	LIDOTHOL	168	LONGS LANCETS THIN	228
<i>levobunolol hcl</i>	277	LIDOVIN	163	LONGS LANCETS ULTRA THIN	228
LEVOCARNITINE	182	LIDOZOL	163	LONHALA MAGNAIR REFILL	
<i>levocarnitine</i>	182	LIFESCAN UNISTIK 2	228	KIT	43
<i>levocarnitine sf</i>	182	LIFESCAN UNISTIK II LANCETS	228	LONHALA MAGNAIR STARTER	
<i>levocetirizine dihydrochloride</i>	70	LILETTA (52 MG)	140	KIT	43
<i>levofloxacin</i>	190, 279	Lillow	136	LONSURF	94
<i>levofloxacin in d5w</i>	190	LINCOCIN	82	<i>loperamide hcl</i>	63
LEVOLEUCOVORIN CALCIUM	96	<i>lincomycin hcl</i>	82	LOPID	72
<i>levoleuovorin calcium</i>	96	<i>lindane</i>	164	<i>lopinavir-ritonavir</i>	107
<i>levoleuovorin calcium pf</i>	96	<i>linezolid</i>	82	Lopreeza	188
Levonest	140	<i>linezolid in sodium chloride</i>	82	LOPRESSOR	119
<i>levonorgest-eth est & eth est</i>	139	LINZESS	191	LOPRESSOR HCT	78
<i>levonorgest-eth estrad 91-day</i>	139	LIORESAL	270	LOPROX	152
<i>levonorgestrel</i>	138	<i>liothyronine sodium</i>	306	<i>lorazepam</i>	40
<i>levonorgestrel-ethinyl estrad</i>	136, 138	LIPITOR	73	Lorazepam Intensol	40
<i>levonorg-eth estrad triphasic</i>	141	LIPO	277	LORAZEPAM-DEXTROSE	40
LEVOPHED	317	LIPO-B	202	LORAZEPAM-SODIUM	
Levora 0.15/30 (28)	136	LIPO-C	277	CHLORIDE	40
<i>levorphanol tartrate</i>	31	Lipodox 50	93	LORBRENA	92
Levo-T	306	LIPOFEN	72	Lorcet	29
LEVOTHYROXINE SODIUM	306	<i>lipoflavonoid</i>	269	Lorcet Hd	29
<i>levothyroxine sodium</i>	306	<i>lipoflavovit</i>	269	Lorcet Plus	29
Levoxyl	306	<i>lipo-key</i>	269	LORTAB	29
LEVULAN KERASTICK	164	LIPOTRIAD	269	LORTUSS EX	146
LEXAPRO	54	LIQUVIDA HYDRATION	249	Loryna	136
LEXETTE	159	<i>lisinopril</i>	75	Lorzona	270
LEXIVA	108	<i>lisinopril-hydrochlorothiazide</i>	74	<i>losartan potassium</i>	77
LIALDA	191	<i>lissamine green</i>	280	<i>losartan potassium-hctz</i>	76
LIBERTY MEDICAL LANCETS	228	LITE TOUCH LANCETS	228	LOSEASONIQUE	139
LIBERTY MINI LANCING		LITE TOUCH LANCING PEN	228	LOTEMAX	282
DEVICE	228	LITETOUCH INSULIN SYRINGE	238	LOTEMAX SM	282
LIBERTY NEXT GENERATION		LITETOUCH LANCETS	228	LOTENSIN	75
TEST	176	LITETOUCH PEN NEEDLES	238	LOTENSIN HCT	74
LIBERTY TEST	176	LITHIUM	103	<i>loteprednol etabonate</i>	282
LIBRAX	307	<i>lithium carbonate</i>	103	LOTREL	74
LIBTAYO	90	<i>lithium carbonate er</i>	103	LOTRISONE	152
LICART	153	LITHOBID	103	LOTRONEX	191
<i>lidenza</i>	168	LITHOSTAT	195	<i>lovastatin</i>	73
<i>lidocaine</i>	162	LIVALO	73	LOVAZA	71
LIDOCAINE HCL	163, 218	LIVE BETTER ADV LANCING		LOVENOX	47
<i>lidocaine hcl</i>	163, 218, 251	DEVICE	228	Low-Ogestrel	136
<i>lidocaine hcl (cardiac)</i>	40	LIVE BETTER LANCET SUPER		<i>loxapine succinate</i>	104
LIDOCAINE HCL (CARDIAC) PF	40	THIN	228	Lo-Zumandimine	136
<i>lidocaine hcl (cardiac) pf</i>	40	LIVE BETTER LANCET ULTRA		LT INJECTION KIT	144
<i>lidocaine hcl (pf)</i>	218	THIN	228	LUCEMYRA	17, 18
<i>lidocaine hcl urethral/mucosal</i>	163	<i>lmd in d5w</i>	199	LUCENTIS	284
LIDOCAINE HCL-SODIUM		<i>lmd in nacl</i>	199	Ludent	247
CHLORIDE	217	LO LOESTRIN FE	134	LUGOLS	107
LIDOCAINE IN D5W	40	LOCOID	159	<i>luliconazole</i>	161
<i>lidocaine in d5w</i>	40	LOCOID LIPOCREAM	159	LUMIGAN	284
LIDOCAINE IN DEXTROSE	218	LODINE	23	LUMIZYME	182
<i>lidocaine viscous hcl</i>	251	LODOSYN	101	LUMOXITI	90
<i>lidocaine-epinephrine</i>	217	LOESTRIN 1.5/30 (21)	136	LUNESTA	210
		LOESTRIN 1/20 (21)	136	LUPANETA PACK	217

LUPRON DEPOT (1-MONTH)	97	MAVENCLAD (5 TABS)	253	MEGACE ES	294
LUPRON DEPOT (3-MONTH)	98	MAVENCLAD (6 TABS)	253	<i>megestrol acetate</i>	99, 294
LUPRON DEPOT (4-MONTH)	98	MAVENCLAD (7 TABS)	253	<i>meijer aspirin ec</i>	27
LUPRON DEPOT (6-MONTH)	98	MAVENCLAD (8 TABS)	253	MEIJER BLOOD GLUCOSE TEST	176
LUPRON DEPOT-PED (1-MONTH)	184	MAVENCLAD (9 TABS)	253	MEIJER ESSENTIAL GLUCOSE TEST	176
LUPRON DEPOT-PED (3-MONTH)	184	MAVYRET	208	MEIJER LANCETS	228
LUTATHERA	95	MAXALT	245	MEIJER LANCETS THIN	228
<i>Lutera</i>	136	MAXALT-MLT	245	MEIJER LANCETS UNIVERSAL 21G	228
LUXIQ	159	MAXICOMFORT II PEN NEEDLE	238	MEIJER LANCETS UNIVERSAL 30G	228
LUZU	161	MAXI-COMFORT SAFETY PEN NEEDLE	238	MEIJER LANCETS UNIVERSAL 33G	228
LYMPHOMYOSOT X	115	MAXICOMFORT SYR 27G X 1/2"	238	MEIJER PEN NEEDLES	238
LYNPARZA	292, 293	MAXIDEX	282	MEIJER PREMIUM GLUCOSE TEST	176
LYRICA	49, 50	MAXIPIME	133	MEIJER SUPER THIN LANCETS	228
LYRICA CR	293, 298	MAXITROL	282	MEIJER TRUETEST TEST	176
LYSINE HCL	276	MAXI-TUSS CD	147	MEIJER TRUETRACK TEST	176
<i>Lysiplex Plus</i>	259	MAXZIDE	179	MEKINIST	89
LYSODREN	87	MAXZIDE-25	179	MEKTOVI	89
LYSTEDA	207	MAYZENT	300	MELALEUCA	122
<i>Lyza</i>	140	M-CLEAR WC	145	<i>Melodetta 24 Fe</i>	136
M.V.I. ADULT	260	MEADOW FESCUE GRASS POLLEN	122	<i>meloxicam</i>	23
M.V.I. PEDIATRIC	262	<i>meclizine hcl</i>	67	<i>melpaque hp</i>	160
MACROBID	310	<i>meclofenamate sodium</i>	23	<i>melphalan</i>	99
MACRODANTIN	310	MEDIC INSULIN SYRINGE	238	<i>melphalan hcl</i>	99
MACUGEN	284	MEDICHOICE SAFETY LANCET	228	<i>memantine hcl</i>	297
<i>mafenide acetate</i>	156	MEDICHOICE SAFETY LANCET EXTRA	228	<i>memantine hcl er</i>	297
MAGELLAN INSULIN SAFETY SYR	238	MEDICHOICE SAFETY LANCET NORM	228	MEMBRANEBLUE	283
MAGNEBIND 400	248	MEDICINE SHOPPE PEN NEEDLES	238	MENACTRA	313
<i>magnesium chloride</i>	248	MEDI-DERM/L-RX	168	M-END PE	147
<i>magnesium citrate</i>	215	MEDI-DERM-RX	162	MENEST	188
<i>magnesium sulfate</i>	248	MEDIHONEY CA ALGINATE 2"X2"	171	MENOPUR	185
MAGNESIUM SULFATE	248	MEDIHONEY CA ALGINATE 4"X5"	171	MENOSTAR	188
MAGNESIUM SULFATE IN D5W	248	MEDIHONEY WOUND/BURN DRESSING	171, 172	MENTAX	152
MAGNESIUM SULFATE-LACT RINGERS	248	MEDI-PATCH RX	168	MENVEO	313
MAGNESIUM SULFATE-NACL	248	<i>medique aspirin</i>	27	<i>meperidine hcl</i>	31, 32
MAKENA	294	MEDISENSE THIN LANCETS	228	MEPERIDINE HCL-SODIUM CHLORIDE	32
MALARONE	82	MEDLANCE EXTRA 21G	228	MEPHYTON	319
<i>malathion</i>	164	MEDLANCE LITE 25G	228	<i>meprobamate</i>	39
<i>manganese chloride</i>	248	MEDLANCE PLUS EXTRA 21G	228	MEPRON	80
<i>manganese sulfate</i>	248	MEDLANCE PLUS LANCETS	228	MEPSEVII	253
<i>mannitol</i>	179	MEDLANCE PLUS LITE 25G	228	<i>mercaptopurine</i>	88
<i>maprotiline hcl</i>	53	MEDLANCE PLUS SPECIAL 0.8MM	228	<i>meropenem</i>	81
MARATHON MEDICAL PENTIPS	238	MEDLANCE PLUS SUPERLITE 30G	228	MEROPENEM-SODIUM CHLORIDE	81
MARCAINE	218	MEDLANCE PLUS UNIVERSAL 21G	228	MERREM	81
MARCAINE PRESERVATIVE FREE	218	MEDLANCE UNIVERSAL 21G	228	<i>mesalamine</i>	191
MARCAINE SPINAL	219	MEDROL	142	<i>mesalamine er</i>	191
MARCAINE/EPINEPHRINE	217	MEDROX-RX	162	<i>mesalamine-cleanser</i>	191
MARCAINE/EPINEPHRINE PF	217	<i>medroxyprogesterone acetate</i>	140, 294	<i>mesna</i>	100
MAR-COF BP	147	<i>mefenamic acid</i>	23	MESNEX	100
MAR-COF CG EXPECTORANT	145	<i>mefloquine hcl</i>	83	MESQUITE	122
MARINOL	67	<i>mega multiple/chelated mineral</i>	269	MESTINON	83, 84
<i>marlissa</i>	136			<i>Metadate Er</i>	17
MARNATAL-F	263			<i>metaproterenol sulfate</i>	43
MARPLAN	53			METASTRON	95
MARQIBO	98			<i>Metaxall</i>	270
MATULANE	95			METAXALL CP	271
<i>Matzim La</i>	127			<i>metaxalone</i>	270
MAVENCLAD (10 TABS)	253				
MAVENCLAD (4 TABS)	253				

<i>metformin hcl</i>	57	METROLOTION	164	MINASTRIN 24 FE	137
<i>metformin hcl er</i>	57	METRONIDAZOLE	80	<i>mineral oil heavy</i>	214
<i>metformin hcl er (mod)</i>	57	<i>metronidazole</i>	80, 164, 316	MINI LANCING DEVICE	229
<i>metformin hcl er (osm)</i>	57	METRONIDAZOLE		MINIPRESS	78
METHADONE HCL	32	BENZO+SYRSPEND	80	<i>miniprin low dose</i>	27
<i>methadone hcl</i>	32	<i>metronidazole in nacl</i>	80	Minitran.....	38
Methadone Hcl Intensol.....	32	METRONIDAZOLE IN NACL	80	MINIVELLE	188
METHADOSE	32	<i>mexiletine hcl</i>	40	MINOCIN	305
Methadose.....	32	MI PASTE	221	<i>minocycline hcl</i>	305
METHADOSE SUGAR-FREE	32	MI PASTE PLUS	221	<i>minocycline hcl er</i>	305
<i>methamphetamine hcl</i>	15	MIACALCIN	181	MINOLIRA	305
<i>methazolamide</i>	179	Mibelas 24 Fe.....	136	<i>minoxidil</i>	79
<i>methenamine hippurate</i>	310	<i>micafungin sodium</i>	68	MIOCHOL-E	278
<i>methenamine mandelate</i>	310	MICARDIS	77	MIOSTAT	278
Methergine.....	286	MICARDIS HCT	76	MIRAPEX	102
<i>methimazole</i>	305	<i>miconazole 3</i>	315	MIRAPEX ER	102
METHITEST	36	<i>miconazole-zinc oxide-petrolat</i>	152	MIRCERA	202
<i>methocarbamol</i>	270	MICORT-HC	159	MIRCETTE	134
METHOHEXITAL SODIUM	193	MICRHOGAM ULTRA-		MIRENA (52 MG)	140
<i>methotrexate</i>	88	FILTERED PLUS	288	MIRODERM BIOLOGIC MATRIX	
METHOTREXATE (ANTI-		MICROCYN	169	FENES	172
RHEUMATIC)	19	MICROCYN SKIN AND WOUND ..	170	MIRODERM BIOLOGIC WOUND	
<i>methotrexate sodium</i>	88	MICRODOT PEN NEEDLE	238	MATRIX	172
<i>methotrexate sodium (pf)</i>	88	MICRODOT TEST	176	<i>mirtazapine</i>	52
<i>methoxsalen rapid</i>	154	Microgestin 1.5/30.....	136	MIRVASO	164
<i>methscopolamine bromide</i>	310	Microgestin 1/20.....	136	<i>misoprostol</i>	310
<i>methyclothiazide</i>	180	Microgestin Fe 1.5/30.....	136	MITE (D. FARINAE)	122
METHYL SALICYLATE	162	Microgestin Fe 1/20.....	136	MITE (D. PTERONYSSINUS)	122
METHYLCOBALAMIN	202	MICROLET LANCETS	228	MITIGARE	196
<i>methyldopa</i>	78	MICROLET NEXT LANCING		Mitigo.....	32
<i>methyldopa-hydrochlorothiazide</i>	75	DEVICE	228	<i>mitomycin</i>	93
<i>methyldopate hcl</i>	78	MICROTAINER SAFETY FLOW		<i>mitoxantrone hcl</i>	93
<i>methylene blue</i>	64, 65	LANCET	229	MIVACRON	273
<i>methylegonovine maleate</i>	286	MICROZIDE	180	MIXED ASPERGILLUS	250
METHYLIN	17	<i>midazolam hcl</i>	209	MIXED FEATHERS	250
<i>methylphenidate hcl</i>	17	MIDAZOLAM HCL	209	MIXED RAGWEED	122
<i>methylphenidate hcl er</i>	17	<i>midazolam hcl (pf)</i>	209	MIXED VESPID VENOM	
METHYLPHENIDATE HCL ER	17	MIDAZOLAM HCL-DEXTROSE ..	209	PROTEIN	122
<i>methylphenidate hcl er (cd)</i>	17	MIDAZOLAM HCL-NACL	209	MLP A-1	144
<i>methylphenidate hcl er (la)</i>	17	MIDAZOLAM HCL-SODIUM		<i>mm aspirin</i>	27
<i>methylphenidate hcl er (xr)</i>	17	CHLORIDE	209	MM EASY TOUCH GLUCOSE	176
<i>methyprednisolone</i>	142	MIDAZOLAM+SYRSPEND SF	209	MM INSULIN SYRINGE/NEEDLE	238
METHYLPREDNISOLONE ACE-		MIDAZOLAM-SODIUM		MM LANCING DEVICE	229
LIDO	144	CHLORIDE	209	MM PEN NEEDLES	238
<i>methyprednisolone acetate</i>	142	<i>midodrine hcl</i>	317	MM TWIST LANCETS	229
METHYLPREDNISOLONE		MIFEPREX	180	M-M-R II	313
ACETATE	142	<i>mifepristone</i>	180	MOBIC	23
<i>methyprednisolone sodium succ</i>	142	<i>migergot</i>	244	<i>modafinil</i>	17
METHYLPREDNISOLONE-		<i>miglitol</i>	56	Moderiba.....	111
BUPIVACAINE	144	<i>miglustat</i>	201	MODERIBA (1200 MG PACK)	111
<i>methytestosterone</i>	37	MIGRAINE PACK	244	<i>moexipril hcl</i>	75
<i>metipranolol</i>	277	MIGRANAL	244	<i>moexipril-hydrochlorothiazide</i>	74
<i>metoclopramide hcl</i>	190	Mili.....	136	<i>molindone hcl</i>	105
METOCLOPRAMIDE HCL	190	<i>milk of magnesia</i>	215	<i>mometasone furoate</i>	159, 272
<i>metolazone</i>	180	<i>milk of magnesia concentrate</i>	215	Mondoxylene NI.....	305
<i>metoprolol succinate er</i>	119	<i>millguard</i>	203	MONOCLATE-P	198
<i>metoprolol tartrate</i>	119	MILLIPRED	143	MONOJECT BONE MARROW	
METOPROLOL TARTRATE	119	MILLIPRED DP	143	BIOPSY	219
METOPROLOL-HCTZ ER	78	MILLIPRED DP 12-DAY	142	Monoject Flush Syringe.....	249
<i>metoprolol-hydrochlorothiazide</i>	79	<i>milrinone lactate</i>	129	MONOJECT INSULIN SYRINGE ..	239
METROCREAM	164	<i>milrinone lactate in dextrose</i>	129	MONOJECT MARROW BIOPSY	
METROGEL	164	Mimvey.....	188	TRAY	219
METROGEL-VAGINAL	316	Mimvey Lo.....	188	Monoject Sodium Chloride Flush.....	249

MONOJECT ULTRA COMFORT		MULTI-LANCET DEVICE 2	229	MYTESI	63
SYRINGE	239	<i>multiple vitamin-folic acid</i>	260	MYXREDLIN	60
MONOJECTOR END CAPS	229	<i>multiple vitamins</i>	260	<i>Myzilra</i>	141
MONOJECTOR OPD END CAPS	229	<i>multiple vitamins essential</i>	260	<i>na ferric gluc cplx in sucrose</i>	205
MONOLET LANCETS	229	<i>multiple vitamins/iron</i>	258	NABI-HB	288
MONOLET OPD LANCETS	229	MULTITRACE-4	250	<i>nabumetone</i>	23
MONOLETTOR SAFETY		<i>multitrace-4 concentrate</i>	250	<i>n-acetyl-l-cysteine</i>	276
LANCETS	229	MULTITRACE-4 NEONATAL	250	<i>nadolol</i>	120
<i>Mono-Linyah</i>	137	MULTITRACE-4 PEDIATRIC	250	<i>nadolol-bendroflumethiazide</i>	79
<i>Mononessa</i>	137	MULTITRACE-5	250	<i>nafcillin sodium</i>	290
MONONINE	198	<i>multitrace-5 concentrate</i>	250	NAFCILLIN SODIUM	290
MONOVISC	271	<i>multi-vit/fluoride</i>	261	NAFCILLIN SODIUM IN	
<i>montelukast sodium</i>	44	<i>multi-vit/fluoride/iron</i>	261	DEXTROSE	290
MONUROL	311	<i>multi-vit/iron/fluoride</i>	261	<i>Nafrinse</i>	247
MORCIN	115	MULTIVITAMIN	260	NAFRINSE DAILY ACIDULATED	251
<i>Morgidox</i>	305	<i>multi-vitamin</i>	260	NAFRINSE DAILY/NEUTRAL	252
MORPHABOND ER	32	MULTIVITAMIN ADULT	259	<i>Nafrinse Drops</i>	247
<i>morphine sulfate</i>	32, 33	<i>multi-vitamin daily</i>	260	NAFRINSE WEEKLY	252
MORPHINE SULFATE	32	<i>multivitamin iron-free</i>	260	<i>naftifine hcl</i>	152
<i>morphine sulfate (concentrate)</i>	32	MULTIVITAMIN/FLUORIDE	253	NAFTIN	152
<i>morphine sulfate (pf)</i>	32	<i>multivitamin/fluoride</i>	261	NAGLAZYME	184
MORPHINE SULFATE (PF)	32	<i>multi-vitamin/fluoride</i>	261	<i>nalbuphine hcl</i>	35
<i>morphine sulfate er</i>	32	<i>multivitamin/fluoride/iron</i>	261	NALFON	23
<i>morphine sulfate er beads</i>	32	<i>multi-vitamin/fluoride/iron</i>	261	<i>nalocet</i>	34
MORPHINE SULFATE IN		<i>multi-vitamin/iron</i>	258	<i>naloxone hcl</i>	65, 66
DEXTROSE	32	<i>multi-vitamins</i>	260	NALTREXONE	285
MORPHINE SULFATE-NACL	33	<i>multivitamins/fluoride</i>	261	<i>naltrexone hcl</i>	66
MOTTEGRITY	14	<i>mupirocin</i>	152	NAMENDA	297
MOTOFEN	63	<i>mupirocin calcium</i>	152	NAMENDA TITRATION PAK	297
MOUNTAIN CEDAR	122	MUSE	129	NAMENDA XR	297
MOUSE EPITHELIUM	122	MUSTARGEN	99	NAMENDA XR TITRATION	
MOVANTIK	192	<i>Mutamycin</i>	93	PACK	297
MOVIPREP	213	MVASI	100	NAMZARIC	52
MOXATAG	289	<i>Mvc-Fluoride</i>	261	NANDROLONE-TESTOSTERONE	
MOXEZA	279	M-VIT	263	CYP	36
MOXIFLOXACIN HCL	190	<i>my choice</i>	138	NAPRELAN	23
<i>moxifloxacin hcl</i>	190, 279	<i>my way</i>	138	NAPROSYN	23
<i>moxifloxacin hcl (2x day)</i>	279	MYALEPT	216	<i>naproxen</i>	23
<i>moxifloxacin hcl in nacl</i>	190	MYAMBUTOL	84	<i>naproxen dr</i>	23
MOZOBIL	202	MYCAMINE	68	<i>naproxen sodium</i>	23
MPD SAFETY LANCET 21G	229	MYCOBUTIN	84	<i>naproxen sodium er</i>	23
MPD SAFETY LANCET 23G	229	<i>mycophenolate mofetil</i>	115	<i>naproxen-esomeprazole</i>	21
MPD SAFETY LANCET 28G	229	<i>mycophenolate mofetil hcl</i>	115	<i>naratriptan hcl</i>	245
MPD SAFETY LANCET 30G	229	<i>mycophenolate sodium</i>	116	NARCAN	66
MS CONTIN	33	MYDAYIS	15	NARDIL	53
MS INSULIN SYRINGE	239	MYDRIACYL	278	NAROPIN	219
MUCOR	122	MYFORTIC	116	NASCOBAL	202
MUCOTROL	252	MYGLUCOHEALTH LANCETS		NASONEX	272
MUGARD	252	30G	229	NATACHEW	263
MUGWORT	122	MYGLUCOHEALTH TEST	176	NATACYN	279
MULPLETA	206	MYLERAN	86	NATALVIT	263
MULTAQ	41	MYLOTARG	94	NATAZIA	139
MULTI PRENATAL	263	MYNATAL	263	<i>nateglinide</i>	61
MULTI VITAMIN	260	MYNATAL ADVANCE	263	NATELLE ONE	263
<i>multi vitamin daily</i>	260	MYNATAL PLUS	263	NATESTO	37
<i>multi vitamin mens</i>	260	MYNATAL-Z	263	NATPARA	185
MULTI VITAMIN W/D-3	260	MYNATE 90 PLUS	263	NATRECOR	131
<i>multi-day</i>	260	<i>mynephrocaps</i>	254	NATROBA	164
<i>multi-day plus iron</i>	258	<i>Mynephron</i>	254	<i>nat-rul b-50</i>	269
MULTIGEN	205	MYOBLOC	273	<i>nat-rul daily-vite+iron</i>	258
MULTIGEN FOLIC	205	<i>Myorisan</i>	150	NATURE-THROID	306
MULTIGEN PLUS	205	MYRBETRIQ	311, 312	NAVELBINE	98
MULTI-LANCET DEVICE	229	MYSOLINE	50	NAYZILAM	48

NEBUPENT	80	<i>new day</i>	138	NITYR	183
Nebusal.....	146	NEXA PLUS	267	NIVA-PLUS	263
NEBUSAL	146	NEXAVAR	91	NIVESTYM	204
Necon 0.5/35 (28).....	137	NEXAVIR	113, 250	<i>nizatidine</i>	308
Necon 7/7/7.....	141	NEXIUM	309	NIZORAL	161
NEEVO DHA	263	NEXIUM I.V.	309	NOC DURNA	187
<i>nefazodone hcl</i>	53, 303	NEXLETOL	14	NOCTIVA	187
NEMBUTAL	209	NEXLIZET	14	Nolix.....	159
NEOKE ALCAR	276	NEXPLANON	139	Nora-Be.....	140
NEOKE MCT70	276	NEXTERONE	41	NORCO	29
NEOMULTIVITE	260	<i>niacin (antihyperlipidemic)</i>	74	NORDITROPIN FLEXP	183
<i>neomycin sulfate</i>	18	<i>niacin er (antihyperlipidemic)</i>	74	<i>norepinephrine bitartrate</i>	317
<i>neomycin-bacitracin zn-polymyx</i>	279	<i>niacor</i>	74	NOREPINEPHRINE-DEXTROSE ..	318
<i>neomycin-polymyxin b gu</i>	194	NIASPAN	74	NOREPINEPHRINE-SODIUM	
<i>neomycin-polymyxin-dexameth</i>	282	<i>nicardipine hcl</i>	127	CHLORIDE	318
<i>neomycin-polymyxin-gramicidin</i>	279	NICARDIPINE HCL IN		<i>norethin ace-eth estrad-fe</i>	137
<i>neomycin-polymyxin-hc</i>	282, 285, 286	DEXTROSE	127	<i>norethindrone</i>	140
NEONATAL COMPLETE	263	NICARDIPINE HCL IN NA CL	127	<i>norethindrone acetate</i>	294
NEONATAL PLUS	263	NICAZEL	259	<i>norethindrone acet-ethinyl est</i>	137
NEONATAL VITAMIN	263	NICAZEL FORTE	259	<i>norethindrone-eth estradiol</i>	188
Neo-Polycin.....	279	NICODERM CQ	299	<i>norethin-eth estradiol-fe</i>	137
Neo-Polycin Hc.....	282	<i>nicorelief</i>	299	<i>norgestimate-eth estradiol</i>	137
NEOPROFEN	23	NICORETTE	299	<i>norgestim-eth estrad triphasic</i>	141
NEORAL	114	NICORETTE MINI	299	NORITATE	164
NEOSALUS	163	NICORETTE STARTER KIT	299	Norlyda.....	140
NEOSPORIN	279	NICOTINE	299	Norlyroc.....	140
NEOSTIGMINE		<i>nicotine</i>	299	<i>normal saline flush</i>	249
METHYLSULFATE	83, 84	<i>nicotine mini</i>	299	NORMOSOL-M IN D5W	247
NEO-SYNALAR	151	<i>nicotine polacrilex</i>	299	NORMOSOL-R	247
NEOTUSS PLUS	147	<i>nicotine step 1</i>	299	NORMOSOL-R IN D5W	247
NEOX 100	166, 167	<i>nicotine step 2</i>	299	NORMOSOL-R PH 7.4	247
NEOX CORD 1K	166, 167	<i>nicotine step 3</i>	299	NORPACE	40
NEPHLEX RX	256	NICOTROL	299	NORPACE CR	40
NEPHRAMINE	276	NICOTROL NS	299	NORPRAMIN	56
<i>nephro vitamins</i>	255	<i>nifedipine</i>	127	NORTHERA	273
NEPHROCAPS	255	<i>nifedipine er</i>	127	Nortrel 0.5/35 (28).....	137
NEPHROCAPS QT	255	<i>nifedipine er osmotic release</i>	127	Nortrel 1/35 (21).....	137
NEPHRON FA	205	Nikki.....	137	Nortrel 1/35 (28).....	137
NEPHRO-VITE	255	NILANDRON	87	Nortrel 7/7/7.....	141
NEPTAZANE	179	<i>nilutamide</i>	87	<i>nortriptyline hcl</i>	56
NERLYNX	92	NIMBEX	274	<i>nortuss-de</i>	146
NESACAINE	219	<i>nimodipine</i>	127	NORTUSS-EX	145
NESACAINE-MPF	219	NINJACOF-XG	145	NORVASC	127
NESINA	57	NINLARO	91	NORVIR	108
NESTABS	263	NIPENT	95	<i>norwich aspirin</i>	27
NESTABS ABC	266	NIPRIDE RTU	79	NOURIANZ	14
NESTABS DHA	263	<i>nisoldipine er</i>	127	NOVA MAX GLUCOSE TEST	176
NESTABS ONE	267	NITHIODOTE	63, 64	NOVA SAFETY LANCETS 23G	229
Neuac.....	149	<i>nitisinone</i>	183	NOVA SAFETY LANCETS 28G	229
NEULASTA	204	NITRO-BID	38	NOVA SUREFLEX LANCETS	229
NEULASTA ONPRO	204	NITRO-DUR	39	NOVA SUREFLEX LANCING	
NEUPOGEN	204	<i>nitrofurantoin</i>	311	DEVICE	229
NEUPRO	102	<i>nitrofurantoin macrocrystal</i>	311	NOVAREL	185
NEURALGO-RHEUM	115	<i>nitrofurantoin monohyd macro</i>	311	NOVOEIGHT	198
NEURIN-SL	202	NITROGLYCERIN	39	NOVOFINE	239
NEURONTIN	50	<i>nitroglycerin</i>	39	NOVOFINE AUTOCOVER	239
NEUT	246	<i>nitroglycerin in d5w</i>	39	NOVOFINE PLUS	239
NEUTEK 2TEK TEST	176	NITROLINGUAL	39	NOVOLIN 70/30	60
<i>neutral sodium fluoride</i>	252	NITROMIST	39	NOVOLIN 70/30 FLEXPEN	60
NEUTRASAL	252	NITROPRESS	79	NOVOLIN 70/30 FLEXPEN	
NEVANAC	281	<i>nitroprusside sodium</i>	79	RELION	60
<i>nevirapine</i>	109	NITROSTAT	39	NOVOLIN 70/30 RELION	60
<i>nevirapine er</i>	109	<i>nitro-time</i>	39	NOVOLIN N	60

NOVOLIN N FLEXPEN	60	NUTRIPORT BALLOON		OFIRMEV	24
NOVOLIN N FLEXPEN RELION	60	24FR/2.5CM	243	ofloxacin	190, 279, 285
NOVOLIN N RELION	60	NUTRIPORT BALLOON		ogestrel	137
NOVOLIN R	60	24FR/2.7CM	243	OGIVRI	90
NOVOLIN R FLEXPEN	60	NUTRIPORT BALLOON		Okebo	305
NOVOLIN R FLEXPEN RELION	60	24FR/2CM	243	olanzapine	105
NOVOLIN R RELION	60	NUTRIPORT BALLOON		olanzapine-fluoxetine hcl	300
NOVOLOG	60	24FR/3.5CM	243	OLIVE TREE	122
NOVOLOG FLEXPEN	60	NUTRIPORT BALLOON		olmesartan medoxomil	77
NOVOLOG MIX 70/30	60	24FR/3CM	243	olmesartan medoxomil-hctz	76
NOVOLOG MIX 70/30 FLEXPEN	60	NUTRIPORT BALLOON		olmesartan-amlodipine-hctz	78
NOVOLOG PENFILL	60	24FR/4.5CM	243	olopatadine hcl	272, 278
NOVOSEVEN RT	198	NUTRIPORT BALLOON		OLUMIANT	19
NOVOTWIST	239	24FR/4CM	243	OLUX	159
NOXAFIL	69	NUTRIVIT	256	OLUX-E	159
NOXIFINE WOUND DRESSING	172	NUTROPIN AQ NUSPIN 10	183	OMECLAMOXY-PAK	310
NP #2 DRUG PREPARATION KIT	153	NUTROPIN AQ NUSPIN 20	183	OMEGA-3 RX COMPLETE	71
np thyroid	306	NUTROPIN AQ NUSPIN 5	183	OMEGA-3/D-3 WELLNESS PACK ..	71
NPLATE	206	NUVAIL	163	omega-3-acid ethyl esters	71
NUBEQA	87	NUVARING	138	OMEGAVEN	276
NUCALA	212	NUVESSA	316	Omeppi	309
NUCYNTA	33	NUVIGIL	17	omeprazole	309
NUCYNTA ER	33	NUWIQ	198	omeprazole-sodium bicarbonate	309
NUEDEXTA	298	NUZYRA	19	OMIDRIA	283
Nufol	203	Nyamyc	152	OMNARIS	272
NULOJIX	118	NYMALIZE	128	OMNICAP	260
NULYTELY WITH FLAVOR		nystatin	68, 153, 251	OMNIFLEX DIAPHRAGM	221
PACKS	213	nystatin-triamcinolone	152	OMNIPRED	282
NUMBRINO	272	Nystop	153	OMNITROPE	183
NUPLAZID	103	OASIS ULTRA MATRIX		ON CALL EXPRESS BLOOD	
NURTEC	125	FENESTRATED	172	GLUCOSE	176
NUSHIELD	166, 167	OASIS ULTRA TRI-LAYER		ON CALL LANCETS	229
NUSURGEPAK SURGICAL		MATRIX	172	ON CALL LANCING DEVICE	229
PREP/CARE	163	OASIS WOUND MATRIX		ON CALL PLUS BLOOD	
NUTRESTORE	276	FENESTRATED	172	GLUCOSE	176
NUTRICAP	259	OB COMPLETE	263	ON CALL PLUS LANCETS	229
NUTRIDOX	305	OB COMPLETE ONE	263	ON CALL PLUS LANCING	
Nutrifac Zx	259	OB COMPLETE PETITE	264	DEVICE	229
NUTRILIPID	276	OB COMPLETE PREMIER	264	ON CALL VIVID BLOOD	
NUTRIPORT BALLOON		OB COMPLETE/DHA	264	GLUCOSE	176
20FR/2.5CM	243	OBIZUR	198	ONCASPAR	95
NUTRIPORT BALLOON		OBREDON	145	once daily	260
20FR/2.7CM	243	OBSTETRIX DHA	264	once daily/iron	258
NUTRIPORT BALLOON		OBSTETRIX EC	264	ondansetron	66
20FR/3.5CM	243	OBSTETRIX ONE	267	ondansetron hcl	66
NUTRIPORT BALLOON		O-CAL FA	264	ONDANSETRON HCL-	
20FR/4.5CM	243	O-CAL PRENATAL	264	DEXTROSE	66
NUTRIPORT BALLOON		OCALIVA	189	ONDANSETRON HCL-NACL	66
20FR/4CM	243	Ocella	137	one daily	260
NUTRIPORT BALLOON		OCREVUS	296	one daily essential	260
20FR/5CM	243	OCTAGAM	288	one daily multivitamin adult	259
NUTRIPORT BALLOON		OCTAPLAS BLOOD GROUP A	200	one daily multivitamin/iron	258
24FR/0.8CM	243	OCTAPLAS BLOOD GROUP AB ...	200	ONE DROP TEST	176
NUTRIPORT BALLOON		OCTAPLAS BLOOD GROUP B	200	ONE-A-DAY ESSENTIAL	260
24FR/1.2CM	243	OCTAPLAS BLOOD GROUP O	200	ONE-A-DAY MENS	260
NUTRIPORT BALLOON		octreotide acetate	186	ONE-A-DAY WOMENS	
24FR/1.5CM	243	Ocucoat Viscoadherent	283	PRENATAL	264
NUTRIPORT BALLOON		OCUFLOX	279	one-daily multi vitamins	260
24FR/1.7CM	243	OCUVEL	258	one-daily multi-vitamin	260
NUTRIPORT BALLOON		ODACTRA	250	one-daily/iron	258
24FR/1CM	243	ODEFSEY	107	ONETOUCH CLUB LANCETS	
NUTRIPORT BALLOON		ODOMZO	89	FINE PT	229
24FR/2.3CM	243	OFEV	301		

ONETOUCH DELICA LANCETS		<i>orphengesic forte</i>	271	OZOBAX	270
30G	229	Orsythia	137	OZURDEX	283
ONETOUCH DELICA LANCETS		ORTHO MICRONOR	140	<i>pa b-complex with b-12</i>	254
33G	229	ORTHO TRI-CYCLEN (28)	141	Pacerone	41
ONETOUCH DELICA LANCING		ORTHO TRI-CYCLEN LO	141	<i>paclitaxel</i>	98
DEV	229	ORTHO-CYCLEN (28)	137	PADCEV	94
ONETOUCH DELICA PLUS		ORTHOFLO	166, 167	PALFORZIA (12 MG DAILY	
LANCET30G	229	ORTHOFLO SPORT	166, 167	DOSE)	123
ONETOUCH DELICA PLUS		ORTHO-NOVUM 1/35 (28)	137	PALFORZIA (120 MG DAILY	
LANCET33G	229	ORTHO-NOVUM 7/7/7 (28)	141	DOSE)	123
ONETOUCH DELICA PLUS		ORTHOVISC	271	PALFORZIA (160 MG DAILY	
LANCING	229	<i>oseltamivir phosphate</i>	112	DOSE)	123
ONETOUCH FINEPOINT		OSENI	58	PALFORZIA (20 MG DAILY	
LANCETS	229	<i>osmitrol</i>	179	DOSE)	123
ONETOUCH SURESOFT		OSMOLEX ER	101	PALFORZIA (200 MG DAILY	
LANCING DEV	229	OSMOPREP	214	DOSE)	123
ONETOUCH ULTRA	176	OSPHENA	185	PALFORZIA (240 MG DAILY	
ONETOUCH ULTRASOFT		OTEZLA	292	DOSE)	123
LANCETS	229	OTICIN HC NR	285	PALFORZIA (3 MG DAILY DOSE)	
ONETOUCH VERIO	176	OTIPRIO	285	.....	123
ONEVITE	258	OTOVEL	286	PALFORZIA (300 MG	
ONEXTON	149	OTREXUP	19	MAINTENANCE)	123
ONFI	48	OVACE WASH	155	PALFORZIA (300 MG	
ONGLYZA	57	OVEEZA	203	TITRATION)	123
ONIVYDE	100	OVIDE	164	PALFORZIA (40 MG DAILY	
ONMEL	69	OVIDREL	185	DOSE)	123
ONPATTRO	303	<i>oxacillin sodium</i>	290	PALFORZIA (6 MG DAILY DOSE)	
ONTRUZANT	90	OXACILLIN SODIUM IN		.....	123
ONYCHO-MED	152	DEXTROSE	290	PALFORZIA (80 MG DAILY	
ONZETRA XSAIL	245	<i>oxaliplatin</i>	86, 87	DOSE)	123
OPANA	33	<i>oxandrolone</i>	36	PALFORZIA INITIAL	
<i>opcicon one-step</i>	138	<i>oxaprozin</i>	23	ESCALATION	123
OPDIVO	90	OXAYDO	33	PALINGEN FLOW	166, 167
OPSUMIT	130	<i>oxazepam</i>	40	PALINGEN HYDROMEMBRANE	
<i>option 2</i>	138	OXBRYTA	206	.....	166, 167
OPTIONS CONCEPTROL	316	<i>oxcarbazepine</i>	50	PALINGEN INOVOFLO	166, 167
OPTIONS GYNOL II		OXERVATE	284	PALINGEN MEMBRANE	166, 167
CONTRACEPTIVE	316	<i>oxiconazole nitrate</i>	161	PALINGEN XPLUS	
OPTIUM TEST	176	OXISTAT	161	HYDROMEMBRANE	166, 167
OPTIUMEZ TEST	176	OXSORALEN ULTRA	154	PALINGEN XPLUS MEMBRANE	
OPTUMRX BLOOD GLUCOSE		OXTELLAR XR	50	.....	166, 167
TEST	176	<i>oxybutynin chloride</i>	311, 312	<i>paliperidone er</i>	103
ORABLOC	217	<i>oxybutynin chloride er</i>	311, 312	PALONOSETRON HCL	66
ORACEA	164	OXYCEL GAUZE-TYPE	207	<i>palonosetron hcl</i>	66
ORAFATE	252	OXYCEL GAUZE-TYPE STRIP	207	PALYNZIQ	185
ORALAIR	250	<i>oxycodone hcl</i>	33	PAMELOR	56
Oralone	253, 304	<i>oxycodone hcl er</i>	33	<i>pamidronate disodium</i>	181
ORAMAGICRX	252	<i>oxycodone-acetaminophen</i>	34	PAMIDRONATE DISODIUM	181
ORAP	298	<i>oxycodone-aspirin</i>	35	PANCREAZE	178
ORAPRED ODT	143	<i>oxycodone-ibuprofen</i>	35	<i>pancuronium bromide</i>	274
ORAVIG	251	OXYCONTIN	33	PANDEL	159
ORBACTIV	195	<i>oxymorphone hcl</i>	33	PANHEMATIN	199
ORCHARD GRASS POLLEN	123	<i>oxymorphone hcl er</i>	33	<i>panlor</i>	29
ORENCIA	24	<i>oxytocin</i>	286	PANRETIN	154
ORENCIA CLICKJECT	24	OXYTOCIN-DEXTROSE	286	<i>pantoprazole sodium</i>	309
ORENITRAM	130	OXYTOCIN-DEXTROSE-LACT		PANZYGA	288
ORFADIN	183	RINGERS	286	<i>papaverine hcl</i>	129
ORILISSA	182	OXYTOCIN-LACTATED		PARAGARD INTRAUTERINE	
ORKAMBI	148	RINGERS	286	COPPER	138
ORMECA	86	OXYTOCIN-SODIUM CHLORIDE	286	Paraplatin	87
<i>orphenadrine citrate</i>	270	OXYTROL	311, 312	PAREMYD	280
<i>orphenadrine citrate er</i>	270	OZEMPIC (0.25 OR 0.5 MG/DOSE)	61	<i>paricalcitol</i>	184
<i>orphenadrine-aspirin-caffeine</i>	271	OZEMPIC (1 MG/DOSE)	61	PARLODEL	101

PARNATE	53	<i>pentobarbital sodium</i>	209	Phospho-Trin 250 Neutral.....	248
<i>Paroex</i>	251	<i>pentoxifylline er</i>	199	PHOTOFRIN	95
<i>paromomycin sulfate</i>	18	PEPCID	308	PHOTREXA VISCOUS	284
<i>paroxetine hcl</i>	54	PERCOCET	35	PHOTREXA-PHOTREXA	
<i>paroxetine hcl er</i>	54	PERENNIAL RYE GRASS		VISCOUS KIT	284
<i>paroxetine mesylate</i>	300	POLLEN	123	Phrenilin Forte.....	25
PARSABIV	181	PERFECT LANCETS 28G	229	Physiolyte.....	116
PASER	84	PERFECT LANCETS 30G	230	Physiosol Irrigation.....	116
PATADAY	278	PERFOROMIST	43	<i>phytonadione</i>	319
PATANASE	272	PERIDEX	251	PICATO	154
PATANOL	279	PERIKABIVEN	295	PICO WOUND THERAPY	
PAXIL	54	<i>perindopril erbumine</i>	75	SYSTEM	172
PAXIL CR	54	Periogard.....	251	PIFELTRO	109
PAZEO	279	PERJETA	90	<i>pilocarpine hcl</i>	252, 278
PC LANCETS SUPER THIN 30G ...	229	PERMAVAN	168	<i>pimecrolimus</i>	163
PC UNIFINE PENTIPS	239	<i>permethrin</i>	165	<i>pimozide</i>	298
P-CARE 100MX	218	<i>perphenazine</i>	105	Pimtrea.....	134
P-CARE D40MX	144	<i>perphenazine-amitriptyline</i>	297	<i>pindolol</i>	120
P-CARE D80MX	144	PERRY PRENATAL	264	<i>pioglitazone hcl</i>	62
P-CARE K40MX	144	PERSERIS	103	<i>pioglitazone hcl-glimepiride</i>	62
P-CARE K80MX	144	PERTZYE	178	<i>pioglitazone hcl-metformin hcl</i>	62
PCP 100	213	PEXEVA	54	PIP LANCETS 28G	230
PECAN POLLEN	123	<i>pfizerpen</i>	289	PIP LANCETS 30G	230
PEDIAPRED	143	PHARMACIST CHOICE		<i>piperacillin sod-tazobactam so</i>	290
PEDIARIX	307	AUTOCODE	176	PIQRAY (200 MG DAILY DOSE) ...	291
PEDVAX HIB	313	PHARMACIST CHOICE		PIQRAY (250 MG DAILY DOSE) ...	291
<i>peg 3350</i>	214	LANCETS	230	PIQRAY (300 MG DAILY DOSE) ...	291
<i>peg 3350/electrolytes</i>	213	PHARMACIST CHOICE NO		Pirmella 1/35.....	137
<i>peg 3350-kcl-na bicarb-nacl</i>	213	CODING	176	Pirmella 7/7/7.....	141
<i>peg-3350/electrolytes</i>	213	PHARMACY COUNTER		<i>piroxicam</i>	23
PEGANONE	51	LANCETS	230	PITOCIN	286
PEGASYS	111	Phenadoz.....	70	PLAN B ONE-STEP	139
PEGASYS PROCLICK	111	Phenazo.....	195	PLAQUENIL	83
PEGINTRON	111	<i>phenazopyridine hcl</i>	195	Plasbumin-25.....	200
Peg-Prep.....	213	<i>phendimetrazine tartrate</i>	16	Plasbumin-5.....	200
Pegylax.....	214	<i>phendimetrazine tartrate er</i>	16	PLASMA-LYTE 148	247
PEMAZYRE	85	<i>phenelzine sulfate</i>	53	PLASMA-LYTE A	247
PEN NEEDLES	239	PHENERGAN	70	PLASMANATE	200
PEN NEEDLES 1/2"	239	<i>phenobarbital</i>	209	PLAVIX	201
PEN NEEDLES 3/16"	239	<i>phenobarbital sodium</i>	209	PLEGRIDY	296
PEN NEEDLES 5/16"	239	<i>phenobarbital-belladonna alk</i>	307	PLEGRIDY STARTER PACK	296
<i>penicillamine</i>	113	Phenohydro.....	307	Plenamaine.....	276
PENICILLIN G POT IN		PHENOL	113, 250	PLENVU	213
DEXTROSE	289	<i>phenoxybenzamine hcl</i>	75	PLIAGLIS	168
<i>penicillin g potassium</i>	289	<i>phentermine hcl</i>	16	PLIXDA	151
PENICILLIN G PROCAINE	289	<i>phentolamine mesylate</i>	75	PNEUMOVAX 23	313
<i>penicillin g sodium</i>	289	PHENYLEPHRINE HCL	211, 318	PNV FOLIC ACID + IRON	264
<i>penicillin v potassium</i>	289	<i>phenylephrine hcl</i>	278	PNV OB+DHA	267
PENICILLIUM NOTATUM	123	PHENYLEPHRINE HCL-		PNV PRENATAL PLUS	
PENLAC	153	DEXTROSE	318	MULTIVIT+DHA	264
PENLEN	163	PHENYLEPHRINE HCL-NACL	318	PNV PRENATAL PLUS	
PENLET II BLOOD SAMPLER	229	PHENYTEK	51	MULTIVITAMIN	264
PENLET II REPLACEMENT CAP	229	<i>phenytoin</i>	51	PNV TABS 29-1	264
PENNSAID	153	Phenytoin Infatabs.....	51	PNV-DHA+DOCUSATE	267
PENTACEL	307	<i>phenytoin sodium</i>	51	PNV-OMEGA	264
PENTAM	80	<i>phenytoin sodium extended</i>	51	PNV-TOTAL	264
<i>pentamidine isethionate</i>	80	Philith.....	137	POCKETCHEM EZ TEST	177
PENTASA	191	<i>phillips milk of magnesia</i>	215	POD-CARE 100CMX	144
<i>pentazocine-naloxone hcl</i>	35	PHOMA EXIGUA	123	POD-CARE 100KMX	144
PENTETATE CALCIUM		PHOSLYRA	192	<i>podofilox</i>	162
TRISODIUM	65	Phospha 250 Neutral.....	248	POINT OF CARE KM	144
PENTETATE ZINC TRISODIUM	65	PHOSPHOLINE IODIDE	278	POINT OF CARE L.2	144
PENTIPS	239	<i>phosphorous</i>	248	POINT OF CARE L.5	144

POINT OF CARE LM DEP 2	144	<i>prasugrel hcl</i>	201	PRENAISSANCE HARMONY DHA	
POINT OF CARE LM-2.2	218	PRAVACHOL	73	.....	264
POINT OF CARE LM-2.5	218	<i>pravastatin sodium</i>	73	PRENAISSANCE NEXT	268
POLIDOCANOL	118	PRAXBIND	64, 65	PRENAISSANCE NEXT-B	268
POLIVY	94	<i>praziquantel</i>	38	PRENAISSANCE PLUS	267
<i>Polocaine</i>	219	<i>prazosin hcl</i>	78	PRENARA	264
<i>Polocaine-Mpf</i>	219	PRE & POST SX POUCH	163	PRENATA	264
<i>Polycin</i>	279	PRECEDEX	210	<i>prenatabs rx</i>	264
<i>polyethylene glycol 3350</i>	214	PRECISION PCX	177	PRENATAL	264
<i>polymyxin b sulfate</i>	82	PRECISION PCX PLUS TEST	177	PRENATAL + DHA	267
<i>polymyxin b-trimethoprim</i>	279	PRECISION POINT OF CARE		<i>prenatal 19</i>	264
POLY-PREP	213	TEST	177	PRENATAL 19	264
<i>polysaccharide iron forte</i>	205	PRECISION QID TEST	177	PRENATAL COMPLETE	264
POLYTRIM	280	PRECISION SOF-TACT TEST	177	PRE-NATAL FORMULA	264
POLY-TUSSIN AC	147	PRECISION SUREDOSE PLUS		PRENATAL FORTE	264
POLY-VI-FLOR	261	SYR	239	PRENATAL LOW IRON	264
POLY-VI-FLOR FS	261	PRECISION SURE-DOSE		PRENATAL MULTIVITAMIN +	
POLY-VI-FLOR/IRON	261	SYRINGE	239	DHA	267
POMALYST	89	PRECISION THINS GP LANCETS	230	PRENATAL ONE DAILY	264
<i>Portia-28</i>	137	PRECISION XTRA BLOOD		PRENATAL PLUS IRON	264
<i>port-prep</i>	168	GLUCOSE	177	PRENATAL VITAMIN	264
PORTRAZZA	90	PRECOSE	56	PRENATAL VITAMIN AND	
<i>posaconazole</i>	69	PRED FORTE	283	MINERAL	264
<i>pot & sod cit-cit ac</i>	194	PRED MILD	283	PRENATAL VITAMIN PLUS LOW	
<i>pot bicarb-pot chloride</i>	248	PRED-G	282	IRON	264
<i>potassium acetate</i>	249	PRED-G S.O.P.	282	PRENATAL VITAMINS	265
POTASSIUM ACETATE-NACL	249	<i>prednicarbate</i>	159	PRENATAL/IRON	265
<i>potassium bicarbonate</i>	249	<i>prednisolone</i>	143	PRENATAL-U	265
POTASSIUM CHLORIDE	249	<i>prednisolone acetate</i>	283	PRENATE	268, 294
<i>potassium chloride</i>	249	<i>prednisolone sodium phosphate</i>	143	PRENATE AM	268
<i>potassium chloride crys er</i>	249	PREDNISOLONE SODIUM		PRENATE DHA	267
<i>potassium chloride er</i>	249	PHOSPHATE	283	PRENATE ELITE	265
POTASSIUM CHLORIDE IN D5W	247	<i>prednisone</i>	143	PRENATE ENHANCE	267
<i>potassium chloride in dextrose</i>	247	PREDNISONE INTENSOL	143	PRENATE ESSENTIAL	267
POTASSIUM CHLORIDE IN		PREFERA OB	264	PRENATE MINI	267
NACL	247	PREFERAOB +DHA	267	PRENATE PIXIE	267
<i>potassium chloride in nacl</i>	247	PREFERAOB ONE	267	PRENATE RESTORE	267
<i>Potassium Chloride Proamp</i>	249	PREFERRED PLUS INSULIN		PRENATVITE COMPLETE	265
<i>potassium citrate er</i>	194	SYRINGE	239	PRENATVITE PLUS	265
<i>potassium citrate-citric acid</i>	194	PREFERRED PLUS LANCETS		PRENATVITE RX	265
POTASSIUM PHOSPHATE-NACL	248	COLOR	230	PREPIDIL	286
POTASSIUM PHOSPHATES(71		PREFERRED PLUS LANCETS		PREPIV SUPPLY	168
MEQ K)	248	THIN	230	PREPLUS	265
POTASSIUM PHOSPHATES-		PREFERRED PLUS UNIFINE		PREPOPIK	213
DEXTROSE	248	PENTIPS	239	PRESERA	163
POTASSIUM PHOSPHATES-		PREFEST	188	PRESSURE ACTIVAT SAFETY	
NACL	248	<i>pregabalin</i>	50	LANCET	230
POTELIGEO	90	PREGNYL	185	PRESTALIA	74
<i>poten b-150 cr</i>	257	PREMARIN	189, 316	PRETAB	265
PR NATAL 400	266	PREMASOL	276	PRETOMANID	84
PR NATAL 400 EC	266	<i>Premasol</i>	276	PREVACID	309
PR NATAL 430	266	PREMESISRX	268	PREVACID SOLUTAB	309
PR NATAL 430 EC	266	PREMIUM BLOOD GLUCOSE		<i>Prevalite</i>	71
PRADAXA	47	TEST	177	PREVENT SAFETY PEN	
PRALIDOXIME CHLORIDE	64, 65	<i>premium lidocaine</i>	163	NEEDLES	239
PRALUENT	288	PREMIUM SCAR	168	<i>preventeza</i>	139
<i>pramipexole dihydrochloride</i>	102	PREMPHASE	188	PREVIDENT	252
<i>pramipexole dihydrochloride er</i>	102	PREMPRO	188	PREVIDENT 5000 BOOSTER	
PRAMOSONE	166	PRENA 1 TRUE	267	PLUS	252
PRAMOTIC	285	PRENA1	268	PREVIDENT 5000 DRY MOUTH ...	252
<i>Pramox</i>	163	PRENA1 PEARL	264	PREVIDENT 5000 ENAMEL	
PRANDIN	61	PRENAISSANCE	267	PROTECT	251
PRASTERA	23, 274	PRENAISSANCE BALANCE	267	PREVIDENT 5000 PLUS	252

PREVIDENT 5000 SENSITIVE	252	PRODIGY TWIST TOP LANCETS		PROZAC	54
Previfem.....	137	28G	230	PRUDOXIN	154
PREVNAR 13	313	Profeno.....	23	PRUTECT	172
PREVPAC	310	PROFILNINE	198	<i>pseudoeph-bromphen-dm</i>	147
PREVYMIS	111	PROFILNINE SD	198	<i>pseudoeph-chlorphen-hydrocod</i>	147
PREZCOBIX	107	<i>progesterone</i>	294	PSORCON	159
PREZISTA	108	PROGESTERONE		PSORIZIDE FORTE	115
PRIALT	28	COMPOUNDING KIT	294	PSORIZIDE ULTRA	115
PRIFTIN	84	<i>progesterone micronized</i>	294	PSS SELECT GP LANCETS	230
PRIOSEC	309	PROGESTERONE MICRONIZED	294	PSS SELECT PLATFORMS	230
Priloxx Lp.....	168	PROGLYCEM	57	PSS SELECT SAFETY LANCETS	230
PRIMACARE	265	PROGRAF	116	PTS PANELS GLUCOSE TEST	177
PRIMAQUINE PHOSPHATE	83	PROLASTIN-C	301	PULMICORT	45
PRIMAXIN IV	81	PROLATE	35	PULMICORT FLEXHALER	45
<i>primidone</i>	50	PROLENSA	281	Pulmosal.....	146
PRIMLEV	35	PROLEUKIN	95	PULMOZYME	301
PRIMSOL	80	PROLIA	185	PURE COMFORT PEN NEEDLE	239
PRINIVIL	75	PROMACTA	206	PUREFE OB PLUS	265
PRISMASOL B22GK 4/0	114	<i>promethazine hcl</i>	70	PUREFE PLUS	205
PRISMASOL BGK 0/2.5	114	<i>promethazine vc plain</i>	146	<i>purevit dualfe plus</i>	205
PRISMASOL BGK 2/0	114	<i>promethazine vc/codeine</i>	147	PURIXAN	88
PRISMASOL BGK 2/3.5	114	<i>promethazine-codeine</i>	147	PUSH BUTTON SAFETY	
PRISMASOL BGK 4/0/1.2	114	<i>promethazine-dm</i>	146	LANCETS	230
PRISMASOL BGK 4/2.5	114	<i>promethazine-phenyleph-codeine</i>	147	PUSH BUTTON SAFETY	
PRISMASOL BK 0/0/1.2	114	<i>promethazine-phenylephrine</i>	146	LANCETS 28G	230
PRISTIQ	55	Promethegan.....	70	PX ADVANCED LANCING	
PRIVET	123	PROMETRIUM	294	DEVICE	230
PRIVIGEN	288	PROMISEB	155	<i>px aspirin</i>	27
PRO COMFORT INSULIN		<i>propafenone hcl</i>	41	<i>px b complex/vitamin c</i>	255
SYRINGE	239	<i>propafenone hcl er</i>	41	<i>px b-50</i>	269
PRO COMFORT LANCETS 30G	230	<i>propantheline bromide</i>	310	<i>px enteric aspirin</i>	27
PRO COMFORT LANCETS 31G	230	<i>proparacaine hcl</i>	281	PX EXTRA SHORT PEN	
PRO COMFORT PEN NEEDLES	239	<i>proparacaine-fluorescein</i>	280	NEEDLES	239
PRO VOICE V8/V9 GLUCOSE	177	PROPECIA	169	<i>px folic acid</i>	203
PROAIR DIGIHALER	43	PROPEL	272	PX INSULIN SYRINGE	239
PROAIR HFA	43	PROPEL MINI	272	PX LANCET AUTO INJECTOR	230
PROAIR RESPICLICK	43	<i>propofol</i>	193	PX LANCETS ULTRA THIN	230
<i>probenecid</i>	196	PROPOFOL	193	PX LANCETS ULTRA THIN 28G	230
PROBUPHINE IMPLANT KIT	35	<i>propranolol hcl</i>	120	<i>px laxative</i>	216
<i>procainamide hcl</i>	40	<i>propranolol hcl er</i>	120	<i>px milk of magnesia</i>	215
PROCALAMINE	276	<i>propranolol-hctz</i>	79	PX MINI PEN NEEDLES	239
PROCARDIA	128	<i>propylthiouracil</i>	305	PX PEN NEEDLE	239
PROCARDIA XL	128	PROQUAD	313	PX PRENATAL MULTIVITAMINS	
Procentra.....	15	PRO-RED AC	147	.....	265
<i>prochlorperazine</i>	105	PROSCAR	194	PX SHORTLENGTH PEN	
<i>prochlorperazine edisylate</i>	105	PROSOL	276	NEEDLES	239
<i>prochlorperazine maleate</i>	105	PROSTIN E2	286	<i>px stop smoking aid</i>	299
PROCRIT	202	PROSTIN VR	118	PYLERA	310
PROCTOCORT	38	<i>protamine sulfate</i>	201	<i>pyrazinamide</i>	84
PROCTOFOAM HC	37	PROTECT PLUS	259	<i>pyridostigmine bromide</i>	83, 84
Procto-Med Hc.....	38	PROTONIX	309	<i>pyridostigmine bromide er</i>	83, 84
Procto-Pak.....	38	PROTOPAM CHLORIDE	64, 65	<i>pyridoxine hcl</i>	318
Proctosol Hc.....	38	PROTOPIC	163	<i>pyrimethamine</i>	83
Proctozone-Hc.....	38	<i>protriptyline hcl</i>	56	PYROGALLIC ACID	162
PROCYSBI	194	PROVAD	63	QBRELIS	75
PRODIGY INSULIN SYRINGE	239	PROVAYBLUE	64, 65	QBREXZA	163
PRODIGY LANCETS 28G	230	PROVENGE	88	QC ADVANCED LANCING	
PRODIGY LANCING DEVICE	230	PROVENTIL HFA	43	DEVICE	230
PRODIGY NO CODING BLOOD		PROVERA	294	<i>qc aspirin</i>	27
GLUC	177	PROVIDA DHA	267	<i>qc aspirin low dose</i>	27
PRODIGY SAFETY LANCETS 26G		PROVIDA OB	265	<i>qc b50 prolonged release</i>	257
.....	230	PROVIGIL	17	<i>qc b-complex/vitamin c</i>	254
		PROVISC	283	<i>qc childrens aspirin</i>	27

<i>qc daily multivitamins/iron</i>	258	<i>ra balanced b-100</i>	257	<i>Rea Lo 40</i>	160
<i>qc enteric aspirin</i>	27	<i>ra balanced b-100 cr</i>	257	<i>react</i>	139
<i>qc essentials</i>	260	<i>ra balanced b-50</i>	257	READYLANCE SAFETY	
<i>qc folic acid</i>	203	<i>ra balanced b-50 tr</i>	257	LANCETS	230
<i>qc gentle laxative</i>	216	<i>ra b-complex</i>	254	READYSHARP ANESTH +	
QC LANCETS SUPER THIN 30G	230	<i>ra b-complex with b-12</i>	254	BETAMETH	144
QC LANCETS ULTRA THIN	230	<i>ra childrens aspirin</i>	27	READYSHARP ANESTH +	
<i>qc magnesium citrate</i>	215	RA E-ZJECT COLOR LANCETS		DEXAMETH	144
<i>qc milk of magnesia</i>	215	33G	230	READYSHARP ANESTH +	
<i>qc natura-lax</i>	214	RA E-ZJECT LANCETS 28G	230	METHYLPRED	144
QC PEN NEEDLES	239	RA E-ZJECT LANCETS THIN 26G		READYSHARP-A	218
QC PRENATAL	265	.....	230	READYSHARP-K	144
QC UNIFINE PENTIPS	239	RA E-ZJECT LANCETS THIN 28G		REALITY INSULIN SYRINGE	
QC UNILET LANCETS 28G	230	.....	230	.....	239, 240
QC UNILET LANCETS MICRO		RA E-ZJECT LANCETS ULTRA		REALITY LANCETS	230
THIN	230	THIN	230	REALITY TRIGGER LANCETS	230
QINLOCK	92	<i>ra folic acid</i>	203	REBETOL	111
QMIIZ ODT	23	RA INSULIN SYRINGE	239	REBIF	296
QNASL	272	RA LANCING DEVICE	230	REBIF REBIDOSE	296
QNASL CHILDRENS	272	<i>ra laxative</i>	214, 216	REBIF REBIDOSE TITRATION	
QSYMIA	15	<i>ra magnesium citrate</i>	215	PACK	296
QTERN	303	<i>ra milk of magnesia</i>	215	REBIF TITRATION PACK	296
QUAD-MIX	211	<i>ra mini nicotine</i>	299	REBINYN	198
QUADRACEL	307	<i>ra nicotine</i>	300	REBLOZYL	187
QUADRAMET	95	<i>ra nicotine gum</i>	299	RECARBRIO	81
QUALAQUIN	83	<i>ra nicotine polacrilex</i>	300	RECK	217
QUARTETTE	139	RA ONE DAILY	265	RECLAST	181
<i>Quasense</i>	139	<i>ra one daily essential</i>	260	<i>Reclipsen</i>	137
<i>quazepam</i>	209	<i>ra one daily multi-vit plus fe</i>	258	RECOMBINATE	198
QUDEXY XR	50	<i>ra one daily multi-vitamin</i>	260	RECOMBIVAX HB	315
QUEEN PALM	123	<i>ra pain relief aspirin</i>	27	RECOTHROM	207
QUELICIN	273	RA PEN NEEDLES	239	RECOTHROM SPRAY KIT	207
QUESTRAN	71	RA PRENATAL	265	RECTIV	37
QUESTRAN LIGHT	71	RA PRENATAL FORMULA	265	RECURA	152
<i>quetiapine fumarate</i>	104	<i>ra tri-buffered aspirin</i>	25	RED BIRCH	123
<i>quetiapine fumarate er</i>	104	RA TRUETEST TEST	177	RED CEDAR	123
QUFLORA FE	253	<i>ra womens laxative</i>	216	RED MAPLE	123
QUFLORA FE PEDIATRIC	261	RABAVERT	315	RED MULBERRY	123
QUFLORA GUMMIES	261	RABBIT EPITHELIUM	123	RED TOP GRASS POLLEN	123
QUFLORA PEDIATRIC	262	RABEPRAZOLE SODIUM	309	<i>refissa</i>	151
QUICKTEK TEST	177	<i>rabeprazole sodium</i>	309	REFUAH PLUS BLOOD	
QUILLICHEW ER	17	RADIAGEL	172	GLUCOSE TEST	177
QUILLIVANT XR	17	RADICAVA	18	REGIMEX	16
<i>quin b strong b-25</i>	257	RADIOGARDASE	64, 65	REGLAN	190
<i>quinapril hcl</i>	75	RAGWITEK	123	REGONOL	83, 84
<i>quinapril-hydrochlorothiazide</i>	74	<i>Rajani</i>	137	REGRANEX	169
QUINIDINE GLUCONATE	40	<i>raloxifene hcl</i>	185	RELAFEN DS	23
<i>quinidine gluconate er</i>	40	<i>ramelteon</i>	210	<i>releevia ml</i>	168
<i>quinidine sulfate</i>	40	<i>ramipril</i>	75	RELENZA DISKHALER	113
<i>quinine sulfate</i>	83	RANEXA	38	RELEXXII	17
QUINTABS	260	<i>ranitidine hcl</i>	308	RELION BLOOD GLUCOSE TEST	
QUINTET AC BLOOD GLUCOSE		<i>ranolazine er</i>	38	.....	177
TEST	177	RAPAFLO	194	RELION CONFIRM/MICRO TEST	
QUINTET BLOOD GLUCOSE		RAPAMUNE	116	.....	177
TEST	177	RAPID GEL RX	115	RELION INSULIN SYRINGE	240
QUZYTTR	70	RAPIVAB	112	RELI-ON INSULIN SYRINGE	240
QVAR REDHALER	45	<i>rasagiline mesylate</i>	101	RELION LANCET DEVICES 30G	231
<i>ra aspirin</i>	27	RASUVO	19	RELION LANCETS MICRO-THIN	
<i>ra aspirin adult low dose</i>	27	RAVICTI	186	33G	231
<i>ra aspirin adult low strength</i>	27	RAYALDEE	184	RELION LANCETS STANDARD	
<i>ra aspirin childrens</i>	27	RAYOS	143	21G	231
<i>ra aspirin ec</i>	27	RAZADYNE	295	RELION LANCETS THIN 26G	231
<i>ra aspirin ec adult low st</i>	27	RAZADYNE ER	295		

RELION LANCETS ULTRA-THIN 30G	231	RESTORIL	209	RIGHTEST GS550 BLOOD GLUCOSE	177
RELION LANCING DEVICE	231	RETACRIT	202	RILUTEK	273
RELION MINI PEN NEEDLES	240	RETAVASE	201	<i>riluzole</i>	273
RELION PEN NEEDLES	240	RETAVASE HALF-KIT	201	<i>rimantadine hcl</i>	112
RELION PREMIER TEST	177	RETEVMO	92	RIMSO-50	195
RELION PRIME TEST	177	RETIN-A	151	<i>ringers</i>	247
RELION SHORT PEN NEEDLES	240	RETIN-A MICRO	151	<i>ringers irrigation</i>	116
RELION ULTIMA TEST	177	RETIN-A MICRO PUMP	151	RINVOQ	19
RELION ULTRA THIN LANCETS 30G	231	RETISERT	283	RIOMET	57
RELION ULTRA THIN PLUS LANCETS	231	RETROVIR	110	RIOMET ER	57
RELISTOR	192	REVATIO	130	<i>risanoid plus</i>	269
RELNATE DHA	265	REVCovi	14	<i>risedronate sodium</i>	181
RELPAx	245	REVEAL BLOOD GLUCOSE TEST	177	RISPERDAL	104
REMADEX	162	REVLIMID	115	RISPERDAL CONSTA	103
REMAXAZON	168	<i>Revonto</i>	270	RISPERDAL M-TAB	103
<i>Remergent Hq</i>	160	REXALL BLOOD GLUCOSE TEST	177	<i>risperidone</i>	104
REMERON	52	REXALL LANCETS ULTRA THIN 30G	231	<i>Risperidone M-Tab</i>	104
REMERON SOLTAB	52	REXASIL PATCH & VITAMIN E LIQ	169	RITALIN	17
REMESENSE	221	REXULTI	105	RITALIN LA	17
REMICADE	192	REYATAZ	108, 109	<i>ritonavir</i>	109
<i>remifentanil hcl</i>	33	REYVOW	302	RITUXAN	90
REMIFENTANIL HCL-NACL	34	REZESOL	149	RITUXAN HYCELA	94
REMIGEN	163	RHIZOPUS	123	<i>rivastigmine</i>	295
REMODULIN	130	RHOFADE	164	<i>rivastigmine tartrate</i>	295
RENACIDIN	195	RHOGAM ULTRA-FILTERED PLUS	288	<i>Rivelsa</i>	139
RENAGEL	192	RHOPHYLAC	288	RIXUBIS	198
<i>Renal</i>	255	RHOPRESSA	285	<i>rizatriptan benzoate</i>	245
<i>renal multivitamin formula</i>	255	RIASTAP	198	R-NATAL OB	267
<i>renal multivitamin/zinc</i>	260	RIAX	151	<i>robafen ac</i>	145
<i>renal vitamin</i>	255	<i>Ribasphere</i>	111	ROBAXIN	270
<i>renal-vite</i>	255	RIBASPHERE	111	ROBAXIN-750	270
RENATABS	256	<i>ribasphere</i>	112	ROBINUL	310
RENATABS WITH IRON	256	RIBASPHERE RIBAPAK (1000 PACK)	112	ROBINUL-FORTE	310
<i>rena-vite</i>	255	RIBASPHERE RIBAPAK (1200 PACK)	112	ROCALTROL	184
RENFLEXIS	193	RIBASPHERE RIBAPAK (600 PACK)	112	ROCKLATAN	284
<i>reno caps</i>	255	RIBASPHERE RIBAPAK (800 PACK)	112	<i>rocuronium bromide</i>	274
RENOVA	151	<i>ribavirin</i>	112, 113	ROCURONIUM BROMIDE	274
RENOVA PUMP	151	RIDAURA	21	ROMIDEPSIN	89
RENUU	168	<i>rifabutin</i>	84	<i>ropinirole hcl</i>	102
RENUU NL	302	RIFADIN	84, 85	<i>ropinirole hcl er</i>	102
REVELA	192	RIFAMATE	84	ROPIVACAINE HCL	219
REOPRO	199	<i>rifampin</i>	85	<i>ropivacaine hcl</i>	219
<i>repaglinide</i>	61	RIFAMPIN+SYRSPEND SF	85	ROPIVACAINE HCL-NACL	219
<i>repaglinide-metformin hcl</i>	61	RIFATER	84	<i>Rosadan</i>	164
REPATHA	288	RIGHT STEP PRENATAL	265	ROSE GLO	280
REPATHA PUSHTRONEX SYSTEM	288	RIGHTEST ALTERNATE SITE ADAPT	231	<i>rosuvastatin calcium</i>	73
REPATHA SURECLICK	289	RIGHTEST GD500 LANCING DEVICE	231	ROTARIX	315
REQ 49+	259	RIGHTEST GL300 LANCETS	231	ROTATEQ	315
REQUIP	102	RIGHTEST GS100 BLOOD GLUCOSE	177	ROUGH MARSH ELDER	123
REQUIP XL	102	RIGHTEST GS300 BLOOD GLUCOSE	177	ROUGH PIGWEED	123
RESCRIPTOR	109			ROWASA	191
RESCULA	284			<i>Roweepira</i>	50
RESECTISOL	195			<i>Roweepira Xr</i>	50
<i>resorcinol-sulfur</i>	149			ROXICODONE	34
RESTASIS	280			ROXYBOND	34
RESTASIS MULTIDOSE	280			ROZEREM	210
RESTORA RX	63			ROZLYTREK	86
RESTORA SPRINKLES	63			RTD WOUND CARE DRESSING ...	172
RESTORE SILVER DRESSING	172			RUBRACA	292, 293

RUZURGI	83, 84	SAVELLA TITRATION PACK	295	Sharobel	140
RYANODEX	271	SAXENDA	100	SHEEP SORREL	123
RYBELSUS	61	<i>sb aspirin</i>	28	SHINGRIX	315
<i>ryclora</i>	70	<i>sb aspirin adult low strength</i>	27	SHOPKO AUTOLET LANCING	
RYDAPT	91	<i>sb aspirin ec</i>	27	DEVICE	231
RYDEX	147	<i>sb bisacodyl laxative ec</i>	216	SHOPKO ON-THE-GO LANCETS	
RYTARY	102	<i>sb childrens aspirin</i>	28	30G	231
RYTHMOL SR	41	<i>sb gentle laxative womens</i>	216	SHOPKO UNIFINE PENTIPS	240
RYVENT	70	<i>sb gentle lax-women</i>	216	SHOPKO UNIFINE PENTIPS	
SABRIL	51	SB INSULIN SYRINGE	240	PLUS	240
SACCHAROMYCES CEREVISIAE		SB LANCETS THIN	231	SHOPKO UNILET LANCETS 28G	231
.....	123	SB LANCETS ULTRA THIN	231	SHOPKO UNILET LANCETS 30G	231
SAFESNAP INSULIN SYRINGE	240	<i>sb low dose asa ec</i>	28	SHORT RAGWEED POLLEN EXT	123
SAFE-T-LANCE	231	<i>sb magnesium citrate</i>	215	SHUR-SEAL CONTRACEPTIVE	316
SAFE-T-LANCE PLUS	231	<i>sb milk of magnesia</i>	215	SIDE BUTTON SAFETY LANCET	231
SAFETY INSULIN SYRINGES	240	<i>sb polyethylene glycol 3350</i>	214	SIDEROL	259
SAFETY LANCET 21G/PRESSURE		SCENESSE	244	SIGNIFOR	186
ACT	231	SCLEROSOL INTRAPLEURAL	302	SIGNIFOR LAR	186
SAFETY LANCET 23G/PRESSURE		<i>scopolamine</i>	67	<i>sigtab</i>	260
ACT	231	SCULPTRA	17	SIKLOS	202
SAFETY LANCET 28G/PRESSURE		SEASONIQUE	139	<i>sildenafil citrate</i>	130, 131
ACT	231	SECONAL	209	SILENOR	210
SAFETY LANCET 30G/PRESSURE		SECUADO	104	SILIQ	154
ACT	231	SECURESAFE INSULIN SYRINGE		SIL-K PAD MEDIUM	172
SAFETY LANCETS	231	.....	240	SIL-K PAD SMALL	172
SAFETY LANCETS 21G	231	SEEBRI NEOHALER	43	<i>silodosin</i>	194
SAFETY LANCETS 28G	231	SEGLUROMET	304	SILVADENE	156
SAFETY LET LANCETS	231	SELECT-LITE DEVICE/LANCETS		SILVASORB	172
SAFETY SEAL LANCETS	231	.....	231	SILVER NITRATE	156
SAFYRAL	137	SELECT-LITE LANCING DEVICE		<i>silver sulfadiazine</i>	156
SAGEBRUSH	123	.....	231	SILVRSTAT WOUND DRESSING	172
SAIZEN	183	SELECT-OB	265	SIMBRINZA	277
SAIZENPREP	183	SELECT-OB+DHA	267	<i>Simliya</i>	134
SALAGEN	252	<i>selegiline hcl</i>	101	<i>Simpesse</i>	139
SALICEPT	252	SELENIOS ACID	250	SIMPLE DIAGNOSTICS	
<i>salicylic acid</i>	162	<i>selenium</i>	250	LANCING DEV	231
<i>saline flush</i>	249	<i>selenium sulfide</i>	155	SIMPONI	20, 21
<i>Saline Flush Zr</i>	249	SELZENTRY	107, 108	SIMPONI ARIA	20
SALISOL	162	SEMPREX-D	146	SIMULECT	116
<i>salisol forte</i>	162	SE-NATAL 19	265	SIMVASTATIN	73
SALITECH	162	SENSIPAR	181	<i>simvastatin</i>	73
<i>salitech forte</i>	162	<i>Sensorcaine</i>	219	SINEMET	102
<i>salrix</i>	160	<i>Sensorcaine/Epinephrine</i>	217	SINEMET CR	102
SALVAX	162	<i>Sensorcaine-Mpf</i>	219	SINGLE-LET	231
SALVAX DUO PLUS	162	<i>Sensorcaine-Mpf Spinal</i>	219	SINGULAIR	44
SAMSCA	186	<i>Sensorcaine-Mpf/Epinephrine</i>	217	<i>sirolimus</i>	116
SANCUSO	66	SENSORCAINE-		SIRTURO	85
SANDIMMUNE	114	MPF/EPINEPHRINE	217	SITAVIG	112
SANDOSTATIN	186	SEREVENT DISKUS	43	SIVEXTRO	82
SANDOSTATIN LAR DEPOT	186	SERNIVO	159	SKELAXIN	270
SANTYL	161	SEROQUEL	104	SKLICE	165
SAPHRIS	104	SEROQUEL XR	104	SKYLA	140
SAPS HEALTH TWIST TOP		SEROSTIM	183	SKYRIZI (150 MG DOSE)	154
LANCETS	231	<i>sertraline hcl</i>	54, 55	SLYND	140
SAPS TWIST TOP LANCETS	231	<i>se-tan plus</i>	205	<i>sm aspirin</i>	28
SAPSCARE TWIST TOP		<i>Setlakin</i>	139	<i>sm aspirin adult low strength</i>	28
LANCETS	231	<i>sevelamer carbonate</i>	192	<i>sm aspirin ec</i>	28
SARAFEM	298	<i>sevelamer hcl</i>	192	<i>sm aspirin ec low strength</i>	28
SARAPIN	116	<i>sevoflurane</i>	193	<i>sm aspirin low dose</i>	28
SARCLISA	90	SEYSARA	305	<i>sm aspirin tri-buffered</i>	25
<i>sash kit</i>	47	<i>sf</i>	252	<i>sm b super vitamin complex</i>	255
SAVAYSA	46	SFROWASA	191	<i>sm b100 complex</i>	257
SAVELLA	295	SHAGBARK HICKORY	123	<i>sm balanced b-100</i>	256

<i>sm balanced b-50</i>	256	SODIUM PHOSPHATES-	Sronyx.....	137
<i>sm b-complex</i>	257	DEXTROSE	Ssd.....	156
SM B-COMPLEX/VITAMIN C	255	<i>sodium polystyrene sulfonate</i>	SSKI	146
<i>sm childrens aspirin</i>	28	<i>sodium sulfacetamide</i>	<i>sss 10-5</i>	149
<i>sm clearlax</i>	214	SODIUM SULFACETAMIDE	<i>st joseph aspirin</i>	28
<i>sm folic acid</i>	203	WASH	<i>st joseph low dose</i>	28
<i>sm gentle laxative</i>	216	<i>sodium tetradecyl sulfate</i>	STALEVO 100	102
SM LANCETS 33G	232	SOFOBUVIR-VELPATASVIR	STALEVO 125	102
<i>sm magnesium citrate</i>	215	SOLESTA	STALEVO 150	102
<i>sm milk of magnesia</i>	215	<i>solifenacin succinate</i>	STALEVO 200	102
<i>sm multiple vitamins essential</i>	260	SOLIQUEA	STALEVO 50	102
<i>sm multiple vitamins/iron</i>	258	SOLIRIS	STALEVO 75	102
<i>sm nicotine</i>	300	SOLODYN	STAMARIL	315
<i>sm nicotine polacrilex</i>	300	SOLOSEC	STARLIX	61
SM ONE DAILY PRENATAL	265	SOLTAMOX	<i>stavudine</i>	110
SM PRENATAL VITAMINS	265	SOLU-CORTEF	STAXYN	131
<i>sm super b complex/c</i>	255	<i>soluline</i>	STEGLATRO	62
SM TRUEDRAW LANCING		SOLU-MEDROL	STEGLUJAN	303
DEVICE	232	<i>solupicc</i>	STELARA	155, 212
<i>sm vitamin b complex/vitamin c</i>	255	SOLU-PREF	STEMPHYLIUM	124
<i>sm womans laxative</i>	216	SOLUS V2 LANCETS 28G	STENDRA	131
SMART DIABETES VANTAGE		SOLUS V2 LANCING DEVICE	STERILANCE PA	232
LANCING	232	SOLUS V2 TEST	STERILANCE TL	232
SMART SENSE COLOR LANCETS		SOLUS V2 TWIST LANCETS 30G	STERILE TALC POWDER	302
33G	232	SOMA	<i>sterile water for irrigation</i>	116
SMART SENSE PREMIUM TEST	177	SOMATULINE DEPOT	STERITALC	302
SMART SENSE STANDARD		SOMAVERT	STIMATE	187
LANCETS	232	SONAFINE	<i>stimulant laxative</i>	216
SMART SENSE SUPER THIN		SONATA	STIOLTO RESPIMAT	42
LANCETS	232	SOOLANTRA	STIVARGA	91
SMART SENSE THIN LANCETS		SOOTHEE	STRATTERA	14
26G	232	SORBITOL	STRAVIX	166, 167
SMART SENSE VALUE TEST	177	SORBITOL-MANNITOL	STRENSIQ	210
SMARTEST BLOOD GLUCOSE		SORIATANE	<i>streptomycin sulfate</i>	18
TEST	177	SORILUX	<i>stress b complex/iron</i>	258
SMARTEST LANCETS 28G	232	<i>Sorine</i>	<i>stress formula</i>	255
SMOFLIPID	277	SORREL/DOCK MIX	<i>stress formula/iron</i>	258
<i>smooth lax</i>	214	SOTALOL HCL	<i>stresstabs energy</i>	261
<i>sod benz-sod phenylacet</i>	186	<i>sotalol hcl</i>	STRIANT	37
<i>sod citrate-citric acid</i>	194	<i>sotalol hcl (af)</i>	STRIBILD	107
SODIUM ACETATE	246	SOTRADECOL	STRIVERDI RESPIMAT	43
<i>sodium acetate</i>	246	<i>Sotradecol</i>	STROMECTOL	38
SODIUM BICARBONATE	38, 246	SOTYLIZE	STRONTIUM CHLORIDE SR-89	95
<i>sodium bicarbonate</i>	246	SOVALDI	STROVITE FORTE	258, 259
SODIUM BICARBONATE-		SPASCUPREEL	STROVITE ONE	259
DEXTROSE	246	SPECTRACEF	SUBLOCADE	35
<i>sodium chloride</i>	146, 195, 249	SPEEDGEL RX	SUBOXONE	35, 36
SODIUM CHLORIDE	249	<i>spinosad</i>	SUBSYS	34
<i>sodium chloride (pf)</i>	249	SPINY PIGWEED	<i>Subvenite</i>	50
<i>sodium chloride flush</i>	249	SPIRIVA HANDIHALER	<i>Subvenite Starter Kit-Blue</i>	50
SODIUM CITRATE	45	SPIRIVA RESPIMAT	<i>Subvenite Starter Kit-Green</i>	50
SODIUM CITRATE LOCK FLUSH	45	<i>spironolactone</i>	<i>Subvenite Starter Kit-Orange</i>	50
SODIUM DIURIL	180	<i>spironolactone-hctz</i>	<i>succinylcholine chloride</i>	273
SODIUM EDECRIN	179	SPORANOX	SUCCINYLCHOLINE CHLORIDE	273
<i>sodium fluoride</i>	247	SPORANOX PULSEPAK	SUCRAID	178
<i>sodium hyaluronate</i>	161	SPRAVATO (56 MG DOSE)	<i>sucrafate</i>	308
SODIUM HYALURONATE	271	SPRAVATO (84 MG DOSE)	SUFENTANIL CITRATE	34
SODIUM LACTATE	246	<i>Sprintec 28</i>	SULAR	128
SODIUM NITRITE	64, 65	SPRITAM	<i>sulconazole nitrate</i>	161
<i>sodium phenylbutyrate</i>	186	SPRIX	<i>sulfacetamide sodium</i>	155, 283
SODIUM PHOSPHATE-NACL	248	SPRYCEL	<i>sulfacetamide sodium (acne)</i>	149
<i>sodium phosphates</i>	248	<i>Sps</i>	<i>sulfacetamide sodium-sulfur</i>	149
		<i>sr nicotine</i>		300

SULFACETAMIDE SODIUM-			
SULFUR	149	SURE-LANCE ULTRA THIN	
<i>sulfacetamide sod-sulfur wash</i>	149	LANCETS	232
<i>sulfacetamide-prednisolone</i>	282	SURELITE LANCETS	232
SULFACETAMIDE-SULFUR IN		SURE-PEN	232
UREA	150	SURE-TEST EASYPLUS MINI	
SULFADIAZINE	304	TEST	177
<i>sulfamethoxazole-trimethoprim</i>	80	SURE-TOUCH LANCETS	
<i>sulfamez wash</i>	150	UNIVERSAL	232
SULFAMYLON	156	SURGICEL FIBRILLAR	207
<i>sulfasalazine</i>	191	SURGICEL NU-KNIT	207
Sulfatrim Pediatric.....	80	SURMONTIL	56
SULFURATED LIME	165	SURVANTA	302
<i>sulindac</i>	23	SUSTIVA	109
<i>sumatriptan</i>	245	SUSTOL	66
<i>sumatriptan succinate</i>	245	SUTENT	91
<i>sumatriptan succinate refill</i>	245	Swabflush Saline Flush.....	249
<i>sumatriptan-naproxen sodium</i>	244	SWEET GUM	124
SUNOSI	180	SWEET VERNAL GRASS	
SUPARTZ FX	271	POLLEN	124
<i>super b complex maxi</i>	256	SX1 MEDICATED POST-	
<i>super b complex/fa/vit c</i>	255	OPERATIVE	168
<i>super b complex/vitamin c</i>	255	Syeda.....	137
<i>super b-100</i>	257	SYLATRON	95
<i>super b-50</i>	257	SYLVANT	212
<i>super b-complex</i>	257	SYMBICORT	42
<i>super b-complex/vit c/fa</i>	255	SYMBYAX	300
SUPER BI-MIX	211	SYMDEKO	148
<i>super dec b-100</i>	257	SYMFI	107
SUPER QUAD-MIX	211	SYMFI LO	107
<i>super quints b-50</i>	257	SYMJEPI	317
<i>super stress b-complex cr</i>	269	SYMLINPEN 120	56
SUPER THIN LANCETS	232	SYMLINPEN 60	56
SUPER TRI-MIX	211	SYMPAZAN	48
<i>superplex-t</i>	255	SYMPROIC	192
SUPERVITE	256	SYMTUZA	107
SUPPORT	259	SYNAGEX	258
SUPPORT-500	268	SYNAGIS	287
SUPPRELIN LA	184	SYNALAR	159
SUPRANE	193	SYNAPRYN FUSEPAQ	34
SUPRAX	133	SYNAREL	184
SUPREME TEST	177	SYNATEK	258
SUPREP BOWEL PREP KIT	213	SYNDROS	67
SURE COMFORT INSULIN		SYNERA	168
SYRINGE	240	SYNERCID	82
SURE COMFORT LANCETS 18G	232	SYNJARDY	304
SURE COMFORT LANCETS 21G	232	SYNJARDY XR	304
SURE COMFORT LANCETS 23G	232	SYNRIBO	95
SURE COMFORT LANCETS 28G	232	SYNTHAMIN 17	276
SURE COMFORT LANCETS 30G	232	SYNTHROID	306
SURE COMFORT LANCING PEN	232	SYNVISC	271
SURE COMFORT PEN NEEDLES	240	SYNVISC ONE	271
SURE EDGE TEST	177	SYPRINE	113
SURE RESULT O3D3 SYSTEM	71	SYRINGE AVITENE	207
SURECHEK BLOOD GLUCOSE		<i>tab-a-vite</i>	259
TEST	177	<i>tab-a-vite/beta carotene</i>	261
SURE-FINE PEN NEEDLES	240	<i>tab-a-vite/iron</i>	258
SURE-JECT INSULIN SYRINGE	240	TABLOID	88
SURE-LANCE FLAT LANCETS	232	TABRADOL FUSEPAQ	270
SURE-LANCE LANCETS 26G	232	TABRADOL RAPIDPAQ	270
SURE-LANCE THIN LANCETS		TABRECTA	92
28G	232	TACHOSIL	207
		TACLONEX	169
		<i>tacrolimus</i>	116, 163
		<i>tadalafil</i>	131
		<i>tadalafil (pah)</i>	130
		TAFINLAR	88
		TAGRISSE	93
		<i>take action</i>	139
		TAKHZYRO	292
		TALICIA	310
		TALIVA	203
		TALL RAGWEED	124
		TALTZ	155
		TALZENNA	292, 293
		TAMIFLU	113
		<i>tamoxifen citrate</i>	87
		<i>tamsulosin hcl</i>	194
		TANDEM F	205
		TANDEM PLUS	205
		TANZEUM	61
		TAPAZOLE	306
		<i>taperdex 12-day</i>	143
		<i>Taperdex 6-Day</i>	143
		<i>taperdex 7-day</i>	143
		TARCEVA	93
		TARGRETIN	100, 168
		<i>Tarina 24 Fe</i>	137
		<i>Tarina Fe 1/20</i>	137
		<i>Tarina Fe 1/20 Eq</i>	137
		TARKA	74
		TARON FORTE	205
		TARON-BC	265
		TARON-C DHA	265
		<i>Taron-Crystals</i>	194
		TARON-PREX	267
		TASIGNA	93
		TASMAR	101
		TAURINE	276
		TAVALISSE	304
		TAXOTERE	98
		TAYTULLA	137
		<i>tazarotene</i>	155
		<i>Tazicef</i>	133
		TAZICEF	133
		<i>tazicef</i>	133
		TAZORAC	155
		<i>Taztia Xt</i>	128
		TAZVERIK	85
		TDVAX	307
		TECENTRIQ	90
		TECFIDERA	297
		TECHLITE AST LANCETS	232
		TECHLITE INSULIN SYRINGE	240
		TECHLITE LANCETS	232
		TECHLITE LANCETS 30G	232
		TECHLITE PEN NEEDLES	240
		TECHNIVIE	208
		TEFLARO	133
		TEGADERM AG MESH	172
		TEGRETOL	50
		TEGRETOL-XR	50
		TEGSEDI	106
		TEKTRUNA	79
		TEKTRUNA HCT	79
		TELCARE BLOOD GLUCOSE	
		TEST	178

<i>telmisartan</i>	77	THE LIQUILIFT TRACE	250	TL FOLATE	265
<i>telmisartan-amlodipine</i>	75	THEO-24	45	<i>tl gard rx</i>	203
<i>telmisartan-hctz</i>	76	<i>theophylline</i>	45	TL G-FOL OS	258
<i>temazepam</i>	210	<i>theophylline er</i>	45	<i>tl hydroquinone</i>	160
TEMIXYS	107	THEOPHYLLINE IN D5W	45	<i>tl icon</i>	205
TEMODAR	97	THERA	261	TL-CARE DHA	265
TEMOVATE	159	TERAHONEY	172	TL-FLUORIVITE	261
<i>temozolomide</i>	97	<i>thera-mill</i>	261	<i>tl-hem 150</i>	205
<i>temsirolimus</i>	91	<i>therapeutic</i>	261	TL-SELECT	267
<i>tencon</i>	25	<i>thera-tabs</i>	261	TNKASE	201
TENIPOSIDE	98	THEREMS	261	TOBI	18
TENIVAC	307	<i>thiamine hcl</i>	318	TOBI PODHALER	18
<i>tenofovir disoproxil fumarate</i>	110	THINLETS GP LANCETS	232	TOBRADEX	282
TENORETIC 100	79	THIOLA	195	TOBRADEX ST	282
TENORETIC 50	79	THIOLA EC	195	<i>tobramycin</i>	18, 279
TENORMIN	119	<i>thioridazine hcl</i>	105	<i>tobramycin sulfate</i>	18
TEPADINA	87	<i>thiotepa</i>	87	<i>tobramycin-dexamethasone</i>	282
TEPEZZA	212	<i>thiothixene</i>	106	TOBREX	279
TERAZOL 7	315	<i>thrive</i>	300	TODAY SPONGE	316
<i>terazosin hcl</i>	78	THRIVITE 19	259	TODAYS HEALTH LANCING	
<i>terbinafine hcl</i>	68	THRIVITE RX	265	DEVICE	232
<i>terbutaline sulfate</i>	43	THROMBATE III	200	TODAYS HEALTH MINI PEN	
<i>terconazole</i>	315, 316	THROMBI-GEL 10	206	NEEDLES	240
TERIPARATIDE		THROMBI-GEL 100	206	TODAYS HEALTH PEN NEEDLES	
(RECOMBINANT)	185	THROMBI-GEL 40	206	.....	240
<i>Terrell</i>	193	THROMBIN-JMI	207, 208	TODAYS HEALTH SHORT PEN	
TESSALON PERLES	145	THROMBIN-JMI EPISTAXIS	207	NEEDLE	240
TESTIM	37	THROMBI-PAD	206	TODAYS HEALTH THIN	
TESTOPEL	37	THROMBOGEN	208	LANCETS 28G	232
TESTOSTERONE	37	THYMOGLOBULIN	115	TODAYS HEALTH THIN	
<i>testosterone</i>	37	<i>thyroid</i>	306	LANCETS 30G	232
TESTOSTERONE		THYROLAR-1	306	TOFRANIL	56
COMPOUNDING KIT	37	THYROLAR-1/2	306	TOLAK	154
TESTOSTERONE CYPIONATE	37	THYROLAR-1/4	306	<i>tolazamide</i>	62
<i>testosterone cypionate</i>	37	THYROLAR-2	306	<i>tolbutamide</i>	62
TESTOSTERONE CYPIONATE &		THYROLAR-3	306	<i>tolcapone</i>	101
PROP	36	<i>Tiadyt Er</i>	128	<i>tolmetin sodium</i>	23
TESTOSTERONE ENANTHATE	37	<i>tiagabine hcl</i>	51	TOLSURA	69
<i>testosterone enanthate</i>	37	TIAZAC	128	<i>tolterodine tartrate</i>	311, 312
<i>Tetcaine</i>	281	TIBSOVO	212	<i>tolterodine tartrate er</i>	311, 312
<i>tetrabenazine</i>	296	TICE BCG	95	<i>tolvaptan</i>	186
<i>tetracaine hcl</i>	281	TIGAN	67	TOPAMAX	50
<i>tetracycline hcl</i>	305	TIGECYCLINE	81	TOPAMAX SPRINKLE	50
TETRAVEX	163	TIGLUTIK	273	TOPCARE CLICKFINE PEN	
TEXACORT	159	TIKOSYN	41	NEEDLES	240
<i>tgt aspirin</i>	28	<i>Tilia Fe</i>	141	TOPCARE LANCETS MICRO-	
<i>tgt aspirin ec</i>	28	<i>timolol maleate</i>	120, 277	THIN 33G	233
<i>tgt aspirin low dose</i>	28	TIMOPTIC	278	TOPCARE ULTRA COMFORT	
TGT BLOOD GLUCOSE TEST	178	TIMOPTIC OCUDOSE	277	INS SYR	240
<i>tgt childrens aspirin</i>	28	TIMOPTIC-XE	278	<i>Topex Topical Anesthetic</i>	251
<i>tgt gentle laxative</i>	216	TIMOTHY GRASS POLLEN		TOPICORT	159
TGT LANCET MICRO THIN 33G	232	ALLERGEN	124	TOPICORT SPRAY	159
TGT LANCET THIN 26G	232	TINDAMAX	80	TOPIDEX	143
TGT LANCET ULTRA THIN 30G	232	<i>tinidazole</i>	80	<i>topiramate</i>	50
TGT LANCING DEVICE	232	TIROSINT	306	<i>topiramate er</i>	50
<i>tgt nicotine</i>	300	TIROSINT-SOL	306	<i>Toposar</i>	98
<i>tgt nicotine polacrilex</i>	300	TISSEEL	206	TOPOTECAN HCL	100
<i>tgt nicotine step one</i>	300	TISSEEL VH	206	<i>topotecan hcl</i>	100
<i>tgt nicotine step three</i>	300	TISSEEL VHSD	206	TOPROL XL	120
<i>tgt nicotine step two</i>	300	<i>Tis-U-Sol</i>	116	<i>toremifene citrate</i>	87
<i>tgt powderlax</i>	214	TIVICAY	108	TORISEL	91
<i>tgt womens laxative</i>	216	TIVORBEX	23	<i>torseamide</i>	179
THALOMID	113	<i>tizanidine hcl</i>	270	TOSYMRA	245

<i>total b/c</i>	255	<i>tri-buffered aspirin</i>	25	Trivix.....	169
TOTECT	96	TRICARE	265	Trivora (28).....	141
TOUJEO MAX SOLOSTAR	60	TRICARE PRENATAL DHA ONE	265	Tri-Vylibra.....	141
TOUJEO SOLOSTAR	60	TRICHOPHYTON	124	Tri-Vylibra Lo.....	141
Tovet.....	159	TRICITRASOL	47, 211	TRIZIVIR	107
TOVIAZ	311, 312	<i>tricitrates</i>	194	TRODELVY	94
TPN ELECTROLYTES	247	Tricon.....	205	TROGARZO	106
TRACE ELEMENTS 4/PEDIATRIC		TRICOR	72	TROKENDI XR	50
TRACLEER	250	Triderm.....	160	TROPHAMINE	276
TRADJENTA	130	TRIDESILON	160	<i>tropicamide</i>	278
<i>tramadol hcl</i>	34	<i>trientine hcl</i>	113	<i>tropium chloride</i>	312
<i>tramadol hcl er</i>	34	TRIESENCE	283	<i>tropium chloride er</i>	312
<i>tramadol hcl er (biphasic)</i>	34	Tri-Estarylla.....	141	TRUE COMFORT INSULIN	
<i>tramadol-acetaminophen</i>	36	TRIFERIC	206	SYRINGE	240
<i>trandolapril</i>	75	<i>trifluoperazine hcl</i>	105	TRUE COMFORT PEN NEEDLES	240
<i>trandolapril-verapamil hcl er</i>	74	<i>trifluridine</i>	280	TRUE COMFORT TWIST TOP	
<i>tranexamic acid</i>	207	<i>trigels-f forte</i>	205	LANCETS	233
TRANEXAMIC ACID-NACL	207	TRIGLIDE	72	TRUE FOCUS BLOOD GLUCOSE	
TRANSDERM SCOP (1.5 MG)	67	<i>trihexyphenidyl hcl</i>	101	STRIP	178
TRANSDERM-SCOP (1.5 MG)	67	TRIJARDY XR	303	TRUE METRIX BLOOD	
TRANXENE-T	40	TRIKAFTA	148	GLUCOSE TEST	178
<i>tranylcypromine sulfate</i>	53	<i>triklo</i>	71	TRUEDRAW LANCING DEVICE	233
TRANZGEL	115	Tri-Legest Fe.....	141	TRUEPLUS 5-BEVEL PEN	
TRAUMEEL	115	TRILEPTAL	50	NEEDLES	240
TRAVASOL	276	Tri-Linyah.....	141	TRUEPLUS INSULIN SYRINGE	240
TRAVATAN Z	284	TRILIPIX	72	TRUEPLUS LANCETS 26G	233
TRAVEL LANCETS	233	Tri-Lo-Estarylla.....	141	TRUEPLUS LANCETS 28G	233
TRAVEL LANCETS ADVANCED		Tri-Lo-Marzia.....	141	TRUEPLUS LANCETS 30G	233
28G	233	Tri-Lo-Mili.....	141	TRUEPLUS LANCETS 33G	233
<i>travoprost (bak free)</i>	284	Tri-Lo-Sprintec.....	141	TRUEPLUS PEN NEEDLES	240
TRAZIMERA	90	TRI-LUMA	160	TRUEPLUS SAFETY LANCETS	
<i>trazodone hcl</i>	53, 303	TRILURON	271	28G	233
TREANDA	87	Trilyte.....	213	TRUETEST TEST	178
TRECTOR	85	<i>trimethobenzamide hcl</i>	67	TRUETRACK TEST	178
TRELEGY ELLIPTA	42	<i>trimethoprim</i>	80	TRULANCE	134
TRELSTAR MIXJECT	98	Tri-Mili.....	141	TRULICITY	61
TREMFYA	155	<i>trimipramine maleate</i>	56	TRUMENBA	313
<i>treprostinil</i>	130	TRIMPEX	80	TRUSKIN	166, 167
TRESIBA	61	TRINATAL RX 1	265	TRUSOPT	280
TRESIBA FLEXTOUCH	60, 61	<i>trinate</i>	265	TRUVADA	107
<i>tretinoin</i>	99, 151	Trinessa (28).....	141	TRUXIMA	90
<i>tretinoin (emollient)</i>	151	Trinessa Lo.....	141	<i>trymine cg</i>	145
<i>tretinoin microsphere</i>	151	TRI-NORINYL (28)	141	TRYPTOPHAN	276
<i>tretinoin microsphere pump</i>	151	TRINTELLIX	53, 303	TUDORZA PRESSAIR	44
TRETIN-X	151	TRIOSTAT	306	TUKYSA	93
TRETTEN	198	<i>triphrocaps</i>	255	Tulana.....	140
TREXALL	88	TRIPLE COMPLEX FORMULA 3		TURALIO	93
TREXIMET	244	KIT	153	TURPENTINE	162
<i>trezix</i>	29	Tri-Previfem.....	141	TUSNEL C	146
Tri Femynor.....	141	TRIPTODUR	184	TUSSICAPS	147
<i>triamcinolone acetanide</i>		TRISENOX	95	Tussigon.....	145
.....	143, 159, 160, 253, 304	Tri-Sprintec.....	141	TUSSIONEX PENNKINETIC ER	147
TRIAMCINOLONE ACETONIDE	143	TRISTART DHA	267	TUXARIN ER	147
TRIAMCINOLONE DIACETATE	143	TRISTART ONE	267	TUZISTRA XR	147
TRIAMCINOLONE-		TRI-TABS DHA	265	TWINRIX	314
BUPIVACAINE	144	TRIUMEQ	107	TWYNSTA	76
TRI-AMINO	277	TRIVEEN-DUO DHA	266	TYBOST	106
<i>triamterene</i>	180	TRI-VI-FLOR	262	Tydemy.....	137
<i>triamterene-hctz</i>	179	TRI-VI-FLORO	262	TYGACIL	81
Trianex.....	160	<i>tri-vit/fluoride</i>	262	TYKERB	93
<i>triazolam</i>	210	<i>tri-vit/fluoride/iron</i>	262	TYLENOL WITH CODEINE #3	29
TRIBENZOR	78	<i>tri-vitamin/fluoride</i>	262	TYLENOL WITH CODEINE #4	29
		<i>tri-vite/fluoride</i>	262	TYMLOS	185

TYPHIM VI	313	ULTRAFOAM SPONGE		UNISTIK TOUCH SAFETY LANC	
TYSABRI	296	2X6.25X7CM	208	23G	234
TYVASO	130	ULTRAFOAM SPONGE		UNISTIK TOUCH SAFETY LANC	
TYVASO REFILL	130	8X12.5X1CM	208	28G	234
TYVASO STARTER	130	ULTRAFOAM SPONGE		UNISTIK TOUCH SAFETY LANC	
UBRELVY	125	8X12.5X3CM	208	30G	234
UCERIS	37, 143	ULTRAFOAM SPONGE		UNISTRIP1 GENERIC	178
UDAMIN SP	259	8X25X1CM	208	Unithroid	306
UDENYCA	204	ULTRAFOAM SPONGE		UNITUXIN	90
ULESFIA	165	8X6.25X1CM	208	UNIVERSAL 1 LANCETS THIN	
ULORIC	196	ULTRALANCE	233	26G	234
ULTANE	193	ULTRAM	34	UNIVERSAL 1 LANCETS THIN	
ULTICARE INSULIN SAFETY		ULTRA-THIN II AUTO LANCET ..	233	33G	234
SYR	240	ULTRA-THIN II INS SYR SHORT ..	241	UNIVERSAL 1 LANCETS ULTRA	
ULTICARE INSULIN SYRINGE	240	ULTRA-THIN II INSULIN		THIN	234
ULTICARE MICRO PEN		SYRINGE	241	UPTRAVI	301
NEEDLES	240	ULTRA-THIN II LANCETS	233	URALISS	160
ULTICARE MINI PEN NEEDLES ..	240	ULTRA-THIN II MINI PEN		<i>urea</i>	160
ULTICARE PEN NEEDLES	240	NEEDLE	241	UREA	160
ULTICARE SHORT PEN		ULTRA-THIN II PEN NEEDLE		<i>urea hydrating</i>	161
NEEDLES	240	SHORT	241	<i>urea nail</i>	160
ULTIGUARD SAFEPAK PEN		ULTRA-THIN II PEN NEEDLES ...	241	UREA NAIL	161
NEEDLE	241	ULTRATRAK PRO TEST	178	<i>urea-c40</i>	160
ULTI-LANCE AUTOMATIC	233	ULTRATRAK ULTIMATE TEST ..	178	URECHOLINE	312, 313
ULTILET CLASSIC LANCETS	233	ULTRAVATE	160	<i>Uredeb</i>	160
ULTILET INSULIN SYRINGE	241	UNASYN	290	<i>uremez-40</i>	160
ULTILET INSULIN SYRINGE		UNIFINE PENTIPS	241	URESOL	160
SHORT	241	UNIFINE PENTIPS PLUS	241	<i>Urettron D/S</i>	311
ULTILET LANCETS	233	UNIFINE SAFECONTROL PEN		UROCIT-K 10	194
ULTILET PEN NEEDLE	241	NEEDLE	241	UROCIT-K 15	194
ULTILET SAFETY LANCETS	233	UNILET COMFORTOUCH		UROCIT-K 5	194
ULTILET SAFETY LANCETS 23G ..	233	LANCET	233	<i>urosex</i>	268
ULTIMA TEST	178	UNILET EXCELITE	233	UROXATRAL	194
ULTIMATECARE ONE	265	UNILET EXCELITE II	233	URSO 250	190
ULTIVA	34	UNILET G.P. LANCET	233	URSO FORTE	190
ULTOMIRIS	199	UNILET G.P. SUPERLITE		<i>ursodiol</i>	190
<i>ultra b-100 complex</i>	269	LANCET	233	<i>Uryl</i>	311
ULTRA COMFORT INSULIN		UNILET GP 28 ULTRA THIN	233	UTIBRON NEOHALER	42
SYRINGE	241	UNILET LANCET	233	<i>uticap</i>	311
ULTRA FLO INSULIN PEN		UNILET MICRO-THIN 33G	233	<i>Utrona-C</i>	311
NEEDLES	241	UNILET SUPERLITE LANCET	233	VABOMERE	81
ULTRA FLO INSULIN SYRINGE ..	241	UNILET SUPER-THIN 30G	233	VACUSTIM SILVER	172
ULTRA THIN LANCETS 31G	233	UNILET ULTRA-THIN 28G	233	VAGIFEM	316
ULTRA THIN PEN NEEDLES	241	UNISTIK 1	233	<i>valacyclovir hcl</i>	112
ULTRABAG/DIANEAL PD-2/1.5%		UNISTIK 2	233	VALCHLOR	153
DEX	117, 291	UNISTIK 2 COMFORT	233	VALCYTE	111
ULTRABAG/DIANEAL PD-2/2.5%		UNISTIK 2 EXTRA	233	<i>valganciclovir hcl</i>	111
DEX	117, 291	UNISTIK 2 NEONATAL	233	VALIUM	40
ULTRABAG/DIANEAL PD-		UNISTIK 2 NORMAL	233	<i>valproate sodium</i>	52
2/4.25%DEX	117, 291	UNISTIK 2 SUPER	233	<i>valproic acid</i>	52
ULTRABAG/DIANEAL/1.5%		UNISTIK 3	234	<i>valrubicin</i>	94
DEXTROSE	117, 291	UNISTIK 3 COMFORT	234	<i>valsartan</i>	77
ULTRABAG/DIANEAL/2.5%		UNISTIK 3 EXTRA	234	<i>valsartan-hydrochlorothiazide</i>	76
DEXTROSE	117, 291	UNISTIK 3 GENTLE	234	VALSTAR	94
ULTRABAG/DIANEAL/4.25% DEX		UNISTIK 3 NEONATAL	234	VALTOCO 10 MG DOSE	48
.....	117, 291	UNISTIK 3 NORMAL	234	VALTOCO 15 MG DOSE	48
ULTRACARE INSULIN SYRINGE ..	241	UNISTIK 3 CZT COMFORT	234	VALTOCO 20 MG DOSE	48
ULTRA-CARE LANCETS 30G	233	UNISTIK 3 CZT NORMAL	234	VALTOCO 5 MG DOSE	48
ULTRACARE PEN NEEDLES	241	UNISTIK PRO SAFETY LANCET ..	234	VALTrex	112
ULTRACET	36	UNISTIK SAFETY LANCETS 28G ..	234	VALUE HEALTH INSULIN	
ULTRA-COMFORT INSULIN		UNISTIK SAFETY LANCETS 30G ..	234	SYRINGE	241
SYRINGE	241	UNISTIK TOUCH SAFETY LANC		VALUE PLUS LANCET	
		21G	234	STANDARD 21G	234

VALUE PLUS LANCETS SUPER THIN	234	VENIPUNCTURE PX1 PHLEBOTOMY	168	VINATE M	266
VALUE PLUS LANCETS THIN 26G	234	<i>venlafaxine hcl</i>	56	VINATE ONE	266
VALUE PLUS LANCING DEVICE	234	<i>venlafaxine hcl er</i>	55, 56	<i>vinblastine sulfate</i>	98
VALUMARK LANCET SUPER THIN 30G	234	VENOFER	206	<i>Vincasar Pfs</i>	99
VALUMARK LANCET ULTRA THIN 28G	234	VENOMIL HONEY BEE VENOM	124	<i>vincristine sulfate</i>	99
VALUMARK PEN NEEDLES	241	VENOMIL MIXED VESPID VENOM	124	<i>vinorelbine tartrate</i>	99
<i>Vanatol S</i>	25	VENOMIL WHITE FACED HORNET	124	VIOKACE	178
VANCOCIN	195	VENOMIL YELLOW HORNET VENOM	124	<i>viorele</i>	134
VANCOCIN HCL	195	VENOMIL YELLOW JACKET VENOM	124	VIRACEPT	109
VANCOMYCIN HCL	195, 196	VENTAVIS	130	VIRAMUNE	109
<i>vancomycin hcl</i>	195, 196	VENTOLIN HFA	43	VIRAMUNE XR	109
VANCOMYCIN HCL IN DEXTROSE	195	<i>veracolate</i>	216	VIRAZOLE	113
VANCOMYCIN HCL IN NA CL	195	<i>verapamil hcl</i>	128	VIREAD	110
VANCOMYCIN+SYRSPEND SF	196	<i>verapamil hcl er</i>	128	VIRGINIA LIVE OAK	124
VANCOSOL PACK	196	VERASENS BLOOD GLUCOSE TEST	178	VIROPTIC	280
<i>Vandazole</i>	316	VERDESO	160	VIRT NATE	266
VANIQA	164	VEREGEN	151	VIRT-C DHA	266
VANISHPOINT INSULIN SYRINGE	241	VERELAN	128	<i>virt-caps</i>	255
VANOS	160	VERELAN PM	128	<i>Virt-Gard</i>	203
VANTAS	98	VERIPRED 20	143	VIRT-NATE DHA	266
VAPRISOL	186	VERSACLOZ	104	<i>virt-phos 250 neutral</i>	248
VAQTA	315	VERZENIO	148	VIRT-PN	266
<i>vardenafil hcl</i>	131	VESICARE	312	VIRT-PN DHA	268
VARITHENA	118	<i>vexatrol</i>	168	VIRT-PN PLUS	266
VARIVAX	315	VFEND	69	<i>virtussin a/c</i>	145
VARIZIG	288	VFEND IV	69	<i>virtussin ac w/alc</i>	145
VARUBI (180 MG DOSE)	67	VIAGRA	131	<i>virtussin dac</i>	146
VASCEPA	71	VIBATIV	196	VISCO-3	271
VASCU DERM HYDROGEL	172	VIBERZI	211	VISCOAT	283
VASERETIC	74	VIBRAMYCIN	305	VISIONBLUE	283
VASOPRESSIN-DEXTROSE	187	<i>Vic-Forte</i>	259	VISTARIL	39
VASOPRESSIN-SODIUM CHLORIDE	187	VICTORY AGM-4000 TEST	178	VISTOGARD	64, 65
VASOSTRICT	187	VICTOZA	61	VISUDYNE	281
VASOTEC	75	VIDA MIA AUTOLET LANCING DEV	234	VIT B12-METHIONINE-INOS-CHOL	202
VAXCHORA	313	VIDA MIA UNIFINE PENTIPS	241	<i>vit e-vit c-beta carotene</i>	261
VAZCULEP	318	VIDA MIA UNILET LANCETS 28G	234	<i>Vita S Forte</i>	259
<i>v-c forte</i>	259	VIDA MIA UNILET LANCETS 30G	234	<i>vita-bee/c</i>	255
VCF VAGINAL CONTRACEPTIVE	316	VIDAZA	88	<i>Vitacel</i>	259
<i>vcf vaginal contraceptive</i>	316	VIDEX	110	VITAFOL	258
VECAMYL	78	VIDEX EC	109, 110	VITAFOL FE+	268
VECTIBIX	90	VIEKIRA PAK	208	VITAFOL GUMMIES	266
VECTICAL	155	<i>Vienva</i>	137	VITAFOL ULTRA	268
<i>vecuronium bromide</i>	274	<i>vigabatrin</i>	51	VITAFOL-NANO	266
VECURONIUM BROMIDE-NA CL	274	<i>Vigadrone</i>	51	VITAFOL-OB	266
VELCADE	91	VIGAMOX	279	VITAFOL-OB+DHA	268
VELETRI	130	VIIBRYD	53, 303	VITAFOL-ONE	268
<i>Velivet</i>	141	VIIBRYD STARTER PACK	53, 303	VITAL-D RX	256
VELPHORO	192	VIL-RX	265	<i>vitalee</i>	261
VELTASSA	117, 294	VIMIZIM	253	VITALET PRO LANCETS	234
VELTIN	150	VIMOVO	22	VITALET PRO PLUS LANCETS	234
VELTRIX	168	VIMPAT	50, 51	VITALINE BIOTIN FORTE	255
VEMLIDY	111	VINATE DHA RF	266	<i>Vitamax Pediatric</i>	261
VENA-BAL DHA	265	VINATE II	266	VITAMEDMD ONE RX/QUATREFOLIC	268
VENCLEXTA	85			VITAMEDMD REDICHEW RX	268
VENCLEXTA STARTING PACK	85			VITAMEZ	203

VITAMIN DEFICIENCY SYSTEM-		
B12	202	
<i>vitamin k1</i>	319	
<i>vitamin-b complex</i>	254	
<i>vitamins acd-fluoride</i>	262	
VITAPEARL	266	
VITAROCA PLUS	259	
VITA-RX DIABETIC VITAMIN	268	
VITATHELY WITH GINGER	266	
VITATRUE	268	
VITRAKVI	86	
VITRASE	114	
VIVA DHA	266	
VIVAGUARD INO TEST STRIPS ..	178	
VIVAGUARD LANCETS	234	
VIVAGUARD LANCING DEVICE	234	
VIVELLE-DOT	189	
VIVITROL	66	
VIVLODEX	23	
VIVOTIF	313	
VIZIMPRO	93	
VOCAL POINT BLOOD		
GLUCOSE TEST	178	
VOGELXO	37	
VOGELXO PUMP	37	
VOL-NATE	266	
<i>Volnea</i>	134	
VOL-PLUS	266	
VOL-TAB RX	266	
VOLTAREN	153	
VOLUVEN	200	
VONVENDI	198	
VOPAC GB	153	
VOPAC KT	153	
VORAXAZE	96	
<i>voriconazole</i>	69	
VOSEVI	208	
VOTRIENT	93	
VP FC KIT	153	
VP GKL KIT	153	
VP INSULIN SYRINGE	241	
VP-GGR-B6 PRENATAL	268	
VP-HEME OB	266	
VP-HEME OB + DHA	266	
VP-HEME ONE	268	
VP-PNV-DHA	266	
VPRIV	201	
VP-ZEL	259	
VRAYLAR	103	
VSL#3 DS	63	
<i>Vtol Lq</i>	25	
VUMERITY	297	
VUMERITY (STARTER)	297	
VUSION	152	
VYEPTI	125, 134	
<i>Vyfemla</i>	137	
VYLEESI	244	
<i>Vylibra</i>	137	
VYNDAMAX	307	
VYNDAQEL	307	
VYONDYS 53	269	
VYTORIN	73	
VYVANSE	15	
VYXEOS	94	
VYZULTA	284	
WAKIX	208, 209	
WALGREENS ADV TRAVEL		
LANCETS	234	
WALGREENS LANCETS	234	
WALGREENS LANCETS MICRO		
THIN	234	
WALGREENS LANCETS SUPER		
THIN	234	
WALGREENS THIN LANCETS	234	
WALGREENS ULTRA THIN		
LANCETS	234	
<i>warfarin sodium</i>	46	
WASP VENOM PROTEIN	124	
<i>water for irrigation, sterile</i>	116	
WAVESENSE PRESTO	178	
WEGMANS UNIFINE PENTIPS		
PLUS	241	
WELCHOL	72	
WELLBUTRIN SR	53	
WELLBUTRIN XL	53	
WELLMIND VERTIGO	115	
<i>Wera</i>	138	
WESTERN JUNIPER	124	
WESTHROID	306	
WEST-VITE W/FOLIC ACID	255	
WHEAT GERM OIL	318	
WHITE ASH	124	
WHITE BIRCH	124	
WHITE FACED HORNET VENOM		
WHITE FACED HORNET VENOM	124	
PROT	124	
WHITE MULBERRY	124	
WHITE OAK	124	
WHITE PINE	124	
WHITE-FACED HORNET VENOM		
WIDE-SEAL DIAPHRAGM 60	221	
WIDE-SEAL DIAPHRAGM 65	221	
WIDE-SEAL DIAPHRAGM 70	221	
WIDE-SEAL DIAPHRAGM 75	221	
WIDE-SEAL DIAPHRAGM 80	221	
WIDE-SEAL DIAPHRAGM 85	221	
WIDE-SEAL DIAPHRAGM 90	221	
WIDE-SEAL DIAPHRAGM 95	221	
WILATE	198	
WINRHO SDF	288	
<i>Wixela Inhub</i>	42	
<i>womans laxative</i>	216	
<i>womens laxative</i>	216	
WP THYROID	306	
<i>Wymzya Fe</i>	138	
XADAGO	101	
XALATAN	284	
XALKORI	93	
XANAX	40	
XANAX XR	40	
XARELTO	46	
XARELTO STARTER PACK	46	
XATMEP	88	
XCOPRI	51	
XCOPRI (250 MG DAILY DOSE)	51	
XCOPRI (350 MG DAILY DOSE)	51	
XELJANZ	19	
XELJANZ XR	19	
XELODA	88	
XELPROS	284	
XEMBIFY	288	
XENAZINE	296	
XENICAL	16	
XENLETA	292	
XEOMIN	273	
XEPI	152	
XERAC AC	156	
XERALUX	163	
XERAVA	189	
XERESE	155	
XERMELO	307	
XEROFORM OIL EMULSION		
2"X2"	169	
XEROFORM OIL EMULSION		
GAUZE	169	
XEROFORM OIL EMULSION		
STRIP	169	
XEROFORM OIL ROLL 4"X9'	169	
XEROFORM PETROLAT GAUZE		
1"X8"	169	
XEROFORM PETROLAT GAUZE		
5"X9"	169	
XEROFORM PETROLAT PATCH		
2"X2"	169	
XEROFORM PETROLAT PATCH		
4"X4"	169	
XEROFORM PETROLATUM		
ROLL 4" X9'	169	
XGEVA	185	
XHANCE	272	
XIAFLEX	114	
XIFAXAN	80	
XIGDUO XR	304	
XIIDRA	219	
XIMINO	305	
XOFIGO	95	
XOFLUZA (40 MG DOSE)	286	
XOFLUZA (80 MG DOSE)	286	
XOLAIR	42	
XOLEGEL	162	
XOLEGEL COREPAK	152	
XOLEGEL DUO/HEAD & SHOULDERS	152	
XOLEGEL DUO/XOLEX	152	
XOPENEX	43	
XOPENEX CONCENTRATE	43	
XOPENEX HFA	43	
XOSPATA	93	
XPOVIO (100 MG ONCE WEEKLY)	86	
XPOVIO (60 MG ONCE WEEKLY)	86	
XPOVIO (80 MG ONCE WEEKLY)	86	
XPOVIO (80 MG TWICE WEEKLY)	86	
XTAMPZA ER	34	
XTANDI	87	
<i>xulane</i>	138	

XULTOPHY	211	ZEPOSIA STARTER KIT	300	ZULRESSO	190
XURIDEN	208	ZERBAXA	131	Zumandimine.....	138
XYLOCAINE	219	ZERIT	110	ZUPLENZ	66
XYLOCAINE (CARDIAC)	40	ZERVIA TE	279	ZURAMPIC	196
Xylocaine Dental.....	217	ZESTORETIC	74	ZYBAN	300
XYLOCAINE/EPINEPHRINE	217	ZESTRIL	75	ZYCLARA	162
XYLOCAINE-MPF	219	ZETIA	73	ZYCLARA PUMP	162
XYLOCAINE-MPF/EPINEPHRINE	217	ZETONNA	272	ZYDELIG	291
.....	217	ZEVALIN Y-90	94	ZYFLO	41
XYNTHA	198	ZIAC	79	ZYFLO CR	41
XYNTHA SOLOFUSE	198	ZIAGEN	110	ZYKADIA	93
XYOSTED	37	ZIANA	150	ZYLET	282
XYREM	295	zidovudine.....	110	ZYLOPRIM	196
YASMIN 28	138	ZIEXTENZO	204	ZYMAXID	279
YAZ	138	zileuton er.....	41	ZYPITAMAG	73
YELLOW DOCK	124	ZILRETTA	143	ZYPREXA	106
YELLOW HORNET VENOM		zinc chloride.....	250	ZYPREXA RELPREVV	106
PROTEIN	124, 125	zinc sulfate.....	250	ZYPREXA ZYDIS	106
YELLOW JACKET VENOM		ZINC SULFATE	250	ZYTIGA	87
PROTEIN	125	ZINECARD	96	ZYVOX	82
YERVOY	90	ZINGO	219		
YF-VAX	315	ZINPLAVA	118		
yl balanced b-100.....	257	zionodil 100.....	163		
yl folic acid.....	203	ZIOPTAN	284		
YONDELIS	305	ziprasidone hcl.....	103		
YONSA	87	ziprasidone mesylate.....	103		
YOSPRALA	200	ZIPSOR	23		
YUPELRI	44	ZIRABEV	100		
YUTIQ	283	ZIRGAN	280		
Yuvafer.....	316	ZITHROMAX	220		
ZACARE	150	ZITHROMAX TRI-PAK	220		
ZACLIR CLEANSING	151	ZITHROMAX Z-PAK	220		
zafirlukast.....	44	ZOCOR	73		
zaleplon.....	210	ZOFRAN	66		
ZALTRAP	100	ZOFRAN ODT	66		
ZALVIT	266	ZOHYDRO ER	34		
ZANAFLEX	270	ZOLADEX	98		
ZANOSAR	99	zoledronic acid.....	181		
ZANTAC	308	ZOLEDRONIC ACID	181		
Zarah.....	138	ZOLINZA	89		
ZARONTIN	52	zolmitriptan.....	245		
ZARXIO	204	ZOLOFT	55		
ZATEAN-PN DHA	268	zolpidem tartrate.....	210		
ZATEAN-PN PLUS	266	zolpidem tartrate er.....	210		
ZAVESCA	201	ZOLPIMIST	210		
Zebutal.....	25	ZOMACTON	183		
ZEEL	115	ZOMETA	181		
ZEGERID	309	ZOMIG	245		
ZEJULA	292, 293	ZOMIG ZMT	245		
ZELAPAR	101	ZONALON	154		
ZELBORAF	88	ZONEGRAN	51		
ZELNORM	211	zonisamide.....	51		
ZEMAIRA	301	ZONTIVITY	294		
ZEMBRACE SYMTOUCH	245	ZORBTIVE	183		
ZEMDRI	18	ZORTRESS	116		
ZEMPLAR	184	ZORVOLEX	23		
Zenatane.....	151	ZOSTAVAX	315		
Zenchent.....	138	ZOSYN	290		
ZENPEP	178	Zovia 1/35E (28).....	138		
zenzedi.....	15	ZOVIRAX	112, 156		
ZEPATIER	208	ZTLIDO	163		
ZEPOSIA	300	Z-TUSS AC	147		
ZEPOSIA 7-DAY STARTER PACK	300	ZUBSOLV	36		

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