

Plus Drug Formulary

December 2022

Blue Shield of California

This formulary corresponds with the following plans:

Shield Spectrum PPOSM, Full PPO, Full PPO Savings, Access+ HMO[®], Added Advantage POSSM, Local Access+ HMO[®], Tandem PPO, Trio HMO, Active Choice Plus[®], Active Choice Classic[®]

This formulary was last updated on 12/01/2022 . This formulary is subject to change and all previous versions of the formulary no longer apply. For the most current information about the *Plus Drug Formulary*, visit www.blueshieldca.com/pharmacy.

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield *Summary of Benefits* and *Evidence of Coverage*. For plan and coverage documents, visit

https://www.blueshieldca.com/bsca/bsc/wcm/connect/employer/employer_contents_en/policies. For additional information about your plan, call the customer service number on your Blue Shield member ID card.



blueshieldca.com

Table of Contents

Informational Section	ii
Definitions	ii
How do I find a drug on this list?.....	iv
How do I know if the drug listed is a brand or generic drug?	iv
What are drug tiers?	v
How to read the formulary	vi
How often will the formulary change?.....	vii
What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?	viii
What are preventive health drugs?	viii
What is a contraceptive drug or device?	viii
What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?	ix
What if my drug requires a prior authorization or step therapy?	ix
How do I request a prior authorization or a step therapy exception?	ix
What if my drug is non-formulary or not listed?	x
Participating retail pharmacies.....	x
What are specialty drugs?	x
Mail service pharmacy.....	xi
Categorical List of Prescription Drugs.....	1
Index of Prescription Drugs.....	350

Informational Section

The *Blue Shield Plus Drug Formulary* is a list of medications that are approved by the Food and Drug Administration (FDA) and are selected based on safety, effectiveness, and cost. This list of generic and brand drugs is covered by your health insurance policy under the prescription drug benefit of the policy.

Definitions

The following words and definitions will be used throughout the formulary drug list.

Term
"Brand name drug" is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
"Coinsurance" is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
"Copayment" is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
"Deductible" is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
"Drug Tier" is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.
"Enrollee" is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscriber as defined in this section below.
"Exception request" is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.
"Exigent circumstances" are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.

Term
<p>"Formulary" is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.</p>
<p>"Generic drug" is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in <i>bold and italicized lowercase letters</i>.</p>
<p>"Non-formulary drug" is a prescription drug that is not listed on the health plan's formulary.</p>
<p>"Out-of-pocket costs" are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.</p>
<p>"Prescribing provider" is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.</p>
<p>"Prescription" is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.</p>
<p>"Prescription drug" is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.</p>
<p>"Preventive Health Drugs" are Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, covered at no charge when specific criteria are met.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force.</p>
<p>"Prior authorization" is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.</p>

* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010.

Term
<p>"Step therapy" is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.</p>
<p>"Subscriber" means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.</p>

How do I find a drug on this list?

Each drug is listed alphabetically under the column titled "Prescription Drug Name" by its brand or generic name under the therapeutic category and class to which it belongs. This formulary uses the U.S. Pharmacopeia (USP) classification system.

You can search this list using the brand or generic name of the drug by:

- Searching for the category or class to which the drug belongs and searching for the name of the drug in alphabetical order or
- Searching the Alphabetical Index of Drugs by the name of the drug.

Listing a drug on the formulary does not guarantee that it will be prescribed by your doctor or prescriber.

How do I know if the drug listed is a brand or generic drug?

- A generic name for a brand name drug is listed after the brand name of the drug in all ***lowercase bold italics***
 - 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 bold italics***
 - When a generic drug is marketed with a brand name, the brand name will be listed after the generic name in parentheses in all CAPITALS.
- A brand name drug is listed in all CAPITALS followed by the generic name in parentheses in ***lowercase bold italics***.

Example

Drug Type	How the drug name will appear in the formulary drug list
generic drug	<i>atorvastatin calcium</i>
generic drug marketed with a brand name	<i>oxycodone/acetaminophen</i> (ENDOCET)
brand drug	LIPITOR (<i>atorvastatin calcium</i>)

What are drug tiers?

Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in the *Summary of Benefits* of your Blue Shield *Evidence of Coverage* (EOC).

The column titled "Drug Tier" is the cost level you pay for a drug.

Drug Tier [†]	Description
1	Most generic drugs and low-cost, preferred brand drugs
2	Non-preferred generic drugs, preferred brand drugs, or drugs recommended by the P&T Committee based on drug safety, efficacy, and cost
3	Non-preferred brand drugs; drugs recommended by the P&T Committee based on safety, efficacy, and cost; or drugs that generally have a preferred and often less costly therapeutic alternative at a lower tier
4	Drugs that are biologics; drugs that the FDA or drug manufacturer requires to be distributed by specialty pharmacies; drugs that require training or clinical monitoring for self-administration; or drugs with a plan cost (net of rebates) greater than \$600 for a one-month supply

[†] Preventive health drugs, including contraceptive drugs and devices are covered at \$0 when specific criteria are met.

Note about multi-source brand drugs: If you or your doctor choose a brand drug when a generic drug equivalent is available, you will pay the difference in cost, plus the Tier 1 copayment or coinsurance. You or your doctor can ask for an exception. See "What if my drug requires a prior authorization or step therapy?" below for more information.

You can find information about specific prescription drug benefits and drug

benefit exclusions in the Blue Shield *Evidence of Coverage*. For additional information about specific plans, call the customer service number on your Blue Shield member ID card.

Note: Blue Shield drug formularies apply to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California (individually and collectively referred to as Blue Shield throughout this document).

How to read the formulary

The column titled “Coverage Requirements and Limits” identifies coverage restrictions or limits for drugs when applicable.

Coverage Requirements and Limits		Description
ALI	Age Limit	Prior authorization may be required if your age does not fall within the FDA, manufacturer, or treatment guideline recommendations.
GL	Gender Limit	Prior authorization may be required if the FDA, manufacturer, or treatment guidelines do not recommend the drug for a gender.
OAC	Oral Anti-Cancer	There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs. Please see your <i>Summary of Benefits</i> for more detailed information.
PA	Prior Authorization	Prior authorization is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.
PH	Preventive Health Drugs	Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, are covered at \$0 when specific criteria are met.*
QLC	Quantity Limit	The prescription quantity covered is limited. Prior authorization is required for amounts greater than the limit.
RO	Retail Only	This prescription can be dispensed at retail pharmacies only. It is not covered through mail service.

SF	Starter Fill	Blue Shield's Starter Fill Specialty Drug Program allows initial prescriptions for select specialty drugs to be filled for up to a 15-day supply. When this occurs, the copayment or coinsurance will be prorated.
SP	Specialty Pharmacy	These drugs are available exclusively through select specialty pharmacies.
ST	Step Therapy	Step therapy is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria are met.

* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010.

How often will the formulary change?

This formulary is updated on the first of every month. Formulary changes that may not have prior notice include the following:

- A brand name drug may be moved to a higher tier or removed from the formulary if a new generic drug is added to the formulary,
- A drug may be removed from the formulary when it is removed from the market because the Food and Drug Administration (FDA) deems a drug to be unsafe or the drug's manufacturer removes the drug from the market, or
- A drug is added to the formulary, moved to a lower tier, or has a utilization management requirement removed.

Formulary changes that will have at least 30-day prior notice to an affected enrollee include the following:

- Moving a drug or dosage form to a higher tier,
- Removal of a drug or dosage form from the formulary,
- Adding or changing utilization management requirements or limits for a drug.
 - When a step therapy utilization management requirement changes, the new requirement will not require you to repeat the step therapy if

you are already taking the drug for your condition as long as the drug is still appropriate, your provider continues to prescribe the drug, and the drug is still considered safe and effective for your condition.

When a drug or dosage form is removed from the formulary, and a drug was previously approved for coverage for your medical condition, coverage for the drug will continue if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

For the most current information about the Blue Shield Plus Drug Formulary, visit blueshieldca.com/pharmacy.

What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?

A medical benefit drug is a drug that is not generally self-administered and administered by a health care professional. The Outpatient Prescription Drug Benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded from coverage.

For additional information, check your Blue Shield *Evidence of Coverage* or call the customer service number on your Blue Shield member ID card.

What are preventive health drugs?

Preventive health drugs are select drugs required by health reform legislation to be covered at no charge to the member.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, visit blueshieldca.com/pharmacy.

What is a contraceptive drug or device?

Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy. With the exceptions of brands that have a generic equivalent, these drugs and devices are covered with no member copayment.*

Brand contraceptives with a generic equivalent generally require a copayment. If your doctor or health care provider determines that a brand contraceptive with a generic equivalent is medically necessary for you, it will be covered without a copayment upon submission of an exception request. You, your representative, or your doctor may submit the request to Blue Shield. You can submit a request by calling the customer service number on your Blue Shield member ID card.

* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010.

What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?

FDA-approved drugs for the treatment of diabetes are included in the formulary drug list. Diabetic testing supplies such as blood glucose test strips, urine test strips, lancets, and insulin syringes/pens covered under the Outpatient Prescription Drug Benefit are also included in the formulary drug list.

What if my drug requires a prior authorization or step therapy?

Drug prior authorization involves getting advance approval of coverage for a prescription medication based on medical necessity. Some drugs require a review of the patient's prescription and medical history to determine coverage.

Step therapy 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.

Step therapy requirements are based on how the FDA recommends a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition.

Your provider may submit a request for a prior authorization or an exception to the step therapy requirement.

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

To request prior authorization or a step therapy exception, please call the customer service number on your Blue Shield member ID card. You, your representative, or your doctor may submit the request to Blue Shield.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If an approval or denial is not sent within these timeframes, then the request will be considered approved. If a request is approved, it will continue to be covered for the length of the prescription, including refills.

You are not required to complete step therapy with Blue Shield if a drug you are currently taking was approved for coverage for your medical condition by your previous health plan or you qualify for a step-therapy exception. In either case, the

drug will be covered by Blue Shield without step therapy if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

If Blue Shield denies a request for prior authorization or a step therapy exception request, the member, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the EOC.

What if my drug is non-formulary or not listed?

The exception process involves requesting coverage of a non-formulary drug. A formulary exception, which allows coverage of a non-formulary drug is based on medical necessity.

To request a non-formulary coverage exception, please call the customer service number on your Blue Shield member ID card. You, your representative, or your doctor may submit an exception request to Blue Shield.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If an approval or denial is not sent within these timeframes, then the request will be considered approved. If a request is approved, it will continue to be covered for the length of the prescription, including refills.

If Blue Shield denies a request for prior authorization or an exception request, the member, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the EOC.

If you are currently taking the drug and it was approved by your previous health plan or by us, we will not require you to try other drugs first. If the drug is safe and effective for your condition, we will continue to cover it.

Participating retail pharmacies

You can fill prescriptions at any participating (network) pharmacy unless it is a prescription for a specialty drug. Blue Shield contracts with a wide network of retail pharmacies. To find a network pharmacy, visit blueshieldca.com/pharmacy.

What are specialty drugs?

Specialty drugs are drugs that may require coordination of care, close monitoring, or extensive patient training for self-administration. These requirements generally cannot be met by a retail pharmacy. Specialty drugs may also require special

handling or manufacturing processes (such as biotechnology), restriction to certain physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are usually high-cost.

Specialty drugs may require prior authorization for medical necessity by Blue Shield. Most specialty drugs are available exclusively from a Network Specialty Pharmacy. If coverage is approved, a Network Specialty Pharmacy can provide specialty drugs by mail or, upon your request, can transfer the specialty drug to an associated retail store for pickup. Call the customer service number on your Blue Shield member ID card or visit blueshieldca.com/pharmacy if you have questions about specialty drugs.

Mail service pharmacy

Blue Shield offers an easy-to-use mail service prescription drug program through our contracted mail service pharmacy. You can save time and money using the mail service drug program. It can be a convenient way to fill maintenance medications for up to a 90-day supply. Maintenance medications are drugs that doctors prescribe on an ongoing, regular basis to maintain health. For more information on using the mail service prescription benefit, visit blueshieldca.com/pharmacy.

Categorical List of Prescription Drugs

ANALGESICS (Drugs for Pain)	1
ANESTHETICS (Drugs for Numbing)	20
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Drugs for Addiction/Substance Abuse)	21
ANTIBACTERIALS (Drugs for Bacterial Infections)	23
ANTICONVULSANTS (Drugs for Seizures)	36
ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia)	45
ANTIDEPRESSANTS (Drugs for Depression)	48
ANTIEMETICS (Drugs for Nausea and Vomiting)	55
ANTIFUNGALS (Drugs for Fungal Infections)	58
ANTIGOUT AGENTS (Drugs for Gout)	61
ANTIMIGRAINE AGENTS (Drugs for Migraine)	62
ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)	66
ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)	66
ANTINEOPLASTICS (Drugs for Cancer)	67
ANTIPARASITICS (Drugs for Parasitic Infections)	79
ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)	80
ANTIPSYCHOTICS (Drugs for Mental Health)	86
ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)	91
ANTIVIRALS (Drugs for Viral Infections)	92
ANXIOLYTICS (Drugs for Anxiety)	102
BIPOLAR AGENTS (Drugs for Bipolar Disorder)	105
BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)	106
BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)	117
CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)	123
CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)	157
DENTAL AND ORAL AGENTS (Drugs for the Mouth)	172
DERMATOLOGICAL AGENTS (Drugs for the Skin)	173
ELECTROLYTES/MINERALS/METALS/VITAMINS	190
GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)	207
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic, Enzyme or Protein Disorders)	216
GENITOURINARY AGENTS (Drugs for Genital, Bladder, and Kidney)	219
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Drugs for Replacing/Stimulating Adrenal Gland Hormones)	225
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones)	230
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones)	232
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for Replacing/Stimulating Thyroid Gland)	254
HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (Drugs for Suppressing Hormones from the Pituitary Gland)	258

HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drug for Suppressing Hormones from the Thyroid Gland)	259
IMMUNOLOGICAL AGENTS (Drugs for Enhancing or Suppressing the Immune System)	260
INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)	268
MANUAL REVIEW	270
METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)	270
MISCELLANEOUS THERAPEUTIC AGENTS	272
OPHTHALMIC AGENTS (Drugs for the Eyes)	319
OTIC AGENTS (Drugs for the Ears)	328
RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)	329
SKELETAL MUSCLE RELAXANTS (Drugs for Muscle Tightness)	344
SLEEP DISORDER AGENTS (Drugs for Sleep Problems)	346

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANALGESICS (Drugs for Pain)		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)		
ANAPROX DS (<i>naproxen sodium</i>) 550 MG TAB	TIER 3	
ARTHROTEC (<i>diclofenac w/ misoprostol</i>) 50-0.2 MG TAB DR, 75-0.2 MG TAB DR	TIER 3	
BUTALBITAL-ASPIRIN-CAFFEINE --50-325-40 MG TAB	TIER 1	QLC (6 tabs/day)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	TIER 1	QLC (6 caps/day; max 48 caps/30 days)
CAMBIA (<i>diclofenac potassium (migraine)</i>) 50 MG PACKET	TIER 3	PA, QLC (9 packs/month)
CELEBREX (<i>celecoxib</i>) 400 MG CAP	TIER 3	QLC (1 cap/day)
CELEBREX (<i>celecoxib</i>) 50 MG CAP, 100 MG CAP, 200 MG CAP	TIER 3	QLC (2 caps/day)
<i>celecoxib cap 100 mg</i>	TIER 1	QLC (2 caps/day)
<i>celecoxib cap 200 mg</i>	TIER 1	QLC (2 caps/day)
<i>celecoxib cap 400 mg</i>	TIER 1	QLC (1 cap/day)
<i>celecoxib cap 50 mg</i>	TIER 1	QLC (2 caps/day)
DAYPRO (<i>oxaprozin</i>) 600 MG TAB	TIER 3	
DICLOFENAC 35 MG CAP	TIER 3	PA, QLC (3 caps/day)
DICLOFENAC EPOLAMINE 1.3 % PATCH	TIER 2	PA, QLC (2 patches/day; max 30 patches/30 days)
<i>diclofenac potassium cap 25 mg</i>	TIER 4	PA, QLC (4 caps/day)
<i>diclofenac potassium tab 25 mg</i>	TIER 4	PA, QLC (4 tabs/day)
<i>diclofenac potassium tab 50 mg</i>	TIER 1	
<i>diclofenac potassium tab 50 mg (CATAFLAM)</i>	TIER 1	
<i>diclofenac sodium soln 1.5%</i>	TIER 1	QLC (1 bottle/month)
<i>diclofenac sodium soln 1.5%</i> (KLOFENSAID II)	TIER 1	QLC (1 bottle/month)
<i>diclofenac sodium soln 2%</i>	TIER 4	PA, QLC (1 bottle/month)
<i>diclofenac sodium tab delayed release 25 mg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diclofenac sodium tab delayed release 50 mg</i>	TIER 1	
<i>diclofenac sodium tab delayed release 75 mg</i>	TIER 1	
<i>diclofenac sodium tab er 24hr 100 mg</i> (DICLOFENAC SODIUM ER)	TIER 1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> (DICLOFENAC-MISOPROSTOL)	TIER 1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (DICLOFENAC-MISOPROSTOL)	TIER 1	
<i>diflunisal tab 500 mg</i>	TIER 1	
DUEXIS (<i>ibuprofen-famotidine</i>) 800-26.6 MG TAB	TIER 4	PA, QLC (3 tabs/day)
EC-NAPROSYN (<i>naproxen</i>) EC-375 MG TAB DR, EC-500 MG TAB DR	TIER 3	
ELYXYB (<i>celecoxib (migraine)</i>) 120 MG/4.8ML SOLUTION	TIER 4	PA, QLC (4.8 ml/day)
<i>etodolac cap 200 mg</i>	TIER 1	
<i>etodolac cap 300 mg</i>	TIER 1	
<i>etodolac tab 400 mg</i>	TIER 1	
<i>etodolac tab 500 mg</i>	TIER 1	
<i>etodolac tab er 24hr 400 mg</i> (ETODOLAC ER)	TIER 1	
<i>etodolac tab er 24hr 500 mg</i> (ETODOLAC ER)	TIER 1	
<i>etodolac tab er 24hr 600 mg</i> (ETODOLAC ER)	TIER 1	
FELDENE (<i>piroxicam</i>) 10 MG CAP, 20 MG CAP	TIER 3	
FENOPROFEN CALCIUM 200 MG CAP	TIER 4	PA, QLC (8 caps/day)
FENOPROFEN CALCIUM 400 MG CAP	TIER 3	PA, QLC (8 caps/day)
<i>fenoprofen calcium cap 400 mg</i>	TIER 3	PA, QLC (8 caps/day)
<i>fenoprofen calcium tab 600 mg</i>	TIER 3	PA, QLC (4 tabs/day)
<i>fenoprofen calcium tab 600 mg</i> (PROFENO)	TIER 3	PA, QLC (4 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FENORTHO (<i>fenoprofen calcium</i>) 200 MG CAP	TIER 4	PA, QLC (8 caps/day)
FIORINAL (<i>butalbital-aspirin-caffeine</i>) 50-325-40 MG CAP	TIER 3	QLC (6 caps/day; max 48 caps/30 days)
FLECTOR (<i>diclofenac epolamine</i>) 1.3 % PATCH	TIER 3	PA, QLC (2 patches/day; max 30 patches/30 days)
FLURBIPROFEN 50 MG TAB	TIER 1	
<i>flurbiprofen tab 100 mg</i>	TIER 1	
<i>flurbiprofen tab 50 mg</i>	TIER 1	
<i>ibuprofen tab 400 mg</i>	TIER 1	
<i>ibuprofen tab 600 mg</i>	TIER 1	
<i>ibuprofen tab 800 mg</i>	TIER 1	
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	TIER 3	PA, QLC (3 tabs/day)
INDOCIN (<i>indomethacin</i>) 25 MG/5ML SUSPENSION, 50 MG SUPPOS	TIER 3	
INDOMETHACIN 20 MG CAP	TIER 3	PA, QLC (3 caps/day)
<i>indomethacin cap 25 mg</i>	TIER 1	
<i>indomethacin cap 50 mg</i>	TIER 1	
<i>indomethacin cap er 75 mg</i> (INDOMETHACIN ER)	TIER 1	
KETOPROFEN 25 MG CAP, 50 MG CAP, 75 MG CAP	TIER 3	PA
KETOPROFEN ER 200 MG CAP 24H	TIER 3	PA
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	TIER 4	PA, QLC (5 bottles/month)
<i>ketorolac tromethamine tab 10 mg</i>	TIER 1	QLC (4 tabs/day, not to exceed 20 tabs/30 days)
LICART (<i>diclofenac epolamine</i>) 1.3 % PATCH 24HR	TIER 3	PA, QLC (1 patch/day; max 15 patches/30 days)
LODINE (<i>etodolac</i>) 400 MG TAB	TIER 3	
MECLOFENAMATE SODIUM 50 MG CAP, 100 MG CAP	TIER 3	PA
<i>mefenamic acid cap 250 mg</i>	TIER 2	PA
MELOXICAM 7.5 MG/5ML SUSPENSION	TIER 4	PA, QLC (10 ml/day)
<i>meloxicam cap 10 mg</i>	TIER 4	PA, QLC (1 cap/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>meloxicam cap 5 mg</i>	TIER 4	PA, QLC (1 cap/day)
<i>meloxicam tab 15 mg</i>	TIER 1	
<i>meloxicam tab 7.5 mg</i>	TIER 1	
MOBIC (<i>meloxicam</i>) 7.5 MG TAB, 15 MG TAB	TIER 3	
<i>nabumetone tab 500 mg</i>	TIER 1	
<i>nabumetone tab 500 mg</i> (RELAFEN)	TIER 3	
<i>nabumetone tab 750 mg</i>	TIER 1	
<i>nabumetone tab 750 mg</i> (RELAFEN)	TIER 3	
NALFON (<i>fenoprofen calcium</i>) 400 MG CAP	TIER 3	PA, QLC (8 caps/day)
NALFON (<i>fenoprofen calcium</i>) 600 MG TAB	TIER 3	PA, QLC (4 tabs/day)
NAPRELAN (<i>naproxen sodium</i>) 375 MG TAB ER 24H	TIER 4	PA, QLC (1 tab/day)
NAPRELAN (<i>naproxen sodium</i>) 500 MG TAB ER 24H, 750 MG TAB ER 24H	TIER 4	PA, QLC (2 tabs/day)
NAPROSYN (<i>naproxen</i>) 125 MG/5ML SUSPENSION	TIER 4	PA
NAPROSYN (<i>naproxen</i>) 500 MG TAB	TIER 3	
<i>naproxen sodium tab 275 mg</i>	TIER 1	
<i>naproxen sodium tab 550 mg</i>	TIER 1	
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i> (NAPROXEN SODIUM ER)	TIER 4	PA, QLC (1 tab/day)
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i> (NAPROXEN SODIUM ER)	TIER 4	PA, QLC (2 tabs/day)
<i>naproxen sodium tab er 24hr 750 mg (base equiv)</i> (NAPROXEN SODIUM ER)	TIER 4	PA, QLC (2 tabs/day)
<i>naproxen susp 125 mg/5ml</i>	TIER 4	PA
<i>naproxen tab 250 mg</i>	TIER 1	
<i>naproxen tab 375 mg</i>	TIER 1	
<i>naproxen tab 500 mg</i>	TIER 1	
<i>naproxen tab ec 375 mg</i>	TIER 1	
<i>naproxen tab ec 375 mg</i> (EC-NAPROXEN)	TIER 1	
<i>naproxen tab ec 500 mg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>naproxen tab ec 500 mg</i> (EC-NAPROXEN)	TIER 1	
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i> (NAPROXEN-ESOMEPRAZOLE MG)	TIER 4	PA, QLC (2 tabs/day)
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> (NAPROXEN-ESOMEPRAZOLE MG)	TIER 4	PA, QLC (2 tabs/day)
<i>oxaprozin tab 600 mg</i>	TIER 1	
PENNSAID (<i>diclofenac sodium (topical)</i>) 2 % SOLUTION	TIER 4	PA, QLC (1 bottle/month)
<i>piroxicam cap 10 mg</i>	TIER 1	
<i>piroxicam cap 20 mg</i>	TIER 1	
QMIIZ ODT (<i>meloxicam</i>) ODT 7.5 MG TAB DISP, ODT 15 MG TAB DISP	TIER 3	PA, QLC (1 tab/day)
RELAFEN DS (<i>nabumetone</i>) 1000 MG TAB	TIER 4	PA, QLC (2 tabs/day)
<i>salsalate tab 500 mg</i>	TIER 1	
<i>salsalate tab 750 mg</i>	TIER 1	
SPRIX (<i>ketorolac tromethamine</i>) 15.75 MG/SPRAY SOLUTION	TIER 4	PA, QLC (5 bottles/month)
<i>sulindac tab 150 mg</i>	TIER 1	
<i>sulindac tab 200 mg</i>	TIER 1	
TIVORBEX (<i>indomethacin</i>) 20 MG CAP, 40 MG CAP	TIER 3	PA, QLC (3 caps/day)
TOLMETIN SODIUM 200 MG TAB, 400 MG CAP, 600 MG TAB	TIER 3	PA
VIMOVO (<i>naproxen-esomeprazole magnesium</i>) 375-20 MG TAB DR, 500-20 MG TAB DR	TIER 4	PA, QLC (2 tabs/day)
VIVLODEX (<i>meloxicam</i>) 5 MG CAP, 10 MG CAP	TIER 4	PA, QLC (1 cap/day)
ZIPSOR (<i>diclofenac potassium</i>) 25 MG CAP	TIER 4	PA, QLC (4 caps/day)
ZORVOLEX (<i>diclofenac</i>) 18 MG CAP, 35 MG CAP	TIER 3	PA, QLC (3 caps/day)

OPIOID ANALGESICS, LONG-ACTING (Long-acting Narcotic Pain Relievers)

ARYMO ER (<i>morphine sulfate</i>) 60 MG TBDET	TIER 3	PA, QLC (1 tab/day)
--	--------	---------------------

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ARYMO ER (<i>morphine sulfate</i>) ER 15 MG TBER DETER, ER 30 MG TBER DETER	TIER 3	PA, QLC (3 tabs/day)
BELBUCA (<i>buprenorphine hcl</i>) 75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM, 750 MCG FILM, 900 MCG FILM	TIER 3	PA, QLC (2 films/day)
<i>buprenorphine td patch weekly 10 mcg/hr</i>	TIER 1	PA, QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	TIER 1	PA, QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 20 mcg/hr</i>	TIER 1	PA, QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	TIER 1	PA, QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	TIER 1	PA, QLC (4 patches/28 days)
BUTRANS (<i>buprenorphine</i>) 5 MCG/HR PATCH WK, 7.5 MCG/HR PATCH WK, 10 MCG/HR PATCH WK, 15 MCG/HR PATCH WK, 20 MCG/HR PATCH WK	TIER 3	PA, QLC (4 patches/28 days)
CONZIP (<i>tramadol hcl</i>) 100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
DOLOPHINE (<i>methadone hcl</i>) 10 MG TAB	TIER 3	PA, QLC (18 tabs/day)
DOLOPHINE (<i>methadone hcl</i>) 5 MG TAB	TIER 3	PA, QLC (36 tabs/day)
DURAGESIC-100 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
DURAGESIC-12 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
DURAGESIC-25 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
DURAGESIC-50 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
DURAGESIC-75 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
EXALGO (<i>hydromorphone hcl</i>) 12 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
EXALGO (<i>hydromorphone hcl</i>) 8 MG TAB ER 24H, 16 MG TAB ER 24H, 32 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	TIER 1	PA, QLC (20 patches/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fentanyl td patch 72hr 12 mcg/hr</i>	TIER 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	TIER 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	TIER 4	PA, QLC (10 patches/month)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	TIER 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	TIER 4	PA, QLC (10 patches/month)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	TIER 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	TIER 4	PA, QLC (10 patches/month)
<i>hydrocodone bitartrate cap er 12hr 10 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 3	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 3	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 3	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 3	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 3	PA, QLC (2 caps/day)
HYDROCODONE BITARTRATE ER ER 10 MG CAP ER 12H, ER 15 MG CAP ER 12H, ER 20 MG CAP ER 12H, ER 30 MG CAP ER 12H, ER 40 MG CAP ER 12H, ER 50 MG CAP ER 12H	TIER 3	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 4	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 4	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 3	PA, QLC (1 cap/day)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 3	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 3	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 4	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 4	PA, QLC (1 tab/day)
<i>hydromorphone hcl tab er 24hr 12 mg</i> (HYDROMORPHONE HCL ER)	TIER 1	PA, QLC (2 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydromorphone hcl tab er 24hr 16 mg</i> (HYDROMORPHONE HCL ER)	TIER 1	PA, QLC (1 tab/day)
<i>hydromorphone hcl tab er 24hr 32 mg</i> (HYDROMORPHONE HCL ER)	TIER 1	PA, QLC (1 tab/day)
<i>hydromorphone hcl tab er 24hr 8 mg</i> (HYDROMORPHONE HCL ER)	TIER 1	PA, QLC (1 tab/day)
HYSINGLA ER (<i>hydrocodone bitartrate</i>) 20 MG TB24 DET	TIER 3	PA, QLC (1 cap/day)
HYSINGLA ER (<i>hydrocodone bitartrate</i>) ER 30 MG TB24 DETER, ER 40 MG TB24 DETER	TIER 3	PA, QLC (1 tab/day)
HYSINGLA ER (<i>hydrocodone bitartrate</i>) ER 60 MG TB24 DETER, ER 80 MG TB24 DETER, ER 100 MG TB24 DETER, ER 120 MG TB24 DETER	TIER 4	PA, QLC (1 tab/day)
KADIAN (<i>morphine sulfate</i>) 10 MG CAP ER 24H, 30 MG CAP ER 24H, 40 MG CAP ER 24H, 50 MG CAP ER 24H, 100 MG CAP ER 24H	TIER 3	PA, QLC (2 caps/day)
KADIAN (<i>morphine sulfate</i>) 20 MG CAP ER 24H	TIER 3	PA, QLC (4 caps/day)
KADIAN (<i>morphine sulfate</i>) 60 MG CAP ER 24H, 80 MG CAP ER 24H, 200 MG CAP ER 24H	TIER 3	PA, QLC (3 caps/day)
<i>levorphanol tartrate tab 2 mg</i>	TIER 4	PA, QLC (9 tabs/day)
<i>levorphanol tartrate tab 3 mg</i>	TIER 4	PA, QLC (4 tabs/day)
METHADONE HCL 10 MG/5ML SOLUTION	TIER 2	PA, QLC (90 ml/day)
METHADONE HCL 5 MG/5ML SOLUTION	TIER 2	PA, QLC (180 ml/day)
<i>methadone hcl conc 10 mg/ml</i>	TIER 2	PA, QLC (18 ml/day)
<i>methadone hcl conc 10 mg/ml</i> (METHADONE HCL INTENSOL)	TIER 2	PA, QLC (18 ml/day)
<i>methadone hcl soln 10 mg/5ml</i>	TIER 2	PA, QLC (90 ml/day)
<i>methadone hcl soln 5 mg/5ml mg/ml</i>	TIER 2	PA, QLC (180 ml/day)
<i>methadone hcl tab 10 mg</i>	TIER 2	PA, QLC (18 tabs/day)
<i>methadone hcl tab 5 mg</i>	TIER 2	PA, QLC (36 tabs/day)
<i>methadone hcl tab for oral susp 40 mg</i>	TIER 2	PA, QLC (5 tabs/day)
<i>methadone hcl tab for oral susp 40 mg</i> (METHADOSE)	TIER 2	PA, QLC (5 tabs/day)
METHADOSE (<i>methadone hcl</i>) 10 MG/ML CONC	TIER 3	PA, QLC (18 ml/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
METHADOSE SUGAR-FREE (<i>methadone hcl</i>) -10 MG/ML CONC	TIER 3	PA, QLC (18 ml/day)
MORPHABOND ER (<i>morphine sulfate</i>) ER 15 MG TB12 DETER, ER 30 MG TB12 DETER, ER 60 MG TB12 DETER, ER 100 MG TB12 DETER	TIER 3	PA, QLC (2 tabs/day)
<i>morphine sulfate cap er 24hr 10 mg</i> (MORPHINE SULFATE ER)	TIER 2	PA, QLC (2 caps/day)
<i>morphine sulfate cap er 24hr 100 mg</i> (MORPHINE SULFATE ER)	TIER 2	PA, QLC (2 caps/day)
<i>morphine sulfate cap er 24hr 20 mg</i> (MORPHINE SULFATE ER)	TIER 2	PA, QLC (4 caps/day)
<i>morphine sulfate cap er 24hr 30 mg</i> (MORPHINE SULFATE ER)	TIER 2	PA, QLC (2 caps/day)
<i>morphine sulfate cap er 24hr 50 mg</i> (MORPHINE SULFATE ER)	TIER 2	PA, QLC (2 caps/day)
<i>morphine sulfate cap er 24hr 60 mg</i> (MORPHINE SULFATE ER)	TIER 2	PA, QLC (3 caps/day)
<i>morphine sulfate cap er 24hr 80 mg</i> (MORPHINE SULFATE ER)	TIER 2	PA, QLC (3 caps/day)
MORPHINE SULFATE ER 20 MG CAP 24H	TIER 2	PA, QLC (4 caps/day)
MORPHINE SULFATE ER 40 MG CAP 24H	TIER 2	PA, QLC (2 caps/day)
MORPHINE SULFATE ER BEADS (<i>morphine sulfate beads</i>) ER BEADS 30 MG CAP ER 24H, ER BEADS 45 MG CAP ER 24H, ER BEADS 60 MG CAP ER 24H, ER BEADS 75 MG CAP ER 24H, ER BEADS 90 MG CAP ER 24H, ER BEADS 120 MG CAP ER 24H	TIER 2	PA, QLC (1 cap/day)
MORPHINE SULFATE ER ER 10 MG CAP ER 24H, ER 30 MG CAP ER 24H, ER 50 MG CAP ER 24H, ER 100 MG CAP ER 24H	TIER 2	PA, QLC (2 caps/day)
MORPHINE SULFATE ER ER 60 MG CAP ER 24H, ER 80 MG CAP ER 24H	TIER 2	PA, QLC (3 caps/day)
<i>morphine sulfate tab er 100 mg</i> (MORPHINE SULFATE ER)	TIER 1	QLC (3 tabs/day)
<i>morphine sulfate tab er 15 mg</i> (MORPHINE SULFATE ER)	TIER 1	QLC (6 tabs/day)
<i>morphine sulfate tab er 200 mg</i> (MORPHINE SULFATE ER)	TIER 1	QLC (3 tabs/day)
<i>morphine sulfate tab er 30 mg</i> (MORPHINE SULFATE ER)	TIER 1	QLC (6 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>morphine sulfate tab er 60 mg</i> (MORPHINE SULFATE ER)	TIER 1	QLC (5 tabs/day)
MS CONTIN (<i>morphine sulfate</i>) 100 MG TAB ER, 200 MG TAB ER	TIER 3	QLC (3 tabs/day)
MS CONTIN (<i>morphine sulfate</i>) 15 MG TAB ER, 30 MG TAB ER	TIER 3	QLC (6 tabs/day)
MS CONTIN (<i>morphine sulfate</i>) 60 MG TAB ER	TIER 3	QLC (5 tabs/day)
NUCYNTA ER (<i>tapentadol hcl</i>) ER 50 MG TAB ER 12H, ER 100 MG TAB ER 12H, ER 150 MG TAB ER 12H, ER 200 MG TAB ER 12H, ER 250 MG TAB ER 12H	TIER 3	PA, QLC (2 tabs/day)
OXYCODONE HCL ER ER 10 MG TB12 DETER, ER 15 MG TB12 DETER, ER 20 MG TB12 DETER, ER 30 MG TB12 DETER, ER 40 MG TB12 DETER, ER 60 MG TB12 DETER, ER 80 MG TB12 DETER	TIER 1	PA, QLC (2 tabs/day)
OXYCONTIN (<i>oxycodone hcl</i>) 10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER	TIER 3	PA, QLC (2 tabs/day)
OXYMORPHONE HCL ER 40 MG TAB 12H	TIER 1	PA, QLC (4 tabs/day)
OXYMORPHONE HCL ER ER 5 MG TAB ER 12H, ER 7.5 MG TAB ER 12H, ER 10 MG TAB ER 12H, ER 15 MG TAB ER 12H, ER 20 MG TAB ER 12H, ER 30 MG TAB ER 12H	TIER 1	PA, QLC (2 tabs/day)
TRAMADOL HCL ER (BIPHASIC) ER 100 MG TAB ER 24H, ER 200 MG TAB ER 24H, ER 300 MG TAB ER 24H	TIER 1	PA, QLC (1 tab/day)
TRAMADOL HCL ER 150 MG CAP 24H	TIER 3	PA, QLC (2 caps/day)
TRAMADOL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
<i>tramadol hcl tab er 24hr 100 mg</i> (TRAMADOL HCL ER)	TIER 1	QLC (3 tabs/day)
<i>tramadol hcl tab er 24hr 200 mg</i> (TRAMADOL HCL ER)	TIER 1	QLC (1 tab/day)
<i>tramadol hcl tab er 24hr 300 mg</i> (TRAMADOL HCL ER)	TIER 1	QLC (1 tab/day)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i> (TRAMADOL HCL ER (BIPHASIC))	TIER 1	PA, QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i> (TRAMADOL HCL ER (BIPHASIC))	TIER 1	PA, QLC (1 tab/day)
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i> (TRAMADOL HCL ER (BIPHASIC))	TIER 1	PA, QLC (1 tab/day)
XTAMPZA ER (<i>oxycodone</i>) ER 9 MG CP12 DETER, ER 13.5 MG CP12 DETER, ER 18 MG CP12 DETER, ER 27 MG CP12 DETER, ER 36 MG CP12 DETER	TIER 3	PA, QLC (2 caps/day)
ZOXYDRO ER (<i>hydrocodone bitartrate</i>) ER 10 MG CAP ER 12H, ER 15 MG CAP ER 12H, ER 20 MG CAP ER 12H, ER 30 MG CAP ER 12H, ER 40 MG CAP ER 12H, ER 50 MG CAP ER 12H	TIER 3	PA, QLC (2 caps/day)

OPIOID ANALGESICS, SHORT-ACTING (Short-acting Narcotic Pain Relievers)

ABSTRAL (<i>fentanyl citrate</i>) 100 MCG SL TAB	TIER 4	PA, QLC (4 tabs/day; max 56 tabs/month)
ABSTRAL (<i>fentanyl citrate</i>) 200 MCG SL TAB	TIER 4	PA, QLC (3 tabs/day; max 42 tabs/month)
ABSTRAL (<i>fentanyl citrate</i>) 300 MCG SL TAB	TIER 4	PA, QLC (2 tabs/day; max 28 tabs/month)
ABSTRAL (<i>fentanyl citrate</i>) 400 MCG SL TAB	TIER 4	PA, QLC (2 tabs/day; max 28 tabs/month)
ABSTRAL (<i>fentanyl citrate</i>) 600 MCG SL TAB, 800 MCG SL TAB	TIER 4	PA, QLC (1 tab/day; max 14 tabs/month)
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> (ACETAMINOPHEN-CODEINE) 0	TIER 1	QLC (90 ml/day; max 1260 ml/month)
<i>acetaminophen w/ codeine tab 300-15 mg</i> (ACETAMINOPHEN-CODEINE #2)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>acetaminophen w/ codeine tab 300-15 mg</i> (ACETAMINOPHEN-CODEINE)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>acetaminophen w/ codeine tab 300-30 mg</i> (ACETAMINOPHEN-CODEINE #3)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>acetaminophen w/ codeine tab 300-30 mg</i> (ACETAMINOPHEN-CODEINE)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>acetaminophen w/ codeine tab 300-60 mg</i> (ACETAMINOPHEN-CODEINE #4)	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
<i>acetaminophen w/ codeine tab 300-60 mg</i> (ACETAMINOPHEN-CODEINE)	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
<i>acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg</i> (DVORAH)	TIER 3	PA, QLC (10 caps/day; max 140 caps/30 days)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ACTIQ (<i>fentanyl citrate</i>) 200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE	TIER 3	PA, QLC (4 lozenges/day; max 56 lozenges/month)
APADAZ (<i>benzhydrocodone hcl-acetaminophen</i>) 4.08-325 MG TAB	TIER 3	PA, QLC (12 tabs/day; not to exceed 168 tabs/30 days)
APADAZ (<i>benzhydrocodone hcl-acetaminophen</i>) 6.12-325 MG TAB	TIER 3	PA, QLC (12 tabs/day; not to exceed 168 tabs/30 days)
APADAZ (<i>benzhydrocodone hcl-acetaminophen</i>) 8.16-325 MG TAB	TIER 3	PA, QLC (9 tabs/day; not to exceed 126 tabs/30 days)
APAP-CAFF-DIHYDROCODEINE (<i>acetaminophen-caff-dihydrocod</i>) --320.5-30-16 MG CAP, --325-30-16 MG TAB	TIER 1	PA, QLC (10 caps/day; max 140 caps/30 days)
BENZHYDROCODONE-ACETAMINOPHEN (<i>benzhydrocodone hcl-acetaminophen</i>) -4.08-325 MG TAB	TIER 3	PA, QLC (12 tabs/day; not to exceed 168 tabs/30 days)
BENZHYDROCODONE-ACETAMINOPHEN (<i>benzhydrocodone hcl-acetaminophen</i>) -6.12-325 MG TAB	TIER 3	PA, QLC (12 tabs/day; not to exceed 168 tabs/30 days)
BENZHYDROCODONE-ACETAMINOPHEN (<i>benzhydrocodone hcl-acetaminophen</i>) -8.16-325 MG TAB	TIER 3	PA, QLC (9 tabs/day; not to exceed 126 tabs/30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> (BUTALBITAL-APAP-CAFF-COD)	TIER 3	PA, QLC (6 caps/day; max 84 caps/30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> (BUTALBITAL-APAP-CAFF-COD)	TIER 1	QLC (6 caps/day; max 84 caps/30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> (ASCOMP-CODEINE)	TIER 1	QLC (6 caps/day; max 84 caps/30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> (BUTALBITAL-ASA-CAFF-CODEINE)	TIER 1	QLC (6 caps/day; max 84 caps/30 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	TIER 1	QLC (4 canisters/month at 2 canisters/fill)
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i> (CARISOPRODOL-ASPIRIN-CODEINE)	TIER 1	AL1 (Up to 64 yrs old), QLC (8 tabs/day)
CARISOPRODOL-ASPIRIN-CODEINE (<i>carisoprodol w/ aspirin & codeine</i>) --200-325-16 MG TAB	TIER 1	AL1 (Up to 64 yrs old), QLC (8 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CODEINE SULFATE 15 MG TAB	TIER 1	QLC (24 tabs/day; max 336 tabs/month)
CODEINE SULFATE 30 MG TAB	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
CODEINE SULFATE 60 MG TAB	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
<i>codeine sulfate tab 30 mg</i>	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>codeine sulfate tab 60 mg</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
DEMEROL (<i>meperidine hcl</i>) 100 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (9 tabs/day; max 126 tabs/month)
DILAUDID (<i>hydromorphone hcl</i>) 1 MG/ML LIQUID	TIER 3	QLC (4 ml/day; max 56 ml/month)
DILAUDID (<i>hydromorphone hcl</i>) 2 MG TAB	TIER 3	QLC (11 tabs/day; max 154 tabs/month)
DILAUDID (<i>hydromorphone hcl</i>) 4 MG TAB	TIER 3	QLC (6 tabs/day; max 84 tabs/month)
DILAUDID (<i>hydromorphone hcl</i>) 8 MG TAB	TIER 3	QLC (3 tabs/day; max 42 tabs/month)
EMBEDA (<i>morphine-naltrexone</i>) 20-0.8 MG CAP ER	TIER 3	PA, QLC (4 caps/day)
EMBEDA (<i>morphine-naltrexone</i>) 30-1.2 MG CAP ER, 50-2 MG CAP ER, 60-2.4 MG CAP ER	TIER 3	PA, QLC (2 caps/day)
EMBEDA (<i>morphine-naltrexone</i>) 80-3.2 MG CAP ER, 100-4 MG CAP ER	TIER 3	PA, QLC (1 cap/day)
FENTANYL CITRATE 100 MCG TAB	TIER 1	PA, QLC (4 tabs/day; max 56 tabs/month)
FENTANYL CITRATE 200 MCG TAB	TIER 1	PA, QLC (3 tabs/day; max 42 tabs/month)
FENTANYL CITRATE 400 MCG TAB	TIER 1	PA, QLC (2 tabs/day; max 28 tabs/month)
FENTANYL CITRATE 600 MCG TAB	TIER 1	PA, QLC (1 tab/day; max 14 tabs/month)
FENTANYL CITRATE 800 MCG TAB	TIER 1	PA, QLC (1 tab/day; max 14 tabs/month)
<i>fentanyl citrate lozenge on a handle 1200 mcg fentnyl citrte hndle</i>	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fentanyl citrate lozenge on a handle 1600 mcg fentanyl citrate hndle</i>	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 200 mcg fentanyl citrate hndle</i>	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 400 mcg fentanyl citrate hndle</i>	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 600 mcg fentanyl citrate hndle</i>	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 800 mcg fentanyl citrate hndle</i>	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
FENTORA (<i>fentanyl citrate</i>) 100 MCG TAB	TIER 3	PA, QLC (4 tabs/day; max 56 tabs/month)
FENTORA (<i>fentanyl citrate</i>) 200 MCG TAB	TIER 3	PA, QLC (3 tabs/day; max 42 tabs/month)
FENTORA (<i>fentanyl citrate</i>) 400 MCG TAB	TIER 3	PA, QLC (2 tabs/day; max 28 tabs/month)
FENTORA (<i>fentanyl citrate</i>) 600 MCG TAB	TIER 3	PA, QLC (1 tab/day; max 14 tabs/month)
FENTORA (<i>fentanyl citrate</i>) 800 MCG TAB	TIER 3	PA, QLC (1 tab/day; max 14 tabs/month)
FIORICET/CODEINE (<i>butalbital-acetaminophen-caffeine w/ codeine</i>) 50-300-40-30 MG CAP	TIER 3	PA, QLC (6 caps/day; max 84 caps/30 days)
FIORINAL/CODEINE #3 (<i>butalbital-aspirin-caffeine w/cod</i>) 50-325-40-30 MG CAP	TIER 3	QLC (6 caps/day; max 84 caps/30 days)
HYDROCODONE-ACETAMINOPHEN -10-325 MG/15ML SOLUTION	TIER 3	PA, QLC (90 ml/day; max 1260 ml/month)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	TIER 3	PA, QLC (90 ml/day; max 1260 ml/month)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	TIER 1	QLC (90 ml/day; max 1260 ml/30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	TIER 2	PA, QLC (6 tabs/day; max 84 tabs/30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i> (VICODIN HP)	TIER 3	PA, QLC (6 tabs/day; max 84 tabs/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i> (LORCET HD)	TIER 1	QLC (6 tabs/day; max 84 tabs/30 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	TIER 2	PA, QLC (8 tabs/day; max 112 tabs/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	TIER 1	QLC (8 tabs/day; max 112 tabs/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i> (LORCET)	TIER 1	QLC (8 tabs/day; max 112 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	TIER 2	PA, QLC (6 tabs/day; max 84 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> (LORCET PLUS)	TIER 1	QLC (6 tabs/day; max 84 tabs/30 days)
HYDROCODONE-IBUPROFEN -10-200 MG TAB	TIER 1	QLC (5 tabs/day; max 70 tabs/month)
HYDROCODONE-IBUPROFEN -5-200 MG TAB	TIER 1	QLC (8 tabs/day; max 112 tabs/month)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	TIER 1	QLC (5 tabs/day; max 70 tabs/month)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	TIER 1	QLC (8 tabs/day; max 112 tabs/month)
<i>hydrocodone-ibuprofen tab 5-200 mg</i> (IBUDONE)	TIER 1	QLC (8 tabs/day; max 112 tabs/month)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	TIER 1	QLC (5 tabs/day; max 70 tabs/month)
HYDROMORPHONE HCL 3 MG SUPPOS	TIER 2	QLC (8 suppositories/day; max 112 suppositories/month)
<i>hydromorphone hcl liqd 1 mg/ml</i>	TIER 2	QLC (4 ml/day; max 56 ml/month)
<i>hydromorphone hcl tab 2 mg</i>	TIER 1	QLC (11 tabs/day; max 154 tabs/month)
<i>hydromorphone hcl tab 4 mg</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
<i>hydromorphone hcl tab 8 mg</i>	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
IBUDONE (<i>hydrocodone-ibuprofen</i>) 10-200 MG TAB	TIER 3	QLC (5 tabs/day; max 70 tabs/month)
LAZANDA (<i>fentanyl citrate</i>) 100 MCG/ACT SOLUTION, 300 MCG/ACT SOLUTION, 400 MCG/ACT SOLUTION	TIER 4	PA, QLC (14 bottles/month)
LORTAB (<i>hydrocodone-acetaminophen</i>) 10-300 MG/15ML ELIXIR	TIER 3	QLC (67.5 ml/day; max 945 ml/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MEPERIDINE HCL 100 MG TAB	TIER 1	AL1 (Up to 64 yrs old), QLC (9 tabs/day; max 126 tabs/month)
MEPERIDINE HCL 50 MG TAB	TIER 1	AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 252 tabs/month)
MEPERIDINE HCL 50 MG/5ML SOLUTION	TIER 1	AL1 (Up to 64 yrs old), QLC (90 ml/day; max 1260 ml/month)
<i>meperidine hcl tab 100 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (9 tabs/day; max 126 tabs/month)
<i>meperidine hcl tab 50 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 252 tabs/month)
MORPHINE SULFATE 10 MG SUPPOS	TIER 1	QLC (9 suppositories/day; max 126 suppositories/month)
MORPHINE SULFATE 15 MG TAB	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
MORPHINE SULFATE 20 MG SUPPOS	TIER 1	QLC (5 suppositories/day; max 70 suppositories/month)
MORPHINE SULFATE 20 MG/5ML SOLUTION	TIER 1	QLC (22.5 ml/day; max 315 ml/30 days)
MORPHINE SULFATE 30 MG SUPPOS	TIER 1	QLC (3 suppositories/day; max 42 suppositories/month)
MORPHINE SULFATE 30 MG TAB	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
MORPHINE SULFATE 5 MG SUPPOS	TIER 1	QLC (12 suppositories/day; max 168 suppositories/month)
<i>morphine sulfate oral soln 10 mg/5ml</i>	TIER 1	QLC (45 ml/day; max 630 ml/month)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml) (MORPHINE SULFATE (CONCENTRATE))</i>	TIER 1	QLC (5ml/day; max 70 ml/month)
<i>morphine sulfate oral soln 20 mg/5ml</i>	TIER 1	QLC (22.5 ml/day; max 315 ml/30 days)
<i>morphine sulfate tab 15 mg</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
<i>morphine sulfate tab 30 mg</i>	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
NALOCET (<i>oxycodone w/ acetaminophen</i>) 2.5-300 MG TAB	TIER 3	PA, QLC (12 tabs/day; not to exceed 168 tabs/month)
NORCO (<i>hydrocodone-acetaminophen</i>) 5-325 MG TAB	TIER 3	QLC (8 tabs/day; max 112 tabs/30 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NORCO (<i>hydrocodone-acetaminophen</i>) 7.5-325 MG TAB, 10-325 MG TAB	TIER 3	QLC (6 tabs/day; max 84 tabs/30 days)
NUCYNTA (<i>tapentadol hcl</i>) 50 MG TAB	TIER 3	PA, QLC (5 tabs/day; max 70 tabs/month)
NUCYNTA (<i>tapentadol hcl</i>) 75 MG TAB, 100 MG TAB	TIER 3	PA, QLC (4 tabs/day; max 56 tabs/month)
OPANA (<i>oxymorphone hcl</i>) 10 MG TAB	TIER 3	PA, QLC (4 tabs/day; max 56 tabs/month)
OPANA (<i>oxymorphone hcl</i>) 5 MG TAB	TIER 3	PA, QLC (6 tabs/day; max 84 tabs/month)
OXAYDO (<i>oxycodone hcl</i>) 5 MG TAB	TIER 3	PA, QLC (12 tabs/day; max 168 tabs/month)
OXAYDO (<i>oxycodone hcl</i>) 7.5 MG TAB	TIER 3	PA, QLC (8 tabs/day; max 112 tabs/month)
<i>oxycodone hcl cap 5 mg</i>	TIER 1	QLC (12 caps/day; max 168 caps/month)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	TIER 1	QLC (3 ml/day; max 42 ml/month)
<i>oxycodone hcl soln 5 mg/5ml mg/ml</i>	TIER 1	QLC (60 ml/day; max 840 ml/month)
<i>oxycodone hcl tab 10 mg</i>	TIER 1	QLC (84 tabs/month)
<i>oxycodone hcl tab 15 mg</i>	TIER 1	QLC (4 tabs/day; max 56 tabs/month)
<i>oxycodone hcl tab 20 mg</i>	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
<i>oxycodone hcl tab 30 mg</i>	TIER 1	QLC (2 tabs/day; max 28 tabs/month)
<i>oxycodone hcl tab 5 mg</i>	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (ENDOCET)	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (ENDOCET)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (ENDOCET)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (ENDOCET)	TIER 1	QLC (8 tabs/day; max 112 tabs/month)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 1	QLC (8 tabs/day; max 112 tabs/month)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -10-300 MG TAB	TIER 4	PA, QLC (6 tabs/day; max 84 tabs/30 days)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -10-300 MG/5ML SOLUTION	TIER 4	PA, QLC (30 ml/day; max 420 ml/30 days)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -2.5-300 MG TAB	TIER 4	PA, QLC (12 tabs/day; not to exceed 168 tabs/month)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -5-300 MG TAB	TIER 4	PA, QLC (12 tabs/day; max 168 tabs/30 days)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -5-325 MG/5ML SOLUTION	TIER 1	QLC (840 ml/month)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -7.5-300 MG TAB	TIER 4	PA, QLC (8 tabs/day; max 112 tabs/30 days)
OXYCODONE-ASPIRIN -4.8355-325 MG TAB	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>oxycodone-aspirin tab 4.8355-325 mg</i>	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
OXYCODONE-IBUPROFEN -5-400 MG TAB	TIER 1	QLC (4 tabs/day; max 56 tabs/month)
<i>oxymorphone hcl tab 10 mg</i>	TIER 1	PA, QLC (4 tabs/day; max 56 tabs/month)
<i>oxymorphone hcl tab 5 mg</i>	TIER 1	PA, QLC (6 tabs/day; max 84 tabs/month)
<i>pentazocine w/ naloxone tab 50-0.5 mg</i> (PENTAZOCINE-NALOXONE HCL)	TIER 1	AL1 (Up to 64 yrs old), QLC (18 tabs/day)
PERCOCET (<i>oxycodone w/ acetaminophen</i>) 10-325 MG TAB	TIER 3	QLC (6 tabs/day; max 84 tabs/month)
PERCOCET (<i>oxycodone w/ acetaminophen</i>) 2.5-325 MG TAB, 5-325 MG TAB	TIER 3	QLC (12 tabs/day; max 168 tabs/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PERCOCET (<i>oxycodone w/ acetaminophen</i>) 7.5-325 MG TAB	TIER 3	QLC (8 tabs/day; max 112 tabs/month)
PRIMLEV (<i>oxycodone w/ acetaminophen</i>) 10-300 MG TAB	TIER 4	PA, QLC (6 tabs/day; max 84 tabs/30 days)
PRIMLEV (<i>oxycodone w/ acetaminophen</i>) 5-300 MG TAB	TIER 4	PA, QLC (12 tabs/day; max 168 tabs/30 days)
PRIMLEV (<i>oxycodone w/ acetaminophen</i>) 7.5-300 MG TAB	TIER 4	PA, QLC (8 tabs/day; max 112 tabs/30 days)
PROLATE (<i>oxycodone w/ acetaminophen</i>) 10-300 MG TAB	TIER 4	PA, QLC (6 tabs/day; max 84 tabs/30 days)
PROLATE (<i>oxycodone w/ acetaminophen</i>) 10-300 MG/5ML SOLUTION	TIER 4	PA, QLC (30 ml/day; max 420 ml/30 days)
PROLATE (<i>oxycodone w/ acetaminophen</i>) 5-300 MG TAB	TIER 4	PA, QLC (12 tabs/day; max 168 tabs/30 days)
PROLATE (<i>oxycodone w/ acetaminophen</i>) 7.5-300 MG TAB	TIER 4	PA, QLC (8 tabs/day; max 112 tabs/30 days)
QDOLO (<i>tramadol hcl</i>) 5 MG/ML SOLUTION	TIER 4	PA, QLC (80 ml/day; max 14 day supply/month (1120 ml/30 days))
ROXICODONE (<i>oxycodone hcl</i>) 15 MG TAB	TIER 3	QLC (4 tabs/day; max 56 tabs/month)
ROXICODONE (<i>oxycodone hcl</i>) 30 MG TAB	TIER 3	QLC (2 tabs/day; max 28 tabs/month)
ROXICODONE (<i>oxycodone hcl</i>) 5 MG TAB	TIER 3	QLC (12 tabs/day; max 168 tabs/month)
ROXYBOND (<i>oxycodone hcl</i>) 15 MG TAB DETER	TIER 3	PA, QLC (56 tabs/month, not to exceed 4 tabs/day)
ROXYBOND (<i>oxycodone hcl</i>) 30 MG TAB DETER	TIER 3	PA, QLC (28 tabs/month, not to exceed 2 tabs/day)
ROXYBOND (<i>oxycodone hcl</i>) 5 MG TAB DETER	TIER 3	PA, QLC (12 tabs/day; max 168 tabs/30 days)
SEGLENTIS (<i>celecoxib-tramadol hcl</i>) 56-44 MG TAB	TIER 3	PA, QLC (4 tabs/day; max 56 tabs/30 days)
SUBSYS (<i>fentanyl</i>) 100 MCG LIQUID, 1200 (600 X 2) MCG LIQUID, 1600 (800 X 2) MCG LIQUID	TIER 4	PA, QLC (4 doses/day; max 56 doses/month)
SUBSYS (<i>fentanyl</i>) 200 MCG LIQUID	TIER 4	PA, QLC (3 doses/day; max 42 doses/month)
SUBSYS (<i>fentanyl</i>) 400 MCG LIQUID, 600 MCG LIQUID, 800 MCG LIQUID	TIER 4	PA, QLC (1 dose/day; max 14 doses/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRAMADOL HCL 5 MG/ML SOLUTION	TIER 4	PA, QLC (80 ml/day; max 14 day supply/month (1120 ml/30 days))
<i>tramadol hcl tab 100 mg</i>	TIER 1	QLC (4 tabs/day; max 56 tabs/30 days)
<i>tramadol hcl tab 50 mg</i>	TIER 1	QLC (8 tabs/day; max 112 tabs/30 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	TIER 1	QLC (8 tabs/day; max 112 tabs/30 days)
TREZIX (<i>acetaminophen-caff-dihydrocod</i>) 320.5-30-16 MG CAP	TIER 3	PA, QLC (10 caps/day; max 140 caps/30 days)
TYLENOL WITH CODEINE #3 (<i>acetaminophen w/ codeine</i>) 300-30 MG TAB	TIER 3	QLC (12 tabs/day; max 168 tabs/month)
TYLENOL WITH CODEINE #4 (<i>acetaminophen w/ codeine</i>) 300-60 MG TAB	TIER 3	QLC (6 tabs/day; max 84 tabs/month)
ULTRACET (<i>tramadol-acetaminophen</i>) 37.5-325 MG TAB	TIER 3	QLC (8 tabs/day; max 112 tabs/30 days)
ULTRAM (<i>tramadol hcl</i>) 50 MG TAB	TIER 3	QLC (8 tabs/day; max 112 tabs/30 days)

ANESTHETICS (Drugs for Numbing)

LOCAL ANESTHETICS (Skin Numbing Drugs)

<i>lidocaine hcl soln 4%</i>	TIER 1	
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	TIER 1	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	TIER 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	TIER 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i> (GLYDO)	TIER 1	
<i>lidocaine hcl viscous soln 2%</i> (LIDOCAINE VISCOUS HCL)	TIER 1	
<i>lidocaine oint 5%</i>	TIER 1	QLC (50 gm/month)
<i>lidocaine oint 5%</i> (LIDOCAINE PAK)	TIER 1	QLC (50 gm/month)
<i>lidocaine oint 5%</i> (PREMIUM LIDOCAINE)	TIER 1	QLC (50 gm/month)
<i>lidocaine patch 5%</i>	TIER 1	QLC (90 patches/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	TIER 1	QLC (30 gm/month)
LIDODERM (<i>lidocaine</i>) 5 % PATCH	TIER 3	QLC (90 patches/month)
NAYZILAM (<i>midazolam (anticonvulsant)</i>) 5 MG/0.1ML SOLUTION	TIER 4	PA, QLC (2 sprayers/fill; max 5 fills/30 days)
SYNERA (<i>lidocaine-tetracaine</i>) 70-70 MG PATCH	TIER 3	PA, QLC (1 patch/month)
ZTLIDO (<i>lidocaine</i>) 1.8 % PATCH	TIER 3	PA, QLC (3 patches/day)

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Drugs for Addiction/Substance Abuse)

ALCOHOL DETERRENTS/ANTI-CRAVING (Drugs for Alcohol Dependence)

<i>acamprosate calcium tab delayed release 333 mg</i>	TIER 1	
ANTABUSE (<i>disulfiram</i>) 250 MG TAB, 500 MG TAB	TIER 3	
<i>disulfiram tab 250 mg</i>	TIER 1	
<i>disulfiram tab 500 mg</i>	TIER 1	

OPIOID DEPENDENCE (Drugs for Opioid Dependence)

BUNAVAIL (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 2.1-0.3 MG FILM	TIER 3	QLC (1 film/day)
BUNAVAIL (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 4.2-0.7 MG FILM, 6.3-1 MG FILM	TIER 3	QLC (2 films/day)
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	TIER 1	QLC (12 tabs/day; not to exceed 7 days therapy/90 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	TIER 1	QLC (3 tabs/day; not to exceed 7 days supply over 90 days)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	TIER 1	QLC (2 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	TIER 1	QLC (5 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	TIER 1	QLC (5 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	TIER 1	QLC (3 films/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	TIER 1	QLC (12 tabs/day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	TIER 1	QLC (3 tabs/day)
LUCEMYRA (<i>lofexidine hcl</i>) 0.18 MG TAB	TIER 3	PA, QLC (16 tabs/day, not to exceed 224 tabs/6 months)
SUBOXONE (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 12-3 MG FILM	TIER 3	QLC (2 films/day)
SUBOXONE (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 2-0.5 MG FILM, 4-1 MG FILM	TIER 3	QLC (5 films/day)
SUBOXONE (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 8-2 MG FILM	TIER 3	QLC (3 films/day)
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB	TIER 3	QLC (3 tabs/day)
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 2.9-0.71 MG SL TAB, 11.4-2.9 MG SL TAB	TIER 3	QLC (1 tab/day)
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 8.6-2.1 MG SL TAB	TIER 3	QLC (2 tabs/day)

OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose)

EVZIO (<i>naloxone hcl</i>) 2 MG/0.4ML SOLN - INJ	TIER 3	PA, QLC (2 injections [1 pack]/6 months)
KLOXXADO (<i>naloxone hcl</i>) 8 MG/0.1ML LIQUID	TIER 3	PA, QLC (2 nasal sprays/30 days)
<i>naloxone hcl inj 0.4 mg/ml</i>	TIER 1	QLC (two 1 ml vials/month)
<i>naloxone hcl inj 4 mg/10ml</i>	TIER 1	QLC (two 1 ml vials/month)
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	TIER 2	QLC (2 doses/month)
NALOXONE HCL NLOXONE 2 MG/0.4ML SOLN -INJ	TIER 1	PA, QLC (2 injections [1 pack]/6 months)
<i>naloxone hcl soln prefilled syringe 2 mg/2ml mg/ml</i>	TIER 1	QLC (2 syringes/month)
<i>naltrexone hcl tab 50 mg</i>	TIER 1	
NARCAN (<i>naloxone hcl</i>) 4 MG/0.1ML LIQUID	TIER 3	QLC (2 doses/month)
ZIMHI (<i>naloxone hcl</i>) 5 MG/0.5ML SOLN PRSYR	TIER 3	PA, QLC (2 syringes/30 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
------------------------	-----------	----------------------------------

SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking)

APO-VARENICLINE (<i>varenicline tartrate</i>) - 0.5 MG TAB, -1 MG TAB	TIER 2	ACA (Preventive Health), QLC (2 tabs/day)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> (BUPROPION HCL ER (SMOKING DET))	TIER 1	ACA (Preventive Health), QLC (2 tabs/day)
CHANTIX (<i>varenicline tartrate</i>) 0.5 MG TAB, 1 MG TAB	TIER 3	ACA (Preventive Health), QLC (2 tabs/day)
CHANTIX CONTINUING MONTH PAK (<i>varenicline tartrate</i>) 1 MG TAB	TIER 3	ACA (Preventive Health), QLC (2 tabs/day)
CHANTIX STARTING MONTH PAK (<i>varenicline tartrate</i>) 0.5 MG 11 & 1 MG 42 TAB THPK	TIER 3	ACA (Preventive Health), QLC (1 starting month box/28 days)
NICOTROL (<i>nicotine</i>) 10 MG INHALER	TIER 2	ACA (Preventive Health), QLC (16 cartridges/day)
NICOTROL NS (<i>nicotine</i>) 10 MG/ML SOLUTION	TIER 2	ACA (Preventive Health), QLC (2 ml/day)
VARENICLINE TARTRATE 0.5 MG TAB, 1 MG TAB	TIER 1	ACA (Preventive Health), QLC (2 tabs/day)
VARENICLINE TARTRATE 0.5 MG X 11 & 1 MG X 42 TAB THPK	TIER 1	ACA (Preventive Health), QLC (1 starting month box/28 days)
ZYBAN (<i>bupropion hcl (smoking deterrent)</i>) 150 MG TAB 12H	TIER 3	PA, QLC (2 tabs/day)

ANTIBACTERIALS (Drugs for Bacterial Infections)

AMINOGLYCOSIDES

ARIKAYCE (<i>amikacin sulfate liposome</i>) 590 MG/8.4ML SUSPENSION	TIER 4	PA, SP, QLC (1 vial/day)
<i>gentamicin sulfate cream 0.1%</i>	TIER 1	
<i>gentamicin sulfate oint 0.1%</i>	TIER 1	
HUMATIN (<i>paromomycin sulfate</i>) 250 MG CAP	TIER 3	
<i>neomycin sulfate tab 500 mg</i>	TIER 1	
<i>paromomycin sulfate cap 250 mg</i>	TIER 1	

ANTIBACTERIALS, OTHER

<i>acetic acid otic soln 2%</i>	TIER 1	
---------------------------------	--------	--

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AEMCOLO (<i>rifamycin sodium</i>) 194 MG TAB DR	TIER 3	PA, QLC (12 tabs/30 days)
ALTABAX (<i>retapamulin</i>) 1 % OINTMENT	TIER 3	ST, QLC (30 gm/60 days)
CLEOCIN (<i>clindamycin hcl</i>) 75 MG CAP, 150 MG CAP, 300 MG CAP	TIER 3	
CLEOCIN (<i>clindamycin palmitate hydrochloride</i>) 75 MG/5ML RECON SOLN	TIER 3	
CLEOCIN (<i>clindamycin phosphate vaginal</i>) 100 MG SUPPOS	TIER 2	QLC (3 suppositories/fill)
CLEOCIN (<i>clindamycin phosphate vaginal</i>) 2 % CREAM	TIER 3	
CLEOCIN-T (<i>clindamycin phosphate topical</i>) -1 % SWAB	TIER 3	
<i>clindamycin hcl cap 150 mg</i>	TIER 1	
<i>clindamycin hcl cap 300 mg</i>	TIER 1	
<i>clindamycin hcl cap 75 mg</i>	TIER 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	TIER 1	
<i>clindamycin phosphate swab 1%</i>	TIER 1	
<i>clindamycin phosphate swab 1% (CLINDACIN ETZ)</i>	TIER 1	
<i>clindamycin phosphate swab 1% (CLINDACIN-P)</i>	TIER 1	
<i>clindamycin phosphate vaginal cream 2%</i>	TIER 1	
CLINDESSE (<i>clindamycin phosphate (one dose)</i>) 2 % CREAM	TIER 2	
FIRVANQ (<i>vancomycin hcl</i>) 25 MG/ML RECON SOLN	TIER 3	PA, QLC (300 ml/month)
FIRVANQ (<i>vancomycin hcl</i>) 50 MG/ML RECON SOLN	TIER 3	PA, QLC (450 ml/30 days)
FLAGYL (<i>metronidazole</i>) 250 MG TAB, 375 MG CAP, 500 MG TAB	TIER 3	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	TIER 1	QLC (1 packet/30 days)
FURADANTIN (<i>nitrofurantoin</i>) 25 MG/5ML SUSPENSION	TIER 3	
HIPREX (<i>methenamine hippurate</i>) 1 GM TAB	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>linezolid for susp 100 mg/5ml</i>	TIER 1	PA
<i>linezolid tab 600 mg</i>	TIER 1	PA
MACROBID (<i>nitrofurantoin monohyd macro</i>) 100 MG CAP	TIER 3	
MACRODANTIN (<i>nitrofurantoin macrocrystal</i>) 25 MG CAP, 50 MG CAP, 100 MG CAP	TIER 3	
<i>methenamine hippurate tab 1 gm</i>	TIER 1	
METROCREAM (<i>metronidazole (topical)</i>) METRO0.75 %	TIER 3	
METROGEL (<i>metronidazole (topical)</i>) 1 %	TIER 3	
METROGEL-VAGINAL (<i>metronidazole vaginal</i>)	TIER 3	
METROLOTION (<i>metronidazole (topical)</i>) 0.75 %	TIER 3	
<i>metronidazole cap 375 mg</i>	TIER 3	
<i>metronidazole cream 0.75%</i>	TIER 1	
<i>metronidazole cream 0.75%</i> (ROSADAN)	TIER 1	
<i>metronidazole gel 0.75%</i>	TIER 1	
<i>metronidazole gel 0.75%</i> (ROSADAN)	TIER 1	
<i>metronidazole gel 1%</i>	TIER 1	
<i>metronidazole lotion 0.75%</i>	TIER 1	
<i>metronidazole tab 250 mg</i>	TIER 1	
<i>metronidazole tab 500 mg</i>	TIER 1	
<i>metronidazole vaginal gel 0.75%</i>	TIER 1	
MONUROL (<i>fosfomycin tromethamine</i>) 3 GM PACKET	TIER 3	QLC (1 packet/30 days)
NEOMYCIN-POLYMYXIN B GU (<i>neomycin/polymyxin b gu</i>) -40-200000 SOLUTION	TIER 1	PA, QLC (1 ml/day)
<i>neomycin-polymyxin b gu irrigation soln</i>	TIER 1	PA, QLC (1 ml/day)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	TIER 1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	TIER 1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (NITROFURANTOIN MONOHYD MACRO)	TIER 1	
<i>nitrofurantoin susp 25 mg/5ml</i>	TIER 1	
NORITATE (<i>metronidazole (topical)</i>) 1 % CREAM	TIER 4	PA
NUVESSA (<i>metronidazole vaginal</i>) 1.3 % GEL	TIER 3	QLC (2 tubes/month)
PRIMSOL (<i>trimethoprim hcl</i>) 50 MG/5ML SOLUTION	TIER 3	
SIVEXTRO (<i>tedizolid phosphate</i>) 200 MG TAB	TIER 4	PA, QLC (6 tabs/month)
SOLOSEC (<i>secnidazole</i>) 2 GM PACKET	TIER 3	PA, QLC (1 pack/month)
TINDAMAX (<i>tinidazole</i>) 500 MG TAB	TIER 3	QLC (20 tabs/fill)
<i>tinidazole tab 250 mg</i>	TIER 1	QLC (40 tabs/fill)
<i>tinidazole tab 500 mg</i>	TIER 1	QLC (20 tabs/fill)
TRIMETHOPRIM 100 MG TAB	TIER 1	
<i>trimethoprim tab 100 mg</i>	TIER 1	
TRIMPEX (<i>trimethoprim hcl</i>) 50 MG/5ML SOLUTION	TIER 3	
VANCOCIN (<i>vancomycin hcl</i>) 125 MG CAP, 250 MG CAP	TIER 3	
VANCOMYCIN HCL 250 MG/5ML RECON SOLN	TIER 1	PA, QLC (450 ml/30 days)
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	TIER 1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	TIER 1	
VANZOLE (<i>metronidazole vaginal</i>) 0.75 % GEL	TIER 1	
XIFAXAN (<i>rifaximin</i>) 200 MG TAB	TIER 3	PA, QLC (8 tabs/day)
XIFAXAN (<i>rifaximin</i>) 550 MG TAB	TIER 3	PA, QLC (3 tabs/day)
ZYVOX (<i>linezolid</i>) 100 MG/5ML RECON SUSP, 600 MG TAB	TIER 3	PA

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BETA-LACTAM, CEPHALOSPORINS		
CEFACLOR 125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP	TIER 1	
<i>cefaclor cap 250 mg</i>	TIER 1	
<i>cefaclor cap 500 mg</i>	TIER 1	
CEFACLOR ER (<i>cefaclor monohydrate</i>) 500 MG TAB 12H	TIER 1	
CEFADROXIL 1 GM TAB	TIER 1	
<i>cefadroxil cap 500 mg</i>	TIER 1	
<i>cefadroxil for susp 250 mg/5ml</i>	TIER 1	
<i>cefadroxil for susp 500 mg/5ml</i>	TIER 1	
<i>cefadroxil tab 1 gm</i>	TIER 1	
<i>cefdinir cap 300 mg</i>	TIER 1	
<i>cefdinir for susp 125 mg/5ml</i>	TIER 1	
<i>cefdinir for susp 250 mg/5ml</i>	TIER 1	
CEFDITOREN PIVOXIL 200 MG TAB, 400 MG TAB	TIER 1	
<i>cefixime cap 400 mg</i>	TIER 1	
<i>cefixime for susp 100 mg/5ml</i>	TIER 1	
<i>cefixime for susp 200 mg/5ml</i>	TIER 1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	TIER 1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	TIER 1	
<i>cefpodoxime proxetil tab 100 mg</i>	TIER 1	
<i>cefpodoxime proxetil tab 200 mg</i>	TIER 1	
<i>cefprozil for susp 125 mg/5ml</i>	TIER 1	
<i>cefprozil for susp 250 mg/5ml</i>	TIER 1	
<i>cefprozil tab 250 mg</i>	TIER 1	
<i>cefprozil tab 500 mg</i>	TIER 1	
<i>cefuroxime axetil tab 250 mg</i>	TIER 1	
<i>cefuroxime axetil tab 500 mg</i>	TIER 1	
CEPHALEXIN 250 MG TAB, 500 MG TAB, 750 MG CAP	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cephalexin cap 250 mg</i>	TIER 1	
<i>cephalexin cap 500 mg</i>	TIER 1	
<i>cephalexin cap 750 mg</i>	TIER 1	
<i>cephalexin for susp 125 mg/5ml</i>	TIER 1	
<i>cephalexin for susp 250 mg/5ml</i>	TIER 1	
KEFLEX (<i>cephalexin</i>) 250 MG CAP, 500 MG CAP, 750 MG CAP	TIER 3	
SUPRAX (<i>cefixime</i>) 100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 400 MG CAP, 500 MG/5ML RECON SUSP	TIER 3	

BETA-LACTAM, PENICILLINS

<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	TIER 1	QLC (2 tabs/day)
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i> (AMOXICILLIN-POT CLAVULANATE ER)	TIER 1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	TIER 1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	TIER 1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	TIER 1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	TIER 1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	TIER 1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	TIER 1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	TIER 1	
AMOXICILLIN 125 MG CHEW TAB, 250 MG CHEW TAB	TIER 1	
AMOXICILLIN-POT CLAVULANATE (<i>amoxicillin & pot clavulanate</i>) -200-28.5 MG CHEW TAB, -400-57 MG CHEW TAB	TIER 1	
AMOXICILLIN-POT CLAVULANATE ER (<i>amoxicillin & pot clavulanate</i>) -1000-62.5 MG TAB 12H	TIER 1	
AMPICILLIN 500 MG CAP	TIER 1	
AUGMENTIN (<i>amoxicillin & pot clavulanate</i>) 125-31.25 MG/5ML RECON SUSP	TIER 2	
AUGMENTIN (<i>amoxicillin & pot clavulanate</i>) 250-62.5 MG/5ML RECON SUSP, 500-125 MG TAB	TIER 3	
AUGMENTIN (<i>amoxicillin & pot clavulanate</i>) 875-125 MG TAB	TIER 3	QLC (2 tabs/day)
AUGMENTIN ES-600 (<i>amoxicillin & pot clavulanate</i>) --42.9 MG/5ML RECON SUSP	TIER 3	
AUGMENTIN XR (<i>amoxicillin & pot clavulanate</i>) 1000-62.5 MG TAB ER 12H	TIER 3	
<i>dicloxacillin sodium cap 250 mg</i>	TIER 1	
<i>dicloxacillin sodium cap 500 mg</i>	TIER 1	
MOXATAG (<i>amoxicillin</i>) 775 MG TAB ER 24H	TIER 3	QLC (10 tabs/fill)
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN	TIER 1	
<i>penicillin v potassium tab 250 mg</i>	TIER 1	
<i>penicillin v potassium tab 500 mg</i>	TIER 1	
MACROLIDES		
AZITHROMYCIN 1 GM PACKET	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>azithromycin for susp 100 mg/5ml</i>	TIER 1	
<i>azithromycin for susp 200 mg/5ml</i>	TIER 1	
<i>azithromycin tab 250 mg</i>	TIER 1	QLC (12 tabs/30 days)
<i>azithromycin tab 500 mg</i>	TIER 1	
<i>azithromycin tab 600 mg</i>	TIER 1	
CLARITHROMYCIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP	TIER 1	
<i>clarithromycin tab 250 mg</i>	TIER 1	QLC (42 tabs/fill)
<i>clarithromycin tab 500 mg</i>	TIER 1	QLC (42 tabs/fill)
<i>clarithromycin tab er 24hr 500 mg</i> (CLARITHROMYCIN ER)	TIER 1	QLC (42 tabs/fill)
DIFICID (<i>fidaxomicin</i>) 200 MG TAB	TIER 3	PA, QLC (20 tabs/month)
DIFICID (<i>fidaxomicin</i>) 40 MG/ML RECON SUSP	TIER 3	PA, QLC (136 ml/30 days)
E.E.S. 400 (<i>erythromycin ethylsuccinate</i>) MG TAB	TIER 2	PA
E.E.S. GRANULES (<i>erythromycin ethylsuccinate</i>) 200 MG/5ML RECON SUSP	TIER 3	PA
ERYPED 200 (<i>erythromycin ethylsuccinate</i>) MG/5ML RECON SUSP	TIER 3	PA
ERYPED 400 (<i>erythromycin ethylsuccinate</i>) MG/5ML RECON SUSP	TIER 3	PA
ERYTHROCIN STEARATE (<i>erythromycin stearate</i>) 250 MG TAB	TIER 2	PA
ERYTHROMYCIN BASE 250 MG CP DR PART	TIER 2	PA
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	TIER 2	PA
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	TIER 2	PA
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	TIER 2	PA
<i>erythromycin tab 250 mg</i> (ERYTHROMYCIN BASE)	TIER 2	
<i>erythromycin tab 500 mg</i> (ERYTHROMYCIN BASE)	TIER 2	
<i>erythromycin tab delayed release 250 mg</i>	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>erythromycin tab delayed release 250 mg</i> (ERY-TAB)	TIER 2	
<i>erythromycin tab delayed release 250 mg</i> (ERYTHROMYCIN BASE)	TIER 2	
<i>erythromycin tab delayed release 333 mg</i>	TIER 2	
<i>erythromycin tab delayed release 333 mg</i> (ERY-TAB)	TIER 2	
<i>erythromycin tab delayed release 333 mg</i> (ERYTHROMYCIN BASE)	TIER 2	
<i>erythromycin tab delayed release 500 mg</i>	TIER 2	
<i>erythromycin tab delayed release 500 mg</i> (ERY-TAB)	TIER 2	
<i>erythromycin tab delayed release 500 mg</i> (ERYTHROMYCIN BASE)	TIER 2	
<i>erythromycin w/ delayed release particles cap 250 mg</i> (ERYTHROMYCIN BASE)	TIER 2	PA
ZITHROMAX (<i>azithromycin</i>) 1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 500 MG TAB, 600 MG TAB	TIER 3	
ZITHROMAX (<i>azithromycin</i>) 250 MG TAB	TIER 3	QLC (12 tabs/30 days)
ZITHROMAX TRI-PAK (<i>azithromycin</i>) -500 MG TAB	TIER 3	
ZITHROMAX Z-PAK (<i>azithromycin</i>) -250 MG TAB	TIER 3	QLC (2 packs(12 tabs)/30 days)

QUINOLONES

AVELOX (<i>moxifloxacin hcl</i>) 400 MG TAB	TIER 3	QLC (10 tabs/fill)
BAXDELA (<i>delafloxacin meglumine</i>) 450 MG TAB	TIER 4	PA, QLC (28 tabs/month)
BESIVANCE (<i>besifloxacin hcl</i>) 0.6 % SUSPENSION	TIER 3	QLC (5 ml/month)
CILOXAN (<i>ciprofloxacin hcl (ophth)</i>) 0.3 % OINTMENT	TIER 2	
CILOXAN (<i>ciprofloxacin hcl (ophth)</i>) 0.3 % SOLUTION	TIER 3	
CIPRO (<i>ciprofloxacin hcl</i>) 250 MG TAB, 500 MG TAB	TIER 3	QLC (2 tabs/day)
CIPRO (<i>ciprofloxacin</i>) 250 MG/5ML (5%) RECON SUSP	TIER 3	QLC (2 bottles/fill)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CIPRO (<i>ciprofloxacin</i>) 500 MG/5ML (10%) RECON SUSP	TIER 3	QLC (3 bottles/fill)
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	TIER 1	QLC (3 bottles/fill)
CIPROFLOXACIN HCL 100 MG TAB	TIER 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	TIER 1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
CIPROFLOXACIN-CIPROFLOX HCL ER (<i>ciprofloxacin-ciprofloxacin hcl</i>) -1000 MG TAB 24H	TIER 1	QLC (14 tabs/fill)
CIPROFLOXACIN-CIPROFLOX HCL ER (<i>ciprofloxacin-ciprofloxacin hcl</i>) -500 MG TAB 24H	TIER 1	QLC (3 tabs/fill)
LEVAQUIN (<i>levofloxacin</i>) 500 MG TAB, 750 MG TAB	TIER 3	QLC (10 tabs/fill)
<i>levofloxacin oral soln 25 mg/ml</i>	TIER 2	QLC (300 ml/fill)
<i>levofloxacin tab 250 mg</i>	TIER 1	QLC (10 tabs/fill)
<i>levofloxacin tab 500 mg</i>	TIER 1	QLC (10 tabs/fill)
<i>levofloxacin tab 750 mg</i>	TIER 1	QLC (10 tabs/fill)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	TIER 1	QLC (10 tabs/fill)
OFLOXACIN 300 MG TAB	TIER 2	
<i>ofloxacin tab 400 mg</i>	TIER 2	

SULFONAMIDES

AVC VAGINAL (<i>sulfanilamide vaginal</i>) 15 % CREAM	TIER 2	
BACTRIM (<i>sulfamethoxazole-trimethoprim</i>) 400-80 MG TAB	TIER 3	
BACTRIM DS (<i>sulfamethoxazole-trimethoprim</i>) 800-160 MG TAB	TIER 3	
KLARON (<i>sulfacetamide sodium (acne)</i>) 10 % LOTION	TIER 3	
<i>sulfacetamide sodium lotion 10% (acne)</i> (SULFACETAMIDE SODIUM (ACNE))	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SULFADIAZINE 500 MG TAB	TIER 1	
<i>sulfadiazine tab 500 mg</i>	TIER 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	TIER 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> (SULFATRIM PEDIATRIC)	TIER 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	TIER 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	TIER 1	

TETRACYCLINES

ACTICLATE (<i>doxycycline hyclate</i>) 75 MG TAB, 150 MG TAB	TIER 3	PA, QLC (1 tab/day)
AMZEEQ (<i>minocycline hcl micronized (acne)</i>) 4 % FOAM	TIER 3	PA, QLC (1 bottle/month)
<i>demeclocycline hcl tab 150 mg</i>	TIER 1	
<i>demeclocycline hcl tab 300 mg</i>	TIER 1	
DORYX (<i>doxycycline hyclate</i>) 200 MG TAB DR	TIER 3	PA, QLC (1 tab/day)
DORYX (<i>doxycycline hyclate</i>) 50 MG TAB DR, 80 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
DORYX MPC (<i>doxycycline hyclate</i>) 60 MG TAB DR, 120 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
DOXYCYCLINE (<i>doxycycline (rosacea)</i>) 40 MG CAP DR	TIER 1	PA, QLC (1 cap/day)
DOXYCYCLINE HYCLATE 80 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
<i>doxycycline hyclate cap 100 mg</i>	TIER 1	
<i>doxycycline hyclate cap 100 mg</i> (MORGIDOX)	TIER 1	
<i>doxycycline hyclate cap 50 mg</i>	TIER 1	
<i>doxycycline hyclate cap 50 mg</i> (MORGIDOX)	TIER 1	
<i>doxycycline hyclate tab 100 mg</i>	TIER 1	
<i>doxycycline hyclate tab 100 mg</i> (LYMEPAK)	TIER 1	
<i>doxycycline hyclate tab 150 mg</i>	TIER 1	PA, QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>doxycycline hyclate tab 20 mg</i>	TIER 1	QLC (2 tabs/day)
<i>doxycycline hyclate tab 50 mg</i>	TIER 3	PA, QLC (2 tabs/day)
<i>doxycycline hyclate tab 50 mg (TARGADOX)</i>	TIER 3	PA, QLC (2 tabs/day)
<i>doxycycline hyclate tab 75 mg</i>	TIER 1	PA, QLC (1 tab/day)
<i>doxycycline hyclate tab delayed release 100 mg</i>	TIER 1	PA
<i>doxycycline hyclate tab delayed release 150 mg</i>	TIER 1	PA, QLC (1 tab/day)
<i>doxycycline hyclate tab delayed release 200 mg</i>	TIER 1	PA, QLC (1 tab/day)
<i>doxycycline hyclate tab delayed release 50 mg</i>	TIER 1	PA, QLC (2 tabs/day)
<i>doxycycline hyclate tab delayed release 75 mg</i>	TIER 1	PA
<i>doxycycline monohydrate cap 100 mg</i>	TIER 1	
<i>doxycycline monohydrate cap 100 mg (MONDOXYNE NL)</i>	TIER 1	
<i>doxycycline monohydrate cap 150 mg</i>	TIER 3	PA
<i>doxycycline monohydrate cap 50 mg</i>	TIER 1	
<i>doxycycline monohydrate cap 50 mg (MONDOXYNE NL)</i>	TIER 1	
<i>doxycycline monohydrate cap 75 mg</i>	TIER 3	PA
<i>doxycycline monohydrate cap 75 mg (MONDOXYNE NL)</i>	TIER 3	PA
<i>doxycycline monohydrate cap 75 mg (OKEBO)</i>	TIER 3	PA
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	TIER 1	
<i>doxycycline monohydrate tab 100 mg</i>	TIER 1	
<i>doxycycline monohydrate tab 100 mg (AVIDOXY)</i>	TIER 1	
<i>doxycycline monohydrate tab 150 mg</i>	TIER 1	
<i>doxycycline monohydrate tab 50 mg</i>	TIER 1	
<i>doxycycline monohydrate tab 75 mg</i>	TIER 1	
MINOCIN (<i>minocycline hcl</i>) 50 MG CAP	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>minocycline hcl cap 100 mg</i>	TIER 1	
<i>minocycline hcl cap 50 mg</i>	TIER 1	
<i>minocycline hcl cap 75 mg</i>	TIER 1	
MINOCYCLINE HCL ER ER 45 MG CAP ER 24H, ER 90 MG CAP ER 24H, ER 135 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
<i>minocycline hcl tab 100 mg</i>	TIER 1	
<i>minocycline hcl tab 50 mg</i>	TIER 1	
<i>minocycline hcl tab 75 mg</i>	TIER 1	
<i>minocycline hcl tab er 24hr 105 mg</i> (MINOCYCLINE HCL ER)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 115 mg</i> (MINOCYCLINE HCL ER)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 135 mg</i> (COREMINO)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 135 mg</i> (MINOCYCLINE HCL ER)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 45 mg</i> (COREMINO)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 45 mg</i> (MINOCYCLINE HCL ER)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 55 mg</i> (MINOCYCLINE HCL ER)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 65 mg</i> (MINOCYCLINE HCL ER)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 80 mg</i> (MINOCYCLINE HCL ER)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 90 mg</i> (COREMINO)	TIER 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 90 mg</i> (MINOCYCLINE HCL ER)	TIER 3	PA, QLC (1 tab/day)
MINOLIRA (<i>minocycline hcl</i>) 105 MG TAB ER 24H, 135 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
NUZYRA (<i>omadacycline tosylate</i>) 150 MG TAB	TIER 4	PA, QLC (30 caps/30 days)
ORACEA (<i>doxycycline (rosacea)</i>) 40 MG CAP DR	TIER 3	PA, QLC (1 cap/day)
SEYSARA (<i>sarecycline hcl</i>) 60 MG TAB, 100 MG TAB, 150 MG TAB	TIER 4	PA, QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SOLODYN (<i>minocycline hcl</i>) 55 MG TAB ER 24H, 65 MG TAB ER 24H, 80 MG TAB ER 24H, 105 MG TAB ER 24H, 115 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
<i>tetracycline hcl cap 250 mg</i>	TIER 1	
<i>tetracycline hcl cap 500 mg</i>	TIER 1	
VIBRAMYCIN (<i>doxycycline (monohydrate)</i>) 25 MG/5ML RECON SUSP	TIER 3	
VIBRAMYCIN (<i>doxycycline calcium</i>) 50 MG/5ML SYRUP	TIER 2	
VIBRAMYCIN (<i>doxycycline hyclate</i>) 100 MG CAP	TIER 3	
XIMINO (<i>minocycline hcl</i>) 45 MG CAP ER 24H, 90 MG CAP ER 24H, 135 MG CAP ER 24H	TIER 4	PA, QLC (1 cap/day)

ANTICONVULSANTS (Drugs for Seizures)

ANTICONVULSANTS, OTHER (Other Seizure Control Drugs)

BRIVIACT (<i>brivaracetam</i>) 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	TIER 3	ST, QLC (2 tabs/day)
BRIVIACT (<i>brivaracetam</i>) 10 MG/ML SOLUTION	TIER 3	ST, QLC (20 ml/day)
DEPAKENE (<i>valproate sodium</i>) 250 MG/5ML SOLUTION	TIER 3	
DEPAKENE (<i>valproic acid</i>) 250 MG CAP	TIER 3	
DEPAKOTE (<i>divalproex sodium</i>) 125 MG TAB DR, 250 MG TAB DR, 500 MG TAB DR	TIER 3	
DEPAKOTE ER (<i>divalproex sodium</i>) ER 250 MG TAB ER 24H, ER 500 MG TAB ER 24H	TIER 3	
DEPAKOTE SPRINKLES (<i>divalproex sodium</i>) 125 MG CAP DR	TIER 3	
DIACOMIT (<i>stiripentol</i>) 250 MG CAP	TIER 4	PA, SP, QLC (3 caps/day)
DIACOMIT (<i>stiripentol</i>) 250 MG PACKET	TIER 4	PA, SP, QLC (3 packets/day)
DIACOMIT (<i>stiripentol</i>) 500 MG CAP	TIER 4	PA, SP, QLC (6 caps/day)
DIACOMIT (<i>stiripentol</i>) 500 MG PACKET	TIER 4	PA, SP, QLC (6 packets/day)
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>divalproex sodium tab delayed release 125 mg</i>	TIER 1	
<i>divalproex sodium tab delayed release 250 mg</i>	TIER 1	
<i>divalproex sodium tab delayed release 500 mg</i>	TIER 1	
<i>divalproex sodium tab er 24 hr 250 mg</i> (DIVALPROEX SODIUM ER)	TIER 1	
<i>divalproex sodium tab er 24 hr 500 mg</i> (DIVALPROEX SODIUM ER)	TIER 1	
ELEPSIA XR (<i>levetiracetam</i>) 1000 MG TAB ER 24H, 1500 MG TAB ER 24H	TIER 4	PA, QLC (2 tabs/day)
EPIDIOLEX (<i>cannabidiol</i>) 100 MG/ML SOLUTION	TIER 4	PA, SP, QLC (4 bottles/28 days)
EPRONTIA (<i>topiramate</i>) 25 MG/ML SOLUTION	TIER 3	PA, QLC (16 ml/day)
<i>felbamate susp 600 mg/5ml</i>	TIER 1	
<i>felbamate tab 400 mg</i>	TIER 1	
<i>felbamate tab 600 mg</i>	TIER 1	
FELBATOL (<i>felbamate</i>) 400 MG TAB, 600 MG TAB, 600 MG/5ML SUSPENSION	TIER 3	
FINTEPLA (<i>fenfluramine hcl</i> (<i>anticonvulsant</i>)) 2.2 MG/ML SOLUTION	TIER 4	PA, SP, QLC (12 ml/day)
FYCOMPA (<i>perampanel</i>) 0.5 MG/ML SUSPENSION	TIER 3	ST, QLC (24 ml/day)
FYCOMPA (<i>perampanel</i>) 2 MG TAB	TIER 3	ST, QLC (3 tabs/day)
FYCOMPA (<i>perampanel</i>) 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	TIER 3	ST, QLC (1 tab/day)
KEPPRA (<i>levetiracetam</i>) 100 MG/ML SOLUTION, 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB	TIER 3	
KEPPRA XR (<i>levetiracetam</i>) 500 MG TAB ER 24H	TIER 3	QLC (6 tabs/day)
KEPPRA XR (<i>levetiracetam</i>) 750 MG TAB ER 24H	TIER 3	QLC (4 tabs/day)
LAMICTAL (<i>lamotrigine</i>) 5 MG CHEW TAB, 25 MG CHEW TAB, 25 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LAMICTAL ODT (<i>lamotrigine</i>) ODT 21 25 MG 7 50 MG KIT, ODT 25 50 100 MG KIT, ODT 42 50 MG 14100 MG KIT	TIER 3	PA, QLC (1 starter kit/month)
LAMICTAL ODT (<i>lamotrigine</i>) ODT 25 MG TAB DISP, ODT 50 MG TAB DISP, ODT 100 MG TAB DISP, ODT 200 MG TAB DISP	TIER 3	PA
LAMICTAL STARTER (<i>lamotrigine</i>) 35 25 MG KIT, 42 25 MG & 7 100 MG KIT, 84 25 MG & 14100 MG KIT	TIER 3	
LAMICTAL XR (<i>lamotrigine</i>) 200 MG TAB ER 24H	TIER 3	ST, QLC (3 tabs/day)
LAMICTAL XR (<i>lamotrigine</i>) 21 X 25 MG 7 X 50 MG KIT, 25 50 100 MG KIT, 50 100 200 MG KIT	TIER 3	ST, QLC (1 kit/month)
LAMICTAL XR (<i>lamotrigine</i>) 25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
LAMICTAL XR (<i>lamotrigine</i>) 250 MG TAB ER 24H, 300 MG TAB ER 24H	TIER 3	ST, QLC (2 tabs/day)
<i>lamotrigine orally disintegrating tab 100 mg</i>	TIER 1	PA
<i>lamotrigine orally disintegrating tab 200 mg</i>	TIER 1	PA
<i>lamotrigine orally disintegrating tab 25 mg</i>	TIER 1	PA
<i>lamotrigine orally disintegrating tab 50 mg</i>	TIER 1	PA
<i>lamotrigine tab 100 mg</i>	TIER 1	
<i>lamotrigine tab 100 mg</i> (SUBVENITE)	TIER 1	
<i>lamotrigine tab 150 mg</i>	TIER 1	
<i>lamotrigine tab 150 mg</i> (SUBVENITE)	TIER 1	
<i>lamotrigine tab 200 mg</i>	TIER 1	
<i>lamotrigine tab 200 mg</i> (SUBVENITE)	TIER 1	
<i>lamotrigine tab 25 mg</i>	TIER 1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (LAMOTRIGINE STARTER KIT-ORANGE)	TIER 1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (SUBVENITE STARTER KIT-ORANGE)	TIER 1	
<i>lamotrigine tab 25 mg</i> (SUBVENITE)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lamotrigine tab 35 x 25 mg starter kit</i> (LAMOTRIGINE STARTER KIT-BLUE)	TIER 1	
<i>lamotrigine tab 35 x 25 mg starter kit</i> (SUBVENITE STARTER KIT-BLUE)	TIER 1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (LAMOTRIGINE STARTER KIT-GREEN)	TIER 1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (SUBVENITE STARTER KIT-GREEN)	TIER 1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	TIER 1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	TIER 1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	TIER 1	PA, QLC (1 starter pack/month)
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	TIER 1	PA, QLC (1 starter pack/month)
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	TIER 1	PA, QLC (1 starter pack/month)
<i>lamotrigine tab er 24hr 100 mg</i> (LAMOTRIGINE ER)	TIER 1	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 200 mg</i> (LAMOTRIGINE ER)	TIER 1	ST, QLC (3 tabs/day)
<i>lamotrigine tab er 24hr 25 mg</i> (LAMOTRIGINE ER)	TIER 1	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 250 mg</i> (LAMOTRIGINE ER)	TIER 1	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 300 mg</i> (LAMOTRIGINE ER)	TIER 1	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 50 mg</i> (LAMOTRIGINE ER)	TIER 1	ST, QLC (1 tab/day)
<i>levetiracetam oral soln 100 mg/ml</i>	TIER 1	
<i>levetiracetam tab 1000 mg</i>	TIER 1	
<i>levetiracetam tab 1000 mg</i> (ROWEEPRA)	TIER 1	
<i>levetiracetam tab 250 mg</i>	TIER 1	
<i>levetiracetam tab 500 mg</i>	TIER 1	
<i>levetiracetam tab 500 mg</i> (ROWEEPRA)	TIER 1	
<i>levetiracetam tab 750 mg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levetiracetam tab 750 mg</i> (ROWEEPRA)	TIER 1	
<i>levetiracetam tab er 24hr 500 mg</i> (LEVETIRACETAM ER)	TIER 1	QLC (6 tabs/day)
<i>levetiracetam tab er 24hr 500 mg</i> (ROWEEPRA XR)	TIER 1	QLC (6 tabs/day)
<i>levetiracetam tab er 24hr 750 mg</i> (LEVETIRACETAM ER)	TIER 1	QLC (4 tabs/day)
<i>levetiracetam tab er 24hr 750 mg</i> (ROWEEPRA XR)	TIER 1	QLC (4 tabs/day)
QUDEXY XR (<i>topiramate</i>) 150 MG CP24 SPRNK, 200 MG CP24 SPRNK	TIER 3	PA, QLC (2 caps/day)
QUDEXY XR (<i>topiramate</i>) 25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK	TIER 3	PA, QLC (1 cap/day)
SPRITAM (<i>levetiracetam</i>) 1000 MG TAB	TIER 3	PA, QLC (3 tabs/day)
SPRITAM (<i>levetiracetam</i>) 250 MG TAB, 500 MG TAB	TIER 3	PA, QLC (2 tabs/day)
SPRITAM (<i>levetiracetam</i>) 750 MG TAB	TIER 3	PA, QLC (4 tabs/day)
TOPAMAX (<i>topiramate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB	TIER 3	
TOPAMAX SPRINKLE (<i>topiramate</i>) 15 MG CAP SPRINK, 25 MG CAP SPRINK	TIER 3	
<i>topiramate cap er 24hr sprinkle 100 mg</i> (TOPIRAMATE ER)	TIER 1	PA, QLC (1 cap/day)
<i>topiramate cap er 24hr sprinkle 150 mg</i> (TOPIRAMATE ER)	TIER 1	PA, QLC (2 caps/day)
<i>topiramate cap er 24hr sprinkle 200 mg</i> (TOPIRAMATE ER)	TIER 1	PA, QLC (2 caps/day)
<i>topiramate cap er 24hr sprinkle 25 mg</i> (TOPIRAMATE ER)	TIER 1	PA, QLC (1 cap/day)
<i>topiramate cap er 24hr sprinkle 50 mg</i> (TOPIRAMATE ER)	TIER 1	PA, QLC (1 cap/day)
<i>topiramate sprinkle cap 15 mg</i>	TIER 1	
<i>topiramate sprinkle cap 25 mg</i>	TIER 1	
<i>topiramate tab 100 mg</i>	TIER 1	
<i>topiramate tab 200 mg</i>	TIER 1	
<i>topiramate tab 25 mg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>topiramate tab 50 mg</i>	TIER 1	
TROKENDI XR (<i>topiramate</i>) 200 MG CAP ER 24H	TIER 3	PA, QLC (2 caps/day)
TROKENDI XR (<i>topiramate</i>) 25 MG CAP ER 24H, 100 MG CAP ER 24H	TIER 3	PA, QLC (3 caps/day)
TROKENDI XR (<i>topiramate</i>) 50 MG CAP ER 24H	TIER 3	PA, QLC (7 caps/day)
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> (VALPROIC ACID)	TIER 1	
<i>valproic acid cap 250 mg</i>	TIER 1	
XCOPRI (250 MG DAILY DOSE) (<i>cenobamate</i>) MG 50 200 MG TAB THPK, MG 100 150 MG TAB THPK	TIER 4	PA, QLC (2 tabs/day)
XCOPRI (350 MG DAILY DOSE) (<i>cenobamate</i>) 150 & 200 TAB THPK	TIER 4	PA, QLC (2 tabs/day)
XCOPRI (<i>cenobamate</i>) 150 MG TAB, 200 MG TAB	TIER 4	PA, QLC (2 tabs/day)
XCOPRI (<i>cenobamate</i>) 50 MG TAB, 100 MG TAB	TIER 4	PA, QLC (1 tab/day)
XCOPRI (<i>cenobamate</i>) COPRI 14 12.5 MG & 14 25 MG TAB THPK	TIER 3	PA, QLC (28 tabs/84 days)
XCOPRI (<i>cenobamate</i>) COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK	TIER 4	PA, QLC (28 tabs/84 days)
ZTALMY (<i>ganaxolone</i>) 50 MG/ML SUSPENSION	TIER 4	PA, SP, QLC (36 ml/day)

CALCIUM CHANNEL MODIFYING AGENTS

CELONTIN (<i>methsuximide</i>) 300 MG CAP	TIER 3	
<i>ethosuximide cap 250 mg</i>	TIER 1	
<i>ethosuximide soln 250 mg/5ml</i>	TIER 1	
ZARONTIN (<i>ethosuximide</i>) 250 MG CAP, 250 MG/5ML SOLUTION	TIER 3	

GAMMA-AMINO BUTYRIC ACID (GABA) AUGMENTING AGENTS

<i>clobazam suspension 2.5 mg/ml</i>	TIER 1	ST, QLC (16 ml/day)
<i>clobazam tab 10 mg</i>	TIER 1	ST, QLC (4 tabs/day)
<i>clobazam tab 20 mg</i>	TIER 1	ST, QLC (2 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIASTAT ACUDIAL (<i>diazepam (anticonvulsant)</i>) 10 MG GEL, 20 MG GEL	TIER 3	QLC (1 kit [2 doses]/fill)
DIASTAT PEDIATRIC (<i>diazepam (anticonvulsant)</i>) 2.5 MG GEL	TIER 3	QLC (1 kit [2 doses]/fill)
DIAZEPAM (<i>diazepam (anticonvulsant)</i>) 2.5 MG GEL, 10 MG GEL, 20 MG GEL	TIER 1	QLC (1 kit [2 doses]/fill)
<i>gabapentin cap 100 mg</i>	TIER 1	
<i>gabapentin cap 300 mg</i>	TIER 1	
<i>gabapentin cap 400 mg</i>	TIER 1	
<i>gabapentin oral soln 250 mg/5ml</i>	TIER 1	
<i>gabapentin tab 600 mg</i>	TIER 1	
<i>gabapentin tab 800 mg</i>	TIER 1	
GABITRIL (<i>tiagabine hcl</i>) 2 MG TAB, 4 MG TAB, 12 MG TAB, 16 MG TAB	TIER 3	
MYSOLINE (<i>primidone</i>) 50 MG TAB, 250 MG TAB	TIER 3	
NEURONTIN (<i>gabapentin</i>) 100 MG CAP, 250 MG/5ML SOLUTION, 300 MG CAP, 400 MG CAP, 600 MG TAB, 800 MG TAB	TIER 3	
ONFI (<i>clobazam</i>) 10 MG TAB	TIER 3	ST, QLC (4 tabs/day)
ONFI (<i>clobazam</i>) 2.5 MG/ML SUSPENSION	TIER 3	ST, QLC (16 ml/day)
ONFI (<i>clobazam</i>) 20 MG TAB	TIER 3	ST, QLC (2 tabs/day)
<i>phenobarbital elixir 20 mg/5ml</i>	TIER 1	
<i>phenobarbital tab 100 mg</i>	TIER 1	
<i>phenobarbital tab 15 mg</i>	TIER 1	
<i>phenobarbital tab 16.2 mg</i>	TIER 1	
<i>phenobarbital tab 30 mg</i>	TIER 1	
<i>phenobarbital tab 32.4 mg</i>	TIER 1	
<i>phenobarbital tab 60 mg</i>	TIER 1	
<i>phenobarbital tab 64.8 mg</i>	TIER 1	
<i>phenobarbital tab 97.2 mg</i>	TIER 1	
<i>primidone tab 250 mg</i>	TIER 1	
<i>primidone tab 50 mg</i>	TIER 1	
SABRIL (<i>vigabatrin</i>) 500 MG PACKET	TIER 4	PA, SP, QLC (6 packs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SABRIL (<i>vigabatrin</i>) 500 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day)
SYMPAZAN (<i>clobazam</i>) 5 MG FILM, 10 MG FILM, 20 MG FILM	TIER 3	PA, QLC (2 films/day)
<i>tiagabine hcl tab 12 mg</i>	TIER 1	
<i>tiagabine hcl tab 16 mg</i>	TIER 1	
<i>tiagabine hcl tab 2 mg</i>	TIER 1	
<i>tiagabine hcl tab 4 mg</i>	TIER 1	
VALTOCO 10 MG DOSE (<i>diazepam (anticonvulsant)</i>) /0.1ML LIQUID	TIER 4	PA, QLC (2 sprays/fill; max 10 sprays/30 days)
VALTOCO 15 MG DOSE (<i>diazepam (anticonvulsant)</i>) 7.5 /0.1ML LIQD THPK	TIER 4	PA, QLC (2 sprays/fill; max 10 sprays/30 days)
VALTOCO 20 MG DOSE (<i>diazepam (anticonvulsant)</i>) 10 /0.1ML LIQD THPK	TIER 4	PA, QLC (2 sprays/fill; max 10 sprays/30 days)
VALTOCO 5 MG DOSE (<i>diazepam (anticonvulsant)</i>) /0.1ML LIQUID	TIER 4	PA, QLC (2 sprays/fill; max 10 sprays/30 days)
<i>vigabatrin powd pack 500 mg</i>	TIER 4	PA, SP, QLC (6 packs/day)
<i>vigabatrin powd pack 500 mg (VIGADRONE)</i>	TIER 4	PA, SP, QLC (6 packs/day)
<i>vigabatrin tab 500 mg</i>	TIER 4	PA, SP, QLC (6 tabs/day)

SODIUM CHANNEL AGENTS

APTIOM (<i>eslicarbazepine acetate</i>) 200 MG TAB, 400 MG TAB	TIER 3	ST, QLC (1 tab/day)
APTIOM (<i>eslicarbazepine acetate</i>) 600 MG TAB, 800 MG TAB	TIER 3	ST, QLC (2 tabs/day)
BANZEL (<i>rufinamide</i>) 200 MG TAB	TIER 3	ST, QLC (16 tabs/day)
BANZEL (<i>rufinamide</i>) 40 MG/ML SUSPENSION	TIER 3	ST, QLC (80 ml/day)
BANZEL (<i>rufinamide</i>) 400 MG TAB	TIER 3	ST, QLC (8 tabs/day)
<i>carbamazepine cap er 12hr 100 mg (CARBAMAZEPINE ER)</i>	TIER 1	
<i>carbamazepine cap er 12hr 200 mg (CARBAMAZEPINE ER)</i>	TIER 1	
<i>carbamazepine cap er 12hr 300 mg (CARBAMAZEPINE ER)</i>	TIER 1	
<i>carbamazepine chew tab 100 mg</i>	TIER 1	
<i>carbamazepine susp 100 mg/5ml</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carbamazepine tab 200 mg</i>	TIER 1	
<i>carbamazepine tab 200 mg</i> (EPITOL)	TIER 1	
<i>carbamazepine tab er 12hr 100 mg</i> (CARBAMAZEPINE ER)	TIER 1	
<i>carbamazepine tab er 12hr 200 mg</i> (CARBAMAZEPINE ER)	TIER 1	
<i>carbamazepine tab er 12hr 400 mg</i> (CARBAMAZEPINE ER)	TIER 1	
CARBATROL (<i>carbamazepine</i>) 100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H	TIER 3	
DILANTIN (<i>phenytoin sodium extended</i>) 30 MG CAP, 100 MG CAP	TIER 2	
DILANTIN (<i>phenytoin</i>) 125 MG/5ML SUSPENSION	TIER 2	
DILANTIN INFATABS (<i>phenytoin</i>) 50 MG CHEW	TIER 2	
<i>lacosamide oral solution 10 mg/ml</i>	TIER 2	QLC (40 ml/day)
<i>lacosamide tab 100 mg</i>	TIER 1	QLC (2 tabs/day)
<i>lacosamide tab 150 mg</i>	TIER 1	QLC (2 tabs/day)
<i>lacosamide tab 200 mg</i>	TIER 1	QLC (2 tabs/day)
<i>lacosamide tab 50 mg</i>	TIER 1	QLC (2 tabs/day)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	TIER 1	QLC (40 ml/day)
<i>oxcarbazepine tab 150 mg</i>	TIER 1	QLC (16 tabs/day)
<i>oxcarbazepine tab 300 mg</i>	TIER 1	QLC (8 tabs/day)
<i>oxcarbazepine tab 600 mg</i>	TIER 1	QLC (4 tabs/day)
OXTELLAR XR (<i>oxcarbazepine</i>) 150 MG TAB ER 24H, 300 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
OXTELLAR XR (<i>oxcarbazepine</i>) 600 MG TAB ER 24H	TIER 3	ST, QLC (4 tabs/day)
PEGANONE (<i>ethotoin</i>) 250 MG TAB	TIER 3	
PHENYTEK (<i>phenytoin sodium extended</i>) 200 MG CAP, 300 MG CAP	TIER 3	
<i>phenytoin chew tab 50 mg</i>	TIER 1	
<i>phenytoin chew tab 50 mg</i> (PHENYTOIN INFATABS)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>phenytoin sodium extended cap 100 mg</i>	TIER 1	
<i>phenytoin sodium extended cap 200 mg</i>	TIER 1	
<i>phenytoin sodium extended cap 300 mg</i>	TIER 1	
<i>phenytoin susp 125 mg/5ml</i>	TIER 1	
<i>rufinamide susp 40 mg/ml</i>	TIER 1	ST, QLC (80 ml/day)
<i>rufinamide tab 200 mg</i>	TIER 2	ST, QLC (16 tabs/day)
<i>rufinamide tab 400 mg</i>	TIER 2	ST, QLC (8 tabs/day)
TEGRETOL (<i>carbamazepine</i>) 100 MG/5ML SUSPENSION, 200 MG TAB	TIER 3	
TEGRETOL-XR (<i>carbamazepine</i>) -100 MG TAB ER 12H, -200 MG TAB ER 12H, -400 MG TAB ER 12H	TIER 3	
TRILEPTAL (<i>oxcarbazepine</i>) 150 MG TAB	TIER 3	QLC (16 tabs/day)
TRILEPTAL (<i>oxcarbazepine</i>) 300 MG TAB	TIER 3	QLC (8 tabs/day)
TRILEPTAL (<i>oxcarbazepine</i>) 300 MG/5ML SUSPENSION	TIER 3	QLC (40 ml/day)
TRILEPTAL (<i>oxcarbazepine</i>) 600 MG TAB	TIER 3	QLC (4 tabs/day)
VIMPAT (<i>lacosamide</i>) 10 MG/ML SOLUTION	TIER 3	QLC (40 ml/day)
VIMPAT (<i>lacosamide</i>) 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 3	QLC (2 tabs/day)
ZONEGRAN (<i>zonisamide</i>) 25 MG CAP, 100 MG CAP	TIER 3	
ZONISADE (<i>zonisamide</i>) 100 MG/5ML SUSPENSION	TIER 3	PA, QLC (30 ml/day)
<i>zonisamide cap 100 mg</i>	TIER 1	
<i>zonisamide cap 25 mg</i>	TIER 1	
<i>zonisamide cap 50 mg</i>	TIER 1	

ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia)

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB	TIER 3	
NAMZARIC (<i>memantine hcl-donepezil hcl</i>) 7 & 14 & 21 & 28 -10 MG CP24 THPK	TIER 2	QLC (1 dose-pack/6 months)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NAMZARIC (<i>memantine hcl-donepezil hcl</i>) 7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H	TIER 2	QLC (1 cap/day)
CHOLINESTERASE INHIBITORS		
ADLARITY (<i>donepezil hydrochloride</i>) 5 MG/DAY PATCH WK, 10 MG/DAY PATCH WK	TIER 3	PA, QLC (4 patches/28 days)
ARICEPT (<i>donepezil hydrochloride</i>) 23 MG TAB	TIER 3	ST, QLC (1 tab/day)
ARICEPT (<i>donepezil hydrochloride</i>) 5 MG TAB, 10 MG TAB	TIER 3	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i> (DONEPEZIL HCL)	TIER 1	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i> (DONEPEZIL HCL)	TIER 1	
<i>donepezil hydrochloride tab 10 mg</i> (DONEPEZIL HCL)	TIER 1	
<i>donepezil hydrochloride tab 23 mg</i> (DONEPEZIL HCL)	TIER 1	ST, QLC (1 tab/day)
<i>donepezil hydrochloride tab 5 mg</i> (DONEPEZIL HCL)	TIER 1	
EXELON (<i>rivastigmine</i>) 4.6 MG/24HR PATCH 24HR, 9.5 MG/24HR PATCH 24HR, 13.3 MG/24HR PATCH 24HR	TIER 3	QLC (1 patch/day)
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	TIER 1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i> (GALANTAMINE HYDROBROMIDE ER)	TIER 1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i> (GALANTAMINE HYDROBROMIDE ER) <i>hr</i>	TIER 1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i> (GALANTAMINE HYDROBROMIDE ER)	TIER 1	
<i>galantamine hydrobromide tab 12 mg</i>	TIER 1	
<i>galantamine hydrobromide tab 4 mg</i>	TIER 1	
<i>galantamine hydrobromide tab 8 mg</i>	TIER 1	
RAZADYNE (<i>galantamine hydrobromide</i>) 4 MG TAB, 8 MG TAB, 12 MG TAB	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RAZADYNE ER (<i>galantamine hydrobromide</i>) ER 8 MG CAP ER 24H, ER 16 MG CAP ER 24H, ER 24 MG CAP ER 24H	TIER 3	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	TIER 1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	TIER 1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	TIER 1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	TIER 1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	TIER 1	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	TIER 1	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	TIER 1	QLC (1 patch/day)

N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

<i>memantine hcl cap er 24hr 14 mg</i> (MEMANTINE HCL ER)	TIER 1	QLC (1 cap/day)
<i>memantine hcl cap er 24hr 21 mg</i> (MEMANTINE HCL ER)	TIER 1	QLC (1 cap/day)
<i>memantine hcl cap er 24hr 28 mg</i> (MEMANTINE HCL ER)	TIER 1	QLC (1 cap/day)
<i>memantine hcl cap er 24hr 7 mg</i> (MEMANTINE HCL ER)	TIER 1	QLC (1 cap/day)
<i>memantine hcl oral solution 2 mg/ml</i>	TIER 1	
<i>memantine hcl tab 10 mg</i>	TIER 1	QLC (2 tabs/day)
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	TIER 1	
<i>memantine hcl tab 5 mg</i>	TIER 1	QLC (2 tabs/day)
NAMENDA (<i>memantine hcl</i>) 5 MG TAB, 10 MG TAB	TIER 3	QLC (2 tabs/day)
NAMENDA TITRATION PAK (<i>memantine hcl</i>) 28 X 5 MG & 21 X 10 MG TAB	TIER 3	
NAMENDA XR (<i>memantine hcl</i>) 7 MG CAP ER 24H, 14 MG CAP ER 24H, 21 MG CAP ER 24H, 28 MG CAP ER 24H	TIER 3	QLC (1 cap/day)
NAMENDA XR TITRATION PACK (<i>memantine hcl</i>) 7 & 14 & 21 & 28 MG CAP ER 24H	TIER 2	QLC (1 cap/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME

DRUG TIER

COVERAGE REQUIREMENTS AND LIMITS

ANTIDEPRESSANTS (Drugs for Depression)

ANTIDEPRESSANTS, OTHER

APLENZIN (<i>bupropion hydrobromide</i>) 174 MG TAB ER 24H, 348 MG TAB ER 24H, 522 MG TAB ER 24H	TIER 4	PA, QLC (1 tab/day)
AUVELITY (<i>dextromethorphan hydrobromide-bupropion hydrochloride</i>) 45-105 MG TAB ER	TIER 4	PA, QLC (2 tabs/day)
BUPROPION HCL ER (XL) 450 MG TAB 24H	TIER 1	ST, QLC (1 tab/day)
<i>bupropion hcl tab 100 mg</i>	TIER 1	QLC (4 tabs/day)
<i>bupropion hcl tab 75 mg</i>	TIER 1	QLC (6 tabs/day)
<i>bupropion hcl tab er 12hr 100 mg</i> (BUPROPION HCL ER (SR))	TIER 1	QLC (4 tabs/day)
<i>bupropion hcl tab er 12hr 150 mg</i> (BUPROPION HCL ER (SR))	TIER 1	QLC (3 tabs/day)
<i>bupropion hcl tab er 12hr 200 mg</i> (BUPROPION HCL ER (SR))	TIER 1	QLC (2 tabs/day)
<i>bupropion hcl tab er 24hr 150 mg</i> (BUPROPION HCL ER (XL))	TIER 1	QLC (3 tabs/day)
<i>bupropion hcl tab er 24hr 300 mg</i> (BUPROPION HCL ER (XL))	TIER 1	QLC (1 tab/day)
CHLORDIAZEPOXIDE-AMITRIPTYLINE -5-12.5 MG TAB, -10-25 MG TAB	TIER 1	
FORFIVO XL (<i>bupropion hcl</i>) 450 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
LYBALVI (<i>olanzapine-samidorphan l-malate</i>) 5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB	TIER 4	PA, QLC (1 tab/day)
MAPROTILINE HCL 25 MG TAB, 50 MG TAB, 75 MG TAB	TIER 1	
<i>mirtazapine orally disintegrating tab 15 mg</i>	TIER 1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	TIER 1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	TIER 1	
<i>mirtazapine tab 15 mg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>mirtazapine tab 30 mg</i>	TIER 1	
<i>mirtazapine tab 45 mg</i>	TIER 1	
<i>mirtazapine tab 7.5 mg</i>	TIER 1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	TIER 1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	TIER 1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	TIER 1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	TIER 1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	TIER 1	
PERPHENAZINE-AMITRIPTYLINE -2-10 MG TAB, -2-25 MG TAB, -4-10 MG TAB, -4-25 MG TAB, -4-50 MG TAB	TIER 1	
REMERON (<i>mirtazapine</i>) 15 MG TAB, 30 MG TAB	TIER 3	
REMERON SOLTAB (<i>mirtazapine</i>) 15 MG TAB DISP, 30 MG TAB DISP, 45 MG TAB DISP	TIER 3	
SYMBYAX (<i>olanzapine-fluoxetine hcl</i>) 3-25 MG CAP, 6-25 MG CAP, 6-50 MG CAP, 12-25 MG CAP, 12-50 MG CAP	TIER 3	
WELLBUTRIN SR (<i>bupropion hcl</i>) 100 MG TAB ER 12H	TIER 3	QLC (4 tabs/day)
WELLBUTRIN SR (<i>bupropion hcl</i>) 150 MG TAB ER 12H	TIER 3	QLC (3 tabs/day)
WELLBUTRIN SR (<i>bupropion hcl</i>) 200 MG TAB ER 12H	TIER 3	QLC (2 tabs/day)
WELLBUTRIN XL (<i>bupropion hcl</i>) 150 MG TAB ER 24H	TIER 3	QLC (3 tabs/day)
WELLBUTRIN XL (<i>bupropion hcl</i>) 300 MG TAB ER 24H	TIER 3	QLC (1 tab/day)

MONOAMINE OXIDASE INHIBITORS

EMSAM (<i>selegiline</i>) 6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR	TIER 3	
MARPLAN (<i>isocarboxazid</i>) 10 MG TAB	TIER 3	
NARDIL (<i>phenelzine sulfate</i>) 15 MG TAB	TIER 3	
PARNATE (<i>tranylcypromine sulfate</i>) 10 MG TAB	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PHENELZINE SULFATE 15 MG TAB	TIER 1	
<i>phenelzine sulfate tab 15 mg</i>	TIER 1	
<i>tranylcypromine sulfate tab 10 mg</i>	TIER 1	

SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)

BRISDELLE (<i>paroxetine mesylate (vasomotor)</i>) 7.5 MG CAP	TIER 3	QLC (1 cap/day)
CELEXA (<i>citalopram hydrobromide</i>) 10 MG TAB	TIER 3	QLC (4 tabs/day)
CELEXA (<i>citalopram hydrobromide</i>) 20 MG TAB	TIER 3	QLC (2 tabs/day)
CELEXA (<i>citalopram hydrobromide</i>) 40 MG TAB	TIER 3	QLC (1 tab/day)
CITALOPRAM HYDROBROMIDE 30 MG CAP	TIER 3	ST, QLC (1 cap/day)
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	TIER 1	QLC (40 mg/day)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	TIER 1	QLC (4 tabs/day)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
DESVENLAFAXINE ER ER 50 MG TAB ER 24H, ER 100 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	TIER 1	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	TIER 1	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	TIER 1	QLC (1 tab/day)
EFFEXOR XR (<i>venlafaxine hcl</i>) 37.5 MG CAP ER 24H, 150 MG CAP ER 24H	TIER 3	QLC (2 caps/day)
EFFEXOR XR (<i>venlafaxine hcl</i>) 75 MG CAP ER 24H	TIER 3	QLC (3 caps/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>escitalopram oxalate soln 5 mg/5ml (base equiv) mg/ml</i>	TIER 1	QLC (24 ml/day)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	TIER 1	QLC (4 tabs/day)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	TIER 1	QLC (8 tabs/day)
FETZIMA (<i>levomilnacipran hcl</i>) 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
FETZIMA TITRATION (<i>levomilnacipran hcl</i>) 20 & 40 MG CP24 THPK	TIER 3	PA, QLC (1 cap/day)
FLUOXETINE HCL (PMDD) 10 MG CAP, 20 MG CAP	TIER 1	
FLUOXETINE HCL (PMDD) 10 MG TAB, 20 MG TAB	TIER 1	QLC (1 tab/day)
FLUOXETINE HCL 60 MG TAB	TIER 3	
FLUOXETINE HCL 90 MG CAP DR	TIER 1	QLC (4 caps/month)
<i>fluoxetine hcl cap 10 mg</i>	TIER 1	
<i>fluoxetine hcl cap 20 mg</i>	TIER 1	
<i>fluoxetine hcl cap 40 mg</i>	TIER 1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	TIER 1	
<i>fluoxetine hcl tab 10 mg</i>	TIER 1	
<i>fluoxetine hcl tab 20 mg</i>	TIER 1	
<i>fluoxetine hcl tab 60 mg</i>	TIER 3	
<i>fluvoxamine maleate cap er 24hr 100 mg</i> (FLUVOXAMINE MALEATE ER)	TIER 2	ST, QLC (3 caps/day)
<i>fluvoxamine maleate cap er 24hr 150 mg</i> (FLUVOXAMINE MALEATE ER)	TIER 2	ST, QLC (2 caps/day)
<i>fluvoxamine maleate tab 100 mg</i>	TIER 1	QLC (3 tabs/day)
<i>fluvoxamine maleate tab 25 mg</i>	TIER 1	QLC (12 tabs/day)
<i>fluvoxamine maleate tab 50 mg</i>	TIER 1	QLC (6 tabs/day)
KHEDEZLA (<i>desvenlafaxine</i>) 50 MG TAB ER 24H, 100 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
LEXAPRO (<i>escitalopram oxalate</i>) 10 MG TAB	TIER 3	QLC (4 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LEXAPRO (<i>escitalopram oxalate</i>) 20 MG TAB	TIER 3	QLC (2 tabs/day)
LEXAPRO (<i>escitalopram oxalate</i>) 5 MG TAB	TIER 3	QLC (8 tabs/day)
NEFAZODONE HCL 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB	TIER 1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	TIER 2	QLC (30 ml/day)
<i>paroxetine hcl tab 10 mg</i>	TIER 1	
<i>paroxetine hcl tab 20 mg</i>	TIER 1	
<i>paroxetine hcl tab 30 mg</i>	TIER 1	
<i>paroxetine hcl tab 40 mg</i>	TIER 1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i> (PAROXETINE HCL ER)	TIER 1	
<i>paroxetine hcl tab er 24hr 25 mg</i> (PAROXETINE HCL ER)	TIER 1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i> (PAROXETINE HCL ER)	TIER 1	
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	TIER 1	QLC (1 cap/day)
PAXIL (<i>paroxetine hcl</i>) 10 MG TAB, 20 MG TAB, 30 MG TAB, 40 MG TAB	TIER 3	
PAXIL (<i>paroxetine hcl</i>) 10 MG/5ML SUSPENSION	TIER 3	QLC (30 ml/day)
PAXIL CR (<i>paroxetine hcl</i>) 12.5 MG TAB ER 24H, 25 MG TAB ER 24H, 37.5 MG TAB ER 24H	TIER 3	
PEXEVA (<i>paroxetine mesylate</i>) 10 MG TAB, 20 MG TAB, 40 MG TAB	TIER 3	PA, QLC (1 tab/day)
PEXEVA (<i>paroxetine mesylate</i>) 30 MG TAB	TIER 3	PA, QLC (2 tabs/day)
PRISTIQ (<i>desvenlafaxine succinate</i>) 25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
PROZAC (<i>fluoxetine hcl</i>) 10 MG CAP, 20 MG CAP, 40 MG CAP	TIER 3	
SARAFEM (<i>fluoxetine hcl (pmd)</i>) 10 MG TAB, 20 MG TAB	TIER 3	QLC (1 tab/day)
SERTRALINE HCL 150 MG CAP, 200 MG CAP	TIER 3	QLC (1 cap/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	TIER 1	
<i>sertraline hcl tab 100 mg</i>	TIER 1	
<i>sertraline hcl tab 25 mg</i>	TIER 1	
<i>sertraline hcl tab 50 mg</i>	TIER 1	
<i>trazodone hcl tab 100 mg</i>	TIER 1	
<i>trazodone hcl tab 150 mg</i>	TIER 1	
<i>trazodone hcl tab 300 mg</i>	TIER 1	
<i>trazodone hcl tab 50 mg</i>	TIER 1	
TRINTELLIX (<i>vortioxetine hbr</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	ST, QLC (1 tab/day)
VENLAFAXINE BESYLATE ER 112.5 MG TAB 24H	TIER 3	QLC (1 tab/day)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	TIER 1	QLC (2 caps/day)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	TIER 1	QLC (2 caps/day)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	TIER 1	QLC (3 caps/day)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	TIER 1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	TIER 1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	TIER 1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	TIER 1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	TIER 1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	TIER 2	QLC (1 tab/day)
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	TIER 3	QLC (1 tab/day)
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	TIER 2	QLC (1 tab/day)
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	TIER 2	QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIIBRYD (<i>vilazodone hcl</i>) 10 MG TAB, 20 MG TAB, 40 MG TAB	TIER 3	ST, QLC (1 tab/day)
VIIBRYD STARTER PACK (<i>vilazodone hcl</i>) 10 & 20 MG KIT	TIER 3	ST, QLC (1 pack/month)
<i>vilazodone hcl tab 10 mg</i>	TIER 3	ST, QLC (1 tab/day)
<i>vilazodone hcl tab 20 mg</i>	TIER 3	ST, QLC (1 tab/day)
<i>vilazodone hcl tab 40 mg</i>	TIER 3	ST, QLC (1 tab/day)
ZOLOFT (<i>sertraline hcl</i>) 20 MG/ML CONC, 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	

TRICYCLICS

<i>amitriptyline hcl tab 10 mg</i>	TIER 1	
<i>amitriptyline hcl tab 100 mg</i>	TIER 1	
<i>amitriptyline hcl tab 150 mg</i>	TIER 1	
<i>amitriptyline hcl tab 25 mg</i>	TIER 1	
<i>amitriptyline hcl tab 50 mg</i>	TIER 1	
<i>amitriptyline hcl tab 75 mg</i>	TIER 1	
AMOXAPINE 25 MG TAB, 50 MG TAB, 100 MG TAB, 150 MG TAB	TIER 1	
ANAFRANIL (<i>clomipramine hcl</i>) 25 MG CAP, 50 MG CAP, 75 MG CAP	TIER 3	
<i>clomipramine hcl cap 25 mg</i>	TIER 2	
<i>clomipramine hcl cap 50 mg</i>	TIER 2	
<i>clomipramine hcl cap 75 mg</i>	TIER 2	
<i>desipramine hcl tab 10 mg</i>	TIER 1	
<i>desipramine hcl tab 100 mg</i>	TIER 1	
<i>desipramine hcl tab 150 mg</i>	TIER 1	
<i>desipramine hcl tab 25 mg</i>	TIER 1	
<i>desipramine hcl tab 50 mg</i>	TIER 1	
<i>desipramine hcl tab 75 mg</i>	TIER 1	
<i>doxepin hcl cap 10 mg</i>	TIER 1	
<i>doxepin hcl cap 100 mg</i>	TIER 1	
<i>doxepin hcl cap 150 mg</i>	TIER 1	
<i>doxepin hcl cap 25 mg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>doxepin hcl cap 50 mg</i>	TIER 1	
<i>doxepin hcl cap 75 mg</i>	TIER 1	
<i>doxepin hcl conc 10 mg/ml</i>	TIER 1	
<i>imipramine hcl tab 10 mg</i>	TIER 1	
<i>imipramine hcl tab 25 mg</i>	TIER 1	
<i>imipramine hcl tab 50 mg</i>	TIER 1	
<i>imipramine pamoate cap 100 mg</i>	TIER 2	
<i>imipramine pamoate cap 125 mg</i>	TIER 2	
<i>imipramine pamoate cap 150 mg</i>	TIER 2	
<i>imipramine pamoate cap 75 mg</i>	TIER 2	
NORPRAMIN (<i>desipramine hcl</i>) 10 MG TAB, 25 MG TAB	TIER 3	
NORTRIPTYLINE HCL 10 MG/5ML SOLUTION	TIER 1	
<i>nortriptyline hcl cap 10 mg</i>	TIER 1	
<i>nortriptyline hcl cap 25 mg</i>	TIER 1	
<i>nortriptyline hcl cap 50 mg</i>	TIER 1	
<i>nortriptyline hcl cap 75 mg</i>	TIER 1	
PAMELOR (<i>nortriptyline hcl</i>) 10 MG CAP, 25 MG CAP, 50 MG CAP, 75 MG CAP	TIER 3	
<i>protriptyline hcl tab 10 mg</i>	TIER 1	
<i>protriptyline hcl tab 5 mg</i>	TIER 1	
SURMONTIL (<i>trimipramine maleate</i>) 25 MG CAP, 50 MG CAP, 100 MG CAP	TIER 3	
TOFRANIL (<i>imipramine hcl</i>) 10 MG TAB, 25 MG TAB, 50 MG TAB	TIER 3	
<i>trimipramine maleate cap 100 mg</i>	TIER 1	
<i>trimipramine maleate cap 25 mg</i>	TIER 1	
<i>trimipramine maleate cap 50 mg</i>	TIER 1	

ANTIEMETICS (Drugs for Nausea and Vomiting)

ANTIEMETICS, OTHER (Other Drugs for Nausea and Vomiting)

BONJESTA (<i>doxylamine-pyridoxine</i>) 20-20 MG TAB ER	TIER 3	PA, QLC (2 tabs/day)
---	--------	----------------------

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DICLEGIS (<i>doxylamine-pyridoxine</i>) 10-10 MG TAB DR	TIER 3	PA, QLC (4 tabs/day)
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	TIER 1	PA, QLC (4 tabs/day)
GIMOTI (<i>metoclopramide hcl</i>) 15 MG/ACT SOLUTION	TIER 4	PA, QLC (19.6 ml (2 bottles)/ 84 days)
METOCLOPRAMIDE HCL 5 MG TAB DISP, 10 MG TAB DISP	TIER 1	PA, QLC (4 tabs/day)
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) mg/ml</i>	TIER 1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	TIER 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	TIER 1	
<i>perphenazine tab 16 mg</i>	TIER 1	
<i>perphenazine tab 2 mg</i>	TIER 1	
<i>perphenazine tab 4 mg</i>	TIER 1	
<i>perphenazine tab 8 mg</i>	TIER 1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	TIER 1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	TIER 1	
<i>prochlorperazine suppos 25 mg</i>	TIER 1	
<i>prochlorperazine suppos 25 mg (COMPRO)</i>	TIER 1	
<i>promethazine hcl suppos 12.5 mg</i>	TIER 1	
<i>promethazine hcl suppos 12.5 mg (PHENADOZ)</i>	TIER 1	
<i>promethazine hcl suppos 12.5 mg (PROMETHEGAN)</i>	TIER 1	
<i>promethazine hcl suppos 25 mg</i>	TIER 1	
<i>promethazine hcl suppos 25 mg (PHENADOZ)</i>	TIER 1	
<i>promethazine hcl suppos 25 mg (PROMETHEGAN)</i>	TIER 1	
<i>promethazine hcl suppos 50 mg</i>	TIER 1	
<i>promethazine hcl tab 12.5 mg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>promethazine hcl tab 25 mg</i>	TIER 1	
<i>promethazine hcl tab 50 mg</i>	TIER 1	
PROMETHEGAN (<i>promethazine hcl</i>) 50 MG SUPPOS	TIER 1	
REGLAN (<i>metoclopramide hcl</i>) 5 MG TAB, 10 MG TAB	TIER 3	
<i>scopolamine td patch 72hr 1 mg/3days</i>	TIER 1	
TIGAN (<i>trimethobenzamide hcl</i>) 300 MG CAP	TIER 3	
TRANSDERM SCOP (1.5 MG) (<i>scopolamine</i>) (.5 MG/3DAYS PATCH 72HR)	TIER 3	
TRANSDERM-SCOP (<i>scopolamine</i>) -1 MG/3DAYS PATCH 72HR	TIER 3	
<i>trimethobenzamide hcl cap 300 mg</i>	TIER 1	

EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)

AKYNZEO (<i>netupitant-palonosetron</i>) 300-0.5 MG CAP	TIER 3	QLC (1 capsule/14 days)
ANZEMET (<i>dolasetron mesylate</i>) 50 MG TAB, 100 MG TAB	TIER 2	QLC (1 tab/fill)
<i>aprepitant capsule 125 mg</i>	TIER 1	PA, QLC (1 cap/7 days)
<i>aprepitant capsule 40 mg</i>	TIER 1	PA, QLC (1 cap/month)
<i>aprepitant capsule 80 mg</i>	TIER 1	PA, QLC (2 caps/7 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	TIER 1	QLC (3 caps/7 days)
CESAMET (<i>nabilone</i>) 1 MG CAP	TIER 3	QLC (6 caps/day)
<i>dronabinol cap 10 mg</i>	TIER 1	QLC (6 caps/day)
<i>dronabinol cap 2.5 mg</i>	TIER 1	QLC (6 caps/day)
<i>dronabinol cap 5 mg</i>	TIER 1	QLC (6 caps/day)
EMEND (<i>aprepitant</i>) 125 MG CAP	TIER 3	PA, QLC (1 cap/7 days)
EMEND (<i>aprepitant</i>) 125 MG/5ML RECON SUSP	TIER 3	PA, QLC (3 packets/7 days)
EMEND (<i>aprepitant</i>) 40 MG CAP	TIER 3	PA, QLC (1 cap/month)
EMEND (<i>aprepitant</i>) 80 MG CAP	TIER 3	PA, QLC (2 caps/7 days)
EMEND TRI-PACK (<i>aprepitant</i>) -80 & 125 MG CAP	TIER 3	QLC (3 caps/7 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>granisetron hcl tab 1 mg</i>	TIER 1	QLC (12 tabs/fill)
MARINOL (<i>dronabinol</i>) 2.5 MG CAP, 5 MG CAP, 10 MG CAP	TIER 3	QLC (6 caps/day)
ONDANSETRON HCL 24 MG TAB	TIER 1	QLC (1 tab/fill)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	TIER 1	QLC (1 bottle/fill)
<i>ondansetron hcl tab 24 mg</i>	TIER 1	QLC (1 tab/fill)
<i>ondansetron hcl tab 4 mg</i>	TIER 1	QLC (3 tabs/day)
<i>ondansetron hcl tab 8 mg</i>	TIER 1	QLC (3 tabs/day)
<i>ondansetron orally disintegrating tab 4 mg</i>	TIER 1	QLC (3 tabs/day)
<i>ondansetron orally disintegrating tab 8 mg</i>	TIER 1	QLC (3 tabs/day)
SANCUSO (<i>granisetron</i>) 3.1 MG/24HR PATCH	TIER 4	PA, QLC (2 patches/28 days)
SYNDROS (<i>dronabinol</i>) 5 MG/ML SOLUTION	TIER 4	PA, QLC (4 bottles/month)
VARUBI (180 MG DOSE) (<i>rolapitant hcl</i>) 2 X 90 TAB THPK	TIER 3	SP, QLC (2 tabs/14 days)
ZOFRAN (<i>ondansetron hcl</i>) 4 MG TAB, 8 MG TAB	TIER 3	QLC (3 tabs/day)
ZOFRAN (<i>ondansetron hcl</i>) 4 MG/5ML SOLUTION	TIER 3	QLC (1 bottle/fill)
ZUPLENZ (<i>ondansetron</i>) 4 MG FILM, 8 MG FILM	TIER 3	PA, QLC (3 films/day)

ANTIFUNGALS (Drugs for Fungal Infections)

ANTIFUNGALS

ANCOBON (<i>flucytosine</i>) 250 MG CAP, 500 MG CAP	TIER 3	
BREXAFEMME (<i>ibrexafungerp citrate</i>) 150 MG TAB	TIER 3	PA, QLC (4 tabs/30 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	TIER 1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i> (CICLODAN)	TIER 1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clotrimazole troche 10 mg</i>	TIER 1	
CRESEMBA (<i>isavuconazonium sulfate</i>) 186 MG CAP	TIER 4	PA, QLC (2 caps/day)
DIFLUCAN (<i>fluconazole</i>) 10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 3	
<i>econazole nitrate cream 1%</i>	TIER 1	
ECOZA (<i>econazole nitrate</i>) 1 % FOAM	TIER 3	ST, QLC (1 bottle/month)
ERTACZO (<i>sertaconazole nitrate</i>) 2 % CREAM	TIER 3	ST, QLC (1 tube/fill)
EXELDERM (<i>sulconazole nitrate</i>) 1 % CREAM, 1 % SOLUTION	TIER 3	
EXTINA (<i>ketoconazole (topical)</i>) 2 % FOAM	TIER 3	ST
<i>fluconazole for susp 10 mg/ml</i>	TIER 1	
<i>fluconazole for susp 40 mg/ml</i>	TIER 1	
<i>fluconazole tab 100 mg</i>	TIER 1	
<i>fluconazole tab 150 mg</i>	TIER 1	
<i>fluconazole tab 200 mg</i>	TIER 1	
<i>fluconazole tab 50 mg</i>	TIER 1	
<i>flucytosine cap 250 mg</i>	TIER 1	
<i>flucytosine cap 500 mg</i>	TIER 1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	TIER 1	
<i>griseofulvin microsize tab 500 mg</i>	TIER 1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	TIER 1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	TIER 1	
GYNAZOLE-1 (<i>butoconazole nitrate (one dose)</i>) -2 % CREAM	TIER 1	
<i>itraconazole cap 100 mg</i>	TIER 1	PA
<i>itraconazole oral soln 10 mg/ml</i>	TIER 1	PA
JUBLIA (<i>efinaconazole</i>) 10 % SOLUTION	TIER 3	PA, QLC (1 bottle (4ml)/month)
KERYDIN (<i>tavaborole</i>) 5 % SOLUTION	TIER 4	PA, QLC (10 ml/30 days)
<i>ketoconazole cream 2%</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ketoconazole foam 2%</i>	TIER 1	ST
<i>ketoconazole foam 2%</i> (KETODAN)	TIER 1	ST
<i>ketoconazole shampoo 2%</i>	TIER 1	
<i>ketoconazole tab 200 mg</i>	TIER 1	
LOPROX (<i>ciclopirox olamine</i>) 0.77 % CREAM, 0.77 % SUSPENSION	TIER 3	
LULICONAZOLE 1 % CREAM	TIER 1	ST, QLC (1 bottle/month)
LUZU (<i>luliconazole</i>) 1 % CREAM	TIER 3	ST, QLC (1 bottle/month)
MICONAZOLE 3 (<i>miconazole nitrate vaginal</i>) 200 MG SUPPOS	TIER 1	
MICONAZOLE-ZINC OXIDE-PETROLAT (<i>miconazole-zinc oxide-white petrolatum</i>) --0.25-15-81.35 % OINTMENT	TIER 1	ST
NAFTIFINE HCL 1 % CREAM	TIER 2	ST
<i>naftifine hcl cream 1%</i>	TIER 2	ST
<i>naftifine hcl cream 2%</i>	TIER 2	ST
<i>naftifine hcl gel 1%</i>	TIER 2	ST
NAFTIN (<i>naftifine hcl</i>) 1 % GEL, 2 % CREAM, 2 % GEL	TIER 3	ST
NIZORAL (<i>ketoconazole (topical)</i>) 2 % SHAMPOO	TIER 3	
NOXAFIL (<i>posaconazole</i>) 100 MG TAB DR	TIER 3	PA, QLC (3 tabs/day)
NOXAFIL (<i>posaconazole</i>) 40 MG/ML SUSPENSION	TIER 3	PA
<i>nystatin cream 100000 unit/gm</i>	TIER 1	
<i>nystatin oint 100000 unit/gm</i>	TIER 1	
<i>nystatin susp 100000 unit/ml</i>	TIER 1	
<i>nystatin tab 500000 unit</i>	TIER 1	
<i>nystatin topical powder 100000 unit/gm</i>	TIER 1	
<i>nystatin topical powder 100000 unit/gm</i> (NYAMYC)	TIER 1	
<i>nystatin topical powder 100000 unit/gm</i> (NYSTOP)	TIER 1	
ORAVIG (<i>miconazole (mouth-throat)</i>) 50 MG TAB	TIER 3	PA, QLC (14 tabs/month)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxiconazole nitrate cream 1%</i>	TIER 1	ST
OXISTAT (<i>oxiconazole nitrate</i>) 1 % CREAM, 1 % LOTION	TIER 3	ST
<i>posaconazole tab delayed release 100 mg</i>	TIER 1	PA, QLC (3 tabs/day)
SPORANOX (<i>itraconazole</i>) 10 MG/ML SOLUTION, 100 MG CAP	TIER 3	PA
SPORANOX PULSEPAK (<i>itraconazole</i>) 100 MG CAP	TIER 3	PA
SULCONAZOLE NITRATE 1 % CREAM, 1 % SOLUTION	TIER 3	
<i>tavaborole soln 5%</i>	TIER 4	PA, QLC (10 ml/30 days)
<i>terbinafine hcl tab 250 mg</i>	TIER 1	QLC (30 tabs/month)
<i>terconazole vaginal cream 0.4%</i>	TIER 1	
<i>terconazole vaginal cream 0.8%</i>	TIER 1	
<i>terconazole vaginal suppos 80 mg</i>	TIER 1	
TOLSURA (<i>itraconazole</i>) 65 MG CAP	TIER 4	PA, QLC (4 caps/day)
VFEND (<i>voriconazole</i>) 40 MG/ML RECON SUSP, 50 MG TAB, 200 MG TAB	TIER 3	PA
VIVJOA (<i>oteseconazole</i>) 150 MG CAP THPK	TIER 4	PA, QLC (18 caps/84 days)
<i>voriconazole for susp 40 mg/ml</i>	TIER 1	PA
<i>voriconazole tab 200 mg</i>	TIER 1	PA
<i>voriconazole tab 50 mg</i>	TIER 1	PA
VUSION (<i>miconazole-zinc oxide-white petrolatum</i>) 0.25-15-81.35 % OINTMENT	TIER 3	ST
XOLEGEL (<i>ketconazole (topical)</i>) 2 %	TIER 3	ST

ANTIGOUT AGENTS (Drugs for Gout)

ANTIGOUT AGENTS

ALLOPURINOL 200 MG TAB	TIER 4	PA, QLC (4 tabs/day)
<i>allopurinol tab 100 mg</i>	TIER 1	
<i>allopurinol tab 300 mg</i>	TIER 1	
COLCHICINE 0.6 MG CAP	TIER 1	QLC (2 caps/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>colchicine tab 0.6 mg</i>	TIER 1	QLC (4 tabs/day)
<i>colchicine w/ probenecid tab 0.5-500 mg</i> (COLCHICINE-PROBENECID)	TIER 1	
COLCRYS (<i>colchicine</i>) 0.6 MG TAB	TIER 3	QLC (4 tabs/day)
DUZALLO (<i>lesinurad-allopurinol</i>) 200-200 MG TAB, 200-300 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>febuxostat tab 40 mg</i>	TIER 3	ST, QLC (1 tab/day)
<i>febuxostat tab 80 mg</i>	TIER 3	ST, QLC (1 tab/day)
GLOPERBA (<i>colchicine</i>) 0.6 MG/5ML SOLUTION	TIER 4	PA, QLC (10 ml/day)
MITIGARE (<i>colchicine</i>) 0.6 MG CAP	TIER 3	QLC (2 caps/day)
<i>probenecid tab 500 mg</i>	TIER 1	
ULORIC (<i>febuxostat</i>) 40 MG TAB, 80 MG TAB	TIER 3	ST, QLC (1 tab/day)
ZURAMPIC (<i>lesinurad</i>) 200 MG TAB	TIER 3	ST, QLC (1 tab/day)
ZYLOPRIM (<i>allopurinol</i>) 100 MG TAB, 300 MG TAB	TIER 3	

ANTIMIGRAINE AGENTS (Drugs for Migraine)

ANTIMIGRAINE AGENTS, OTHER

NURTEC (<i>rimegepant sulfate</i>) 75 MG TAB DISP	TIER 4	PA, QLC (16 tabs/30 days)
QULIPTA (<i>atogepant</i>) 10 MG TAB, 30 MG TAB, 60 MG TAB	TIER 4	PA, QLC (1 tab/day)
UBRELVY (<i>ubrogepant</i>) 50 MG TAB, 100 MG TAB	TIER 4	PA, QLC (2 tabs/day; max 16 tabs/30 days)

ERGOT ALKALOIDS (Drugs for Acute Migraine)

CAFERGOT (<i>ergotamine w/ caffeine</i>) 1- 100 MG TAB	TIER 3	QLC (10 tabs/week)
D.H.E. 45 (<i>dihydroergotamine mesylate</i>) 1 MG/ML SOLUTION	TIER 4	PA, QLC (24 ml/28 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	TIER 3	PA, QLC (24 ml/28 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	TIER 3	PA, QLC (8 vials/month)
ERGOMAR (<i>ergotamine tartrate</i>) 2 MG SL TAB	TIER 3	QLC (20 tabs/28 days)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ergotamine w/ caffeine tab 1-100 mg</i> (ERGOTAMINE-CAFFEINE)	TIER 1	QLC (10 tabs/week)
MIGERGOT (<i>ergotamine w/ caffeine</i>) 2-100 MG SUPPOS	TIER 3	PA, QLC (5 suppositories/week)
MIGRANAL (<i>dihydroergotamine mesylate</i>) 4 MG/ML SOLUTION	TIER 4	PA, QLC (8 vials/month)
TRUDHESA (<i>dihydroergotamine mesylate hfa</i>) 0.725 MG/ACT AERO SOLN	TIER 4	PA, QLC (12 ml/28 days)

PROPHYLACTIC (Drugs to Prevent Migraine)

AIMOVIG (140 MG DOSE) (<i>erenumab-aooe</i>) IMOVIG 70 /ML SOLN -INJ	TIER 2	PA, QLC (2 injections/28 days)
AIMOVIG (<i>erenumab-aooe</i>) IMOVIG 140 MG/ML SOLN -INJ	TIER 2	PA, QLC (1 injection/28 days)
AIMOVIG (<i>erenumab-aooe</i>) IMOVIG 70 MG/ML SOLN -INJ	TIER 2	PA, QLC (1 injection/28 days)
AJOVY (<i>fremanezumab-vfrm</i>) 225 MG/1.5ML SOLN PRSYR	TIER 3	PA, QLC (3 syringes/84 days)
AJOVY (<i>fremanezumab-vfrm</i>) JOVY 225 MG/1.5ML SOLN -INJ	TIER 3	PA, QLC (3 autoinjectors/84 days)
EMGALITY (300 MG DOSE) (<i>galcanezumab-gnlm</i>) 100 /ML SOLN PRSYR	TIER 4	PA, QLC (3 syringes/30 days)
EMGALITY (<i>galcanezumab-gnlm</i>) 120 MG/ML SOLN PRSYR	TIER 2	PA, QLC (1 syringe/30 days)
EMGALITY (<i>galcanezumab-gnlm</i>) EMGLITY 120 MG/ML SOLN -INJ	TIER 2	PA, QLC (1 pen injector/30 days)
<i>timolol maleate tab 10 mg</i>	TIER 1	
<i>timolol maleate tab 20 mg</i>	TIER 1	
<i>timolol maleate tab 5 mg</i>	TIER 1	

SEROTONIN (5-HT) RECEPTOR AGONIST (Drugs for Acute Migraine)

<i>almotriptan malate tab 12.5 mg</i>	TIER 2	ST, QLC (24 tabs/month)
<i>almotriptan malate tab 6.25 mg</i>	TIER 2	ST, QLC (24 tabs/month)
AMERGE (<i>naratriptan hcl</i>) 1 MG TAB, 2.5 MG TAB	TIER 3	QLC (18 tabs/month)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	TIER 2	ST, QLC (18 tabs/month)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	TIER 2	ST, QLC (18 tabs/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FROVA (<i>frovatriptan succinate</i>) 2.5 MG TAB	TIER 3	ST, QLC (27 tabs/month)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	TIER 2	ST, QLC (27 tabs/month)
IMITREX (<i>sumatriptan succinate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	QLC (18 tabs/month)
IMITREX (<i>sumatriptan succinate</i>) 6 MG/0.5ML SOLUTION	TIER 3	QLC (16 injections/month at 4 injections/fill)
IMITREX (<i>sumatriptan</i>) 5 MG/ACT SOLUTION, 20 MG/ACT SOLUTION	TIER 3	QLC (18 doses/month)
IMITREX STATDOSE REFILL (<i>sumatriptan succinate</i>) 4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART	TIER 3	QLC (16 injections/month at 4 injections/fill)
IMITREX STATDOSE SYSTEM (<i>sumatriptan succinate</i>) STTDOSE 4 MG/0.5ML SOLN - INJ, STTDOSE 6 MG/0.5ML SOLN -INJ	TIER 3	QLC (16 injections/month at 4 injections/fill)
MAXALT (<i>rizatriptan benzoate</i>) 10 MG TAB	TIER 3	QLC (24 tabs/month)
MAXALT-MLT (<i>rizatriptan benzoate</i>) -5 MG TAB DISP, -10 MG TAB DISP	TIER 3	QLC (24 tabs/month)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	TIER 1	QLC (18 tabs/month)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	TIER 1	QLC (18 tabs/month)
ONZETRA XSAIL (<i>sumatriptan succinate</i>) 11 MG/NOSEPC EXHP	TIER 4	PA, QLC (1 box/month)
RELPAK (<i>eletriptan hydrobromide</i>) 20 MG TAB, 40 MG TAB	TIER 3	ST, QLC (18 tabs/month)
REYVOW (<i>lasmiditan succinate</i>) 50 MG TAB, 100 MG TAB	TIER 4	PA, QLC (8 tabs/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	TIER 1	QLC (24 tabs/month)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	TIER 1	QLC (24 tabs/month)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	TIER 1	QLC (24 tabs/month)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	TIER 1	QLC (24 tabs/month)
<i>sumatriptan nasal spray 20 mg/act</i>	TIER 1	QLC (18 nasal sprays/month)
<i>sumatriptan nasal spray 5 mg/act</i>	TIER 1	QLC (18 nasal sprays/month)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	TIER 1	QLC (16 injections/month at 4 injections/fill)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	TIER 1	QLC (16 injections/month at 4 injections/fill)
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART	TIER 1	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	TIER 1	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	TIER 1	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	TIER 1	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	TIER 1	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate tab 100 mg</i>	TIER 1	QLC (18 tabs/month)
<i>sumatriptan succinate tab 25 mg</i>	TIER 1	QLC (18 tabs/month)
<i>sumatriptan succinate tab 50 mg</i>	TIER 1	QLC (18 tabs/month)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	TIER 4	PA, QLC (9 tabs/month)
TOSYMRA (<i>sumatriptan</i>) 10 MG/ACT SOLUTION	TIER 3	PA, QLC (12 bottles/30 days)
TREXIMET (<i>sumatriptan-naproxen sodium</i>) 10-60 MG TAB, 85-500 MG TAB	TIER 4	PA, QLC (9 tabs/month)
ZEMBRACE SYMTOUCH (<i>sumatriptan succinate</i>) ZEMBRCE 3 MG/0.5ML SOLN - INJ	TIER 4	ST, QLC (16 injections/month at 4 injections/fill)
ZOLMITRIPTAN 2.5 MG SOLUTION	TIER 3	ST, QLC (18 doses/month)
<i>zolmitriptan nasal spray 5 mg/spray unit mg/</i>	TIER 3	ST, QLC (18 doses/month)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	TIER 1	QLC (18 tabs/month)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	TIER 1	QLC (18 tabs/month)
<i>zolmitriptan tab 2.5 mg</i>	TIER 1	QLC (18 tabs/month)
<i>zolmitriptan tab 5 mg</i>	TIER 1	QLC (18 tabs/month)
ZOMIG (<i>zolmitriptan</i>) 2.5 MG SOLUTION, 5 MG SOLUTION	TIER 3	ST, QLC (18 doses/month)
ZOMIG (<i>zolmitriptan</i>) 2.5 MG TAB, 5 MG TAB	TIER 3	QLC (18 tabs/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZOMIG ZMT (<i>zolmitriptan</i>) 2.5 MG TAB DISP, 5 MG TAB DISP	TIER 3	QLC (18 tabs/month)

ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)

PARASYMPATHOMIMETICS

GUANIDINE HCL 125 MG TAB	TIER 1	
MESTINON (<i>pyridostigmine bromide</i>) 180 MG TAB ER	TIER 3	QLC (6 tabs/day)
MESTINON (<i>pyridostigmine bromide</i>) 60 MG TAB	TIER 3	QLC (25 tabs/day)
MESTINON (<i>pyridostigmine bromide</i>) 60 MG/5ML SOLUTION	TIER 3	QLC (50 ml/day)
PYRIDOSTIGMINE BROMIDE 30 MG TAB	TIER 1	QLC (6 tabs/day)
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	TIER 1	QLC (50 ml/day)
<i>pyridostigmine bromide tab 60 mg</i>	TIER 1	QLC (25 tabs/day)
<i>pyridostigmine bromide tab er 180 mg</i> (PYRIDOSTIGMINE BROMIDE ER)	TIER 1	QLC (6 tabs/day)

ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)

ANTIMYCOBACTERIALS, OTHER (Other Drugs for Mycobacterial Infection)

<i>dapsone tab 100 mg</i>	TIER 1	
<i>dapsone tab 25 mg</i>	TIER 1	
MYCOBUTIN (<i>rifabutin</i>) 150 MG CAP	TIER 3	
<i>rifabutin cap 150 mg</i>	TIER 1	

ANTITUBERCULARS (Drugs for Tuberculosis)

CYCLOSERINE 250 MG CAP	TIER 3	
<i>cycloserine cap 250 mg</i>	TIER 3	
<i>ethambutol hcl tab 100 mg</i>	TIER 1	
<i>ethambutol hcl tab 400 mg</i>	TIER 1	
ISONIAZID 50 MG/5ML SYRUP, 100 MG TAB	TIER 1	
<i>isoniazid tab 100 mg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>isoniazid tab 300 mg</i>	TIER 1	
MYAMBUTOL (<i>ethambutol hcl</i>) 400 MG TAB	TIER 3	
PASER (<i>aminosalicylic acid</i>) 4 GM PACKET	TIER 3	
PRETOMANID 200 MG TAB	TIER 3	QLC (1 tab/day)
PRIFTIN (<i>rifapentine</i>) 150 MG TAB	TIER 2	
<i>pyrazinamide tab 500 mg</i>	TIER 1	
RIFADIN (<i>rifampin</i>) 150 MG CAP, 300 MG CAP	TIER 3	
RIFAMATE (<i>isoniazid & rifampin</i>) 150-300 MG CAP	TIER 3	
<i>rifampin cap 150 mg</i>	TIER 1	
<i>rifampin cap 300 mg</i>	TIER 1	
RIFATER (<i>isoniazid-rifampin w/ pyrazinamide</i>) 50-120-300 MG TAB	TIER 3	
TRECTOR (<i>ethionamide</i>) 250 MG TAB	TIER 3	

ANTINEOPLASTICS (Drugs for Cancer)

ALKYLATING AGENTS

ALKERAN (<i>melfalan</i>) 2 MG TAB	TIER 3	OAC
CYCLOPHOSPHAMIDE 25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB	TIER 2	OAC
<i>cyclophosphamide cap 25 mg</i>	TIER 2	OAC
<i>cyclophosphamide cap 50 mg</i>	TIER 2	OAC
GLEOSTINE (<i>lomustine</i>) 10 MG CAP, 40 MG CAP, 100 MG CAP	TIER 2	OAC
LEUKERAN (<i>chlorambucil</i>) 2 MG TAB	TIER 2	OAC
MATULANE (<i>procarbazine hcl</i>) 50 MG CAP	TIER 2	SP, OAC
<i>melfalan tab 2 mg</i>	TIER 1	OAC
MYLERAN (<i>busulfan</i>) 2 MG TAB	TIER 2	OAC
TEMODAR (<i>temozolomide</i>) 5 MG CAP, 20 MG CAP, 100 MG CAP, 140 MG CAP, 180 MG CAP, 250 MG CAP	TIER 4	SP, OAC
<i>temozolomide cap 100 mg</i>	TIER 4	SP, OAC

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>temozolomide cap 140 mg</i>	TIER 4	SP, OAC
<i>temozolomide cap 180 mg</i>	TIER 4	SP, OAC
<i>temozolomide cap 20 mg</i>	TIER 4	SP, OAC
<i>temozolomide cap 250 mg</i>	TIER 4	SP, OAC
<i>temozolomide cap 5 mg</i>	TIER 4	SP, OAC
VALCHLOR (<i>mechlorethamine hcl (topical)</i>) 0.016 % GEL	TIER 4	PA, SP, QLC (1 tube/month)

ANTIANDROGENS

<i>abiraterone acetate tab 250 mg</i>	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
<i>abiraterone acetate tab 500 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC
<i>bicalutamide tab 50 mg</i>	TIER 1	OAC
CASODEX (<i>bicalutamide</i>) 50 MG TAB	TIER 3	OAC
ERLEADA (<i>apalutamide</i>) 60 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
EULEXIN (<i>flutamide</i>) 125 MG CAP	TIER 4	OAC
FLUTAMIDE 125 MG CAP	TIER 1	OAC
<i>flutamide cap 125 mg</i>	TIER 1	OAC
NILANDRON (<i>nilutamide</i>) 150 MG TAB	TIER 4	QLC (1 tab/day), OAC
<i>nilutamide tab 150 mg</i>	TIER 4	QLC (1 tab/day), OAC
NUBEQA (<i>darolutamide</i>) 300 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
XTANDI (<i>enzalutamide</i>) 40 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC, SF
XTANDI (<i>enzalutamide</i>) 40 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
XTANDI (<i>enzalutamide</i>) 80 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF
YONSA (<i>abiraterone acetate</i>) 125 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
ZYTIGA (<i>abiraterone acetate</i>) 250 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
ZYTIGA (<i>abiraterone acetate</i>) 500 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF

ANTIANGIOGENIC AGENTS

<i>lenalidomide cap 10 mg</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC
<i>lenalidomide cap 15 mg</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC
<i>lenalidomide cap 20 mg</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lenalidomide cap 25 mg</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC
<i>lenalidomide cap 5 mg</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC
<i>lenalidomide caps 2.5 mg</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC
POMALYST (<i>pomalidomide</i>) 1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
REVLIMID (<i>lenalidomide</i>) 2.5 MG CAP, 20 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
REVLIMID (<i>lenalidomide</i>) 5 MG CAP, 10 MG CAP, 15 MG CAP, 25 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
THALOMID (<i>thalidomide</i>) 150 MG CAP, 200 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)
THALOMID (<i>thalidomide</i>) 50 MG CAP, 100 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)

ANTIESTROGENS/MODIFIERS

EMCYT (<i>estramustine phosphate sodium</i>) 140 MG CAP	TIER 2	OAC
FARESTON (<i>toremifene citrate</i>) 60 MG TAB	TIER 3	OAC
SOLTAMOX (<i>tamoxifen citrate</i>) 10 MG/5ML SOLUTION	TIER 3	OAC
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	TIER 1	ACA (Preventive Health), OAC
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	TIER 1	ACA (Preventive Health), OAC
<i>toremifene citrate tab 60 mg (base equivalent)</i>	TIER 1	OAC

ANTIMETABOLITES

<i>capecitabine tab 150 mg</i>	TIER 4	SP, OAC
<i>capecitabine tab 500 mg</i>	TIER 4	SP, OAC
DROXIA (<i>hydroxyurea (sickle cell disease)</i>) 200 MG CAP, 300 MG CAP, 400 MG CAP	TIER 2	
HYDREA (<i>hydroxyurea</i>) 500 MG CAP	TIER 3	OAC
<i>hydroxyurea cap 500 mg</i>	TIER 1	OAC
INQOVI (<i>decitabine-cedazuridine</i>) 35-100 MG	TIER 4	PA, SP, QLC (1 tab/day; max 5 day therapy/28 days), OAC
<i>mercaptopurine tab 50 mg</i>	TIER 1	OAC

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PURIXAN (<i>mercaptopurine</i>) 2000 MG/100ML SUSPENSION	TIER 4	SP, AL1 (Up to 10 yrs old), QLC (1 bottle/month), OAC
SIKLOS (<i>hydroxyurea (sickle cell anemia)</i>) 100 MG TAB, 1000 MG TAB	TIER 3	PA
TABLOID (<i>thioguanine</i>) LOID 40 MG	TIER 2	OAC
XELODA (<i>capecitabine</i>) 150 MG TAB, 500 MG TAB	TIER 4	SP, OAC

ANTINEOPLASTICS, OTHER (Other drugs for Cancer)

AYVAKIT (<i>avapritinib</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
BESREMI (<i>ropeginterferon alfa-2b-njff</i>) 500 MCG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes (2 ml)/28 days)
BRUKINSA (<i>zanubrutinib</i>) 80 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
EXKIVITY (<i>mobocertinib succinate</i>) 40 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
FOTIVDA (<i>tivozanib hcl</i>) 0.89 MG CAP, 1.34 MG CAP	TIER 4	PA, SP, QLC (21 caps/28 days), OAC
IDHIFA (<i>enasidenib mesylate</i>) 50 MG TAB, 100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
INREBIC (<i>fedratinib hcl</i>) 100 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
KISQALI FEMARA (400 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI FEMARA (600 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI FEMARA(200 MG DOSE) (<i>ribociclib succinate-letrozole</i>) FEMARA(& 2.5 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KOSELUGO (<i>selumetinib sulfate</i>) 10 MG CAP	TIER 4	PA, SP, QLC (8 caps/day), OAC
KOSELUGO (<i>selumetinib sulfate</i>) 25 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
<i>leucovorin calcium tab 10 mg</i>	TIER 1	
<i>leucovorin calcium tab 15 mg</i>	TIER 1	
<i>leucovorin calcium tab 25 mg</i>	TIER 1	
<i>leucovorin calcium tab 5 mg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LONSURF (<i>trifluridine-tipiracil</i>) 15-6.14 MG TAB	TIER 4	PA, SP, QLC (100 tabs/28 days), OAC
LONSURF (<i>trifluridine-tipiracil</i>) 20-8.19 MG TAB	TIER 4	PA, SP, QLC (80 tabs/28 days), OAC
LUMAKRAS (<i>sotorasib</i>) 120 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day), OAC
LYSODREN (<i>mitotane</i>) 500 MG TAB	TIER 2	OAC
NINLARO (<i>ixazomib citrate</i>) 2.3 MG CAP, 3 MG CAP, 4 MG CAP	TIER 4	PA, SP, QLC (3 caps/21 days), OAC
ONUREG (<i>azacitidine</i>) 200 MG TAB, 300 MG TAB	TIER 4	PA, SP, QLC (14 tabs/28 days), OAC
QINLOCK (<i>ripretinib</i>) 50 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC
RETEVMO (<i>selpercatinib</i>) 40 MG CAP	TIER 4	PA, SP, QLC (6 caps/day), OAC, SF
RETEVMO (<i>selpercatinib</i>) 80 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC, SF
ROZLYTREK (<i>entrectinib</i>) 100 MG CAP	TIER 4	PA, SP, QLC (5 caps/day), OAC, SF
ROZLYTREK (<i>entrectinib</i>) 200 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), OAC, SF
SYNRIBO (<i>omacetaxine mepesuccinate</i>) 3.5 MG RECON SOLN	TIER 4	PA, SP, QLC (2 vials/day)
TABRECTA (<i>capmatinib hcl</i>) 150 MG TAB, 200 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
TAZVERIK (<i>tazemetostat hbr</i>) 200 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day), OAC
WELIREG (<i>belzutifan</i>) 40 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC
XPOVIO (100 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (5 tabs/7 days), OAC
XPOVIO (100 MG ONCE WEEKLY) (<i>selinexor</i>) 50 TAB THPK	TIER 4	PA, SP, QLC (8 tabs/28 days), OAC
XPOVIO (40 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (8 tabs/28 days), OAC
XPOVIO (40 MG ONCE WEEKLY) (<i>selinexor</i>) TAB THPK	TIER 4	PA, SP, QLC (4 tabs/28 days), OAC
XPOVIO (40 MG TWICE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (16 tabs/28 days), OAC
XPOVIO (40 MG TWICE WEEKLY) (<i>selinexor</i>) TAB THPK	TIER 4	PA, SP, QLC (8 tabs/28 days), OAC
XPOVIO (60 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (3 tabs/7 days), OAC

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XPOVIO (60 MG ONCE WEEKLY) (<i>selinexor</i>) TAB THPK	TIER 4	PA, SP, QLC (4 tabs/28 days), OAC
XPOVIO (60 MG TWICE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (24 tabs/28 days), OAC
XPOVIO (80 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (4 tabs/7 days), OAC
XPOVIO (80 MG ONCE WEEKLY) (<i>selinexor</i>) 40 TAB THPK	TIER 4	PA, SP, QLC (8 tabs/28 days), OAC
XPOVIO (80 MG TWICE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (8 tabs/7 days), OAC
ZOLINZA (<i>vorinostat</i>) 100 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC, SF

AROMATASE INHIBITORS, 3RD GENERATION

<i>anastrozole tab 1 mg</i>	TIER 1	ACA (Preventive Health), OAC
ARIMIDEX (<i>anastrozole</i>) 1 MG TAB	TIER 3	OAC
AROMASIN (<i>exemestane</i>) 25 MG TAB	TIER 3	OAC
<i>exemestane tab 25 mg</i>	TIER 1	OAC
FEMARA (<i>letrozole</i>) 2.5 MG TAB	TIER 3	OAC
<i>letrozole tab 2.5 mg</i>	TIER 1	OAC

ENZYME INHIBITORS

ETOPOSIDE 50 MG CAP	TIER 4	OAC
GAVRETO (<i>pralsetinib</i>) 100 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
HYCAMTIN (<i>topotecan hcl</i>) 0.25 MG CAP, 1 MG CAP	TIER 4	SP, OAC

MOLECULAR TARGET INHIBITORS

AFINITOR (<i>everolimus</i>) 2.5 MG TAB, 5 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
AFINITOR (<i>everolimus</i>) 7.5 MG TAB, 10 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF
AFINITOR DISPERZ (<i>everolimus</i>) 2 MG TAB SOL	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF
AFINITOR DISPERZ (<i>everolimus</i>) 3 MG TAB SOL	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
AFINITOR DISPERZ (<i>everolimus</i>) 5 MG TAB SOL	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ALECENSA (<i>alectinib hcl</i>) 150 MG CAP	TIER 4	PA, SP, QLC (8 caps/day), OAC
ALUNBRIG (<i>brigatinib</i>) 30 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
ALUNBRIG (<i>brigatinib</i>) 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
BALVERSA (<i>erdafitinib</i>) 3 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC
BALVERSA (<i>erdafitinib</i>) 4 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
BALVERSA (<i>erdafitinib</i>) 5 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
BOSULIF (<i>bosutinib</i>) 100 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
BOSULIF (<i>bosutinib</i>) 400 MG TAB, 500 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
BRAFTOVI (<i>encorafenib</i>) 50 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
BRAFTOVI (<i>encorafenib</i>) 75 MG CAP	TIER 4	PA, SP, QLC (6 caps/day), OAC
CABOMETYX (<i>cabozantinib s-malate</i>) 20 MG TAB, 40 MG TAB, 60 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
CALQUENCE (<i>acalabrutinib maleate</i>) 100 MG TAB	TIER 4	PA, SP, QLC (2 caps/day), OAC
CALQUENCE (<i>acalabrutinib</i>) 100 MG CAP	TIER 4	PA, SP, QLC (2 caps/day), OAC
CAPRELSA (<i>vandetanib</i>) 100 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
CAPRELSA (<i>vandetanib</i>) 300 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
COMETRIQ (100 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 80 & 20 KIT	TIER 4	PA, SP, QLC (56 caps/28 days), OAC
COMETRIQ (140 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 3 X 20 & 80 KIT	TIER 4	PA, SP, QLC (112 caps/28 days), OAC
COMETRIQ (60 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 20 KIT	TIER 4	PA, SP, QLC (84 caps/28 days), OAC
COPIKTRA (<i>duvelisib</i>) 15 MG CAP, 25 MG CAP	TIER 4	PA, SP, QLC (56 caps/28 days), OAC
COTELLIC (<i>cobimetinib fumarate</i>) 20 MG TAB	TIER 4	PA, SP, QLC (63 tabs/28 days), OAC
DAURISMO (<i>glasdegib maleate</i>) 100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
DAURISMO (<i>glasdegib maleate</i>) 25 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
ERIVEDGE (<i>vismodegib</i>) 150 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC, SF
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (3 tabs/day), OAC, SF
<i>everolimus tab 10 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC
<i>everolimus tab 2.5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
<i>everolimus tab 5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
<i>everolimus tab 7.5 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF
<i>everolimus tab for oral susp 2 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC
<i>everolimus tab for oral susp 3 mg</i>	TIER 4	PA, SP, QLC (4 tabs/day), OAC
<i>everolimus tab for oral susp 5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), OAC
FARYDAK (<i>panobinostat lactate</i>) 10 MG CAP, 15 MG CAP, 20 MG CAP	TIER 4	PA, SP, QLC (6 caps/12 days, not to exceed 6 caps every 21 days), OAC
GILOTRIF (<i>afatinib dimaleate</i>) 20 MG TAB, 30 MG TAB, 40 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
GLEEVEC (<i>imatinib mesylate</i>) 100 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day), OAC, SF
GLEEVEC (<i>imatinib mesylate</i>) 400 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF
IBRANCE (<i>palbociclib</i>) 125 MG TAB	TIER 4	PA, SP, QLC (1 tab/day; max 21 tabs/28 days), OAC
IBRANCE (<i>palbociclib</i>) 75 MG CAP, 100 MG CAP, 125 MG CAP	TIER 4	PA, SP, QLC (1 cap/day, max 21 caps/28 days), OAC
IBRANCE (<i>palbociclib</i>) 75 MG TAB, 100 MG TAB	TIER 4	PA, SP, QLC (1 tab day; max 21 tabs/28 days), OAC
ICLUSIG (<i>ponatinib hcl</i>) 10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (8 tabs/day), OAC, SF
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF
IMBRUVICA (<i>ibrutinib</i>) 140 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 70 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 70 MG/ML SUSPENSION	TIER 4	PA, SP, QLC (8 ml/day), OAC
INLYTA (<i>axitinib</i>) 1 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), OAC, SF
INLYTA (<i>axitinib</i>) 5 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
IRESSA (<i>gefitinib</i>) 250 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JAKAFI (<i>ruxolitinib phosphate</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF
KISQALI (200 MG DOSE) (<i>ribociclib succinate</i>) (TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI (400 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI (600 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	TIER 4	PA, SP, QLC (6 tabs/day), OAC
LENVIMA (10 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) CAP THPK	TIER 4	PA, SP, QLC (30 caps/month), OAC
LENVIMA (12 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 3 X 4 CAP THPK	TIER 4	PA, SP, QLC (3 caps/day), OAC
LENVIMA (14 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (110 & CAP THPK	TIER 4	PA, SP, QLC (60 caps/month), OAC
LENVIMA (18 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 10 & 2 X 4 CAP THPK	TIER 4	PA, SP, QLC (90 caps/month), OAC
LENVIMA (20 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (0 X 10 CAP THPK	TIER 4	PA, SP, QLC (60 caps/month), OAC
LENVIMA (24 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (X 10 & CAP THPK	TIER 4	PA, SP, QLC (90 caps/month), OAC
LENVIMA (4 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (CAP THPK	TIER 4	PA, SP, QLC (1 cap/day), OAC
LENVIMA (8 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 2 X 4 CAP THPK	TIER 4	PA, SP, QLC (60 caps/month), OAC
LORBRENA (<i>lorlatinib</i>) 100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
LORBRENA (<i>lorlatinib</i>) 25 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC, SF
LYNPARZA (<i>olaparib</i>) 100 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
LYTGOBI (12 MG DAILY DOSE) (<i>futibatinib</i>) 4 TAB THPK	TIER 4	PA, SP, QLC (84 tabs/28 days), OAC
LYTGOBI (16 MG DAILY DOSE) (<i>futibatinib</i>) 4 TAB THPK	TIER 4	PA, SP, QLC (112 tabs/28 days), OAC
LYTGOBI (20 MG DAILY DOSE) (<i>futibatinib</i>) 4 TAB THPK	TIER 4	PA, SP, QLC (140 tabs/28 days), OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.5 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 2 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
MEKTOVI (<i>binimetinib</i>) 15 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), OAC
NERLYNX (<i>neratinib maleate</i>) 40 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), OAC, SF
NEXAVAR (<i>sorafenib tosylate</i>) 200 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
ODOMZO (<i>sonidegib phosphate</i>) 200 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC, SF
PEMAZYRE (<i>pemigatinib</i>) 4.5 MG TAB, 9 MG TAB, 13.5 MG TAB	TIER 4	PA, SP, QLC (1 tab/day; max 14 tabs/21 days), OAC
PIQRAY (200 MG DAILY DOSE) (<i>alpelisib</i>) (TAB THPK	TIER 4	PA, SP, QLC (1 tab/day), OAC
PIQRAY (250 MG DAILY DOSE) (<i>alpelisib</i>) 200 & TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day), OAC
PIQRAY (300 MG DAILY DOSE) (<i>alpelisib</i>) 2 X 150 TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day), OAC
RUBRACA (<i>rucaparib camsylate</i>) 200 MG TAB, 250 MG TAB, 300 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
RYDAPT (<i>midostaurin</i>) 25 MG CAP	TIER 4	PA, SP, QLC (56 caps/21 days [#56 package size] or 224 caps/28 days), OAC
SCSEMBLIX (<i>asciminib hcl</i>) 20 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
SCSEMBLIX (<i>asciminib hcl</i>) 40 MG TAB	TIER 4	PA, SP, QLC (10 tabs/day), OAC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (4 tabs/day), OAC
SPRYCEL (<i>dasatinib</i>) 100 MG TAB, 140 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
SPRYCEL (<i>dasatinib</i>) 20 MG TAB, 50 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC, SF
SPRYCEL (<i>dasatinib</i>) 70 MG TAB, 80 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF
STIVARGA (<i>regorafenib</i>) 40 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (3 caps/day), OAC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SUTENT (<i>sunitinib malate</i>) 12.5 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), OAC, SF
SUTENT (<i>sunitinib malate</i>) 25 MG CAP, 37.5 MG CAP, 50 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC, SF
TAFINLAR (<i>dabrafenib mesylate</i>) 50 MG CAP, 75 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
TAGRISSE (<i>osimertinib mesylate</i>) 40 MG TAB, 80 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
TALZENNA (<i>talazoparib tosylate</i>) 0.25 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), OAC, SF
TALZENNA (<i>talazoparib tosylate</i>) 0.5 MG CAP, 0.75 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
TALZENNA (<i>talazoparib tosylate</i>) 1 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC, SF
TARCEVA (<i>erlotinib hcl</i>) 100 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
TARCEVA (<i>erlotinib hcl</i>) 25 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC, SF
TASIGNA (<i>nilotinib hcl</i>) 50 MG CAP, 150 MG CAP, 200 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC, SF
TEPMETKO (<i>tepotinib hcl</i>) 225 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
TIBSOVO (<i>ivosidenib</i>) 250 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
TRUSELTIQ (100MG DAILY DOSE) (<i>infigratinib phosphate</i>) (CAP THPK)	TIER 4	PA, SP, QLC (21 caps/28 days), OAC
TRUSELTIQ (125MG DAILY DOSE) (<i>infigratinib phosphate</i>) (1100 & CAP THPK)	TIER 4	PA, SP, QLC (42 caps/28 days), OAC
TRUSELTIQ (50MG DAILY DOSE) (<i>infigratinib phosphate</i>) 25 CAP THPK	TIER 4	PA, SP, QLC (42 caps/28 days), OAC
TRUSELTIQ (75MG DAILY DOSE) (<i>infigratinib phosphate</i>) (7525 CAP THPK)	TIER 4	PA, SP, QLC (63 caps/28 days), OAC
TUKYSA (<i>tucatinib</i>) 50 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
TURALIO (<i>pexidartinib hcl</i>) 200 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
TYKERB (<i>lapatinib ditosylate</i>) 250 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), OAC
UKONIQ (<i>umbralisib tosylate</i>) 200 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
VENCLEXTA (<i>venetoclax</i>) 10 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
VENCLEXTA (<i>venetoclax</i>) 100 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), OAC
VENCLEXTA (<i>venetoclax</i>) 50 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VENCLEXTA STARTING PACK (<i>venetoclax</i>) 10 & 50 & 100 MG TAB THPK	TIER 4	PA, SP, QLC (1 starter pack/year), OAC
VERZENIO (<i>abemaciclib</i>) 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
VITRAKVI (<i>larotrectinib sulfate</i>) 100 MG CAP	TIER 4	PA, SP, QLC (2 caps/day), OAC, SF
VITRAKVI (<i>larotrectinib sulfate</i>) 20 MG/ML SOLUTION	TIER 4	PA, SP, QLC (10 ml/day), OAC, SF
VITRAKVI (<i>larotrectinib sulfate</i>) 25 MG CAP	TIER 4	PA, SP, QLC (6 caps/day), OAC, SF
VIZIMPRO (<i>dacomitinib</i>) 15 MG TAB, 30 MG TAB, 45 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
VOTRIENT (<i>pazopanib hcl</i>) 200 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
XALKORI (<i>crizotinib</i>) 200 MG CAP, 250 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC, SF
XOSPATA (<i>gilteritinib fumarate</i>) 40 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC
ZEJULA (<i>niraparib tosylate</i>) 100 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), OAC
ZELBORAF (<i>vemurafenib</i>) 240 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day), OAC
ZYDELIG (<i>idelalisib</i>) 100 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
ZYKADIA (<i>ceritinib</i>) 150 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), OAC, SF
ZYKADIA (<i>ceritinib</i>) 150 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC, SF

RETINOIDS

<i>bexarotene cap 75 mg</i>	TIER 4	PA, SP, QLC (8 caps/day), OAC, SF
<i>bexarotene gel 1%</i>	TIER 4	PA, SP, QLC (1 tube/month)
PANRETIN (<i>alitretinoin</i>) 0.1 % GEL	TIER 3	PA
TARGRETIN (<i>bexarotene (topical)</i>) 1 % GEL	TIER 4	PA, SP, QLC (1 tube/month)
TARGRETIN (<i>bexarotene</i>) 75 MG CAP	TIER 4	PA, SP, QLC (8 caps/day), OAC, SF
<i>tretinoin cap 10 mg</i>	TIER 1	QLC (9 caps/day), OAC

TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)

MESNEX (<i>mesna</i>) 400 MG TAB	TIER 2	OAC
VONJO (<i>pacritinib citrate</i>) 100 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
------------------------	-----------	----------------------------------

ANTIPARASITICS (Drugs for Parasitic Infections)

ANTHELMINTHICS (Drugs for Worm Infection)

<i>albendazole tab 200 mg</i>	TIER 2	QLC (4 tabs/day)
ALBENZA (<i>albendazole</i>) 200 MG TAB	TIER 3	QLC (4 tabs/day)
BILTRICIDE (<i>praziquantel</i>) 600 MG TAB	TIER 3	
EMVERM (<i>mebendazole</i>) 100 MG CHEW TAB	TIER 3	PA, QLC (2 tabs/month)
<i>ivermectin tab 3 mg</i>	TIER 1	QLC (8 tabs/fill; max 2 fills/365 days)
<i>praziquantel tab 600 mg</i>	TIER 1	
STROMEKTOL (<i>ivermectin</i>) 3 MG TAB	TIER 3	QLC (8 tabs/fill; max 2 fills/365 days)

ANTIPROTOZOALS (Drugs for Protozoal Infection)

ALINIA (<i>nitazoxanide</i>) 100 MG/5ML RECON SUSP	TIER 3	PA, QLC (1 bottle/fill)
ALINIA (<i>nitazoxanide</i>) 500 MG TAB	TIER 3	PA, QLC (6 tabs/fill)
ARAKODA (<i>tafenoquine succinate</i>) 100 MG TAB	TIER 3	PA, QLC (12 tabs/28 days)
<i>atovaquone susp 750 mg/5ml</i>	TIER 1	PA
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	TIER 1	QLC (1 tab/day)
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	TIER 1	QLC (3 tabs/day)
BENZNIDAZOLE 100 MG TAB	TIER 3	QLC (4 tabs/day; not to exceed 240 tabs/year)
BENZNIDAZOLE 12.5 MG TAB	TIER 3	QLC (12 tabs/day; not to exceed 720 tabs/year)
<i>chloroquine phosphate tab 250 mg</i>	TIER 1	QLC (25 tabs/30 days)
<i>chloroquine phosphate tab 500 mg</i>	TIER 1	QLC (25 tabs/30 days)
COARTEM (<i>artemether-lumefantrine</i>) 20-120 MG TAB	TIER 2	QLC (24 tabs/fill)
DARAPRIM (<i>pyrimethamine</i>) 25 MG TAB	TIER 4	PA, SP
HYDROXYCHLOROQUINE SULFATE 100 MG TAB, 300 MG TAB	TIER 1	QLC (2 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYDROXYCHLOROQUINE SULFATE 400 MG TAB	TIER 1	QLC (1 tab/day)
<i>hydroxychloroquine sulfate tab 200 mg</i>	TIER 1	QLC (3 tabs/day)
IMPAVIDO (<i>miltefosine</i>) 50 MG CAP	TIER 4	PA, SP, QLC (84 tabs/28 days)
KRINTAFEL (<i>tafenoquine succinate</i>) 150 MG TAB	TIER 3	QLC (2 tabs/28 days)
LAMPIT (<i>nifurtimox</i>) 120 MG TAB	TIER 3	QLC (7 & 1/2 tabs/day; max 450 tabs/365 days)
LAMPIT (<i>nifurtimox</i>) 30 MG TAB	TIER 3	QLC (9 tabs/day; max 540 tabs/365 days)
MALARONE (<i>atovaquone-proguanil hcl</i>) 250-100 MG TAB	TIER 3	QLC (1 tab/day)
MALARONE (<i>atovaquone-proguanil hcl</i>) 62.5-25 MG TAB	TIER 3	QLC (3 tabs/day)
<i>mefloquine hcl tab 250 mg</i>	TIER 1	QLC (5 tabs/fill)
MEPRON (<i>atovaquone</i>) 750 MG/5ML SUSPENSION	TIER 3	PA
<i>nitazoxanide tab 500 mg</i>	TIER 1	PA, QLC (6 tabs/fill)
PLAQUENIL (<i>hydroxychloroquine sulfate</i>) 200 MG TAB	TIER 3	QLC (3 tabs/day)
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	TIER 1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	TIER 1	
<i>pyrimethamine tab 25 mg</i>	TIER 4	PA, SP
QUALAQUIN (<i>quinine sulfate</i>) 324 MG CAP	TIER 3	QLC (6 caps/day)
<i>quinine sulfate cap 324 mg</i>	TIER 1	QLC (6 caps/day)

ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)

ANTICHOLINERGICS

<i>benztropine mesylate tab 0.5 mg</i>	TIER 1
<i>benztropine mesylate tab 1 mg</i>	TIER 1
<i>benztropine mesylate tab 2 mg</i>	TIER 1
TRIHENYPHENIDYL HCL 0.4 MG/ML SOLUTION	TIER 1

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	TIER 1	
<i>trihexyphenidyl hcl tab 2 mg</i>	TIER 1	
<i>trihexyphenidyl hcl tab 5 mg</i>	TIER 1	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl cap 100 mg</i>	TIER 1	
<i>amantadine hcl soln 50 mg/5ml</i>	TIER 1	
<i>amantadine hcl tab 100 mg</i>	TIER 1	
CARBIDOPA-LEVODOPA-ENTACAPONE -- 12.5-50-200 MG TAB, --18.75-75-200 MG TAB, --37.5-150-200 MG TAB	TIER 1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	TIER 1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	TIER 1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	TIER 1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	TIER 1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	TIER 1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	TIER 1	
COMTAN (<i>entacapone</i>) 200 MG TAB	TIER 3	QLC (8 tabs/day)
<i>entacapone tab 200 mg</i>	TIER 1	QLC (8 tabs/day)
GOCOVRI (<i>amantadine hcl</i>) 137 MG CAP ER 24H	TIER 4	PA, QLC (2 caps/day)
GOCOVRI (<i>amantadine hcl</i>) 68.5 MG CAP ER 24H	TIER 4	PA, QLC (1 cap/day)
NOURIANZ (<i>istradefylline</i>) 20 MG TAB, 40 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ONGENTYS (<i>opicapone</i>) 25 MG CAP, 50 MG CAP	TIER 3	ST, QLC (1 cap/day)
OSMOLEX ER (<i>amantadine hcl</i>) 129 MG TAB 24H	TIER 3	PA, QLC (2 tabs/day)
OSMOLEX ER (<i>amantadine hcl</i>) ER 193 MG TAB ER 24H, ER 258 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>) 25--200 MG TAB	TIER 3	
STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>) 31.25--200 MG TAB	TIER 3	
STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>) 37.5--200 MG TAB	TIER 3	
STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>) 50--MG TAB	TIER 3	
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>) 12.5--200 MG TAB	TIER 3	
STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>) 18.--200 MG TAB	TIER 3	
TASMAR (<i>tolcapone</i>) 100 MG TAB	TIER 4	ST, QLC (6 tabs/day)
<i>tolcapone tab 100 mg</i>	TIER 4	ST, QLC (6 tabs/day)

DOPAMINE AGONISTS

APOKYN (<i>apomorphine hydrochloride</i>) 30 MG/3ML SOLN CART	TIER 4	PA, SP
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	TIER 4	PA, SP
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	TIER 1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	TIER 1	
KYNMOBI (<i>apomorphine hydrochloride</i>) 10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM	TIER 4	PA, QLC (5 films/day)
MIRAPEX (<i>pramipexole dihydrochloride</i>) 0.125 MG TAB, 0.25 MG TAB, 0.5 MG TAB, 0.75 MG TAB, 1 MG TAB, 1.5 MG TAB	TIER 3	
MIRAPEX ER (<i>pramipexole dihydrochloride</i>) ER 0.375 MG TAB ER 24H, ER 0.75 MG TAB ER 24H, ER 1.5 MG TAB ER 24H, ER 2.25 MG TAB ER 24H, ER 3 MG TAB ER 24H, ER 3.75 MG TAB ER 24H, ER 4.5 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
NEUPRO (<i>rotigotine</i>) 1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR	TIER 3	QLC (1 patch/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PARLODEL (<i>bromocriptine mesylate</i>) 2.5 MG TAB, 5 MG CAP	TIER 3	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	TIER 1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	TIER 1	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	TIER 1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	TIER 1	
<i>pramipexole dihydrochloride tab 1 mg</i>	TIER 1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	TIER 1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
REQUIP (<i>ropinirole hydrochloride</i>) 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 4 MG TAB, 5 MG TAB	TIER 3	
REQUIP XL (<i>ropinirole hydrochloride</i>) 12 MG TAB ER 24H	TIER 3	QLC (2 tabs/day)
REQUIP XL (<i>ropinirole hydrochloride</i>) 2 MG TAB ER 24H, 4 MG TAB ER 24H, 6 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
REQUIP XL (<i>ropinirole hydrochloride</i>) 8 MG TAB ER 24H	TIER 3	QLC (3 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ropinirole hydrochloride tab 0.25 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab 0.5 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab 1 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab 2 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab 3 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab 4 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab 5 mg</i> (ROPINIROLE HCL)	TIER 1	
<i>ropinirole hydrochloride tab er 24hr 12 mg</i> <i>(base equivalent)</i> (ROPINIROLE HCL ER)	TIER 1	QLC (2 tabs/day)
<i>ropinirole hydrochloride tab er 24hr 2 mg</i> <i>(base equivalent)</i> (ROPINIROLE HCL ER) <i>4hr</i>	TIER 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 4 mg</i> <i>(base equivalent)</i> (ROPINIROLE HCL ER) <i>2hr</i>	TIER 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 6 mg</i> <i>(base equivalent)</i> (ROPINIROLE HCL ER)	TIER 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 8 mg</i> <i>(base equivalent)</i> (ROPINIROLE HCL ER)	TIER 1	QLC (3 tabs/day)

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

<i>carbidopa & levodopa orally</i> <i>disintegrating tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	QLC (8 tabs/day)
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	QLC (8 tabs/day)
<i>carbidopa & levodopa orally</i> <i>disintegrating tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	QLC (8 tabs/day)
<i>carbidopa & levodopa tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	
<i>carbidopa & levodopa tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carbidopa & levodopa tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	
<i>carbidopa & levodopa tab er 25-100 mg</i> (CARBIDOPA-LEVODOPA ER)	TIER 1	
<i>carbidopa & levodopa tab er 50-200 mg</i> (CARBIDOPA-LEVODOPA ER)	TIER 1	
<i>carbidopa tab 25 mg</i>	TIER 1	
CARBIDOPA-LEVODOPA -10-100 MG TAB DISP, -25-100 MG TAB DISP, -25-250 MG TAB DISP	TIER 1	QLC (8 tabs/day)
INBRIJA (<i>levodopa</i>) 42 MG CAP	TIER 4	PA, SP, QLC (10 caps/day)
LODOSYN (<i>carbidopa</i>) 25 MG TAB	TIER 3	
RYTARY (<i>carbidopa-levodopa</i>) 23.75-95 MG CAP ER	TIER 3	ST, QLC (25 caps/day)
RYTARY (<i>carbidopa-levodopa</i>) 36.25-145 MG CAP ER	TIER 3	ST, QLC (16 caps/day)
RYTARY (<i>carbidopa-levodopa</i>) 48.75-195 MG CAP ER	TIER 3	ST, QLC (12 caps/day)
RYTARY (<i>carbidopa-levodopa</i>) 61.25-245 MG CAP ER	TIER 3	ST, QLC (10 caps/day)
SINEMET (<i>carbidopa-levodopa</i>) 10-100 MG TAB, 25-100 MG TAB, 25-250 MG TAB	TIER 3	
SINEMET CR (<i>carbidopa-levodopa</i>) 25-100 MG TAB ER, 50-200 MG TAB ER	TIER 3	

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

AZILECT (<i>rasagiline mesylate</i>) 0.5 MG TAB, 1 MG TAB	TIER 3	QLC (1 tab/day)
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>selegiline hcl cap 5 mg</i>	TIER 1	
<i>selegiline hcl tab 5 mg</i>	TIER 1	
XADAGO (<i>safinamide mesylate</i>) 50 MG TAB, 100 MG TAB	TIER 3	ST, QLC (1 tab/day)
ZELAPAR (<i>selegiline hcl</i>) 1.25 MG TAB DISP	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME

DRUG TIER

COVERAGE REQUIREMENTS AND LIMITS

ANTIPSYCHOTICS (Drugs for Mental Health)

1ST GENERATION/TYPICAL

CHLORPROMAZINE HCL 30 MG/ML CONC, 100 MG/ML CONC	TIER 4	PA
<i>chlorpromazine hcl tab 10 mg</i>	TIER 1	
<i>chlorpromazine hcl tab 100 mg</i>	TIER 1	
<i>chlorpromazine hcl tab 200 mg</i>	TIER 1	
<i>chlorpromazine hcl tab 25 mg</i>	TIER 1	
<i>chlorpromazine hcl tab 50 mg</i>	TIER 1	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, 5 MG/ML CONC	TIER 1	
<i>fluphenazine hcl tab 1 mg</i>	TIER 1	
<i>fluphenazine hcl tab 10 mg</i>	TIER 1	
<i>fluphenazine hcl tab 2.5 mg</i>	TIER 1	
<i>fluphenazine hcl tab 5 mg</i>	TIER 1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	TIER 1	
<i>haloperidol tab 0.5 mg</i>	TIER 1	
<i>haloperidol tab 1 mg</i>	TIER 1	
<i>haloperidol tab 10 mg</i>	TIER 1	
<i>haloperidol tab 2 mg</i>	TIER 1	
<i>haloperidol tab 20 mg</i>	TIER 1	
<i>haloperidol tab 5 mg</i>	TIER 1	
<i>loxapine succinate cap 10 mg</i>	TIER 1	
<i>loxapine succinate cap 25 mg</i>	TIER 1	
<i>loxapine succinate cap 5 mg</i>	TIER 1	
<i>loxapine succinate cap 50 mg</i>	TIER 1	
MOLINDONE HCL 10 MG TAB	TIER 3	QLC (8 tabs/day)
MOLINDONE HCL 25 MG TAB	TIER 3	QLC (9 tabs/day)
MOLINDONE HCL 5 MG TAB	TIER 3	QLC (12 tabs/day)
ORAP (<i>pimozide</i>) 1 MG TAB, 2 MG TAB	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PIMOZIDE 1 MG TAB, 2 MG TAB	TIER 1	
<i>thioridazine hcl tab 10 mg</i>	TIER 1	
<i>thioridazine hcl tab 100 mg</i>	TIER 1	
<i>thioridazine hcl tab 25 mg</i>	TIER 1	
<i>thioridazine hcl tab 50 mg</i>	TIER 1	
<i>thiothixene cap 1 mg</i>	TIER 1	
<i>thiothixene cap 10 mg</i>	TIER 1	
<i>thiothixene cap 2 mg</i>	TIER 1	
<i>thiothixene cap 5 mg</i>	TIER 1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	TIER 1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	TIER 1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	TIER 1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	TIER 1	

2ND GENERATION/ATYPICAL

ABILIFY (<i>aripiprazole</i>) 10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB	TIER 3	QLC (1 tab/day)
ABILIFY (<i>aripiprazole</i>) 2 MG TAB	TIER 3	QLC (4 tabs/day)
ABILIFY (<i>aripiprazole</i>) 5 MG TAB	TIER 3	QLC (2 tabs/day)
ABILIFY MYCITE (<i>aripiprazole</i>) 2 MG TAB	TIER 4	PA, QLC (1 tab/day)
ABILIFY MYCITE (<i>aripiprazole</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB	TIER 4	PA, QLC (1 tab/day)
ABILIFY MYCITE MAINTENANCE KIT (<i>aripiprazole with sensor, strips, & pod</i>) KIT 2 MG TAB THPK, KIT 5 MG TAB THPK, KIT 10 MG TAB THPK, KIT 15 MG TAB THPK, KIT 20 MG TAB THPK, KIT 30 MG TAB THPK	TIER 4	PA, SP, QLC (1 tab/day)
ABILIFY MYCITE STARTER KIT (<i>aripiprazole with sensor, strips, & pod</i>) KIT 2 MG TAB THPK, KIT 5 MG TAB THPK, KIT 10 MG TAB THPK, KIT 15 MG TAB THPK, KIT 20 MG TAB THPK, KIT 30 MG TAB THPK	TIER 4	PA, SP, QLC (1 tab/day)
<i>aripiprazole oral solution 1 mg/ml</i>	TIER 1	QLC (25 ml/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>aripiprazole orally disintegrating tab 10 mg</i>	TIER 1	QLC (2 tabs/day)
<i>aripiprazole orally disintegrating tab 15 mg</i>	TIER 1	QLC (2 tabs/day)
<i>aripiprazole tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>aripiprazole tab 15 mg</i>	TIER 1	QLC (1 tab/day)
<i>aripiprazole tab 2 mg</i>	TIER 1	QLC (4 tabs/day)
<i>aripiprazole tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>aripiprazole tab 30 mg</i>	TIER 1	QLC (1 tab/day)
<i>aripiprazole tab 5 mg</i>	TIER 1	QLC (2 tabs/day)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
CAPLYTA (<i>lumateperone tosylate</i>) 10.5 MG CAP, 21 MG CAP, 42 MG CAP	TIER 4	PA, QLC (1 cap/day)
FANAPT (<i>iloperidone</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	TIER 3	ST, QLC (2 tabs/day)
FANAPT TITRATION PACK (<i>iloperidone</i>) 1 & 2 & 4 & 6 MG TAB	TIER 3	ST, QLC (1 pack/month)
GEODON (<i>ziprasidone hcl</i>) 20 MG CAP, 40 MG CAP, 60 MG CAP, 80 MG CAP	TIER 3	
INVEGA (<i>paliperidone</i>) 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 9 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
INVEGA (<i>paliperidone</i>) 6 MG TAB 24H	TIER 3	PA, QLC (2 tabs/day)
LATUDA (<i>lurasidone hcl</i>) 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB	TIER 3	ST, QLC (1 tab/day)
LATUDA (<i>lurasidone hcl</i>) 80 MG TAB	TIER 3	ST, QLC (2 tabs/day)
NUPLAZID (<i>pimavanserin tartrate</i>) 10 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF
NUPLAZID (<i>pimavanserin tartrate</i>) 17 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF
NUPLAZID (<i>pimavanserin tartrate</i>) 34 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), SF

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>olanzapine orally disintegrating tab 10 mg</i>	TIER 1	
<i>olanzapine orally disintegrating tab 15 mg</i>	TIER 1	
<i>olanzapine orally disintegrating tab 20 mg</i>	TIER 1	
<i>olanzapine orally disintegrating tab 5 mg</i>	TIER 1	
<i>olanzapine tab 10 mg</i>	TIER 1	
<i>olanzapine tab 15 mg</i>	TIER 1	
<i>olanzapine tab 2.5 mg</i>	TIER 1	
<i>olanzapine tab 20 mg</i>	TIER 1	
<i>olanzapine tab 5 mg</i>	TIER 1	
<i>olanzapine tab 7.5 mg</i>	TIER 1	
<i>paliperidone tab er 24hr 1.5 mg</i> (PALIPERIDONE ER)	TIER 1	PA, QLC (1 tab/day)
<i>paliperidone tab er 24hr 3 mg</i> (PALIPERIDONE ER)	TIER 1	PA, QLC (1 tab/day)
<i>paliperidone tab er 24hr 6 mg</i> (PALIPERIDONE ER)	TIER 1	PA, QLC (2 tabs/day)
<i>paliperidone tab er 24hr 9 mg</i> (PALIPERIDONE ER)	TIER 1	PA, QLC (1 tab/day)
QUETIAPINE FUMARATE 150 MG TAB	TIER 1	
<i>quetiapine fumarate tab 100 mg</i>	TIER 1	
<i>quetiapine fumarate tab 200 mg</i>	TIER 1	
<i>quetiapine fumarate tab 25 mg</i>	TIER 1	
<i>quetiapine fumarate tab 300 mg</i>	TIER 1	
<i>quetiapine fumarate tab 400 mg</i>	TIER 1	
<i>quetiapine fumarate tab 50 mg</i>	TIER 1	
<i>quetiapine fumarate tab er 24hr 150 mg</i> (QUETIAPINE FUMARATE ER)	TIER 1	ST
<i>quetiapine fumarate tab er 24hr 200 mg</i> (QUETIAPINE FUMARATE ER)	TIER 1	ST
<i>quetiapine fumarate tab er 24hr 300 mg</i> (QUETIAPINE FUMARATE ER)	TIER 1	ST
<i>quetiapine fumarate tab er 24hr 400 mg</i> (QUETIAPINE FUMARATE ER)	TIER 1	ST
<i>quetiapine fumarate tab er 24hr 50 mg</i> (QUETIAPINE FUMARATE ER)	TIER 1	ST

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REXULTI (<i>brexpiprazole</i>) 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB	TIER 4	PA, QLC (1 tab/day)
RISPERDAL (<i>risperidone</i>) 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB, 3 MG TAB, 4 MG TAB	TIER 3	
RISPERIDONE 0.25 MG TAB DISP	TIER 1	
<i>risperidone orally disintegrating tab 0.5 mg</i>	TIER 1	
<i>risperidone orally disintegrating tab 0.5 mg</i> (RISPERIDONE M-TAB)	TIER 1	
<i>risperidone orally disintegrating tab 1 mg</i>	TIER 1	
<i>risperidone orally disintegrating tab 1 mg</i> (RISPERIDONE M-TAB)	TIER 1	
<i>risperidone orally disintegrating tab 2 mg</i>	TIER 1	
<i>risperidone orally disintegrating tab 2 mg</i> (RISPERIDONE M-TAB)	TIER 1	
<i>risperidone orally disintegrating tab 3 mg</i>	TIER 1	
<i>risperidone orally disintegrating tab 4 mg</i>	TIER 1	
<i>risperidone soln 1 mg/ml</i>	TIER 1	
<i>risperidone tab 0.25 mg</i>	TIER 1	
<i>risperidone tab 0.5 mg</i>	TIER 1	
<i>risperidone tab 1 mg</i>	TIER 1	
<i>risperidone tab 2 mg</i>	TIER 1	
<i>risperidone tab 3 mg</i>	TIER 1	
<i>risperidone tab 4 mg</i>	TIER 1	
SAPHRIS (<i>asenapine maleate</i>) 2.5 MG SL TAB, 5 MG SL TAB, 10 MG SL TAB	TIER 3	ST, QLC (2 tabs/day)
SECUADO (<i>asenapine</i>) 3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR	TIER 4	PA, QLC (1 patch/day)
SEROQUEL (<i>quetiapine fumarate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB, 400 MG TAB	TIER 3	
SEROQUEL XR (<i>quetiapine fumarate</i>) 50 MG TAB ER 24H, 150 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H, 400 MG TAB ER 24H	TIER 3	ST

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VRAYLAR (<i>cariprazine hcl</i>) 1.5 & 3 MG CAP THPK	TIER 3	PA, QLC (1 pack/month)
VRAYLAR (<i>cariprazine hcl</i>) 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	TIER 3	PA, QLC (1 cap/day)
<i>ziprasidone hcl cap 20 mg</i>	TIER 1	
<i>ziprasidone hcl cap 40 mg</i>	TIER 1	
<i>ziprasidone hcl cap 60 mg</i>	TIER 1	
<i>ziprasidone hcl cap 80 mg</i>	TIER 1	
ZYPREXA (<i>olanzapine</i>) 2.5 MG TAB, 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	TIER 3	
ZYPREXA ZYDIS (<i>olanzapine</i>) 5 MG TAB DISP, 10 MG TAB DISP, 15 MG TAB DISP, 20 MG TAB DISP	TIER 3	

TREATMENT-RESISTANT

CLOZAPINE 12.5 MG TAB DISP, 150 MG TAB DISP, 200 MG TAB DISP	TIER 2	
<i>clozapine orally disintegrating tab 100 mg</i>	TIER 2	
<i>clozapine orally disintegrating tab 25 mg</i>	TIER 2	
<i>clozapine tab 100 mg</i>	TIER 1	
<i>clozapine tab 200 mg</i>	TIER 1	
<i>clozapine tab 25 mg</i>	TIER 1	
<i>clozapine tab 50 mg</i>	TIER 1	
CLOZARIL (<i>clozapine</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB	TIER 3	
FAZACLO (<i>clozapine</i>) 12.5 MG TAB DISP, 25 MG TAB DISP, 100 MG TAB DISP, 150 MG TAB DISP, 200 MG TAB DISP	TIER 3	
VERSACLOZ (<i>clozapine</i>) 50 MG/ML SUSPENSION	TIER 3	ST, QLC (18 ml/day)

ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)

<i>baclofen tab 10 mg</i>	TIER 1	QLC (8 tabs/day)
<i>baclofen tab 20 mg</i>	TIER 1	QLC (4 tabs/day)
<i>baclofen tab 5 mg</i>	TIER 1	QLC (3 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DANTRIUM (<i>dantrolene sodium</i>) 25 MG CAP, 50 MG CAP	TIER 3	
<i>dantrolene sodium cap 100 mg</i>	TIER 1	
<i>dantrolene sodium cap 25 mg</i>	TIER 1	
<i>dantrolene sodium cap 50 mg</i>	TIER 1	
LYVISPAH (<i>baclofen</i>) 20 MG PACKET	TIER 4	PA, QLC (4 packets/day)
LYVISPAH (<i>baclofen</i>) 5 MG PACKET, 10 MG PACKET	TIER 4	PA, QLC (3 packets/day)
OZOBAX (<i>baclofen</i>) 5 MG/5ML SOLUTION	TIER 4	PA, QLC (80 ml/day)
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	TIER 1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	TIER 1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	TIER 1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	TIER 1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	TIER 1	
ZANAFLEX (<i>tizanidine hcl</i>) 2 MG CAP, 4 MG CAP, 4 MG TAB, 6 MG CAP	TIER 3	

ANTIVIRALS (Drugs for Viral Infections)

ANTI-CYTOMEGALOVIRUS (CMV) AGENTS (Drugs for CMV Infection)

LIVTENCITY (<i>maribavir</i>) 200 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
PREVYMIS (<i>letermovir</i>) 240 MG TAB, 480 MG TAB	TIER 3	PA, QLC (1 tab/day)
VALCYTE (<i>valganciclovir hcl</i>) 450 MG TAB	TIER 3	QLC (2 tabs/day)
VALCYTE (<i>valganciclovir hcl</i>) 50 MG/ML RECON SOLN	TIER 3	QLC (18 ml/day)
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	TIER 1	QLC (18 ml/day)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	TIER 1	QLC (2 tabs/day)
ZIRGAN (<i>ganciclovir ophthalmic</i>) 0.15 % GEL	TIER 3	QLC (1 tube/month)

ANTI-HEPATITIS B (HBV) AGENTS (Drugs for Hepatitis B)

<i>adefovir dipivoxil tab 10 mg</i>	TIER 1	QLC (1 tab/day)
BARACLUDE (<i>entecavir</i>) 0.05 MG/ML SOLUTION	TIER 2	QLC (3 bottles/month)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BARACLUDE (<i>entecavir</i>) 0.5 MG TAB, 1 MG TAB	TIER 3	QLC (1 tab/day)
<i>entecavir tab 0.5 mg</i>	TIER 1	QLC (1 tab/day)
<i>entecavir tab 1 mg</i>	TIER 1	QLC (1 tab/day)
EPIVIR HBV (<i>lamivudine (hbv)</i>) 100 MG TAB	TIER 3	QLC (1 tab/day)
EPIVIR HBV (<i>lamivudine (hbv)</i>) 5 MG/ML SOLUTION	TIER 2	QLC (3 bottles/month)
HEPSERA (<i>adefovir dipivoxil</i>) 10 MG TAB	TIER 3	QLC (1 tab/day)
<i>lamivudine tab 100 mg (hbv)</i>	TIER 1	QLC (1 tab/day)
VEMLIDY (<i>tenofovir alafenamide fumarate</i>) 25 MG TAB	TIER 3	PA, QLC (1 tab/day)

ANTI-HEPATITIS C (HCV) AGENTS (Drugs for Hepatitis C)

DAKLINZA (<i>daclatasvir dihydrochloride</i>) 30 MG TAB, 60 MG TAB, 90 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 150-37.5 MG PACKET	TIER 4	PA, SP, QLC (1 packet/day)
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 200-50 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 200-50 MG TAB, 400-100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
HARVONI (<i>Jedipasvir-sofosbuvir</i>) 33.75-150 MG PACKET	TIER 4	PA, SP, QLC (1 packet/day)
HARVONI (<i>Jedipasvir-sofosbuvir</i>) 45-200 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
HARVONI (<i>Jedipasvir-sofosbuvir</i>) 45-200 MG TAB, 90-400 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
LEDIPASVIR-SOFOSBUVIR -90-400 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
MAVYRET (<i>glecaprevir-pibrentasvir</i>) 100-40 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
MAVYRET (<i>glecaprevir-pibrentasvir</i>) 50-20 MG PACKET	TIER 4	PA, SP, QLC (6 packets/day)
MODERIBA (1200 MG PACK) (<i>ribavirin (hepatitis c)</i>) 600 TAB THPK	TIER 3	PA, SP
PEGINTRON (<i>peginterferon alfa-2b</i>) 50 MCG/0.5ML KIT	TIER 4	SP
REBETOL (<i>ribavirin (hepatitis c)</i>) 200 MG CAP	TIER 3	SP

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REBETOL (<i>ribavirin (hepatitis c)</i>) 40 MG/ML SOLUTION	TIER 3	PA, SP
RIBASPHERE (<i>ribavirin (hepatitis c)</i>) 400 MG TAB, 600 MG TAB	TIER 3	SP
RIBASPHERE RIBAPAK (1000 PACK) (<i>ribavirin (hepatitis c)</i>) 400 & 600 MG TAB THPK	TIER 3	PA, SP
RIBASPHERE RIBAPAK (1200 PACK) (<i>ribavirin (hepatitis c)</i>) 600 MG TAB THPK	TIER 3	PA, SP
RIBASPHERE RIBAPAK (600 PACK) (<i>ribavirin (hepatitis c)</i>) 200 & 400 MG TAB THPK	TIER 3	PA, SP
RIBASPHERE RIBAPAK (800 PACK) (<i>ribavirin (hepatitis c)</i>) 400 MG TAB THPK	TIER 3	PA, SP
<i>ribavirin cap 200 mg</i>	TIER 1	SP
<i>ribavirin cap 200 mg</i> (RIBASPHERE)	TIER 3	SP
<i>ribavirin tab 200 mg</i>	TIER 1	SP
<i>ribavirin tab 200 mg</i> (MODERIBA)	TIER 1	SP
<i>ribavirin tab 200 mg</i> (RIBASPHERE)	TIER 3	SP
SOFOBSUVIR-VELPATASVIR -400-100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
SOVALDI (<i>sofosbuvir</i>) 150 MG PACKET	TIER 4	PA, SP, QLC (1 packet/day)
SOVALDI (<i>sofosbuvir</i>) 200 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
SOVALDI (<i>sofosbuvir</i>) 200 MG TAB, 400 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
VIEKIRA PAK (<i>ombitasvir-paritaprevir-ritonavir-dasabuvir</i>) 12.5-75-50 & 250 MG TAB THPK	TIER 4	PA, SP, QLC (4 tabs/day)
VOSEVI (<i>sofosbuvir-velpatasvir-voxilaprevir</i>) 400-100-100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ZEPATIER (<i>elbasvir-grazoprevir</i>) 50-100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

BIKTARVY (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>) 30-120-15 MG TAB, 50-200-25 MG TAB	TIER 2	QLC (1 tab/day)
DOVATO (<i>dolutegravir sodium-lamivudine</i>) 50-300 MG TAB	TIER 2	QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GENVOYA (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>) 150-150-200-10 MG	TIER 2	QLC (1 tab/day)
ISENTRESS (<i>raltegravir potassium</i>) 100 MG PACKET	TIER 2	QLC (2 packets/day)
ISENTRESS (<i>raltegravir potassium</i>) 25 MG CHEW TAB, 100 MG CHEW TAB	TIER 2	QLC (6 tabs/day)
ISENTRESS (<i>raltegravir potassium</i>) 400 MG TAB	TIER 2	QLC (4 tabs/day)
ISENTRESS HD (<i>raltegravir potassium</i>) 600 MG TAB	TIER 2	QLC (2 tabs/day)
JULUCA (<i>dolutegravir sodium-rilpivirine hcl</i>) 50-25 MG TAB	TIER 3	QLC (1 tab/day)
STRIBILD (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>) 150-150-200-300 MG	TIER 2	QLC (1 tab/day)
TIVICAY (<i>dolutegravir sodium</i>) 10 MG TAB, 25 MG TAB, 50 MG TAB	TIER 2	QLC (2 tabs/day)
TIVICAY PD (<i>dolutegravir sodium</i>) 5 MG TAB SOL	TIER 2	QLC (5 tabs/day)

ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)

ATRIPLA (<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>) 600-200-300 MG	TIER 3	PA, QLC (1 tab/day)
COMPLERA (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>) 200-25-300 MG	TIER 2	QLC (1 tab/day)
DELSTRIGO (<i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>) 100-300-300 MG TAB	TIER 3	QLC (1 tab/day)
EDURANT (<i>rilpivirine hcl</i>) 25 MG TAB	TIER 2	QLC (2 tabs/day)
<i>efavirenz cap 200 mg</i>	TIER 1	QLC (3 caps/day)
<i>efavirenz cap 50 mg</i>	TIER 1	QLC (6 caps/day)
<i>efavirenz tab 600 mg</i>	TIER 1	QLC (1 tab/day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (EFAVIRENZ-EMTRICITAB-TENOFO DF)	TIER 1	PA, QLC (1 tab/day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	TIER 1	QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	TIER 1	QLC (1 tab/day)
<i>etravirine tab 100 mg</i>	TIER 1	QLC (4 tabs/day)
<i>etravirine tab 200 mg</i>	TIER 1	QLC (2 tabs/day)
INTELENCE (<i>etravirine</i>) 100 MG TAB	TIER 3	QLC (4 tabs/day)
INTELENCE (<i>etravirine</i>) 200 MG TAB	TIER 3	QLC (2 tabs/day)
INTELENCE (<i>etravirine</i>) 25 MG TAB	TIER 2	QLC (12 tabs/day)
NEVIRAPINE 50 MG/5ML SUSPENSION	TIER 1	QLC (40 ml/day)
NEVIRAPINE ER 100 MG TAB 24H	TIER 1	QLC (3 tabs/day)
<i>nevirapine tab 200 mg</i>	TIER 1	QLC (2 tabs/day)
<i>nevirapine tab er 24hr 100 mg</i> (NEVIRAPINE ER)	TIER 1	QLC (3 tabs/day)
<i>nevirapine tab er 24hr 400 mg</i> (NEVIRAPINE ER)	TIER 1	QLC (1 tab/day)
ODEFSEY (<i>emtricitabine-ripivirine-tenofovir alafenamide fumarate</i>) 200-25-25 MG	TIER 2	QLC (1 tab/day)
PIFELTRO (<i>doravirine</i>) 100 MG TAB	TIER 3	QLC (2 tabs/day)
RESCRIPTOR (<i>delavirdine mesylate</i>) 200 MG TAB	TIER 2	QLC (6 tabs/day)
SUSTIVA (<i>efavirenz</i>) 200 MG CAP	TIER 3	QLC (3 caps/day)
SUSTIVA (<i>efavirenz</i>) 50 MG CAP	TIER 3	QLC (6 caps/day)
SUSTIVA (<i>efavirenz</i>) 600 MG TAB	TIER 3	QLC (1 tab/day)
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) 600-300-300 MG TAB	TIER 3	QLC (1 tab/day)
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) 400-300-300 MG TAB	TIER 3	QLC (1 tab/day)
VIRAMUNE (<i>nevirapine</i>) 200 MG TAB	TIER 3	QLC (2 tabs/day)
VIRAMUNE (<i>nevirapine</i>) 50 MG/5ML SUSPENSION	TIER 3	QLC (40 ml/day)
VIRAMUNE XR (<i>nevirapine</i>) 100 MG TAB ER 24H	TIER 3	QLC (3 tabs/day)
VIRAMUNE XR (<i>nevirapine</i>) 400 MG TAB ER 24H	TIER 3	QLC (1 tab/day)

ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	TIER 1	QLC (30 ml/day)
--	--------	-----------------

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>abacavir sulfate tab 300 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	TIER 1	QLC (1 tab/day)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> (ABACAVIR-LAMIVUDINE-ZIDOVUDINE)	TIER 1	QLC (2 tabs/day)
CIMDUO (<i>lamivudine-tenofovir disoproxil fumarate</i>) 300-300 MG TAB	TIER 2	QLC (1 tab/day)
COMBIVIR (<i>lamivudine-zidovudine</i>) 150-300 MG TAB	TIER 3	QLC (2 tabs/day)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate</i>) 120-15 MG	TIER 2	QLC (1 tab/day)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate</i>) 200-25 MG	TIER 2	ACA (Preventive Health), QLC (1 tab/day; requires confirmation of pre-exposure prophylaxis use.)
DIDANOSINE 200 MG CAP DR, 250 MG CAP DR, 400 MG CAP DR	TIER 1	QLC (1 cap/day)
<i>emtricitabine caps 200 mg</i>	TIER 1	QLC (1 cap/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (EMTRICITABINE-TENOFOVIR DF)	TIER 1	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (EMTRICITABINE-TENOFOVIR DF)	TIER 1	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (EMTRICITABINE-TENOFOVIR DF)	TIER 1	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (EMTRICITABINE-TENOFOVIR DF)	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
EMTRIVA (<i>emtricitabine</i>) 10 MG/ML SOLUTION	TIER 2	QLC (24 ml/day)
EMTRIVA (<i>emtricitabine</i>) 200 MG CAP	TIER 3	QLC (1 cap/day)
EPIVIR (<i>lamivudine</i>) 10 MG/ML SOLUTION	TIER 3	QLC (30 ml/day)
EPIVIR (<i>lamivudine</i>) 150 MG TAB	TIER 3	QLC (2 tabs/day)
EPIVIR (<i>lamivudine</i>) 300 MG TAB	TIER 3	QLC (1 tab/day)
EPZICOM (<i>abacavir sulfate-lamivudine</i>) 600-300 MG TAB	TIER 3	QLC (1 tab/day)
<i>lamivudine oral soln 10 mg/ml</i>	TIER 1	QLC (30 ml/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lamivudine tab 150 mg</i>	TIER 1	QLC (2 tabs/day)
<i>lamivudine tab 300 mg</i>	TIER 1	QLC (1 tab/day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	TIER 1	QLC (2 tabs/day)
RETROVIR (<i>zidovudine</i>) 100 MG CAP	TIER 3	QLC (5 caps/day)
RETROVIR (<i>zidovudine</i>) 50 MG/5ML SYRUP	TIER 3	QLC (60 ml/day)
STAVUDINE 15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP	TIER 1	QLC (2 caps/day)
<i>stavudine cap 15 mg</i>	TIER 1	QLC (2 caps/day)
<i>stavudine cap 20 mg</i>	TIER 1	QLC (2 caps/day)
<i>stavudine cap 30 mg</i>	TIER 1	QLC (2 caps/day)
<i>stavudine cap 40 mg</i>	TIER 1	QLC (2 caps/day)
TEMIXYS (<i>lamivudine-tenofovir disoproxil fumarate</i>) 300-300 MG TAB	TIER 2	QLC (1 tab/day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	TIER 1	QLC (1 tab/day)
TRIUMEQ (<i>abacavir-dolutegravir-lamivudine</i>) 600-50-300 MG TAB	TIER 2	QLC (1 tab/day)
TRIUMEQ PD (<i>abacavir-dolutegravir-lamivudine</i>) 60-5-30 MG TAB SOL	TIER 2	QLC (6 tabs/day)
TRIZIVIR (<i>abacavir sulfate-lamivudine-zidovudine</i>) 300-150-300 MG TAB	TIER 3	QLC (2 tabs/day)
TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>) 100-150 MG TAB, 133-200 MG TAB, 167-250 MG TAB, 200-300 MG TAB	TIER 3	QLC (1 tab/day)
VIDEX (<i>didanosine</i>) 2 GM RECON SOLN, 4 GM RECON SOLN	TIER 2	
VIDEX EC (<i>didanosine</i>) EC 125 MG CAP DR, EC 200 MG CAP DR, EC 250 MG CAP DR, EC 400 MG CAP DR	TIER 3	QLC (1 cap/day)
VIREAD (<i>tenofovir disoproxil fumarate</i>) 150 MG TAB, 200 MG TAB, 250 MG TAB	TIER 2	QLC (1 tab/day)
VIREAD (<i>tenofovir disoproxil fumarate</i>) 300 MG TAB	TIER 3	QLC (1 tab/day)
VIREAD (<i>tenofovir disoproxil fumarate</i>) 40 MG/GM POWDER	TIER 2	QLC (3 bottles/month)
ZERIT (<i>stavudine</i>) 15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP	TIER 3	QLC (2 caps/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZIAGEN (<i>abacavir sulfate</i>) 20 MG/ML SOLUTION	TIER 3	QLC (30 ml/day)
ZIAGEN (<i>abacavir sulfate</i>) 300 MG TAB	TIER 3	QLC (2 tabs/day)
<i>zidovudine cap 100 mg</i>	TIER 1	QLC (5 caps/day)
<i>zidovudine syrup 10 mg/ml</i>	TIER 1	QLC (60 ml/day)
<i>zidovudine tab 300 mg</i>	TIER 1	QLC (2 tabs/day)

ANTI-HIV AGENTS, OTHER

FUZEON (<i>enfuvirtide</i>) 90 MG RECON SOLN	TIER 4	SP, QLC (1 kit/month)
<i>maraviroc tab 150 mg</i>	TIER 1	QLC (2 tabs/day)
<i>maraviroc tab 300 mg</i>	TIER 1	QLC (4 tabs/day)
RUKOBIA (<i>fostemsavir tromethamine</i>) 600 MG TAB ER 12H	TIER 3	PA, QLC (2 tabs/day)
SELZENTRY (<i>maraviroc</i>) 150 MG TAB	TIER 3	QLC (2 tabs/day)
SELZENTRY (<i>maraviroc</i>) 20 MG/ML SOLUTION	TIER 2	QLC (60 ml/day)
SELZENTRY (<i>maraviroc</i>) 25 MG TAB	TIER 2	QLC (8 tabs/day)
SELZENTRY (<i>maraviroc</i>) 300 MG TAB	TIER 3	QLC (4 tabs/day)
SELZENTRY (<i>maraviroc</i>) 75 MG TAB	TIER 2	QLC (2 tabs/day)
TYBOST (<i>cobicistat</i>) 150 MG TAB	TIER 3	QLC (1 tab/day)

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

APTIVUS (<i>tipranavir</i>) 100 MG/ML SOLUTION	TIER 2	QLC (10 ml/day)
APTIVUS (<i>tipranavir</i>) 250 MG CAP	TIER 2	QLC (4 caps/day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	TIER 1	QLC (2 caps/day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	TIER 1	QLC (2 caps/day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	TIER 1	QLC (1 cap/day)
CRIXIVAN (<i>indinavir sulfate</i>) 200 MG CAP	TIER 2	QLC (9 caps/day)
CRIXIVAN (<i>indinavir sulfate</i>) 400 MG CAP	TIER 2	QLC (6 caps/day)
EVOTAZ (<i>atazanavir sulfate-cobicistat</i>) 300-150 MG TAB	TIER 3	QLC (1 tab/day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	TIER 1	QLC (4 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INVIRASE (<i>saquinavir mesylate</i>) 200 MG CAP	TIER 2	QLC (4 caps/day)
INVIRASE (<i>saquinavir mesylate</i>) 500 MG TAB	TIER 2	QLC (4 tabs/day)
KALETRA (<i>lopinavir-ritonavir</i>) 100-25 MG TAB, 200-50 MG TAB	TIER 3	QLC (4 tabs/day)
KALETRA (<i>lopinavir-ritonavir</i>) 400-100 MG/5ML SOLUTION	TIER 3	QLC (10 ml/day)
LEXIVA (<i>fosamprenavir calcium</i>) 50 MG/ML SUSPENSION	TIER 2	QLC (56 ml/day)
LEXIVA (<i>fosamprenavir calcium</i>) 700 MG TAB	TIER 3	QLC (4 tabs/day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	TIER 1	QLC (10 ml/day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	TIER 1	QLC (4 tabs/day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	TIER 1	QLC (4 tabs/day)
NORVIR (<i>ritonavir</i>) 100 MG CAP	TIER 2	QLC (12 caps/day)
NORVIR (<i>ritonavir</i>) 100 MG PACKET	TIER 2	QLC (12 packets/day)
NORVIR (<i>ritonavir</i>) 100 MG TAB	TIER 3	QLC (12 tabs/day)
NORVIR (<i>ritonavir</i>) 80 MG/ML SOLUTION	TIER 2	QLC (15 ml/day)
PREZCOBIX (<i>darunavir-cobicistat</i>) 800-150 MG TAB	TIER 2	QLC (1 tab/day)
PREZISTA (<i>darunavir ethanolate</i>) 100 MG/ML SUSPENSION	TIER 2	QLC (12 ml/day)
PREZISTA (<i>darunavir ethanolate</i>) 150 MG TAB	TIER 2	QLC (4 tabs/day)
PREZISTA (<i>darunavir ethanolate</i>) 75 MG TAB	TIER 2	QLC (2 tabs/day)
PREZISTA (<i>darunavir</i>) 600 MG TAB	TIER 2	QLC (2 tabs/day)
PREZISTA (<i>darunavir</i>) 800 MG TAB	TIER 2	QLC (1 tab/day)
REYATAZ (<i>atazanavir sulfate</i>) 150 MG CAP, 200 MG CAP	TIER 3	QLC (2 caps/day)
REYATAZ (<i>atazanavir sulfate</i>) 300 MG CAP	TIER 3	QLC (1 cap/day)
REYATAZ (<i>atazanavir sulfate</i>) 50 MG PACKET	TIER 2	QLC (5 packs/day)
<i>ritonavir tab 100 mg</i>	TIER 1	QLC (12 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYMTUZA (<i>darunavir-cobicistat- emtricitabine-tenofovir alafenamide</i>) 800- 150-200-10 MG	TIER 2	QLC (1 tab/day)
VIRACEPT (<i>nelfinavir mesylate</i>) 250 MG TAB	TIER 2	QLC (9 tabs/day)
VIRACEPT (<i>nelfinavir mesylate</i>) 625 MG TAB	TIER 2	QLC (4 tabs/day)

ANTI-INFLUENZA AGENTS (Drugs for Flu)

FLUMADINE (<i>rimantadine hydrochloride</i>) 100 MG TAB	TIER 3	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	TIER 1	QLC (40 caps/6 months)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	TIER 1	QLC (20 caps/6 months)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	TIER 1	QLC (20 caps/6 months)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	TIER 1	QLC (6 bottles/6 months)
RELENZA DISKHALER (<i>zanamivir</i>) 5 MG/ACT AER POW BA	TIER 2	QLC (2 inhalers/6 months)
RIMANTADINE HCL (<i>rimantadine hydrochloride</i>) 100 MG TAB	TIER 1	
TAMIFLU (<i>oseltamivir phosphate</i>) 30 MG CAP	TIER 3	QLC (40 caps/6 months)
TAMIFLU (<i>oseltamivir phosphate</i>) 45 MG CAP, 75 MG CAP	TIER 3	QLC (20 caps/6 months)
TAMIFLU (<i>oseltamivir phosphate</i>) 6 MG/ML RECON SUSP	TIER 3	QLC (6 bottles/6 months)
XENLETA (<i>lefamulin acetate</i>) 600 MG TAB	TIER 4	PA, QLC (10 tabs/month)
XOFLUZA (40 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 1 TAB THPK	TIER 3	QLC (1 tab/day; max 2 tabs/180 days)
XOFLUZA (40 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 2 20 TAB THPK	TIER 3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)
XOFLUZA (80 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 1 TAB THPK	TIER 3	QLC (1 tab/day; max 2 tabs/180 days)
XOFLUZA (80 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 2 40 TAB THPK	TIER 3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME**DRUG
TIER****COVERAGE
REQUIREMENTS AND
LIMITS****ANTIHERPETIC AGENTS (Drugs for Herpes Infection)**

<i>acyclovir cap 200 mg</i>	TIER 1	
<i>acyclovir susp 200 mg/5ml</i>	TIER 1	
<i>acyclovir tab 400 mg</i>	TIER 1	
<i>acyclovir tab 800 mg</i>	TIER 1	
<i>famciclovir tab 125 mg</i>	TIER 1	
<i>famciclovir tab 250 mg</i>	TIER 1	
<i>famciclovir tab 500 mg</i>	TIER 1	
SITAVIG (<i>acyclovir</i>) 50 MG TAB	TIER 3	PA, QLC (2 tabs/2 months)
TRIFLURIDINE 1 % SOLUTION	TIER 1	
<i>valacyclovir hcl tab 1 gm</i>	TIER 1	
<i>valacyclovir hcl tab 500 mg</i>	TIER 1	
VALTRES (<i>valacyclovir hcl</i>) 1 GM TAB, 500 MG TAB	TIER 3	
VIROPTIC (<i>trifluridine</i>) 1 % SOLUTION	TIER 3	
ZOVIRAX (<i>acyclovir</i>) 200 MG CAP, 200 MG/5ML SUSPENSION, 400 MG TAB, 800 MG TAB	TIER 3	

ANXIOLYTICS (Drugs for Anxiety)**ANXIOLYTICS, OTHER (Other Drugs for Anxiety)**

<i>bupirone hcl tab 10 mg</i>	TIER 1	
<i>bupirone hcl tab 15 mg</i>	TIER 1	
<i>bupirone hcl tab 30 mg</i>	TIER 1	
<i>bupirone hcl tab 5 mg</i>	TIER 1	
<i>bupirone hcl tab 7.5 mg</i>	TIER 1	
<i>meprobamate tab 200 mg</i>	TIER 3	AL1 (Up to 64 yrs old)
<i>meprobamate tab 400 mg</i>	TIER 3	AL1 (Up to 64 yrs old)

BENZODIAZEPINES

ALPRAZOLAM INTENSOL 1 MG/ML CONC	TIER 1	QLC (4 ml/day)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	TIER 1	QLC (4 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>alprazolam orally disintegrating tab 0.5 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam orally disintegrating tab 1 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam orally disintegrating tab 2 mg</i>	TIER 1	QLC (2 tabs/day)
<i>alprazolam tab 0.25 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam tab 0.5 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam tab 1 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam tab 2 mg</i>	TIER 1	QLC (2 tabs/day)
<i>alprazolam tab er 24hr 0.5 mg</i> (ALPRAZOLAM ER)	TIER 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 0.5 mg</i> (ALPRAZOLAM XR)	TIER 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 1 mg</i> (ALPRAZOLAM ER)	TIER 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 1 mg</i> (ALPRAZOLAM XR)	TIER 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 2 mg</i> (ALPRAZOLAM ER) 4hr	TIER 1	QLC (2 tabs/day)
<i>alprazolam tab er 24hr 2 mg</i> (ALPRAZOLAM XR) 4hr	TIER 1	QLC (2 tabs/day)
<i>alprazolam tab er 24hr 3 mg</i> (ALPRAZOLAM ER)	TIER 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 3 mg</i> (ALPRAZOLAM XR)	TIER 1	QLC (1 tab/day)
ATIVAN (<i>lorazepam</i>) 0.5 MG TAB	TIER 3	QLC (20 tabs/day)
ATIVAN (<i>lorazepam</i>) 1 MG TAB	TIER 3	QLC (10 tabs/day)
ATIVAN (<i>lorazepam</i>) 2 MG TAB	TIER 3	QLC (5 tabs/day)
<i>chlordiazepoxide hcl cap 10 mg</i>	TIER 1	QLC (30 caps/day)
<i>chlordiazepoxide hcl cap 25 mg</i>	TIER 1	QLC (12 caps/day)
<i>chlordiazepoxide hcl cap 5 mg</i>	TIER 1	QLC (60 caps/day)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	TIER 1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	TIER 1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clonazepam orally disintegrating tab 1 mg</i>	TIER 1	
<i>clonazepam orally disintegrating tab 2 mg</i>	TIER 1	
<i>clonazepam tab 0.5 mg</i>	TIER 1	QLC (40 tabs/day)
<i>clonazepam tab 1 mg</i>	TIER 1	QLC (20 tabs/day)
<i>clonazepam tab 2 mg</i>	TIER 1	QLC (10 tabs/day)
<i>clorazepate dipotassium tab 15 mg</i>	TIER 1	QLC (6 tabs/day)
<i>clorazepate dipotassium tab 3.75 mg</i>	TIER 1	QLC (24 tabs/day)
<i>clorazepate dipotassium tab 7.5 mg</i>	TIER 1	QLC (12 tabs/day)
<i>diazepam conc 5 mg/ml</i>	TIER 1	QLC (12 bottles/month)
<i>diazepam conc 5 mg/ml</i> (DIAZEPAM INTENSOL)	TIER 1	QLC (12 bottles/month)
<i>diazepam oral soln 1 mg/ml</i>	TIER 1	QLC (60 ml/day)
<i>diazepam tab 10 mg</i>	TIER 1	QLC (6 tabs/day)
<i>diazepam tab 2 mg</i>	TIER 1	QLC (30 tabs/day)
<i>diazepam tab 5 mg</i>	TIER 1	QLC (12 tabs/day)
KLONOPIN (<i>clonazepam</i>) 0.5 MG TAB	TIER 3	QLC (40 tabs/day)
KLONOPIN (<i>clonazepam</i>) 1 MG TAB	TIER 3	QLC (20 tabs/day)
KLONOPIN (<i>clonazepam</i>) 2 MG TAB	TIER 3	QLC (10 tabs/day)
<i>lorazepam conc 2 mg/ml</i>	TIER 1	QLC (150 ml/month)
<i>lorazepam conc 2 mg/ml</i> (LORAZEPAM INTENSOL)	TIER 1	QLC (150 ml/month)
<i>lorazepam tab 0.5 mg</i>	TIER 1	QLC (20 tabs/day)
<i>lorazepam tab 1 mg</i>	TIER 1	QLC (10 tabs/day)
<i>lorazepam tab 2 mg</i>	TIER 1	QLC (5 tabs/day)
LOREEV XR (<i>lorazepam</i>) 1 MG CP24 SPRNK	TIER 3	PA, QLC (3 caps/day)
LOREEV XR (<i>lorazepam</i>) 1.5 MG CP24 SPRNK	TIER 3	PA, QLC (6 caps/day)
LOREEV XR (<i>lorazepam</i>) 2 MG CP24 SPRNK	TIER 3	PA, QLC (5 caps/day)
LOREEV XR (<i>lorazepam</i>) 3 MG CP24 SPRNK	TIER 3	PA, QLC (3 caps/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxazepam cap 10 mg</i>	TIER 1	QLC (12 caps/day)
<i>oxazepam cap 15 mg</i>	TIER 1	QLC (8 caps/day)
<i>oxazepam cap 30 mg</i>	TIER 1	QLC (4 caps/day)
TRANXENE-T (<i>clorazepate dipotassium</i>) RANXENE-7.5 MG AB	TIER 3	QLC (12 tabs/day)
VALIUM (<i>diazepam</i>) 10 MG TAB	TIER 3	QLC (6 tabs/day)
VALIUM (<i>diazepam</i>) 2 MG TAB	TIER 3	QLC (30 tabs/day)
VALIUM (<i>diazepam</i>) 5 MG TAB	TIER 3	QLC (12 tabs/day)
XANAX (<i>alprazolam</i>) 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB	TIER 3	QLC (4 tabs/day)
XANAX (<i>alprazolam</i>) 2 MG TAB	TIER 3	QLC (2 tabs/day)
XANAX XR (<i>alprazolam</i>) 0.5 MG TAB ER 24H, 1 MG TAB ER 24H, 3 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
XANAX XR (<i>alprazolam</i>) 2 MG TAB ER 24H	TIER 3	QLC (2 tabs/day)

BIPOLAR AGENTS (Drugs for Bipolar Disorder)

MOOD STABILIZERS

EQUETRO (<i>carbamazepine (antipsychotic)</i>) 100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H	TIER 2	
LITHIUM 8 MEQ/5ML SOLUTION	TIER 1	
LITHIUM CARBONATE 150 MG CAP, 300 MG CAP, 600 MG CAP	TIER 1	
<i>lithium carbonate cap 150 mg</i>	TIER 1	
<i>lithium carbonate cap 300 mg</i>	TIER 1	
<i>lithium carbonate cap 600 mg</i>	TIER 1	
<i>lithium carbonate tab 300 mg</i>	TIER 1	
<i>lithium carbonate tab er 300 mg</i> (LITHIUM CARBONATE ER)	TIER 1	
<i>lithium carbonate tab er 450 mg</i> (LITHIUM CARBONATE ER)	TIER 1	
LITHOBID (<i>lithium carbonate</i>) 300 MG TAB ER	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME

DRUG TIER

COVERAGE REQUIREMENTS AND LIMITS

BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)

ANTIDIABETIC AGENTS (Drugs for High Blood Sugar)

<i>acarbose tab 100 mg</i>	TIER 1	
<i>acarbose tab 25 mg</i>	TIER 1	
<i>acarbose tab 50 mg</i>	TIER 1	
ACTOPLUS MET (<i>pioglitazone hcl-metformin hcl</i>) 15-500 MG TAB, 15-850 MG TAB	TIER 3	ST, QLC (3 tabs/day)
ACTOPLUS MET XR (<i>pioglitazone hcl-metformin hcl</i>) 15-1000 MG TAB ER 24H, 30-1000 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
ACTOS (<i>pioglitazone hcl</i>) 15 MG TAB, 30 MG TAB, 45 MG TAB	TIER 3	
ADLYXIN (<i>lixisenatide</i>) 20 MCG/0.2ML SOLN PEN	TIER 3	PA, QLC (1 pack/month)
ADLYXIN STARTER PACK (<i>lixisenatide</i>) 10 & 20 MCG/0.2ML PEN KIT	TIER 3	PA, QLC (1 pack/month)
ALOGLIPTIN BENZOATE 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB	TIER 2	PA, QLC (1 tab/day)
ALOGLIPTIN-METFORMIN HCL -12.5-1000 MG TAB, -12.5-500 MG TAB	TIER 2	PA, QLC (2 tabs/day)
ALOGLIPTIN-PIOGLITAZONE -12.5-15 MG TAB, -12.5-30 MG TAB, -12.5-45 MG TAB, -25-15 MG TAB, -25-30 MG TAB, -25-45 MG TAB	TIER 2	PA, QLC (1 tab/day)
AMARYL (<i>glimepiride</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB	TIER 3	
AVANDIA (<i>rosiglitazone maleate</i>) 2 MG TAB, 4 MG TAB	TIER 3	ST
BYDUREON (<i>exenatide</i>) 2 MG PEN	TIER 3	PA, QLC (4 pens/month)
BYDUREON (<i>exenatide</i>) 2 MG SRER	TIER 3	PA, QLC (4 vials/month)
BYDUREON BCISE (<i>exenatide</i>) 2 MG/0.85ML -INJ	TIER 3	PA, QLC (4 injectors/28 days)
BYETTA 10 MCG PEN (<i>exenatide</i>) /0.04ML SOLN	TIER 3	PA, QLC (1 pen/month)
BYETTA 5 MCG PEN (<i>exenatide</i>) /0.02ML SOLN	TIER 3	PA, QLC (1 pen/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CHLORPROPAMIDE 100 MG TAB, 250 MG TAB	TIER 1	
CYCLOSET (<i>bromocriptine mesylate (diabetes)</i>) 0.8 MG TAB	TIER 3	PA, QLC (6 tabs/day)
DUETACT (<i>pioglitazone hcl-glimepiride</i>) 30-2 MG TAB, 30-4 MG TAB	TIER 3	ST, QLC (1 tab/day)
FARXIGA (<i>dapagliflozin propanediol</i>) 5 MG TAB, 10 MG TAB	TIER 2	ST, QLC (1 tab/day)
FORTAMET (<i>metformin hcl</i>) 500 MG TAB ER 24H, 1000 MG TAB ER 24H	TIER 3	PA
<i>glimepiride tab 1 mg</i>	TIER 1	
<i>glimepiride tab 2 mg</i>	TIER 1	
<i>glimepiride tab 4 mg</i>	TIER 1	
<i>glipizide tab 10 mg</i>	TIER 1	
<i>glipizide tab 5 mg</i>	TIER 1	
<i>glipizide tab er 24hr 10 mg (GLIPIZIDE ER)</i>	TIER 1	
<i>glipizide tab er 24hr 10 mg (GLIPIZIDE XL)</i>	TIER 1	
<i>glipizide tab er 24hr 2.5 mg (GLIPIZIDE ER)</i>	TIER 1	
<i>glipizide tab er 24hr 2.5 mg (GLIPIZIDE XL)</i>	TIER 1	
<i>glipizide tab er 24hr 5 mg (GLIPIZIDE ER)</i>	TIER 1	
<i>glipizide tab er 24hr 5 mg (GLIPIZIDE XL)</i>	TIER 1	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	TIER 1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	TIER 1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	TIER 1	
GLUCOPHAGE (<i>metformin hcl</i>) 500 MG TAB, 850 MG TAB, 1000 MG TAB	TIER 3	
GLUCOPHAGE XR (<i>metformin hcl</i>) 500 MG TAB ER 24H, 750 MG TAB ER 24H	TIER 3	
GLUCOTROL (<i>glipizide</i>) 5 MG TAB, 10 MG TAB	TIER 3	
GLUCOTROL XL (<i>glipizide</i>) 2.5 MG TAB ER 24H, 5 MG TAB ER 24H, 10 MG TAB ER 24H	TIER 3	
GLUMETZA (<i>metformin hcl</i>) 1000 MG TAB ER 24H	TIER 4	PA, QLC (2 tabs/day)
GLUMETZA (<i>metformin hcl</i>) 500 MG TAB ER 24H	TIER 4	PA, QLC (3 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>glyburide micronized tab 1.5 mg</i>	TIER 1	
<i>glyburide micronized tab 3 mg</i>	TIER 1	
<i>glyburide micronized tab 6 mg</i>	TIER 1	
<i>glyburide tab 1.25 mg</i>	TIER 1	
<i>glyburide tab 2.5 mg</i>	TIER 1	
<i>glyburide tab 5 mg</i>	TIER 1	
<i>glyburide-metformin tab 1.25-250 mg</i>	TIER 1	
<i>glyburide-metformin tab 2.5-500 mg</i>	TIER 1	
<i>glyburide-metformin tab 5-500 mg</i>	TIER 1	
GLYNASE (<i>glyburide micronized</i>) 1.5 MG TAB, 3 MG TAB, 6 MG TAB	TIER 3	
GLYSET (<i>miglitol</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	QLC (3 tabs/day)
GLYXAMBI (<i>empagliflozin-linagliptin</i>) 10-5 MG TAB, 25-5 MG TAB	TIER 2	ST, QLC (1 tab/day)
INVOKAMET (<i>canagliflozin-metformin hcl</i>) 50-1000 MG TAB, 150-1000 MG TAB, 150-500 MG TAB	TIER 3	PA, QLC (2 tabs/day)
INVOKAMET (<i>canagliflozin-metformin hcl</i>) 50-500 MG TAB	TIER 3	PA, QLC (4 tabs/day)
INVOKAMET XR (<i>canagliflozin-metformin hcl</i>) 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H, 150-1000 MG TAB ER 24H, 150-500 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
INVOKANA (<i>canagliflozin</i>) 100 MG TAB, 300 MG TAB	TIER 3	PA, QLC (1 tab/day)
JANUMET (<i>sitagliptin-metformin hcl</i>) 50-1000 MG TAB, 50-500 MG TAB	TIER 2	ST, QLC (2 tabs/day)
JANUMET XR (<i>sitagliptin-metformin hcl</i>) 50-1000 MG TAB ER 24H	TIER 2	ST, QLC (2 tabs/day)
JANUMET XR (<i>sitagliptin-metformin hcl</i>) 50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
JANUVIA (<i>sitagliptin phosphate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 2	ST, QLC (1 tab/day)
JARDIANCE (<i>empagliflozin</i>) 10 MG TAB, 25 MG TAB	TIER 2	ST, QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JENTADUETO (<i>linagliptin-metformin hcl</i>) 2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB	TIER 3	PA, QLC (2 tabs/day)
JENTADUETO XR (<i>linagliptin-metformin hcl</i>) 2.5-1000 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
JENTADUETO XR (<i>linagliptin-metformin hcl</i>) 5-1000 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
KAZANO (<i>alogliptin-metformin hcl</i>) 12.5- 1000 MG TAB, 12.5-500 MG TAB	TIER 3	PA, QLC (2 tabs/day)
KERENDIA (<i>finerenone</i>) 10 MG TAB, 20 MG TAB	TIER 3	PA, QLC (1 tab/day)
KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>) 2.5-1000 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>) 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
METFORMIN HCL 625 MG TAB	TIER 4	PA, QLC (4 tabs/day)
<i>metformin hcl oral soln 500 mg/5ml</i>	TIER 3	PA, QLC (25.5 ml/day)
<i>metformin hcl tab 1000 mg</i>	TIER 1	
<i>metformin hcl tab 500 mg</i>	TIER 1	
<i>metformin hcl tab 850 mg</i>	TIER 1	
<i>metformin hcl tab er 24hr 500 mg</i> (METFORMIN HCL ER)	TIER 1	
<i>metformin hcl tab er 24hr 750 mg</i> (METFORMIN HCL ER)	TIER 1	
<i>metformin hcl tab er 24hr modified release 1000 mg</i> (METFORMIN HCL ER (MOD))	TIER 4	PA, QLC (2 tabs/day)
<i>metformin hcl tab er 24hr modified release 500 mg</i> (METFORMIN HCL ER (MOD))	TIER 4	PA, QLC (3 tabs/day)
<i>metformin hcl tab er 24hr osmotic 1000 mg</i> (METFORMIN HCL ER (OSM))	TIER 3	PA
<i>metformin hcl tab er 24hr osmotic 500 mg</i> (METFORMIN HCL ER (OSM))	TIER 3	PA
<i>miglitol tab 100 mg</i>	TIER 1	QLC (3 tabs/day)
<i>miglitol tab 25 mg</i>	TIER 1	QLC (3 tabs/day)
<i>miglitol tab 50 mg</i>	TIER 1	QLC (3 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MOUNJARO (<i>tirzepatide</i>) 2.5 MG/0.5ML SOLN PEN, 5 MG/0.5ML SOLN PEN, 7.5 MG/0.5ML SOLN PEN, 10 MG/0.5ML SOLN PEN, 12.5 MG/0.5ML SOLN PEN, 15 MG/0.5ML SOLN PEN	TIER 3	PA, QLC (4 pens (2 ml)/28 days)
<i>nateglinide tab 120 mg</i>	TIER 1	
<i>nateglinide tab 60 mg</i>	TIER 1	
NESINA (<i>alogliptin benzoate</i>) 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB	TIER 3	PA, QLC (1 tab/day)
ONGLYZA (<i>saxagliptin hcl</i>) 2.5 MG TAB, 5 MG TAB	TIER 3	PA, QLC (1 tab/day)
OSENI (<i>alogliptin-pioglitazone</i>) 12.5-15 MG TAB, 12.5-30 MG TAB, 12.5-45 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB	TIER 3	PA, QLC (1 tab/day)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (<i>semaglutide</i>) (MG/1.5ML SOLN PEN	TIER 2	ST, QLC (1 pen/28 days)
OZEMPIC (1 MG/DOSE) (<i>semaglutide</i>) 2 MG/1.5ML SOLN PEN	TIER 2	ST, QLC (2 pens/28 days)
OZEMPIC (1 MG/DOSE) (<i>semaglutide</i>) 4 MG/3ML SOLN PEN	TIER 2	ST, QLC (3 ml/ 28 days)
OZEMPIC (2 MG/DOSE) (<i>semaglutide</i>) 8 MG/3ML SOLN PEN	TIER 2	ST, QLC (1 pen (3ml)/28 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	TIER 1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	TIER 1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	TIER 1	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	TIER 2	ST, QLC (1 tab/day)
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	TIER 2	ST, QLC (1 tab/day)
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	TIER 1	ST, QLC (3 tabs/day)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	TIER 1	ST, QLC (3 tabs/day)
PRANDIN (<i>repaglinide</i>) 1 MG TAB, 2 MG TAB	TIER 3	
PRECOSE (<i>acarbose</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	
QTERN (<i>dapagliflozin-saxagliptin</i>) 5-5 MG TAB, 10-5 MG TAB	TIER 3	PA, QLC (1 tab/day)
<i>repaglinide tab 0.5 mg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>repaglinide tab 1 mg</i>	TIER 1	
<i>repaglinide tab 2 mg</i>	TIER 1	
REPAGLINIDE-METFORMIN HCL -1-500 MG TAB, -2-500 MG TAB	TIER 1	PA, QLC (5 tabs/day)
RIOMET (<i>metformin hcl</i>) 500 MG/5ML SOLUTION	TIER 3	PA, QLC (25.5 ml/day)
RIOMET ER (<i>metformin hcl</i>) 500 MG/5ML SR	TIER 3	PA, QLC (20 ml/day)
RYBELSUS (<i>semaglutide</i>) 3 MG TAB, 7 MG TAB, 14 MG TAB	TIER 2	ST, QLC (1 tab/day)
SEGLUROMET (<i>ertugliflozin-metformin hcl</i>) 2.5-1000 MG TAB, 7.5-1000 MG TAB, 7.5-500 MG TAB	TIER 3	PA, QLC (2 tabs/day)
SEGLUROMET (<i>ertugliflozin-metformin hcl</i>) 2.5-500 MG TAB	TIER 3	PA, QLC (4 tabs/day)
SOLIQUA (<i>insulin glargine-lixisenatide</i>) 100-33 UNT-MCG/ML SOLN PEN	TIER 3	PA, QLC (6 pens/month)
STARLIX (<i>nateglinide</i>) 60 MG TAB, 120 MG TAB	TIER 3	
STEGLATRO (<i>ertugliflozin l-pyroglutamic acid</i>) 15 MG TAB	TIER 3	PA, QLC (1 tab/day)
STEGLATRO (<i>ertugliflozin l-pyroglutamic acid</i>) 5 MG TAB	TIER 3	PA, QLC (2 tabs/day)
STEGLUJAN (<i>ertugliflozin-sitagliptin</i>) 5-100 MG TAB, 15-100 MG TAB	TIER 3	PA, QLC (1 tab/day)
SYMLINPEN 120 (<i>pramlintide acetate</i>) SYMLIN2700 MCG/2.7ML SOLN	TIER 4	PA
SYMLINPEN 60 (<i>pramlintide acetate</i>) SYMLIN1500 MCG/1.5ML SOLN	TIER 4	PA
SYNJARDY (<i>empagliflozin-metformin hcl</i>) 5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB	TIER 2	ST, QLC (2 tabs/day)
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>) 25-1000 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>) 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	TIER 2	ST, QLC (2 tabs/day)
TOLAZAMIDE 250 MG TAB, 500 MG TAB	TIER 1	
TOLBUTAMIDE 500 MG TAB	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRADJENTA (<i>linagliptin</i>) 5 MG TAB	TIER 3	PA, QLC (1 tab/day)
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin</i>) 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin</i>) 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
TRULICITY (<i>dulaglutide</i>) 0.75 MG/0.5ML SOLN PEN, 1.5 MG/0.5ML SOLN PEN, 3 MG/0.5ML SOLN PEN, 4.5 MG/0.5ML SOLN PEN	TIER 2	ST, QLC (4 pens (2 ml)/28 days)
VICTOZA (<i>liraglutide</i>) 18 MG/3ML SOLN PEN	TIER 2	ST, QLC (2 pens/month (2 pack size); 3 pens/month (3 pack size))
XIGDUO XR (<i>dapagliflozin-metformin hcl</i>) 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	TIER 2	ST, QLC (2 tabs/day)
XIGDUO XR (<i>dapagliflozin-metformin hcl</i>) 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
XULTOPHY (<i>insulin degludec-liraglutide</i>) 100-3.6 UNIT-MG/ML SOLN PEN	TIER 3	PA, QLC (5 pens/month)

GLYCEMIC AGENTS (Drugs for Low Blood Sugar)

BAQSIMI ONE PACK (<i>glucagon</i>) 3 MG/DOSE POWDER	TIER 3	QLC (2 sprayers/30 days)
BAQSIMI TWO PACK (<i>glucagon</i>) 3 MG/DOSE POWDER	TIER 3	QLC (2 sprayers/30 days)
<i>diazoxide susp 50 mg/ml</i>	TIER 1	
GLUCAGEN HYPOKIT (<i>glucagon hcl (rdna)</i>) 1 MG RECON SOLN	TIER 2	QLC (2 injections/fill)
<i>glucagon (rdna) for inj kit 1 mg (GLUCAGON EMERGENCY)</i>	TIER 1	QLC (2 kits/fill)
GLUCAGON EMERGENCY (<i>glucagon (rdna)</i>) 1 MG KIT	TIER 3	QLC (2 kits/fill)
GLUCAGON EMERGENCY (<i>glucagon hcl</i>) 1 MG/ML RECON SOLN	TIER 2	QLC (2 kits/fill)
GVOKE HYPOPEN 1-PACK (<i>glucagon</i>) 1-PCK 0.5 MG/0.1ML SOLN -INJ, 1-PCK 1 MG/0.2ML SOLN -INJ	TIER 3	QLC (2 injectors/30 days)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GVOKE HYPOPEN 2-PACK (<i>glucagon</i>) 2-PCK 0.5 MG/0.1ML SOLN -INJ, 2-PCK 1 MG/0.2ML SOLN -INJ	TIER 3	QLC (2 injectors/30 days)
GVOKE KIT (<i>glucagon</i>) 1 MG/0.2ML SOLUTION	TIER 3	QLC (2 kits/30 days)
GVOKE PFS (<i>glucagon</i>) 0.5 MG/0.1ML SOLN PRSYR, 1 MG/0.2ML SOLN PRSYR	TIER 3	QLC (2 syringes/30 days)
PROGLYCEM (<i>diazoxide</i>) 50 MG/ML SUSPENSION	TIER 3	
ZEGALOGUE (<i>dasiglucagon hcl</i>) 0.6 MG/0.6ML SOLN A-INJ, 0.6 MG/0.6ML SOLN PRSYR	TIER 3	PA, QLC (2 syringes/30 days)

INSULINS

ADMELOG (<i>insulin lispro</i>) 100 UNIT/ML SOLUTION	TIER 3	PA
ADMELOG SOLOSTAR (<i>insulin lispro</i>) 100 UNIT/ML SOLN PEN	TIER 3	PA
AFREZZA (<i>insulin regular (human)</i>) 4 POWDER, 8 POWDER, 12 POWDER	TIER 3	PA, QLC (3 boxes/month)
AFREZZA (<i>insulin regular (human)</i>) 60X4 60X8 60X12 POWDER, 90 X 4 90X8 POWDER, 90 X 8 90X12 POWDER	TIER 3	PA, QLC (1 box/month)
APIDRA (<i>insulin glulisine</i>) 100 UNIT/ML SOLUTION	TIER 3	PA
APIDRA SOLOSTAR (<i>insulin glulisine</i>) 100 UNIT/ML SOLN PEN	TIER 3	PA
BASAGLAR KWIKPEN (<i>insulin glargine</i>) KWIK100 UNIT/ML SOLN	TIER 3	PA, QLC (45 ml (15 pens)/ month)
FIASP (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLUTION	TIER 3	PA
FIASP FLEXTOUCH (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN PEN	TIER 3	PA
FIASP PENFILL (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN CART	TIER 3	PA
HUMALOG (<i>insulin lispro</i>) 100 UNIT/ML SOLN CART, 100 UNIT/ML SOLUTION	TIER 2	
HUMALOG JUNIOR KWIKPEN (<i>insulin lispro</i>) KWIK100 UNIT/ML SOLN	TIER 2	
HUMALOG KWIKPEN (<i>insulin lispro</i>) 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMALOG MIX 50/50 (<i>insulin lispro protamine & lispro</i>) (50-50) 100 UNIT/ML SUSPENSION	TIER 2	
HUMALOG MIX 50/50 KWIKPEN (<i>insulin lispro protamine & lispro</i>) KWIK(50-50) 100 UNIT/ML SUSP	TIER 2	
HUMALOG MIX 75/25 (<i>insulin lispro protamine & lispro</i>) (75-25) 100 UNIT/ML SUSPENSION	TIER 2	
HUMALOG MIX 75/25 KWIKPEN (<i>insulin lispro protamine & lispro</i>) KWIK(75-25) 100 UNIT/ML SUSP	TIER 2	
HUMULIN 70/30 (<i>insulin nph isophane & reg (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	TIER 2	
HUMULIN 70/30 KWIKPEN (<i>insulin nph isophane & reg (human)</i>) KWIK(70-30) 100 UNIT/ML SUSP	TIER 3	
HUMULIN N (<i>insulin nph (human) (isophane)</i>) 100 UIT/ML SUSPESIO	TIER 2	
HUMULIN N KWIKPEN (<i>insulin nph (human) (isophane)</i>) KWIK100 UIT/ML SUSP	TIER 3	
HUMULIN R (<i>insulin regular (human)</i>) 100 UNIT/ML SOLUTION	TIER 2	
HUMULIN R U-500 (CONCENTRATED) (<i>insulin regular (human)</i>) HMLIN - (CONCENTATED) NIT/ML SOLTION	TIER 2	
HUMULIN R U-500 KWIKPEN (<i>insulin regular (human)</i>) HMLIN -KWIKNIT/ML SOLN	TIER 3	
INSULIN ASP PROT & ASP FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA
INSULIN ASPART 100 UNIT/ML SOLUTION	TIER 3	PA
INSULIN ASPART FLEXPEN FLEX100 UNIT/ML SOLN	TIER 3	PA
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	TIER 3	PA
INSULIN ASPART PROT & ASPART (<i>insulin aspart protamine & aspart (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION	TIER 3	PA, QLC (3 vials/30 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN	TIER 3	PA, QLC (10 pens/month)
INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN	TIER 3	PA, QLC (9 pens/month)
INSULIN GLARGINE 100 UNIT/ML SOLUTION	TIER 3	PA, QLC (40 ml (4 vials)/ month)
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	TIER 3	PA, QLC (45 ml (15 pens)/ month)
INSULIN GLARGINE-YFGN -100 UNIT/ML SOLN PEN	TIER 3	PA, QLC (45 ml/30 days)
INSULIN GLARGINE-YFGN -100 UNIT/ML SOLUTION	TIER 3	PA, QLC (40 ml/30 days)
INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN	TIER 1	
INSULIN LISPRO 100 UNIT/ML SOLUTION	TIER 1	
INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	TIER 1	
INSULIN LISPRO PROT & LISPRO (<i>insulin lispro protamine & lispro</i>) (75-25) 100 UNIT/ML SUSP PEN	TIER 3	
LANTUS (<i>insulin glargine</i>) 100 UNIT/ML SOLUTION	TIER 2	QLC (40 ml (4 vials)/ month)
LANTUS SOLOSTAR (<i>insulin glargine</i>) 100 UNIT/ML SOLN PEN	TIER 2	QLC (45 ml (15 pens)/ month)
LEVEMIR (<i>insulin detemir</i>) 100 UNIT/ML SOLUTION	TIER 2	QLC (40 ml/month)
LEVEMIR FLEXTOUCH (<i>insulin detemir</i>) 100 UNIT/ML SOLN PEN	TIER 2	QLC (45 ml/month)
LYUMJEV (<i>insulin lispro-aabc</i>) 100 UNIT/ML SOLUTION	TIER 2	
LYUMJEV KWIKPEN (<i>insulin lispro-aabc</i>) 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN	TIER 2	
NOVOLIN 70/30 (<i>insulin nph isophane & reg (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA
NOVOLIN 70/30 FLEXPEN (<i>insulin nph isophane & reg (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA
NOVOLIN 70/30 FLEXPEN RELION (<i>insulin nph isophane & reg (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOVOLIN 70/30 RELION (<i>insulin nph isophane & reg (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA
NOVOLIN N (<i>insulin nph (human) (isophane)</i>) 100 UIT/ML SUSPESIO	TIER 3	PA
NOVOLIN N FLEXPEN (<i>insulin nph (human) (isophane)</i>) FLEX100 UIT/ML SUSP	TIER 3	PA
NOVOLIN N FLEXPEN RELION (<i>insulin nph (human) (isophane)</i>) FLEX100 UIT/ML SUSP	TIER 3	PA
NOVOLIN N RELION (<i>insulin nph (human) (isophane)</i>) 100 UIT/ML SUSPESIO	TIER 3	PA
NOVOLIN R (<i>insulin regular (human)</i>) 100 UNIT/ML SOLUTION	TIER 3	PA
NOVOLIN R FLEXPEN (<i>insulin regular (human)</i>) FLEX100 UNIT/ML SOLN	TIER 3	PA
NOVOLIN R FLEXPEN RELION (<i>insulin regular (human)</i>) FLEXELION 100 UNIT/ML SOLN	TIER 3	PA
NOVOLIN R RELION (<i>insulin regular (human)</i>) ELION 100 UNIT/ML SOLUTION	TIER 3	PA
NOVOLOG (<i>insulin aspart</i>) 100 UNIT/ML SOLUTION	TIER 3	PA
NOVOLOG 70/30 FLEXPEN RELION (<i>insulin aspart protamine & aspart (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA
NOVOLOG FLEXPEN (<i>insulin aspart</i>) FLEX100 UNIT/ML SOLN	TIER 3	PA
NOVOLOG FLEXPEN RELION (<i>insulin aspart</i>) FLEX100 UNIT/ML SOLN	TIER 3	PA
NOVOLOG MIX 70/30 (<i>insulin aspart protamine & aspart (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA
NOVOLOG MIX 70/30 FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA
NOVOLOG MIX 70/30 RELION (<i>insulin aspart protamine & aspart (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA
NOVOLOG PENFILL (<i>insulin aspart</i>) 100 UNIT/ML SOLN CART	TIER 3	PA
NOVOLOG RELION (<i>insulin aspart</i>) 100 UNIT/ML SOLUTION	TIER 3	PA

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SEMGLEE (<i>insulin glargine</i>) 100 UNIT/ML SOLN PEN	TIER 3	PA, QLC (45 ml (15 pens)/ month)
SEMGLEE (<i>insulin glargine</i>) 100 UNIT/ML SOLUTION	TIER 3	PA, QLC (40 ml (4 vials)/ month)
SEMGLEE (YFGN) (<i>insulin glargine-yfgn</i>) 100 UNIT/ML SOLN PEN	TIER 3	PA, QLC (45 ml/30 days)
SEMGLEE (YFGN) (<i>insulin glargine-yfgn</i>) 100 UNIT/ML SOLUTION	TIER 3	PA, QLC (40 ml/30 days)
TOUJEO MAX SOLOSTAR (<i>insulin glargine</i>) 300 UNIT/ML SOLN PEN	TIER 2	QLC (6 pens/month)
TOUJEO SOLOSTAR (<i>insulin glargine</i>) 300 UNIT/ML SOLN PEN	TIER 2	QLC (12 pens/month)
TRESIBA (<i>insulin degludec</i>) 100 UNIT/ML SOLUTION	TIER 2	QLC (3 vials/30 days)
TRESIBA FLEXTOUCH (<i>insulin degludec</i>) 100 UNIT/ML SOLN PEN	TIER 2	QLC (10 pens/month)
TRESIBA FLEXTOUCH (<i>insulin degludec</i>) 200 UNIT/ML SOLN PEN	TIER 2	QLC (9 pens/month)

BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)

ANTICOAGULANTS (Blood Thinners)

ARIXTRA (<i>fondaparinux sodium</i>) 2.5 MG/0.5ML SOLUTION, 5 MG/0.4ML SOLUTION, 7.5 MG/0.6ML SOLUTION, 10 MG/0.8ML SOLUTION	TIER 4	QLC (1 syringe/day)
BEVYXXA (<i>betrixaban maleate</i>) 40 MG CAP, 80 MG CAP	TIER 3	PA, QLC (1 cap/day)
COUMADIN (<i>warfarin sodium</i>) 1 MG TAB, 2 MG TAB, 2.5 MG TAB, 3 MG TAB, 4 MG TAB, 5 MG TAB, 6 MG TAB, 7.5 MG TAB, 10 MG TAB	TIER 3	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq) (</i>	TIER 2	PA, QLC (2 caps/day)
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq) (</i>	TIER 2	PA, QLC (2 caps/day)
ELIQUIS (<i>apixaban</i>) 2.5 MG TAB, 5 MG TAB	TIER 2	QLC (2 tabs/day)
ELIQUIS DVT/PE STARTER PACK (<i>apixaban</i>) 5 MG TAB THPK	TIER 2	QLC (2 tabs/day; 1 starter pack/6 months)
<i>enoxaparin sodium inj 300 mg/3ml</i>	TIER 4	QLC (2 ml/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	TIER 4	QLC (2 syringes/day)
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	TIER 4	QLC (1 syringe/day)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	TIER 4	QLC (1 syringe/day)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	TIER 4	QLC (1 syringe/day)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	TIER 4	QLC (1 syringe/day)
FRAGMIN (<i>dalteparin sodium</i>) 10000 UNIT/ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR	TIER 4	QLC (1 syringe/day)
FRAGMIN (<i>dalteparin sodium</i>) 12500 UNIT/0.5ML SOLN PRSYR	TIER 4	QLC (1 syringe/day)
FRAGMIN (<i>dalteparin sodium</i>) 2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR	TIER 4	QLC (2 syringes/day)
FRAGMIN (<i>dalteparin sodium</i>) 2500 UNIT/ML INJECTABLE	TIER 4	QLC (2 vials/day)
FRAGMIN (<i>dalteparin sodium</i>) 95000 UNIT/3.8ML SOLUTION	TIER 4	QLC (0.8 ml/day)
HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR	TIER 1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	TIER 1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	TIER 1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	TIER 1	
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION	TIER 1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	TIER 1	
LOVENOX (<i>enoxaparin sodium</i>) 30 MG/0.3ML SOLN PRSYR, 40 MG/0.4ML SOLN PRSYR, 80 MG/0.8ML SOLN PRSYR, 100 MG/ML SOLN PRSYR, 120 MG/0.8ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	TIER 4	QLC (2 syringes/day)
LOVENOX (<i>enoxaparin sodium</i>) 300 MG/3ML SOLUTION	TIER 4	QLC (2 ml/day)
LOVENOX (<i>enoxaparin sodium</i>) 60 MG/0.6ML SOLN PRSYR	TIER 4	QLC (2 syringes/day)
PRADAXA (<i>dabigatran etexilate mesylate</i>) 75 MG CAP, 110 MG CAP, 150 MG CAP	TIER 3	PA, QLC (2 caps/day)
SAVAYSA (<i>edoxaban tosylate</i>) 15 MG TAB, 30 MG TAB, 60 MG TAB	TIER 3	PA, QLC (1 tab/day)
<i>warfarin sodium tab 1 mg</i>	TIER 1	
<i>warfarin sodium tab 1 mg</i> (JANTOVEN)	TIER 1	
<i>warfarin sodium tab 10 mg</i>	TIER 1	
<i>warfarin sodium tab 10 mg</i> (JANTOVEN)	TIER 1	
<i>warfarin sodium tab 2 mg</i>	TIER 1	
<i>warfarin sodium tab 2 mg</i> (JANTOVEN)	TIER 1	
<i>warfarin sodium tab 2.5 mg</i>	TIER 1	
<i>warfarin sodium tab 2.5 mg</i> (JANTOVEN)	TIER 1	
<i>warfarin sodium tab 3 mg</i>	TIER 1	
<i>warfarin sodium tab 3 mg</i> (JANTOVEN)	TIER 1	
<i>warfarin sodium tab 4 mg</i>	TIER 1	
<i>warfarin sodium tab 4 mg</i> (JANTOVEN)	TIER 1	
<i>warfarin sodium tab 5 mg</i>	TIER 1	
<i>warfarin sodium tab 5 mg</i> (JANTOVEN)	TIER 1	
<i>warfarin sodium tab 6 mg</i>	TIER 1	
<i>warfarin sodium tab 6 mg</i> (JANTOVEN)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>warfarin sodium tab 7.5 mg</i>	TIER 1	
<i>warfarin sodium tab 7.5 mg</i> (JANTOVEN)	TIER 1	
XARELTO (<i>rivaroxaban</i>) 1 MG/ML RECON SUSP	TIER 2	QLC (20 ml/day)
XARELTO (<i>rivaroxaban</i>) 10 MG TAB, 15 MG TAB, 20 MG TAB	TIER 2	QLC (1 tab/day)
XARELTO (<i>rivaroxaban</i>) 2.5 MG TAB	TIER 2	QLC (2 tabs/day)
XARELTO STARTER PACK (<i>rivaroxaban</i>) 15 & 20 MG TAB THPK	TIER 2	QLC (1 starter pack/6 months)
ZONTIVITY (<i>vorapaxar sulfate</i>) 2.08 MG TAB	TIER 3	PA, QLC (1 tab/day)

BLOOD PRODUCTS AND MODIFIERS, OTHER (Blood Formation Drugs)

AGRYLIN (<i>anagrelide hcl</i>) 0.5 MG CAP	TIER 3	
<i>anagrelide hcl cap 0.5 mg</i>	TIER 1	
<i>anagrelide hcl cap 1 mg</i>	TIER 1	
ARANESP (ALBUMIN FREE) (<i>darbepoetin alfa</i>) 10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 300 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe or vial/week)
EPOGEN (<i>epoetin alfa</i>) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION	TIER 4	PA, SP
FULPHILA (<i>pegfilgrastim-jmdb</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
FYLNTRA (<i>pegfilgrastim-pbbk</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
GRANIX (<i>tbo-filgrastim</i>) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	TIER 4	PA, SP
LEUKINE (<i>sargramostim</i>) 250 MCG RECON SOLN	TIER 4	PA, SP

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MIRCERA (<i>methoxy polyethylene glycol-epoetin beta</i>) 30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
MOZOBIL (<i>plerixafor</i>) 24 MG/1.2ML SOLUTION	TIER 4	PA, SP
MULPLETA (<i>lusutrombopag</i>) 3 MG TAB	TIER 4	PA, SP, QLC (1 tab/day, not to exceed 7 tabs/120 days)
NEULASTA (<i>pegfilgrastim</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
NEUPOGEN (<i>filgrastim</i>) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	TIER 4	PA, SP
NIVESTYM (<i>filgrastim-aafi</i>) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	TIER 4	PA, SP
NYVEPRIA (<i>pegfilgrastim-apgf</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
PROCRIT (<i>epoetin alfa</i>) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	TIER 4	PA, SP
PROMACTA (<i>eltrombopag olamine</i>) 12.5 MG PACKET	TIER 4	PA, SP, QLC (1 packet/day)
PROMACTA (<i>eltrombopag olamine</i>) 12.5 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
PROMACTA (<i>eltrombopag olamine</i>) 25 MG PACKET	TIER 4	PA, SP, QLC (6 packets/day)
PROMACTA (<i>eltrombopag olamine</i>) 25 MG TAB, 50 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
PROMACTA (<i>eltrombopag olamine</i>) 75 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
PYRUKYND (<i>mitapivat sulfate</i>) 5 MG TAB, 20 MG TAB, 50 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
PYRUKYND TAPER PACK (<i>mitapivat sulfate</i>) 5 MG TAB THPK	TIER 4	PA, SP, QLC (7 tabs/28 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PYRUKYND TAPER PACK (<i>mitapivat sulfate</i>) PACK 7 20 MG 7 5 MG TAB THPK, PACK 7 50 MG 7 20 MG TAB THPK	TIER 4	PA, SP, QLC (14 tabs/28 days)
RELEUKO (<i>filgrastim-ayow</i>) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	TIER 4	PA, SP
RETACRIT (<i>epoetin alfa-epbx</i>) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	TIER 4	PA, SP
UDENYCA (<i>pegfilgrastim-cbqv</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
ZARXIO (<i>filgrastim-sndz</i>) 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	TIER 4	PA, SP
ZIEXTENZO (<i>pegfilgrastim-bmez</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP

HEMOSTASIS AGENTS (Drugs to Stop Bleeding)

AMICAR (<i>aminocaproic acid</i>) 0.25 GM/ML SOLUTION, 500 MG TAB, 1000 MG TAB	TIER 4	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	TIER 4	
<i>aminocaproic acid tab 1000 mg</i>	TIER 4	
<i>aminocaproic acid tab 500 mg</i>	TIER 4	
LYSTEDA (<i>tranexamic acid</i>) 650 MG TAB	TIER 3	QLC (6 tabs/day; max 30 tabs/month)
MEPHYTON (<i>phytonadione</i>) 5 MG TAB	TIER 3	QLC (5 tabs/week)
<i>phytonadione tab 5 mg</i>	TIER 1	QLC (5 tabs/week)
<i>tranexamic acid tab 650 mg</i>	TIER 1	QLC (6 tabs/day; max 30 tabs/month)

PLATELET MODIFYING AGENTS (Drugs for Heart Attack and Stroke Prevention)

AGGRENOX (<i>aspirin-dipyridamole</i>) 25-200 MG CAP ER 12H	TIER 3	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (ASPIRIN-DIPYRIDAMOLE ER)	TIER 1	
ASPIRIN-OMEPRazole -81-40 MG TAB DR, - 325-40 MG TAB DR	TIER 4	PA, QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BRILINTA (<i>ticagrelor</i>) 60 MG TAB, 90 MG TAB	TIER 2	QLC (2 tabs/day)
CABLIVI (<i>caplacizumab-yhdp</i>) 11 MG KIT	TIER 4	PA, SP, QLC (1 kit/day)
<i>cilostazol tab 100 mg</i>	TIER 1	
<i>cilostazol tab 50 mg</i>	TIER 1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>dipyridamole tab 25 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
<i>dipyridamole tab 50 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
<i>dipyridamole tab 75 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
DOPTELET (<i>avatrombopag maleate</i>) 20 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day, not to exceed 15 tabs/4 months)
DURLAZA (<i>aspirin (platelet aggregation inhibitor)</i>) 162.5 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
EFFIENT (<i>prasugrel hcl</i>) 5 MG TAB, 10 MG TAB	TIER 3	QLC (1 tab/day)
OXBRYTA (<i>voxelotor</i>) 300 MG TAB SOL	TIER 4	PA, SP, QLC (5 tabs/day)
OXBRYTA (<i>voxelotor</i>) 500 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
PLAVIX (<i>clopidogrel bisulfate</i>) 75 MG TAB	TIER 3	QLC (1 tab/day)
<i>prasugrel hcl tab 10 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>prasugrel hcl tab 5 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
TAVALISSE (<i>fostamatinib disodium</i>) 100 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
YOSPRALA (<i>aspirin-omeprazole</i>) 81-40 MG TAB DR, 325-40 MG TAB DR	TIER 4	PA, QLC (1 tab/day)

CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)

ALPHA-ADRENERGIC AGONISTS

CATAPRES (<i>clonidine hcl</i>) 0.1 MG TAB, 0.2 MG TAB, 0.3 MG TAB	TIER 3
CATAPRES-TTS-1 (<i>clonidine</i>) --0.MG/24HR PATCH WK	TIER 3
CATAPRES-TTS-2 (<i>clonidine</i>) --0.MG/4HR PATCH WK	TIER 3
CATAPRES-TTS-3 (<i>clonidine</i>) --0.MG/24HR PATCH WK	TIER 3

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CLONIDINE HCL ER 0.17 MG TAB 24H	TIER 4	PA, QLC (3 tabs/day)
<i>clonidine hcl tab 0.1 mg</i>	TIER 1	
<i>clonidine hcl tab 0.2 mg</i>	TIER 1	
<i>clonidine hcl tab 0.3 mg</i>	TIER 1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	TIER 1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	TIER 1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	TIER 1	
<i>droxidopa cap 100 mg</i>	TIER 4	PA, SP, QLC (18 caps/day)
<i>droxidopa cap 200 mg</i>	TIER 4	PA, SP, QLC (9 caps/day)
<i>droxidopa cap 300 mg</i>	TIER 4	PA, SP, QLC (6 caps/day)
<i>guanfacine hcl tab 1 mg</i>	TIER 1	
<i>guanfacine hcl tab 2 mg</i>	TIER 1	
METHYLDOPA 250 MG TAB, 500 MG TAB	TIER 1	
<i>methyldopa tab 250 mg</i>	TIER 1	
<i>methyldopa tab 500 mg</i>	TIER 1	
<i>midodrine hcl tab 10 mg</i>	TIER 1	
<i>midodrine hcl tab 2.5 mg</i>	TIER 1	
<i>midodrine hcl tab 5 mg</i>	TIER 1	
NEXICLON XR (<i>clonidine hcl</i>) 0.17 MG TAB ER 24H	TIER 4	PA, QLC (3 tabs/day)
NORTHERA (<i>droxidopa</i>) 100 MG CAP	TIER 4	PA, SP, QLC (18 caps/day)
NORTHERA (<i>droxidopa</i>) 200 MG CAP	TIER 4	PA, SP, QLC (9 caps/day)
NORTHERA (<i>droxidopa</i>) 300 MG CAP	TIER 4	PA, SP, QLC (6 caps/day)

ALPHA-ADRENERGIC BLOCKING AGENTS

CARDURA (<i>doxazosin mesylate</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB, 8 MG TAB	TIER 3	
DIBENZYLINE (<i>phenoxybenzamine hcl</i>) 10 MG CAP	TIER 4	PA
<i>doxazosin mesylate tab 1 mg</i>	TIER 1	
<i>doxazosin mesylate tab 2 mg</i>	TIER 1	
<i>doxazosin mesylate tab 4 mg</i>	TIER 1	
<i>doxazosin mesylate tab 8 mg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MINIPRESS (<i>prazosin hcl</i>) 1 MG CAP, 2 MG CAP, 5 MG CAP	TIER 3	
<i>phenoxybenzamine hcl cap 10 mg</i>	TIER 4	PA
<i>prazosin hcl cap 1 mg</i>	TIER 1	
<i>prazosin hcl cap 2 mg</i>	TIER 1	
<i>prazosin hcl cap 5 mg</i>	TIER 1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	TIER 1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	TIER 1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	TIER 1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	TIER 1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

ATACAND (<i>candesartan cilexetil</i>) 16 MG TAB	TIER 3	ST, QLC (2 tabs/day)
ATACAND (<i>candesartan cilexetil</i>) 32 MG TAB	TIER 3	ST, QLC (1 tab/day)
ATACAND (<i>candesartan cilexetil</i>) 4 MG TAB	TIER 3	ST, QLC (8 tabs/day)
ATACAND (<i>candesartan cilexetil</i>) 8 MG TAB	TIER 3	ST, QLC (4 tabs/day)
AVAPRO (<i>irbesartan</i>) 75 MG TAB, 150 MG TAB, 300 MG TAB	TIER 3	QLC (1 tab/day)
BENICAR (<i>olmesartan medoxomil</i>) 20 MG TAB, 40 MG TAB	TIER 3	QLC (1 tab/day)
BENICAR (<i>olmesartan medoxomil</i>) 5 MG TAB	TIER 3	QLC (3 tabs/day)
<i>candesartan cilexetil tab 16 mg</i>	TIER 1	ST, QLC (2 tabs/day)
<i>candesartan cilexetil tab 32 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>candesartan cilexetil tab 4 mg</i>	TIER 1	ST, QLC (8 tabs/day)
<i>candesartan cilexetil tab 8 mg</i>	TIER 1	ST, QLC (4 tabs/day)
COZAAR (<i>losartan potassium</i>) 100 MG TAB	TIER 3	QLC (1 tab/day)
COZAAR (<i>losartan potassium</i>) 25 MG TAB	TIER 3	QLC (4 tabs/day)
COZAAR (<i>losartan potassium</i>) 50 MG TAB	TIER 3	QLC (2 tabs/day)
DIOVAN (<i>valsartan</i>) 320 MG TAB	TIER 3	QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIOVAN (<i>valsartan</i>) 40 MG TAB, 80 MG TAB, 160 MG TAB	TIER 3	QLC (2 tabs/day)
EDARBI (<i>azilsartan medoxomil</i>) 40 MG TAB, 80 MG TAB	TIER 3	ST, QLC (1 tab/day)
EPROSARTAN MESYLATE 600 MG TAB	TIER 1	ST, QLC (1 tab/day)
<i>irbesartan tab 150 mg</i>	TIER 1	QLC (1 tab/day)
<i>irbesartan tab 300 mg</i>	TIER 1	QLC (1 tab/day)
<i>irbesartan tab 75 mg</i>	TIER 1	QLC (1 tab/day)
<i>losartan potassium tab 100 mg</i>	TIER 1	QLC (1 tab/day)
<i>losartan potassium tab 25 mg</i>	TIER 1	QLC (4 tabs/day)
<i>losartan potassium tab 50 mg</i>	TIER 1	QLC (2 tabs/day)
MICARDIS (<i>telmisartan</i>) 20 MG TAB, 40 MG TAB	TIER 3	QLC (1 tab/day)
MICARDIS (<i>telmisartan</i>) 80 MG TAB	TIER 3	QLC (2 tabs/day)
<i>olmesartan medoxomil tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>olmesartan medoxomil tab 40 mg</i>	TIER 1	QLC (1 tab/day)
<i>olmesartan medoxomil tab 5 mg</i>	TIER 1	QLC (3 tabs/day)
<i>telmisartan tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>telmisartan tab 40 mg</i>	TIER 1	QLC (1 tab/day)
<i>telmisartan tab 80 mg</i>	TIER 1	QLC (2 tabs/day)
VALSARTAN 4 MG/ML SOLUTION	TIER 4	PA, QLC (80 ml/day)
<i>valsartan tab 160 mg</i>	TIER 1	QLC (2 tabs/day)
<i>valsartan tab 320 mg</i>	TIER 1	QLC (1 tab/day)
<i>valsartan tab 40 mg</i>	TIER 1	QLC (2 tabs/day)
<i>valsartan tab 80 mg</i>	TIER 1	QLC (2 tabs/day)

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

ACCUPRIL (<i>quinapril hcl</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB	TIER 3	
ALTACE (<i>ramipril</i>) 1.25 MG CAP, 2.5 MG CAP, 5 MG CAP, 10 MG CAP	TIER 3	
<i>benazepril hcl tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>benazepril hcl tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>benazepril hcl tab 40 mg</i>	TIER 1	QLC (2 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>benazepril hcl tab 5 mg</i>	TIER 1	QLC (1 tab/day)
<i>captopril tab 100 mg</i>	TIER 1	
<i>captopril tab 12.5 mg</i>	TIER 1	
<i>captopril tab 25 mg</i>	TIER 1	
<i>captopril tab 50 mg</i>	TIER 1	
<i>enalapril maleate oral soln 1 mg/ml</i>	TIER 2	QLC (40 ml/day)
<i>enalapril maleate tab 10 mg</i>	TIER 1	
<i>enalapril maleate tab 2.5 mg</i>	TIER 1	
<i>enalapril maleate tab 20 mg</i>	TIER 1	
<i>enalapril maleate tab 5 mg</i>	TIER 1	
EPANED (<i>enalapril maleate</i>) 1 MG/ML SOLUTION	TIER 3	QLC (40 ml/day)
<i>fosinopril sodium tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>fosinopril sodium tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>fosinopril sodium tab 40 mg</i>	TIER 1	QLC (2 tabs/day)
<i>lisinopril tab 10 mg</i>	TIER 1	
<i>lisinopril tab 2.5 mg</i>	TIER 1	
<i>lisinopril tab 20 mg</i>	TIER 1	
<i>lisinopril tab 30 mg</i>	TIER 1	
<i>lisinopril tab 40 mg</i>	TIER 1	
<i>lisinopril tab 5 mg</i>	TIER 1	
LOTENSIN (<i>benazepril hcl</i>) 10 MG TAB	TIER 3	QLC (1 tab/day)
LOTENSIN (<i>benazepril hcl</i>) 20 MG TAB	TIER 3	QLC (1 tab/day)
LOTENSIN (<i>benazepril hcl</i>) 40 MG TAB	TIER 3	QLC (2 tabs/day)
<i>moexipril hcl tab 15 mg</i>	TIER 1	
<i>moexipril hcl tab 7.5 mg</i>	TIER 1	
<i>perindopril erbumine tab 2 mg</i>	TIER 1	QLC (1 tab/day)
<i>perindopril erbumine tab 4 mg</i>	TIER 1	QLC (1 tab/day)
<i>perindopril erbumine tab 8 mg</i>	TIER 1	QLC (2 tabs/day)
PRINIVIL (<i>lisinopril</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	
QBRELIS (<i>lisinopril</i>) 1 MG/ML SOLUTION	TIER 3	PA, QLC (80 ml/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>quinapril hcl tab 10 mg</i>	TIER 1	
<i>quinapril hcl tab 20 mg</i>	TIER 1	
<i>quinapril hcl tab 40 mg</i>	TIER 1	
<i>quinapril hcl tab 5 mg</i>	TIER 1	
<i>ramipril cap 1.25 mg</i>	TIER 1	
<i>ramipril cap 10 mg</i>	TIER 1	
<i>ramipril cap 2.5 mg</i>	TIER 1	
<i>ramipril cap 5 mg</i>	TIER 1	
<i>trandolapril tab 1 mg</i>	TIER 1	
<i>trandolapril tab 2 mg</i>	TIER 1	
<i>trandolapril tab 4 mg</i>	TIER 1	
VASOTEC (<i>enalapril maleate</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	
ZESTRIL (<i>lisinopril</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB, 30 MG TAB, 40 MG TAB	TIER 3	

ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)

<i>amiodarone hcl tab 100 mg</i>	TIER 1	
<i>amiodarone hcl tab 100 mg</i> (PACERONE)	TIER 3	
<i>amiodarone hcl tab 200 mg</i>	TIER 1	
<i>amiodarone hcl tab 200 mg</i> (PACERONE)	TIER 1	
<i>amiodarone hcl tab 400 mg</i>	TIER 1	
<i>amiodarone hcl tab 400 mg</i> (PACERONE)	TIER 3	
BETAPACE (<i>sotalol hcl</i>) 80 MG TAB, 120 MG TAB, 160 MG TAB	TIER 3	
BETAPACE AF (<i>sotalol hcl (afib/afll)</i>) 80 MG TAB, 120 MG TAB, 160 MG TAB	TIER 3	
<i>disopyramide phosphate cap 100 mg</i>	TIER 1	
<i>disopyramide phosphate cap 150 mg</i>	TIER 1	
<i>dofetilide cap 125 mcg (0.125 mg) (0.</i>	TIER 1	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	TIER 1	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	TIER 1	
<i>flecainide acetate tab 100 mg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>flecainide acetate tab 150 mg</i>	TIER 1	
<i>flecainide acetate tab 50 mg</i>	TIER 1	
<i>mexiletine hcl cap 150 mg</i>	TIER 1	
<i>mexiletine hcl cap 200 mg</i>	TIER 1	
<i>mexiletine hcl cap 250 mg</i>	TIER 1	
MULTAQ (<i>dronedarone hcl</i>) 400 MG TAB	TIER 2	QLC (2 tabs/day)
NORPACE (<i>disopyramide phosphate</i>) 100 MG CAP, 150 MG CAP	TIER 3	
NORPACE CR (<i>disopyramide phosphate</i>) 100 MG CAP ER 12H	TIER 2	QLC (8 caps/day)
NORPACE CR (<i>disopyramide phosphate</i>) 150 MG CAP ER 12H	TIER 2	QLC (5 caps/day)
<i>propafenone hcl cap er 12hr 225 mg</i> (PROPAFENONE HCL ER)	TIER 1	
<i>propafenone hcl cap er 12hr 325 mg</i> (PROPAFENONE HCL ER)	TIER 1	
<i>propafenone hcl cap er 12hr 425 mg</i> (PROPAFENONE HCL ER)	TIER 1	
<i>propafenone hcl tab 150 mg</i>	TIER 1	
<i>propafenone hcl tab 225 mg</i>	TIER 1	
<i>propafenone hcl tab 300 mg</i>	TIER 1	
<i>quinidine gluconate tab er 324 mg</i> (QUINIDINE GLUCONATE ER)	TIER 1	
QUINIDINE SULFATE 200 MG TAB, 300 MG TAB	TIER 1	
<i>quinidine sulfate tab 200 mg</i>	TIER 1	
<i>quinidine sulfate tab 300 mg</i>	TIER 1	
RYTHMOL SR (<i>propafenone hcl</i>) 225 MG CAP ER 12H, 325 MG CAP ER 12H, 425 MG CAP ER 12H	TIER 3	
<i>sotalol hcl (afib/af) tab 120 mg</i> (SOTALOL HCL (AF))	TIER 1	
<i>sotalol hcl (afib/af) tab 160 mg</i> (SOTALOL HCL (AF))	TIER 1	
<i>sotalol hcl (afib/af) tab 80 mg</i> (SOTALOL HCL (AF))	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sotalol hcl tab 120 mg</i>	TIER 1	
<i>sotalol hcl tab 120 mg</i> (SORINE)	TIER 1	
<i>sotalol hcl tab 160 mg</i>	TIER 1	
<i>sotalol hcl tab 160 mg</i> (SORINE)	TIER 1	
<i>sotalol hcl tab 240 mg</i>	TIER 1	
<i>sotalol hcl tab 240 mg</i> (SORINE)	TIER 1	
<i>sotalol hcl tab 80 mg</i>	TIER 1	
<i>sotalol hcl tab 80 mg</i> (SORINE)	TIER 1	
SOTYLIZE (<i>sotalol hcl</i>) 5 MG/ML SOLUTION	TIER 3	PA, QLC (64 ml/day)
TIKOSYN (<i>dofetilide</i>) 125 MCG CAP, 250 MCG CAP, 500 MCG CAP	TIER 3	

BETA-ADRENERGIC BLOCKING AGENTS

<i>acebutolol hcl cap 200 mg</i>	TIER 1	
<i>acebutolol hcl cap 400 mg</i>	TIER 1	
<i>atenolol tab 100 mg</i>	TIER 1	
<i>atenolol tab 25 mg</i>	TIER 1	
<i>atenolol tab 50 mg</i>	TIER 1	
<i>betaxolol hcl tab 10 mg</i>	TIER 1	
<i>betaxolol hcl tab 20 mg</i>	TIER 1	
<i>bisoprolol fumarate tab 10 mg</i>	TIER 1	
<i>bisoprolol fumarate tab 5 mg</i>	TIER 1	
BYSTOLIC (<i>nebivolol hcl</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 3	QLC (1 tab/day)
BYSTOLIC (<i>nebivolol hcl</i>) 20 MG TAB	TIER 3	QLC (2 tabs/day)
<i>carvedilol phosphate cap er 24hr 10 mg</i> (CARVEDILOL PHOSPHATE ER)	TIER 1	ST
<i>carvedilol phosphate cap er 24hr 20 mg</i> (CARVEDILOL PHOSPHATE ER)	TIER 1	ST
<i>carvedilol phosphate cap er 24hr 40 mg</i> (CARVEDILOL PHOSPHATE ER)	TIER 1	ST
<i>carvedilol phosphate cap er 24hr 80 mg</i> (CARVEDILOL PHOSPHATE ER)	TIER 1	ST
<i>carvedilol tab 12.5 mg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carvedilol tab 25 mg</i>	TIER 1	
<i>carvedilol tab 3.125 mg</i>	TIER 1	
<i>carvedilol tab 6.25 mg</i>	TIER 1	
COREG (<i>carvedilol</i>) 3.125 MG TAB, 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB	TIER 3	
COREG CR (<i>carvedilol phosphate</i>) 10 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H	TIER 3	ST
CORGARD (<i>nadolol</i>) 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	
HEMANGEOL (<i>propranolol hcl</i>) 4.28 MG/ML SOLUTION	TIER 3	PA, SP, QLC (2 bottles/month)
INDERAL LA (<i>propranolol hcl</i>) 60 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H, 160 MG CAP ER 24H	TIER 3	
INDERAL XL (<i>propranolol hcl sustained-release beads</i>) 80 MG CAP ER 24H, 120 MG CAP ER 24H	TIER 4	PA
INNOPRAN XL (<i>propranolol hcl sustained-release beads</i>) 80 MG CAP ER 24H, 120 MG CAP ER 24H	TIER 4	PA
KAPSPARGO SPRINKLE (<i>metoprolol succinate</i>) 25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK, 200 MG CP24 SPRNK	TIER 3	QLC (1 cap/day)
<i>labetalol hcl tab 100 mg</i>	TIER 1	
<i>labetalol hcl tab 200 mg</i>	TIER 1	
<i>labetalol hcl tab 300 mg</i>	TIER 1	
LOPRESSOR (<i>metoprolol tartrate</i>) 50 MG TAB, 100 MG TAB	TIER 3	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	TIER 1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	TIER 1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	TIER 1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>metoprolol tartrate tab 100 mg</i>	TIER 1	
<i>metoprolol tartrate tab 25 mg</i>	TIER 1	
<i>metoprolol tartrate tab 37.5 mg</i>	TIER 1	
<i>metoprolol tartrate tab 50 mg</i>	TIER 1	
<i>metoprolol tartrate tab 75 mg</i>	TIER 1	
<i>nadolol tab 20 mg</i>	TIER 1	
<i>nadolol tab 40 mg</i>	TIER 1	
<i>nadolol tab 80 mg</i>	TIER 1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	TIER 1	QLC (1 tab/day)
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	TIER 1	QLC (1 tab/day)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	TIER 1	QLC (2 tabs/day)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	TIER 1	QLC (1 tab/day)
<i>pindolol tab 10 mg</i>	TIER 1	
<i>pindolol tab 5 mg</i>	TIER 1	
PROPRANOLOL HCL 40 MG/5ML SOLUTION	TIER 1	
<i>propranolol hcl cap er 24hr 120 mg (PROPRANOLOL HCL ER)</i>	TIER 1	
<i>propranolol hcl cap er 24hr 160 mg (PROPRANOLOL HCL ER)</i>	TIER 1	
<i>propranolol hcl cap er 24hr 60 mg (PROPRANOLOL HCL ER)</i>	TIER 1	
<i>propranolol hcl cap er 24hr 80 mg (PROPRANOLOL HCL ER)</i>	TIER 1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	TIER 1	
<i>propranolol hcl tab 10 mg</i>	TIER 1	
<i>propranolol hcl tab 20 mg</i>	TIER 1	
<i>propranolol hcl tab 40 mg</i>	TIER 1	
<i>propranolol hcl tab 60 mg</i>	TIER 1	
<i>propranolol hcl tab 80 mg</i>	TIER 1	
TENORMIN (<i>atenolol</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TOPROL XL (<i>metoprolol succinate</i>) 25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H, 200 MG TAB ER 24H	TIER 3	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
ADALAT CC (<i>nifedipine</i>) 30 MG TAB ER 24H, 60 MG TAB ER 24H, 90 MG TAB ER 24H	TIER 3	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	TIER 1	
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	TIER 1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	TIER 1	
CONJUPRI (<i>levamlodipine maleate</i>) 2.5 MG TAB, 5 MG TAB	TIER 3	PA, QLC (1 tab/day)
<i>felodipine tab er 24hr 10 mg</i> (FELODIPINE ER)	TIER 1	
<i>felodipine tab er 24hr 2.5 mg</i> (FELODIPINE ER)	TIER 1	
<i>felodipine tab er 24hr 5 mg</i> (FELODIPINE ER)	TIER 1	
<i>isradipine cap 2.5 mg</i>	TIER 1	
<i>isradipine cap 5 mg</i>	TIER 1	
KATERZIA (<i>amlodipine benzoate</i>) 1 MG/ML SUSPENSION	TIER 3	PA, QLC (10 ml/day)
LEVAMLODIPINE MALEATE 2.5 MG TAB, 5 MG TAB	TIER 3	PA, QLC (1 tab/day)
<i>nicardipine hcl cap 20 mg</i>	TIER 1	
<i>nicardipine hcl cap 30 mg</i>	TIER 1	
<i>nifedipine cap 10 mg</i>	TIER 1	
<i>nifedipine cap 20 mg</i>	TIER 1	
<i>nifedipine tab er 24hr 30 mg</i> (NIFEDIPINE ER)	TIER 1	
<i>nifedipine tab er 24hr 60 mg</i> (NIFEDIPINE ER)	TIER 1	
<i>nifedipine tab er 24hr 90 mg</i> (NIFEDIPINE ER)	TIER 1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nifedipine tab er 24hr osmotic release 60 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	TIER 1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	TIER 1	
<i>nimodipine cap 30 mg</i>	TIER 1	
NISOLDIPINE ER ER 20 MG TAB ER 24H, ER 25.5 MG TAB ER 24H, ER 30 MG TAB ER 24H, ER 40 MG TAB ER 24H	TIER 1	
<i>nisoldipine tab er 24hr 17 mg</i> (NISOLDIPINE ER)	TIER 1	
<i>nisoldipine tab er 24hr 34 mg</i> (NISOLDIPINE ER)	TIER 1	
<i>nisoldipine tab er 24hr 8.5 mg</i> (NISOLDIPINE ER)	TIER 1	
NORLIQVA (<i>amlodipine besylate</i>) 1 MG/ML SOLUTION	TIER 3	PA, QLC (10 ml/day)
NORVASC (<i>amlodipine besylate</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 3	
NYMALIZE (<i>nimodipine</i>) 30 MG/10ML SOLUTION, 60 MG/20ML SOLUTION	TIER 4	PA, QLC (60 ml/day, max of 21 days in 6 months)
NYMALIZE (<i>nimodipine</i>) 6 MG/ML SOLUTION	TIER 4	PA, QLC (60 ml/day; max 21 days therapy/180 days)
PROCARDIA (<i>nifedipine</i>) 10 MG CAP	TIER 3	
PROCARDIA XL (<i>nifedipine</i>) 30 MG TAB ER 24H, 60 MG TAB ER 24H, 90 MG TAB ER 24H	TIER 3	
SULAR (<i>nisoldipine</i>) 8.5 MG TAB ER 24H, 17 MG TAB ER 24H, 34 MG TAB ER 24H	TIER 3	

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

CALAN (<i>verapamil hcl</i>) 80 MG TAB, 120 MG TAB	TIER 3	
CALAN SR (<i>verapamil hcl</i>) 120 MG TAB ER, 180 MG TAB ER, 240 MG TAB ER	TIER 3	
CARDIZEM (<i>diltiazem hcl</i>) 30 MG TAB, 60 MG TAB, 120 MG TAB	TIER 3	
CARDIZEM CD (<i>diltiazem hcl coated beads</i>) 120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CARDIZEM LA (<i>diltiazem hcl coated beads</i>) 120 MG TAB ER 24H, 180 MG TAB ER 24H, 240 MG TAB ER 24H, 300 MG TAB ER 24H, 360 MG TAB ER 24H, 420 MG TAB ER 24H	TIER 3	
<i>diltiazem hcl cap er 12hr 120 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl cap er 12hr 60 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl cap er 12hr 90 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl cap er 24hr 120 mg</i> (DILT-XR)	TIER 1	
<i>diltiazem hcl cap er 24hr 120 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl cap er 24hr 180 mg</i> (DILT-XR)	TIER 1	
<i>diltiazem hcl cap er 24hr 180 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl cap er 24hr 240 mg</i> (DILT-XR)	TIER 1	
<i>diltiazem hcl cap er 24hr 240 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (CARTIA XT)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (CARTIA XT)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (CARTIA XT)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (CARTIA XT)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i> (MATZIM LA)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i> (MATZIM LA)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i> (MATZIM LA)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i> (MATZIM LA)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i> (MATZIM LA)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (DILTIAZEM HCL ER BEADS)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (TAZTIA XT)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (TIADYLT ER)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (DILTIAZEM HCL ER BEADS)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (TAZTIA XT)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (TIADYLT ER)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (DILTIAZEM HCL ER BEADS)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (TAZTIA XT)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (TIADYLT ER)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (DILTIAZEM HCL ER BEADS)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (TAZTIA XT)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (TIADYLT ER)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (DILTIAZEM HCL ER BEADS)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (TAZTIA XT)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (TIADYLT ER)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> (DILTIAZEM HCL ER BEADS)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> (TIADYLT ER)	TIER 1	
<i>diltiazem hcl tab 120 mg</i>	TIER 1	
<i>diltiazem hcl tab 30 mg</i>	TIER 1	
<i>diltiazem hcl tab 60 mg</i>	TIER 1	
<i>diltiazem hcl tab 90 mg</i>	TIER 1	
TIAZAC (<i>diltiazem hcl extended release beads</i>) 120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H, 420 MG CAP ER 24H	TIER 3	
<i>verapamil hcl cap er 24hr 100 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl cap er 24hr 120 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl cap er 24hr 180 mg</i> (VERAPAMIL HCL ER)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>verapamil hcl cap er 24hr 200 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl cap er 24hr 240 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl cap er 24hr 300 mg</i> (VERAPAMIL HCL ER)	TIER 1	
VERAPAMIL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H	TIER 1	
<i>verapamil hcl tab 120 mg</i>	TIER 1	
<i>verapamil hcl tab 40 mg</i>	TIER 1	
<i>verapamil hcl tab 80 mg</i>	TIER 1	
<i>verapamil hcl tab er 120 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl tab er 180 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl tab er 240 mg</i> (VERAPAMIL HCL ER)	TIER 1	
VERELAN (<i>verapamil hcl</i>) 120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 360 MG CAP ER 24H	TIER 3	
VERELAN PM (<i>verapamil hcl</i>) 100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H	TIER 3	

CARDIOVASCULAR AGENTS, OTHER (Other Drugs for Heart and Circulation Conditions)

ACCURETIC (<i>quinapril-hydrochlorothiazide</i>) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB	TIER 3	
<i>acetazolamide tab 125 mg</i>	TIER 1	
<i>acetazolamide tab 250 mg</i>	TIER 1	
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>) 25-25 MG TAB, 50-50 MG TAB	TIER 3	
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	TIER 1	ST, QLC (1 tab/day)
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	TIER 1	ST, QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amloride & hydrochlorothiazide tab 5-50 mg</i> (AMILORIDE-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	TIER 1	QLC (1 cap/day)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	TIER 1	QLC (1 cap/day)
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	TIER 1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	TIER 1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	TIER 1	QLC (2 caps/day)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (AMLODIPINE-OLMESARTAN)	TIER 1	QLC (1 tab/day)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (AMLODIPINE-OLMESARTAN)	TIER 1	QLC (1 tab/day)
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (AMLODIPINE-OLMESARTAN)	TIER 1	QLC (1 tab/day)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (AMLODIPINE-OLMESARTAN)	TIER 1	QLC (1 tab/day)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	TIER 1	QLC (1 tab/day)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	TIER 1	QLC (1 tab/day)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	TIER 1	QLC (1 tab/day)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	TIER 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
ASPRUZYO SPRINKLE (<i>ranolazine</i>) 500 MG PACKET, 1000 MG PACKET	TIER 3	PA, QLC (2 packets/day)
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>) 16-12.5 MG TAB	TIER 3	ST, QLC (2 tabs/day)
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>) 32-12.5 MG TAB, 32-25 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>atenolol & chlorthalidone tab 100-25 mg</i> (ATENOLOL-CHLORTHALIDONE)	TIER 1	
<i>atenolol & chlorthalidone tab 50-25 mg</i> (ATENOLOL-CHLORTHALIDONE)	TIER 1	
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>) 150-12.5 MG TAB	TIER 3	QLC (2 tabs/day)
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>) 300-12.5 MG TAB	TIER 3	QLC (1 tab/day)
AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>) 5-20 MG TAB, 5-40 MG TAB, 10-20 MG TAB, 10-40 MG TAB	TIER 3	QLC (1 tab/day)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>) 20-12.5 MG TAB, 40-12.5 MG TAB, 40-25 MG TAB	TIER 3	QLC (1 tab/day)
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>) 20-37.5 MG TAB	TIER 3	QLC (6 tabs/day)
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
BYVALSON (<i>nebivolol-valsartan</i>) 5-80 MG TAB	TIER 3	ST, QLC (1 tab/day)
CADUET (<i>amlodipine besylate-atorvastatin calcium</i>) 5-10 MG TAB, 5-20 MG TAB, 5-40 MG TAB, 5-80 MG TAB, 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB	TIER 3	PA, QLC (1 tab/day)
CAMZYOS (<i>mavacamten</i>) 2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	TIER 1	ST, QLC (2 tabs/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	TIER 1	ST, QLC (1 tab/day)
CAPTOPRIL-HYDROCHLOROTHIAZIDE (<i>captopril & hydrochlorothiazide</i>) -25-15 MG TAB, -25-25 MG TAB, -50-15 MG TAB, -50-25 MG TAB	TIER 1	
CONSENSI (<i>amlodipine besylate-celecoxib</i>) 2.5-200 MG TAB, 5-200 MG TAB, 10-200 MG TAB	TIER 4	PA, QLC (1 tab/day)
CORLANOR (<i>ivabradine hcl</i>) 5 MG TAB, 7.5 MG TAB	TIER 3	PA, QLC (2 tabs/day)
CORLANOR (<i>ivabradine hcl</i>) 5 MG/5ML SOLUTION	TIER 3	PA, QLC (20 ml/day)
CORZIDE (<i>nadolol & bendroflumethiazide</i>) 40-5 MG TAB, 80-5 MG TAB	TIER 3	
DEMSEER (<i>metirosine</i>) 250 MG CAP	TIER 4	QLC (16 caps/day)
DIGOXIN 0.05 MG/ML SOLUTION	TIER 1	AL1 (Up to 64 yrs old), QLC (2.5 ml/day)
<i>digoxin oral soln 0.05 mg/ml</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (2.5 ml/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>digoxin tab 125 mcg (0.125 mg) (0.</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>digoxin tab 125 mcg (0.125 mg) (DIGITEK) (0.</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>digoxin tab 250 mcg (0.25 mg)</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (0.5 tab/day)
<i>digoxin tab 250 mcg (0.25 mg) (DIGITEK)</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (0.5 tab/day)
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>) 320-12.5 MG TAB, 320-25 MG TAB	TIER 3	QLC (1 tab/day)
DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>) 80-12.5 MG TAB, 160-12.5 MG TAB, 160-25 MG TAB	TIER 3	QLC (2 tabs/day)
DUTOPROL (<i>metoprolol & hydrochlorothiazide</i>) 100-12.5 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
DUTOPROL (<i>metoprolol & hydrochlorothiazide</i>) 25-12.5 MG TAB ER 24H, 50-12.5 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
DYAZIDE (<i>triamterene & hydrochlorothiazide</i>) 37.5-25 MG CAP	TIER 3	
EDARBYCLOR (<i>azilsartan medoxomil-chlorthalidone</i>) 40-12.5 MG TAB, 40-25 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
ENTRESTO (<i>sacubitril-valsartan</i>) 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	TIER 2	QLC (2 tabs/day)
EXFORGE (<i>amlodipine besylate-valsartan</i>) 5-160 MG TAB, 5-320 MG TAB, 10-160 MG TAB, 10-320 MG TAB	TIER 3	QLC (1 tab/day)
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>) 5-160-12.5 MG TAB, 5-160-25 MG TAB, 10-160-12.5 MG TAB, 10-160-25 MG TAB, 10-320-25 MG TAB	TIER 3	QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ)	TIER 1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ)	TIER 1	
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>) 100-12.5 MG TAB, 100-25 MG TAB	TIER 3	QLC (1 tab/day)
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>) 50-12.5 MG TAB	TIER 3	QLC (2 tabs/day)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	TIER 1	QLC (2 tabs/day)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	TIER 1	QLC (1 tab/day)
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (ISOSORB DINITRATE-HYDRALAZINE)	TIER 2	QLC (6 tabs/day)
LANOXIN (<i>digoxin</i>) 125 MCG TAB, 187.5 MCG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
LANOXIN (<i>digoxin</i>) 250 MCG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (0.5 tab/day)
LANOXIN (<i>digoxin</i>) 62.5 MCG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
LOPRESSOR HCT (<i>metoprolol & hydrochlorothiazide</i>) 50-25 MG TAB	TIER 3	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)	TIER 1	QLC (1 tab/day)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (LOSARTAN POTASSIUM-HCTZ)	TIER 1	QLC (1 tab/day)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)	TIER 1	QLC (2 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LOTENSIN HCT (<i>benazepril & hydrochlorothiazide</i>) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB	TIER 3	
LOTREL (<i>amlodipine besylate-benazepril hcl</i>) 10-20 MG CAP, 10-40 MG CAP	TIER 3	QLC (1 cap/day)
LOTREL (<i>amlodipine besylate-benazepril hcl</i>) 5-10 MG CAP, 5-20 MG CAP	TIER 3	
MAXZIDE (<i>triamterene & hydrochlorothiazide</i>) 75-50 MG TAB	TIER 3	
MAXZIDE-25 (<i>triamterene & hydrochlorothiazide</i>) -37.5-MG TAB	TIER 3	
METHYLDOPA-HYDROCHLOROTHIAZIDE (<i>methyldopa & hydrochlorothiazide</i>) -250-15 MG TAB, -250-25 MG TAB	TIER 1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
METOPROLOL-HCTZ ER (<i>metoprolol & hydrochlorothiazide</i>) -100-12.5 MG TAB 24H	TIER 3	PA, QLC (2 tabs/day)
METOPROLOL-HCTZ ER (<i>metoprolol & hydrochlorothiazide</i>) -ER 25-12.5 MG TAB ER 24H, -ER 50-12.5 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
<i>metirosine cap 250 mg</i>	TIER 4	QLC (16 caps/day)
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>) 40-12.5 MG TAB	TIER 3	ST, QLC (3 tabs/day)
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>) 80-12.5 MG TAB, 80-25 MG TAB	TIER 3	ST, QLC (2 tabs/day)
NADOLOL-BENDROFLUMETHIAZIDE (<i>nadolol & bendroflumethiazide</i>) -40-5 MG TAB	TIER 1	
NEXLETOL (<i>bempedoic acid</i>) 180 MG TAB	TIER 3	PA, QLC (1 tab/day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	TIER 1	QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	TIER 1	QLC (1 tab/day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	TIER 1	QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>pentoxifylline tab er 400 mg</i> (PENTOXIFYLLINE ER)	TIER 1	
PRESTALIA (<i>perindopril arginine-amlodipine besylate</i>) 3.5-2.5 MG TAB, 7-5 MG TAB, 14-10 MG TAB	TIER 3	ST, QLC (1 tab/day)
PROPRANOLOL-HCTZ (<i>propranolol & hydrochlorothiazide</i>) -40-25 MG TAB, -80-25 MG TAB	TIER 1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	TIER 1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	TIER 1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	TIER 1	
RANEXA (<i>ranolazine</i>) 500 MG TAB ER 12H, 1000 MG TAB ER 12H	TIER 3	QLC (2 tabs/day)
<i>ranolazine tab er 12hr 1000 mg</i> (RANOLAZINE ER)	TIER 1	QLC (2 tabs/day)
<i>ranolazine tab er 12hr 500 mg</i> (RANOLAZINE ER)	TIER 1	QLC (2 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> (SPIRONOLACTONE-HCTZ)	TIER 1	
TARKA (<i>trandolapril-verapamil hcl</i>) 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER	TIER 3	
TEKTURNA (<i>aliskiren fumarate</i>) 150 MG TAB, 300 MG TAB	TIER 3	ST, QLC (1 tab/day)
TEKTURNA HCT (<i>aliskiren-hydrochlorothiazide</i>) 150-12.5 MG TAB, 150-25 MG TAB, 300-12.5 MG TAB, 300-25 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-10 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-5 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-10 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-5 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (TELMISARTAN-HCTZ)	TIER 1	ST, QLC (3 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (TELMISARTAN-HCTZ)	TIER 1	ST, QLC (2 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (TELMISARTAN-HCTZ)	TIER 1	ST, QLC (2 tabs/day)
TENORETIC 100 (<i>atenolol & chlorthalidone</i>) -25 MG TAB	TIER 3	
TENORETIC 50 (<i>atenolol & chlorthalidone</i>) -25 MG TAB	TIER 3	
TRANDOLAPRIL-VERAPAMIL HCL ER -ER 1-240 MG TAB ER, -ER 2-180 MG TAB ER, -ER 2-240 MG TAB ER, -ER 4-240 MG TAB ER	TIER 1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i> (TRANDOLAPRIL-VERAPAMIL HCL ER)	TIER 1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i> (TRANDOLAPRIL-VERAPAMIL HCL ER)	TIER 1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i> (TRANDOLAPRIL-VERAPAMIL HCL ER)	TIER 1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> (TRIAMTERENE-HCTZ)	TIER 1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (TRIAMTERENE-HCTZ)	TIER 1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (TRIAMTERENE-HCTZ)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>) 20-5-12.5 MG TAB, 40-10-12.5 MG TAB, 40-10-25 MG TAB, 40-5-12.5 MG TAB, 40-5-25 MG TAB	TIER 3	ST, QLC (1 tab/day)
TWYNSTA (<i>telmisartan-amlodipine</i>) 40-10 MG TAB, 40-5 MG TAB, 80-10 MG TAB, 80-5 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	TIER 1	QLC (2 tabs/day)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	TIER 1	QLC (2 tabs/day)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	TIER 1	QLC (1 tab/day)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	TIER 1	QLC (1 tab/day)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	TIER 1	QLC (2 tabs/day)
VASERETIC (<i>enalapril maleate & hydrochlorothiazide</i>) 10-25 MG TAB	TIER 3	
VECAMYL (<i>mecamylamine hcl</i>) 2.5 MG TAB	TIER 1	
VERQUVO (<i>vericiguat</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 3	PA, QLC (1 tab/day)
VYNDAMAX (<i>tafamidis</i>) 61 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB	TIER 3	
ZIAC (<i>bisoprolol & hydrochlorothiazide</i>) 2.5-6.25 MG TAB, 5-6.25 MG TAB, 10-6.25 MG TAB	TIER 3	

DIURETICS, LOOP

<i>bumetanide tab 0.5 mg</i>	TIER 1	
<i>bumetanide tab 1 mg</i>	TIER 1	
<i>bumetanide tab 2 mg</i>	TIER 1	
BUMEX (<i>bumetanide</i>) 0.5 MG TAB, 1 MG TAB, 2 MG TAB	TIER 3	
DEMADEX (<i>torsemide</i>) 10 MG TAB, 20 MG TAB	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EDECIN (<i>ethacrynic acid</i>) 25 MG TAB	TIER 4	PA, QLC (8 tabs/day)
<i>ethacrynic acid tab 25 mg</i>	TIER 4	PA, QLC (8 tabs/day)
FUROSEMIDE 8 MG/ML SOLUTION	TIER 1	
<i>furosemide oral soln 10 mg/ml</i>	TIER 1	
<i>furosemide tab 20 mg</i>	TIER 1	
<i>furosemide tab 40 mg</i>	TIER 1	
<i>furosemide tab 80 mg</i>	TIER 1	
LASIX (<i>furosemide</i>) 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	
SOAANZ (<i>torseamide</i>) 20 MG TAB	TIER 3	PA, QLC (1 tab/day)
SOAANZ (<i>torseamide</i>) 40 MG TAB	TIER 3	PA, QLC (5 tabs/day)
SOAANZ (<i>torseamide</i>) 60 MG TAB	TIER 3	PA, QLC (3 tabs/day)
<i>torseamide tab 10 mg</i>	TIER 1	
<i>torseamide tab 100 mg</i>	TIER 1	
<i>torseamide tab 20 mg</i>	TIER 1	
<i>torseamide tab 5 mg</i>	TIER 1	

DIURETICS, POTASSIUM-SPARING

ALDACTONE (<i>spironolactone</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	
<i>amiloride hcl tab 5 mg</i>	TIER 1	
CAROSPIR (<i>spironolactone</i>) 25 MG/5ML SUSPENSION	TIER 3	PA, QLC (20 ml/day)
DYRENIUM (<i>triamterene</i>) 50 MG CAP, 100 MG CAP	TIER 3	ST
<i>eplerenone tab 25 mg</i>	TIER 1	
<i>eplerenone tab 50 mg</i>	TIER 1	
INSPIRA (<i>eplerenone</i>) 25 MG TAB, 50 MG TAB	TIER 3	
<i>spironolactone tab 100 mg</i>	TIER 1	
<i>spironolactone tab 25 mg</i>	TIER 1	
<i>spironolactone tab 50 mg</i>	TIER 1	
<i>triamterene cap 100 mg</i>	TIER 2	ST
<i>triamterene cap 50 mg</i>	TIER 2	ST

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIURETICS, THIAZIDE		
CHLOROTHIAZIDE 250 MG TAB, 500 MG TAB	TIER 1	
<i>chlorothiazide tab 500 mg</i>	TIER 1	
<i>chlorthalidone tab 25 mg</i>	TIER 1	
<i>chlorthalidone tab 50 mg</i>	TIER 1	
DIURIL (<i>chlorothiazide</i>) 250 MG/5ML SUSPENSION	TIER 3	
<i>hydrochlorothiazide cap 12.5 mg</i>	TIER 1	
<i>hydrochlorothiazide tab 12.5 mg</i>	TIER 1	
<i>hydrochlorothiazide tab 25 mg</i>	TIER 1	
<i>hydrochlorothiazide tab 50 mg</i>	TIER 1	
<i>indapamide tab 1.25 mg</i>	TIER 1	
<i>indapamide tab 2.5 mg</i>	TIER 1	
METHYCLOTHIAZIDE 5 MG TAB	TIER 1	
<i>metolazone tab 10 mg</i>	TIER 1	
<i>metolazone tab 2.5 mg</i>	TIER 1	
<i>metolazone tab 5 mg</i>	TIER 1	
MICROZIDE (<i>hydrochlorothiazide</i>) 12.5 MG CAP	TIER 3	
THALITONE (<i>chlorthalidone</i>) 15 MG TAB	TIER 3	PA, QLC (4 tabs/day)

DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES (Drugs for High Cholesterol)

ANTARA (<i>fenofibrate micronized</i>) 30 MG CAP	TIER 3	ST, QLC (2 caps/day)
ANTARA (<i>fenofibrate micronized</i>) 90 MG CAP	TIER 3	ST, QLC (1 cap/day)
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	TIER 1	QLC (1 cap/day)
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	TIER 1	QLC (1 cap/day)
FENOFIBRATE 150 MG CAP	TIER 1	ST, QLC (1 cap/day)
FENOFIBRATE 50 MG CAP	TIER 1	ST, QLC (2 caps/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FENOFIBRATE MICRONIZED 30 MG CAP	TIER 3	ST, QLC (2 caps/day)
FENOFIBRATE MICRONIZED 90 MG CAP	TIER 3	ST, QLC (1 cap/day)
<i>fenofibrate micronized cap 130 mg</i>	TIER 1	ST, QLC (1 cap/day)
<i>fenofibrate micronized cap 134 mg</i>	TIER 1	QLC (1 cap/day)
<i>fenofibrate micronized cap 200 mg</i>	TIER 1	QLC (1 cap/day)
<i>fenofibrate micronized cap 43 mg</i>	TIER 1	ST, QLC (2 caps/day)
<i>fenofibrate micronized cap 67 mg</i>	TIER 1	QLC (1 cap/day)
<i>fenofibrate tab 120 mg</i>	TIER 2	ST, QLC (1 tab/day)
<i>fenofibrate tab 145 mg</i>	TIER 1	QLC (1 tab/day)
<i>fenofibrate tab 160 mg</i>	TIER 1	QLC (1 tab/day)
<i>fenofibrate tab 40 mg</i>	TIER 2	ST, QLC (2 tabs/day)
<i>fenofibrate tab 48 mg</i>	TIER 1	QLC (2 tabs/day)
<i>fenofibrate tab 54 mg</i>	TIER 1	QLC (2 tabs/day)
FENOFIBRIC ACID 105 MG TAB	TIER 3	QLC (1 tab/day)
FENOFIBRIC ACID 35 MG TAB	TIER 3	QLC (2 tabs/day)
FENOGLIDE (<i>fenofibrate</i>) 120 MG TAB	TIER 3	ST, QLC (1 tab/day)
FENOGLIDE (<i>fenofibrate</i>) 40 MG TAB	TIER 3	ST, QLC (2 tabs/day)
FIBRICOR (<i>fenofibric acid</i>) 105 MG TAB	TIER 3	QLC (1 tab/day)
FIBRICOR (<i>fenofibric acid</i>) 35 MG TAB	TIER 3	QLC (2 tabs/day)
<i>gemfibrozil tab 600 mg</i>	TIER 1	QLC (2.5 tabs/day)
LIPOFEN (<i>fenofibrate</i>) 150 MG CAP	TIER 3	ST, QLC (1 cap/day)
LIPOFEN (<i>fenofibrate</i>) 50 MG CAP	TIER 3	ST, QLC (2 caps/day)
LOPID (<i>gemfibrozil</i>) 600 MG TAB	TIER 3	QLC (2.5 tabs/day)
TRICOR (<i>fenofibrate</i>) 145 MG TAB	TIER 3	QLC (1 tab/day)
TRICOR (<i>fenofibrate</i>) 48 MG TAB	TIER 3	QLC (2 tabs/day)
TRIGLIDE (<i>fenofibrate</i>) 160 MG TAB	TIER 3	ST, QLC (1 tab/day)
TRILIPIX (<i>choline fenofibrate</i>) 45 MG CAP DR, 135 MG CAP DR	TIER 3	QLC (1 cap/day)

DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS (Drugs for High Cholesterol)

ALTOPREV (<i>lovastatin</i>) 20 MG TAB ER 24H, 40 MG TAB ER 24H, 60 MG TAB ER 24H	TIER 4	PA, QLC (1 tab/day)
---	--------	---------------------

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	TIER 1	QLC (1 tab/day)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	TIER 1	QLC (1 tab/day)
CRESTOR (<i>rosuvastatin calcium</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB	TIER 3	QLC (1 tab/day)
EZALLOR SPRINKLE (<i>rosuvastatin calcium</i>) 5 MG CAP SPRINK, 10 MG CAP SPRINK, 20 MG CAP SPRINK, 40 MG CAP SPRINK	TIER 3	QLC (1 cap/day)
FLOLIPID (<i>simvastatin</i>) 20 MG/5ML SUSPENSION	TIER 3	PA, QLC (5 ml/day)
FLOLIPID (<i>simvastatin</i>) 40 MG/5ML SUSPENSION	TIER 3	PA, QLC (10 ml/day)
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	TIER 1	QLC (1 cap/day)
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	TIER 1	QLC (2 caps/day)
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> (FLUVASTATIN SODIUM ER)	TIER 2	PA, QLC (1 tab/day)
LESCOL XL (<i>fluvastatin sodium</i>) 80 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
LIPITOR (<i>atorvastatin calcium</i>) 10 MG TAB, 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	QLC (1 tab/day)
LIVALO (<i>pitavastatin calcium</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>lovastatin tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>lovastatin tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>lovastatin tab 40 mg</i>	TIER 1	QLC (2 tabs/day)
PRAVACHOL (<i>pravastatin sodium</i>) 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	QLC (1 tab/day)
<i>pravastatin sodium tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>pravastatin sodium tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>pravastatin sodium tab 40 mg</i>	TIER 1	QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pravastatin sodium tab 80 mg</i>	TIER 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 40 mg</i>	TIER 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 5 mg</i>	TIER 1	QLC (1 tab/day)
SIMVASTATIN 20 MG/5ML SUSPENSION	TIER 3	PA, QLC (5 ml/day)
<i>simvastatin tab 10 mg</i>	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 20 mg</i>	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 40 mg</i>	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 5 mg</i>	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 80 mg</i>	TIER 1	QLC (1 tab/day)
ZOCOR (<i>simvastatin</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	QLC (1 tab/day)
ZYPITAMAG (<i>pitavastatin magnesium</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB	TIER 3	ST, QLC (1 tab/day)

DYSLIPIDEMICS, OTHER (Other Drugs for High Cholesterol)

<i>cholestyramine light powder 4 gm/dose</i>	TIER 1	
<i>cholestyramine light powder 4 gm/dose</i> (PREVALITE)	TIER 1	
<i>cholestyramine light powder packets 4 gm</i>	TIER 1	
<i>cholestyramine light powder packets 4 gm</i> (PREVALITE)	TIER 1	
<i>cholestyramine powder 4 gm/dose</i>	TIER 1	
<i>cholestyramine powder packets 4 gm</i>	TIER 1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	TIER 2	
<i>colesevelam hcl tab 625 mg</i>	TIER 2	
COLESTID (<i>colestipol hcl</i>) 1 GM TAB, 5 GM GRANULES, 5 GM PACKET	TIER 3	
COLESTID FLAVORED (<i>colestipol hcl</i>) 5 GM GRANULES, 5 GM PACKET	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>colestipol hcl granule packets 5 gm</i>	TIER 1	
<i>colestipol hcl granules 5 gm</i>	TIER 1	
<i>colestipol hcl tab 1 gm</i>	TIER 1	
<i>ezetimibe tab 10 mg</i>	TIER 1	QLC (1 tab/day)
EZETIMIBE-ROSUVASTATIN (<i>ezetimibe-rosuvastatin calcium</i>) -10-10 MG TAB, -10-20 MG TAB, -10-40 MG TAB, -10-5 MG TAB	TIER 3	PA, QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>icosapent ethyl cap 0.5 gm</i>	TIER 1	PA, QLC (2 caps/day)
<i>icosapent ethyl cap 1 gm</i>	TIER 1	PA, QLC (4 caps/day)
JUXTAPID (<i>lomitapide mesylate</i>) 5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 60 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
LOVAZA (<i>omega-3-acid ethyl esters</i>) 1 GM CAP	TIER 3	QLC (4 caps/day)
NEXLIZET (<i>bempedoic acid-ezetimibe</i>) 180-10 MG TAB	TIER 3	PA, QLC (1 tab/day)
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	TIER 1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERLIPIDEMIC))	TIER 1	QLC (2 tabs/day)
<i>niacin tab er 500 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERLIPIDEMIC))	TIER 1	QLC (4 tabs/day)
<i>niacin tab er 750 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERLIPIDEMIC))	TIER 1	QLC (2 tabs/day)
NIACOR (<i>niacin (antihyperlipidemic)</i>) 500 MG TAB	TIER 1	
NIASPAN (<i>niacin (antihyperlipidemic)</i>) 500 MG TAB	TIER 3	QLC (4 tabs/day)
NIASPAN (<i>niacin (antihyperlipidemic)</i>) 750 MG TAB ER, 1000 MG TAB ER	TIER 3	QLC (2 tabs/day)
<i>omega-3-acid ethyl esters cap 1 gm</i>	TIER 1	QLC (4 caps/day)
PRALUENT (<i>alirocumab</i>) PRLUENT 75 MG/ML SOLN -INJ, PRLUENT 150 MG/ML SOLN -INJ	TIER 4	PA, QLC (2 pens/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRALUENT 150 MG/ML PEN (NDC 00024)	TIER 4	PA, QLC (2 pens/month)
PRALUENT 150 MG/ML PEN (NDC 72733)	TIER 3	PA, QLC (2 pens/month)
PRALUENT 75 MG/ML PEN (NDC 00024)	TIER 4	PA, QLC (2 pens/month)
PRALUENT 75 MG/ML PEN (NDC 72733)	TIER 3	PA, QLC (2 pens/month)
QUESTRAN (<i>cholestyramine</i>) 4 GM PACKET, 4 GM/DOSE POWDER	TIER 3	
QUESTRAN LIGHT (<i>cholestyramine light</i>) 4 GM/DOSE POWDER	TIER 3	
REPATHA (<i>evolocumab</i>) 140 MG/ML SOLN PRSYR	TIER 3	PA, QLC (2 syringes/month)
REPATHA PUSHTRONEX SYSTEM (<i>evolocumab</i>) 420 MG/3.5ML SOLN CART	TIER 3	PA, QLC (1 injector/month)
REPATHA SURECLICK (<i>evolocumab</i>) REPTH140 MG/ML SOLN -INJ	TIER 3	PA, QLC (2 pens/month)
ROSZET (<i>ezetimibe-rosuvastatin calcium</i>) 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-5 MG TAB	TIER 3	PA, QLC (1 tab/day)
VASCEPA (<i>icosapent ethyl</i>) 0.5 GM CAP	TIER 3	PA, QLC (2 caps/day)
VASCEPA (<i>icosapent ethyl</i>) 1 GM CAP	TIER 3	PA, QLC (4 caps/day)
VYTORIN (<i>ezetimibe-simvastatin</i>) 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB	TIER 3	ST, QLC (1 tab/day)
WELCHOL (<i>colesevelam hcl</i>) 3.75 GM PACKET, 625 MG TAB	TIER 3	
ZETIA (<i>ezetimibe</i>) 10 MG TAB	TIER 3	QLC (1 tab/day)

VASODILATORS, DIRECT-ACTING ARTERIAL (Drugs for Relaxing Arteries)

<i>hydralazine hcl tab 10 mg</i>	TIER 1
<i>hydralazine hcl tab 100 mg</i>	TIER 1
<i>hydralazine hcl tab 25 mg</i>	TIER 1
<i>hydralazine hcl tab 50 mg</i>	TIER 1
<i>minoxidil tab 10 mg</i>	TIER 1
<i>minoxidil tab 2.5 mg</i>	TIER 1

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VASODILATORS, DIRECT-ACTING ARTERIAL/VEINOUS (Drugs for Relaxing Arteries and Veins)		
DILATRATE-SR (<i>isosorbide dinitrate</i>) -40 MG CAP ER	TIER 3	
GONITRO (<i>nitroglycerin</i>) 400 MCG PACKET	TIER 3	PA, QLC (36 packs/month)
ISORDIL TITRADOSE (<i>isosorbide dinitrate</i>) 5 MG TAB, 40 MG TAB	TIER 3	
ISOSORBIDE DINITRATE ER 40 MG TAB	TIER 1	
<i>isosorbide dinitrate tab 10 mg</i>	TIER 1	
<i>isosorbide dinitrate tab 20 mg</i>	TIER 1	
<i>isosorbide dinitrate tab 30 mg</i>	TIER 1	
<i>isosorbide dinitrate tab 40 mg</i>	TIER 1	
<i>isosorbide dinitrate tab 5 mg</i>	TIER 1	
ISOSORBIDE MONONITRATE 10 MG TAB, 20 MG TAB	TIER 1	
<i>isosorbide mononitrate tab 10 mg</i>	TIER 1	
<i>isosorbide mononitrate tab 20 mg</i>	TIER 1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i> (ISOSORBIDE MONONITRATE ER)	TIER 1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i> (ISOSORBIDE MONONITRATE ER)	TIER 1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i> (ISOSORBIDE MONONITRATE ER)	TIER 1	
NITRO-BID (<i>nitroglycerin</i>) -2 % OINTMENT	TIER 2	
NITRO-DUR (<i>nitroglycerin</i>) -0.1 MG/HR PATCH 24HR, -0.2 MG/HR PATCH 24HR, -0.4 MG/HR PATCH 24HR, -0.6 MG/HR PATCH 24HR	TIER 3	
NITRO-DUR (<i>nitroglycerin</i>) -0.3 MG/HR PATCH 24HR, -0.8 MG/HR PATCH 24HR	TIER 2	
NITRO-TIME (<i>nitroglycerin</i>) -2.5 MG CAP ER, -6.5 MG CAP ER, -9 MG CAP ER	TIER 1	
<i>nitroglycerin cap er 2.5 mg</i> (NITROGLYCERIN ER)	TIER 1	
<i>nitroglycerin cap er 6.5 mg</i> (NITROGLYCERIN ER)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nitroglycerin cap er 9 mg</i> (NITROGLYCERIN ER)	TIER 1	
<i>nitroglycerin sl tab 0.3 mg</i>	TIER 1	
<i>nitroglycerin sl tab 0.4 mg</i>	TIER 1	
<i>nitroglycerin sl tab 0.6 mg</i>	TIER 1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	TIER 1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> (MINITRAN)	TIER 1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	TIER 1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> (MINITRAN)	TIER 1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	TIER 1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> (MINITRAN)	TIER 1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	TIER 1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> (MINITRAN)	TIER 1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	TIER 3	
NITROLINGUAL (<i>nitroglycerin</i>) 0.4 MG/SPRAY SOLUTION	TIER 3	
NITROMIST (<i>nitroglycerin</i>) 400 MCG/SPRAY AERO SOLN	TIER 3	
NITROSTAT (<i>nitroglycerin</i>) 0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB	TIER 3	
RECTIV (<i>nitroglycerin (intra-anal)</i>) 0.4 % OINTMENT	TIER 3	PA, QLC (30 gm/30 days)

CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

ADDERALL (<i>amphetamine-dextroamphetamine</i>) 12.5 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (5 tabs/day)
ADDERALL (<i>amphetamine-dextroamphetamine</i>) 20 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
ADDERALL (<i>amphetamine-dextroamphetamine</i>) 30 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (2 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADDERALL (<i>amphetamine-dextroamphetamine</i>) 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
ADDERALL XR (<i>amphetamine-dextroamphetamine</i>) 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H	TIER 3	AL1 (Up to 17 yrs old), QLC (2 caps/day)
ADZENYS ER (<i>amphetamine</i>) 1.25 MG/ML SUSP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (15 ml/day)
ADZENYS XR-ODT (<i>amphetamine</i>) -ODT 3.1 MG TAB ER DISP, -ODT 6.3 MG TAB ER DISP, -ODT 9.4 MG TAB ER DISP, -ODT 12.5 MG TAB ER DISP, -ODT 15.7 MG TAB ER DISP, -ODT 18.8 MG TAB ER DISP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
AMPHETAMINE ER 1.25 MG/ML SUSP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (15 ml/day)
<i>amphetamine sulfate tab 10 mg</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>amphetamine sulfate tab 5 mg</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine tab 10 mg -dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 12.5 mg -dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (5 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amphetamine-dextroamphetamine tab 15 mg -dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 20 mg -dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>amphetamine-dextroamphetamine tab 30 mg -dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>amphetamine-dextroamphetamine tab 5 mg -dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 7.5 mg -dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
AZSTARYS (<i>serdexmethylphenidate chloride-dexmethylphenidate hcl</i>) 26.1-5.2 MG CAP, 39.2-7.8 MG CAP, 52.3-10.4 MG CAP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
DESOXYN (<i>methamphetamine hcl</i>) 5 MG TAB	TIER 4	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
DEXEDRINE (<i>dextroamphetamine sulfate</i>) 10 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
DEXEDRINE (<i>dextroamphetamine sulfate</i>) 15 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
DEXEDRINE (<i>dextroamphetamine sulfate</i>) 5 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> (PROCENTRA) <i>mg/ml</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (40 ml/day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml mg/ml</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (40 ml/day)
<i>dextroamphetamine sulfate tab 10 mg</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>dextroamphetamine sulfate tab 10 mg</i> (ZENZEDI)	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>dextroamphetamine sulfate tab 15 mg</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>dextroamphetamine sulfate tab 15 mg</i> (ZENZEDI)	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dextroamphetamine sulfate tab 20 mg</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>dextroamphetamine sulfate tab 20 mg (ZENZEDI)</i>	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>dextroamphetamine sulfate tab 30 mg</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dextroamphetamine sulfate tab 30 mg (ZENZEDI)</i>	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dextroamphetamine sulfate tab 5 mg</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
<i>dextroamphetamine sulfate tab 5 mg (ZENZEDI)</i>	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
DYANAVEL XR (<i>amphetamine</i>) 2.5 MG/ML SUSP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (8 ml/day)
DYANAVEL XR (<i>amphetamine</i>) 5 MG, 10 MG, 15 MG, 20 MG	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
EVEKEO (<i>amphetamine sulfate</i>) 10 MG TAB	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day)
EVEKEO (<i>amphetamine sulfate</i>) 5 MG TAB	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
EVEKEO ODT (<i>amphetamine sulfate</i>) ODT 5 MG TAB DISP, ODT 10 MG TAB DISP, ODT 15 MG TAB DISP, ODT 20 MG TAB DISP	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methamphetamine hcl tab 5 mg</i>	TIER 4	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
MYDAYIS (<i>amphetamine-dextroamphetamine</i>) 12.5 MG CAP ER 24H, 25 MG CAP ER 24H, 37.5 MG CAP ER 24H, 50 MG CAP ER 24H	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
VYVANSE (<i>lisdexamfetamine dimesylate</i>) 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP	TIER 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
VYVANSE (<i>lisdexamfetamine dimesylate</i>) 10 MG CHEW TAB, 20 MG CHEW TAB, 30 MG CHEW TAB, 40 MG CHEW TAB, 50 MG CHEW TAB, 60 MG CHEW TAB	TIER 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
XELSTRYM (<i>dextroamphetamine</i>) 4.5 MG/9HR PATCH, 9 MG/9HR PATCH, 13.5 MG/9HR PATCH, 18 MG/9HR PATCH	TIER 3	PA, QLC (1 patch/day)
ZENZEDI (<i>dextroamphetamine sulfate</i>) 2.5 MG TAB	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZENZEDI (<i>dextroamphetamine sulfate</i>) 7.5 MG TAB	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

ADHANSIA XR (<i>methylphenidate hcl</i>) 25 MG CAP ER 24H, 35 MG CAP ER 24H, 45 MG CAP ER 24H, 55 MG CAP ER 24H, 70 MG CAP ER 24H, 85 MG CAP ER 24H	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
APTENSIO XR (<i>methylphenidate hcl</i>) 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H, 40 MG CAP ER 24H, 50 MG CAP ER 24H, 60 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	TIER 1	QLC (4 caps/day)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	TIER 1	QLC (1 cap/day)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	TIER 1	QLC (4 caps/day)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	TIER 1	QLC (4 caps/day)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	TIER 1	QLC (2 caps/day)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	TIER 1	QLC (1 cap/day)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	TIER 1	QLC (1 cap/day)
<i>clonidine hcl tab er 12hr 0.1 mg</i> (CLONIDINE HCL ER)	TIER 1	QLC (4 tabs/day)
CONCERTA (<i>methylphenidate hcl</i>) 18 MG TAB ER, 27 MG TAB ER, 54 MG TAB ER	TIER 3	AL1 (Up to 17 yrs old), QLC (1 tab/day)
CONCERTA (<i>methylphenidate hcl</i>) CONCTA 36 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
COTEMPLA XR-ODT (<i>methylphenidate</i>) - 8.6 MG TAB ER DISP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (5 tabs/day)
COTEMPLA XR-ODT (<i>methylphenidate</i>) - ODT 17.3 MG TAB ER DISP, -ODT 25.9 MG TAB ER DISP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
DAYTRANA (<i>methylphenidate</i>) 10 MG/9HR PATCH, 15 MG/9HR PATCH, 20 MG/9HR PATCH, 30 MG/9HR PATCH	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl tab 10 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl tab 5 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
FOCALIN (<i>dexmethylphenidate hcl</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
FOCALIN XR (<i>dexmethylphenidate hcl</i>) 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> (GUANFACINE HCL ER)	TIER 1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> (GUANFACINE HCL ER) 4hr	TIER 1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> (GUANFACINE HCL ER)	TIER 1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> (GUANFACINE HCL ER) 2hr	TIER 1	QLC (1 tab/day)
INTUNIV (<i>guanfacine hcl (adhd)</i>) 1 MG TAB ER 24H, 2 MG TAB ER 24H, 3 MG TAB ER 24H, 4 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
JORNAY PM (<i>methylphenidate hcl</i>) 20 MG CAP ER 24H, 40 MG CAP ER 24H, 60 MG CAP ER 24H, 80 MG CAP ER 24H, 100 MG CAP ER 24H	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
KAPVAY (<i>clonidine hcl (adhd)</i>) 0.1 MG TAB ER 12H	TIER 3	QLC (4 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
METHYLIN (<i>methylphenidate hcl</i>) 10 MG/5ML SOLUTION	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
METHYLIN (<i>methylphenidate hcl</i>) 5 MG/5ML SOLUTION	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (60 ml/day)
<i>methylphenidate hcl cap er 10 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 20 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 30 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 40 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 50 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 60 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl chew tab 10 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl chew tab 2.5 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl chew tab 5 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
METHYLPHENIDATE HCL ER 18 MG TAB 24H	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
METHYLPHENIDATE HCL ER 72 MG TAB	TIER 2	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl soln 10 mg/5ml</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
<i>methylphenidate hcl soln 5 mg/5ml mg/ml</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (60 ml/day)
<i>methylphenidate hcl tab 10 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl tab 20 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>methylphenidate hcl tab 5 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (12 tabs/day)
<i>methylphenidate hcl tab er 10 mg</i> (METHYLPHENIDATE HCL ER)	TIER 2	ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl tab er 20 mg</i> (METADATE ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>methylphenidate hcl tab er 20 mg</i> (METHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>methylphenidate hcl tab er 24hr 27 mg</i> (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er 24hr 36 mg</i> (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl tab er 24hr 54 mg</i> (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> (METHYLPHENIDATE HCL ER (OSM))	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER (OSM))	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> (METHYLPHENIDATE HCL ER (OSM))	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> (METHYLPHENIDATE HCL ER (OSM))	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate td patch 10 mg/9hr</i>	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
<i>methylphenidate td patch 15 mg/9hr</i>	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
<i>methylphenidate td patch 20 mg/9hr</i>	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
<i>methylphenidate td patch 30 mg/9hr</i>	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
QELBREE (<i>viloxazine hcl (adhd)</i>) 100 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
QELBREE (<i>viloxazine hcl (adhd)</i>) 150 MG CAP ER 24H	TIER 3	PA, QLC (2 caps/day)
QELBREE (<i>viloxazine hcl (adhd)</i>) 200 MG CAP ER 24H	TIER 3	PA, QLC (3 caps/day)
QUILLICHEW ER (<i>methylphenidate hcl</i>) 30 MG CH	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
QUILLICHEW ER (<i>methylphenidate hcl</i>) ER 20 MG, ER 40 MG	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
QUILLIVANT XR (<i>methylphenidate hcl</i>) 25 MG/5ML SRER	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (12 ml/day)
RELEXXII (<i>methylphenidate hcl</i>) 72 MG TAB ER	TIER 2	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
RITALIN (<i>methylphenidate hcl</i>) 10 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (6 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RITALIN (<i>methylphenidate hcl</i>) 20 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
RITALIN (<i>methylphenidate hcl</i>) 5 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (12 tabs/day)
RITALIN LA (<i>methylphenidate hcl</i>) 10 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H	TIER 3	AL1 (Up to 17 yrs old), QLC (2 caps/day)
RITALIN LA (<i>methylphenidate hcl</i>) 40 MG CAP ER 24H	TIER 3	AL1 (Up to 17 yrs old), QLC (1 cap/day)
STRATTERA (<i>atomoxetine hcl</i>) 10 MG CAP, 18 MG CAP, 25 MG CAP	TIER 3	QLC (4 caps/day)
STRATTERA (<i>atomoxetine hcl</i>) 40 MG CAP	TIER 3	QLC (2 caps/day)
STRATTERA (<i>atomoxetine hcl</i>) 60 MG CAP, 80 MG CAP, 100 MG CAP	TIER 3	QLC (1 cap/day)

CENTRAL NERVOUS SYSTEM, OTHER

ADIPEX-P (<i>phentermine hcl</i>) ADIEX-37.5 MG CA	TIER 1	PA
ADIPEX-P (<i>phentermine hcl</i>) ADIEX-37.5 MG TAB	TIER 3	PA
ALLZITAL (<i>butalbital-acetaminophen</i>) 25-325 MG TAB	TIER 4	PA, QLC (12 tabs/day; max 96 tabs/30 days)
AUSTEDO (<i>deutetrabenazine</i>) 6 MG TAB, 9 MG TAB, 12 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
BENZPHETAMINE HCL 25 MG TAB	TIER 1	PA, QLC (3 tabs/day)
<i>benzphetamine hcl tab 50 mg</i>	TIER 1	PA
BUTALBITAL-ACETAMINOPHEN -25-325 MG TAB	TIER 4	PA, QLC (12 tabs/day; max 96 tabs/30 days)
BUTALBITAL-ACETAMINOPHEN -50-300 MG CAP	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen cap 50-300 mg</i>	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen tab 50-300 mg</i>	TIER 3	PA, QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen tab 50-300 mg</i> (BUPAP)	TIER 3	PA, QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen tab 50-325 mg</i>	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen tab 50-325 mg</i> (BUTALBITAL-APAP)	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i> (PHRENILIN FORTE)	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> (ESGIC)	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> (ZEBUTAL)	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml</i> (VANATOL LQ)	TIER 4	PA, QLC (90 ml/day; max 720 ml/30 days)
<i>butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml</i> (VANATOL S)	TIER 4	PA, QLC (90 ml/day; max 720 ml/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BAC)	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
CONTRAVE (<i>naltrexone hcl-bupropion hcl</i>) 8-90 MG TAB ER 12H	TIER 3	PA, QLC (4 tabs/day)
DIETHYLPROPION HCL ER 75 MG TAB 24H	TIER 1	PA
<i>diethylpropion hcl tab 25 mg</i>	TIER 1	PA
ESGIC (<i>butalbital-acetaminophen-caffeine</i>) 50-325-40 MG TAB	TIER 3	QLC (6 tabs/day; max 48 tabs/30 days)
EXSERVAN (<i>riluzole</i>) 50 MG FILM	TIER 4	PA, SP, QLC (2 films/day)
FIORICET (<i>butalbital-acetaminophen-caffeine</i>) 50-300-40 MG CAP	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
FIRDAPSE (<i>amifampridine phosphate</i>) 10 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day)
GRALISE (<i>gabapentin (once-daily)</i>) 300 MG TAB	TIER 3	PA, QLC (1 tab/day)
GRALISE (<i>gabapentin (once-daily)</i>) 600 MG TAB	TIER 3	PA, QLC (3 tabs/day)
HORIZANT (<i>gabapentin enacarbil</i>) 300 MG TAB ER, 600 MG TAB ER	TIER 3	PA, QLC (2 tabs/day)
INGREZZA (<i>valbenazine tosylate</i>) 40 & 80 MG CAP THPK	TIER 4	PA, SP, QLC (1 packet/6 months)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INGREZZA (<i>valbenazine tosylate</i>) 40 MG CAP, 60 MG CAP, 80 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
LOMAIRA (<i>phentermine hcl</i>) 8 MG TAB	TIER 1	PA
NUEDEXTA (<i>dextromethorphan hbr-quinidine sulfate</i>) 20-10 MG CAP	TIER 2	PA, QLC (2 caps/day)
PHENDIMETRAZINE TARTRATE ER 105 MG CAP 24H	TIER 3	PA
<i>phendimetrazine tartrate tab 35 mg</i>	TIER 1	PA
<i>phentermine hcl cap 15 mg</i>	TIER 1	PA
<i>phentermine hcl cap 30 mg</i>	TIER 1	PA
<i>phentermine hcl cap 37.5 mg</i>	TIER 1	PA
<i>phentermine hcl tab 37.5 mg</i>	TIER 1	PA
QSYMIA (<i>phentermine hcl-topiramate</i>) 3.75-23 MG CAP ER 24H, 7.5-46 MG CAP ER 24H, 11.25-69 MG CAP ER 24H, 15-92 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
RADICAVA ORS (<i>edaravone</i>) 105 MG/5ML SUSPENSION	TIER 4	PA, SP, QLC (50 ml/28 days)
RADICAVA ORS STARTER KIT (<i>edaravone</i>) 105 MG/5ML SUSPENSION	TIER 4	PA, SP, QLC (70 ml/28 days)
REGIMEX (<i>benzphetamine hcl</i>) 25 MG TAB	TIER 3	PA, QLC (3 tabs/day)
RELYVRIO (<i>sodium phenylbutyrate- taurursodiol</i>) 3-1 GM PACKET	TIER 4	PA, SP, QLC (2 packets/day)
RILUTEK (<i>riluzole</i>) 50 MG TAB	TIER 3	
<i>riluzole tab 50 mg</i>	TIER 1	
TENCON (<i>butalbital-acetaminophen</i>) 50-325 MG TAB	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>tetrabenazine tab 12.5 mg</i>	TIER 4	PA, SP, QLC (8 tabs/day)
<i>tetrabenazine tab 25 mg</i>	TIER 4	PA, SP, QLC (4 tabs/day)
TIGLUTIK (<i>riluzole</i>) 50 MG/10ML SUSPENSION	TIER 4	PA, SP, QLC (20 ml/day)
VTOL LQ (<i>butalbital-acetaminophen-caffeine</i>) 50-325-40 MG/15ML SOLUTION	TIER 4	PA, QLC (90 ml/day; max 720 ml/30 days)
XENAZINE (<i>tetrabenazine</i>) 12.5 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day)
XENAZINE (<i>tetrabenazine</i>) 25 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FIBROMYALGIA AGENTS		
CYMBALTA (<i>duloxetine hcl</i>) 20 MG CP DR PART, 60 MG CP DR PART	TIER 3	QLC (2 caps/day)
CYMBALTA (<i>duloxetine hcl</i>) 30 MG CP DR PART	TIER 3	QLC (3 caps/day)
DRIZALMA SPRINKLE (<i>duloxetine hcl</i>) 20 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR	TIER 3	PA, QLC (2 caps/day)
DRIZALMA SPRINKLE (<i>duloxetine hcl</i>) 30 MG CAP	TIER 3	PA, QLC (3 caps/day)
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	TIER 1	QLC (2 caps/day)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	TIER 1	QLC (3 caps/day)
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	TIER 1	QLC (2 caps/day)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	TIER 1	QLC (2 caps/day)
LYRICA (<i>pregabalin</i>) 20 MG/ML SOLUTION	TIER 3	QLC (30 ml/day)
LYRICA (<i>pregabalin</i>) 225 MG CAP, 300 MG CAP	TIER 3	QLC (2 caps/day)
LYRICA (<i>pregabalin</i>) 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP	TIER 3	QLC (3 caps/day)
LYRICA CR (<i>pregabalin (once-daily)</i>) 330 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
LYRICA CR (<i>pregabalin (once-daily)</i>) 82.5 MG TAB ER 24H, 165 MG TAB ER 24H	TIER 3	PA, QLC (3 tabs/day)
<i>pregabalin cap 100 mg</i>	TIER 1	QLC (3 caps/day)
<i>pregabalin cap 150 mg</i>	TIER 1	QLC (3 caps/day)
<i>pregabalin cap 200 mg</i>	TIER 1	QLC (3 caps/day)
<i>pregabalin cap 225 mg</i>	TIER 1	QLC (2 caps/day)
<i>pregabalin cap 25 mg</i>	TIER 1	QLC (3 caps/day)
<i>pregabalin cap 300 mg</i>	TIER 1	QLC (2 caps/day)
<i>pregabalin cap 50 mg</i>	TIER 1	QLC (3 caps/day)
<i>pregabalin cap 75 mg</i>	TIER 1	QLC (3 caps/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pregabalin soln 20 mg/ml</i>	TIER 1	QLC (30 ml/day)
<i>pregabalin tab er 24hr 165 mg</i> (PREGABALIN ER)	TIER 2	PA, QLC (3 tabs/day)
<i>pregabalin tab er 24hr 330 mg</i> (PREGABALIN ER)	TIER 2	PA, QLC (2 tabs/day)
<i>pregabalin tab er 24hr 82.5 mg</i> (PREGABALIN ER)	TIER 2	PA, QLC (3 tabs/day)
SAVELLA (<i>milnacipran hcl</i>) 12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	ST, QLC (2 tabs/day)
SAVELLA TITRATION PACK (<i>milnacipran hcl</i>) 12.5 & 25 & 50 MG MISC	TIER 3	ST, QLC (2 tabs/day; max 1 pack/28 days)

MULTIPLE SCLEROSIS AGENTS

AMPYRA (<i>dalfampridine</i>) 10 MG TAB ER 12H	TIER 4	PA, SP, QLC (2 tabs/day)
AUBAGIO (<i>teriflunomide</i>) 7 MG TAB, 14 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
AVONEX (<i>interferon beta-1a</i>) 30 MCG KIT	TIER 4	PA, SP, QLC (4 injections/month)
AVONEX PEN (<i>interferon beta-1a</i>) 30 MCG/0.5ML AUT-IJ KIT	TIER 4	PA, SP, QLC (4 injections/month)
AVONEX PREFILLED (<i>interferon beta-1a</i>) ILLED 30 MCG/0.5ML SY KT	TIER 4	PA, SP, QLC (4 injections/month)
BAFIERTAM (<i>monomethyl fumarate</i>) 95 MG CAP DR	TIER 4	PA, SP, QLC (4 caps/day)
BETASERON (<i>interferon beta-1b</i>) 0.3 MG KIT	TIER 4	PA, SP, QLC (15 injections/month)
COPAXONE (<i>glatiramer acetate</i>) 20 MG/ML SOLN PRSYR	TIER 4	SP, QLC (1 syringe/day)
COPAXONE (<i>glatiramer acetate</i>) 40 MG/ML SOLN PRSYR	TIER 4	SP, QLC (12 syringes/month)
<i>dalfampridine tab er 12hr 10 mg</i> (DALFAMPRIDINE ER)	TIER 4	PA, SP, QLC (2 tabs/day)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	TIER 3	SP, QLC (2 caps/day)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	TIER 3	SP, QLC (2 caps/day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (DIMETHYL FUMARATE STARTER PACK)	TIER 3	SP, QLC (2 tabs/day; 1 pack/month)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EXTAVIA (<i>interferon beta-1b</i>) 0.3 MG KIT	TIER 3	SP, QLC (1 kit/month)
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	TIER 3	PA, SP, QLC (1 cap/day)
FLEQSUVY (<i>baclofen</i>) 25 MG/5ML SUSPENSION	TIER 4	PA, QLC (16 ml/day)
GILENYA (<i>fingolimod hcl</i>) 0.5 MG CAP	TIER 3	SP, QLC (1 cap/day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	TIER 2	SP, QLC (1 syringe/day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> (GLATOPA)	TIER 2	SP, QLC (1 syringe/day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	TIER 2	SP, QLC (12 syringes/month)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i> (GLATOPA)	TIER 2	SP, QLC (12 syringes/month)
KESIMPTA (<i>ofatumumab (ms)</i>) 20 MG/0.4ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/28 days)
MAVENCLAD (10 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 5 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (4 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (5 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (6 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (7 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (8 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (9 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAYZENT (<i>siponimod fumarate</i>) 0.25 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
MAYZENT (<i>siponimod fumarate</i>) 1 MG TAB, 2 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
MAYZENT STARTER PACK (<i>siponimod fumarate</i>) 0.25 MG TAB THPK	TIER 4	PA, SP, QLC (7 tabs/28 days)
MAYZENT STARTER PACK (<i>siponimod fumarate</i>) 12 X 0.25 MG TAB THPK	TIER 4	PA, SP, QLC (12 tabs/28 days)
PLEGRIDY (<i>peginterferon beta-1a</i>) 125 MCG/0.5ML SOLN PEN	TIER 4	PA, SP, QLC (2 pens/28 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PLEGRIDY (<i>peginterferon beta-1a</i>) 125 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
PLEGRIDY STARTER PACK (<i>peginterferon beta-1a</i>) PACK 63 94 MCG/0.5ML SOLN PEN, PACK 63 94 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 starter pack/12 months)
PONVORY (<i>ponesimod</i>) 20 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
PONVORY STARTER PACK (<i>ponesimod</i>) 2,3,4,5,6,7,8,9 & 10 MG TAB THPK	TIER 4	PA, SP, QLC (14 tabs/30 days)
REBIF (<i>interferon beta-1a</i>) 22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (12 injections/month)
REBIF REBIDOSE (<i>interferon beta-1a</i>) 22 MCG/0.5ML SOLN -INJ, 44 MCG/0.5ML SOLN -INJ	TIER 4	PA, SP, QLC (12 injections/month)
REBIF REBIDOSE TITRATION PACK (<i>interferon beta-1a</i>) TITRTION PCK 6X8.8 & 6X22 MCG SOLN -INJ	TIER 4	PA, SP, QLC (1 kit/month)
REBIF TITRATION PACK (<i>interferon beta-1a</i>) 6X8.8 & 6X22 MCG SOLN PRSYR	TIER 4	PA, SP, QLC (1 pack/month)
TECFIDERA (<i>dimethyl fumarate</i>) 120 & 240 MG MISC	TIER 4	SP, QLC (2 tabs/day; 1 pack/month)
TECFIDERA (<i>dimethyl fumarate</i>) 120 MG CAP DR, 240 MG CAP DR	TIER 4	SP, QLC (2 caps/day)
VUMERITY (<i>diroximel fumarate</i>) 231 MG CAP DR	TIER 4	PA, SP, QLC (4 caps/day)
VUMERITY (STARTER) (<i>diroximel fumarate</i>) 231 MG CAP DR	TIER 4	PA, SP, QLC (4 caps/day)
ZEPOSIA (<i>ozanimod hcl</i>) 0.92 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
ZEPOSIA 7-DAY STARTER PACK (<i>ozanimod hcl</i>) -4 X 0.23MG & 3 X 0.46MG CAP THPK	TIER 4	PA, SP, QLC (1 packet/30 days)
ZEPOSIA STARTER KIT (<i>ozanimod hcl</i>) 0.23MG & 0.46MG & 0.92MG CAP THPK	TIER 4	PA, SP, QLC (1 packet/37 days)

DENTAL AND ORAL AGENTS (Drugs for the Mouth)

DENTAL AND ORAL AGENTS

<i>cevimeline hcl cap 30 mg</i>	TIER 1
EVOXAC (<i>cevimeline hcl</i>) 30 MG CAP	TIER 3
<i>pilocarpine hcl tab 5 mg</i>	TIER 1

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pilocarpine hcl tab 7.5 mg</i>	TIER 1	
SALAGEN (<i>pilocarpine hcl (oral)</i>) 5 MG TAB, 7.5 MG TAB	TIER 3	
<i>triamcinolone acetonide dental paste 0.1%</i>	TIER 1	
<i>triamcinolone acetonide dental paste 0.1%</i> (ORALONE)	TIER 1	

DERMATOLOGICAL AGENTS (Drugs for the Skin)

ACNE AND ROSACEA AGENTS

ABSORICA (<i>isotretinoin</i>) 10 MG CAP, 20 MG CAP, 25 MG CAP, 30 MG CAP, 35 MG CAP, 40 MG CAP	TIER 4	
ACANYA (<i>clindamycin phosphate-benzoyl peroxide</i>) 1.2-2.5 % GEL	TIER 3	ST
<i>acitretin cap 10 mg</i>	TIER 1	
<i>acitretin cap 17.5 mg</i>	TIER 1	
<i>acitretin cap 25 mg</i>	TIER 1	
ADAPALENE 0.1 % LOTION	TIER 1	AL1 (Up to 40 yrs old)
ADAPALENE 0.1 % PAD, 0.1 % SOLUTION	TIER 3	PA
<i>adapalene cream 0.1%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>adapalene gel 0.3%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	TIER 1	ST, AL1 (Up to 40 yrs old)
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	TIER 1	ST, AL1 (Up to 40 yrs old)
AKTIPAK (<i>benzoyl peroxide-erythromycin</i>) 5-3 % PACKET	TIER 3	
ALTRENO (<i>tretinoin</i>) 0.05 % LOTION	TIER 3	AL1 (Up to 40 yrs old)
ARAZLO (<i>tazarotene (acne)</i>) 0.045 % LOTION	TIER 3	PA, QLC (1 bottle(45 gm)/30 days)
ATRALIN (<i>tretinoin</i>) 0.05 % GEL	TIER 3	PA
<i>azelaic acid gel 15%</i>	TIER 1	QLC (1 tube/month)
AZELEX (<i>azelaic acid (acne)</i>) 20 % CREAM	TIER 3	
BENZAACLIN (<i>clindamycin phosphate-benzoyl peroxide</i>) 1-5 % GEL	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BENZACLIN WITH PUMP (<i>clindamycin phosphate-benzoyl peroxide</i>) 1-5 % GEL	TIER 3	ST
BENZAMYCIN (<i>benzoyl peroxide-erythromycin</i>) 5-3 % GEL	TIER 3	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	TIER 1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	TIER 1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> (NEUAC)	TIER 3	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	TIER 1	ST
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	TIER 1	ST
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> (CLINDAMYCIN-TRETINOIN)	TIER 1	ST
DIFFERIN (<i>adapalene</i>) 0.1 % CREAM, 0.1 % LOTION, 0.3 % GEL	TIER 3	AL1 (Up to 40 yrs old)
DUAC (<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>) 1.2-5 % GEL	TIER 3	
EPIDUO (<i>adapalene-benzoyl peroxide</i>) 0.1-2.5 % GEL	TIER 3	ST, AL1 (Up to 40 yrs old)
EPIDUO FORTE (<i>adapalene-benzoyl peroxide</i>) 0.3-2.5 % GEL	TIER 3	ST, AL1 (Up to 40 yrs old)
FABIOR (<i>tazarotene (acne)</i>) 0.1 % FOAM	TIER 3	PA, QLC (100 gm/month)
FINACEA (<i>azelaic acid</i>) 15 % FOAM	TIER 3	QLC (1 bottle/month)
FINACEA (<i>azelaic acid</i>) 15 % GEL	TIER 3	QLC (1 tube/month)
<i>isotretinoin cap 10 mg</i>	TIER 1	
<i>isotretinoin cap 10 mg</i> (AC CUTANE)	TIER 1	
<i>isotretinoin cap 10 mg</i> (AMNESTEEM)	TIER 1	
<i>isotretinoin cap 10 mg</i> (CLARAVIS)	TIER 1	
<i>isotretinoin cap 10 mg</i> (MYORISAN)	TIER 1	
<i>isotretinoin cap 10 mg</i> (ZENATANE)	TIER 1	
<i>isotretinoin cap 20 mg</i>	TIER 1	
<i>isotretinoin cap 20 mg</i> (AC CUTANE)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>isotretinoin cap 20 mg</i> (AMNESTEEM)	TIER 1	
<i>isotretinoin cap 20 mg</i> (CLARAVIS)	TIER 1	
<i>isotretinoin cap 20 mg</i> (MYORISAN)	TIER 1	
<i>isotretinoin cap 20 mg</i> (ZENATANE)	TIER 1	
<i>isotretinoin cap 25 mg</i>	TIER 1	
<i>isotretinoin cap 30 mg</i>	TIER 1	
<i>isotretinoin cap 30 mg</i> (AC CUTANE)	TIER 1	
<i>isotretinoin cap 30 mg</i> (CLARAVIS)	TIER 1	
<i>isotretinoin cap 30 mg</i> (MYORISAN)	TIER 1	
<i>isotretinoin cap 30 mg</i> (ZENATANE)	TIER 1	
<i>isotretinoin cap 35 mg</i>	TIER 1	
<i>isotretinoin cap 40 mg</i>	TIER 1	
<i>isotretinoin cap 40 mg</i> (AC CUTANE)	TIER 1	
<i>isotretinoin cap 40 mg</i> (AMNESTEEM)	TIER 1	
<i>isotretinoin cap 40 mg</i> (CLARAVIS)	TIER 1	
<i>isotretinoin cap 40 mg</i> (MYORISAN)	TIER 1	
<i>isotretinoin cap 40 mg</i> (ZENATANE)	TIER 1	
MIRVASO (<i>brimonidine tartrate (topical)</i>) 0.33 % GEL	TIER 3	QLC (1 tube/month)
ONEXTON (<i>clindamycin phosphate-benzoyl peroxide</i>) 1.2-3.75 % GEL	TIER 3	ST, QLC (1 bottle/month)
RETIN-A (<i>tretinoin</i>) -0.01 % GEL, -0.025 % CREM, -0.025 % GEL, -0.05 % CREM, -0.1 % CREM	TIER 3	AL1 (Up to 40 yrs old)
RETIN-A MICRO (<i>tretinoin microsphere</i>) - 0.04 % GEL, -0.1 % GEL	TIER 3	ST, AL1 (Up to 40 yrs old)
RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>) -PUMP 0.04 % GEL, -PUMP 0.1 % GEL	TIER 3	ST, AL1 (Up to 40 yrs old)
RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>) -PUMP 0.06 % GEL, -PUMP 0.08 % GEL	TIER 3	ST, AL1 (Up to 40 yrs old), QLC (1 bottle/month)
RHOFADE (<i>oxymetazoline hcl (topical)</i>) 1 % CREAM	TIER 3	PA, QLC (one 30 gm tube/month)
SORIATANE (<i>acitretin</i>) 10 MG CAP, 17.5 MG CAP, 25 MG CAP	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TAZAROTENE (<i>tazarotene (acne)</i>) 0.1 % FOAM	TIER 3	PA, QLC (100 gm/month)
<i>tazarotene cream 0.1%</i>	TIER 1	
<i>tazarotene gel 0.05%</i>	TIER 3	PA
<i>tazarotene gel 0.1%</i>	TIER 3	PA
TAZORAC (<i>tazarotene</i>) 0.05 % CREAM, 0.05 % GEL, 0.1 % CREAM, 0.1 % GEL	TIER 3	
TRETIN-X (<i>tretinoin</i>) -0.075 % CREAM	TIER 3	ST, AL1 (Up to 40 yrs old)
<i>tretinoin cream 0.025%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>tretinoin cream 0.025%</i> (AVITA)	TIER 3	AL1 (Up to 40 yrs old)
<i>tretinoin cream 0.05%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>tretinoin cream 0.1%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>tretinoin gel 0.01%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>tretinoin gel 0.025%</i>	TIER 1	AL1 (Up to 40 yrs old)
<i>tretinoin gel 0.025%</i> (AVITA)	TIER 3	AL1 (Up to 40 yrs old)
<i>tretinoin gel 0.05%</i>	TIER 1	PA
<i>tretinoin microsphere gel 0.04%</i>	TIER 2	ST, AL1 (Up to 40 yrs old)
<i>tretinoin microsphere gel 0.04%</i> (TRETINOIN MICROSPHERE PUMP)	TIER 2	ST, AL1 (Up to 40 yrs old)
<i>tretinoin microsphere gel 0.1%</i>	TIER 2	ST, AL1 (Up to 40 yrs old)
<i>tretinoin microsphere gel 0.1%</i> (TRETINOIN MICROSPHERE PUMP)	TIER 2	ST, AL1 (Up to 40 yrs old)
VELTIN (<i>clindamycin phosphate-tretinoin</i>) 1.2-0.025 % GEL	TIER 3	ST
WINLEVI (<i>clascoterone</i>) 1 % CREAM	TIER 3	PA, QLC (60 gm/30 days)
ZIANA (<i>clindamycin phosphate-tretinoin</i>) 1.2-0.025 % GEL	TIER 3	ST
ZILXI (<i>minocycline hcl micronized (rosacea)</i>) 1.5 % FOAM	TIER 3	PA, QLC (1 bottle/30 days)

DERMATITIS AND PRURITUS AGENTS (Drugs for Skin Inflammation and Itch)

ALA SCALP (<i>hydrocortisone (topical)</i>) 2 % LOTION	TIER 3	ST
<i>alclometasone dipropionate oint 0.05%</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AMCINONIDE 0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT	TIER 3	ST
ANUSOL-HC (<i>hydrocortisone (rectal)</i>) -2.5 % CREAM	TIER 1	
APEXICON E (<i>diflorasone diacetate emollient base</i>) APXICON 0.05 % CREAM	TIER 3	ST
BETAMETHASONE DIPROPIONATE AUG (<i>betamethasone dipropionate augmented</i>) 0.05 % GEL	TIER 1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	TIER 1	
<i>betamethasone dipropionate cream 0.05%</i>	TIER 1	
<i>betamethasone dipropionate lotion 0.05%</i>	TIER 1	
<i>betamethasone valerate aerosol foam 0.12%</i>	TIER 3	ST
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	TIER 1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	TIER 1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	TIER 1	
BRYHALI (<i>halobetasol propionate</i>) 0.01 % LOTION	TIER 3	PA, QLC (200 gm/28 days)
CAPEX (<i>fluocinolone acetonide</i>) 0.01 % SHAMPOO	TIER 3	PA
<i>clobetasol propionate cream 0.05%</i>	TIER 1	
<i>clobetasol propionate emollient base cream 0.05%</i> (CLOBETASOL PROP EMOLLIENT BASE)	TIER 1	
<i>clobetasol propionate emulsion foam 0.05%</i>	TIER 1	PA
<i>clobetasol propionate emulsion foam 0.05%</i> (TOVET)	TIER 1	PA
<i>clobetasol propionate foam 0.05%</i>	TIER 1	PA
<i>clobetasol propionate gel 0.05%</i>	TIER 1	
<i>clobetasol propionate lotion 0.05%</i>	TIER 1	
<i>clobetasol propionate oint 0.05%</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clobetasol propionate shampoo 0.05%</i>	TIER 1	
<i>clobetasol propionate shampoo 0.05%</i> (CLODAN)	TIER 1	
<i>clobetasol propionate soln 0.05%</i>	TIER 1	
<i>clobetasol propionate spray 0.05%</i>	TIER 3	PA, QLC (125 ml/month)
CLOBEX (<i>clobetasol propionate</i>) 0.05 % LOTION, 0.05 % SHAMPOO	TIER 3	
CLOBEX SPRAY (<i>clobetasol propionate</i>) 0.05 % LIQUID	TIER 3	PA, QLC (125 ml/month)
CORDRAN (<i>flurandrenolide</i>) 0.025 % CREAM, 0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT, 4 MCG/SQCM TAPE	TIER 3	PA
CUTIVATE (<i>fluticasone propionate</i>) 0.05 % LOTION	TIER 3	ST
DERMA-SMOOTH/FS BODY (<i>fluocinolone acetoneide</i>) -0.01 % OIL	TIER 3	
DERMA-SMOOTH/FS SCALP (<i>fluocinolone acetoneide</i>) -0.01 % OIL	TIER 3	
DESONATE (<i>desonide</i>) 0.05 % GEL	TIER 3	PA
<i>desonide cream 0.05%</i>	TIER 1	
<i>desonide gel 0.05%</i>	TIER 2	PA
<i>desonide gel 0.05%</i> (DESRX)	TIER 2	PA
<i>desonide oint 0.05%</i>	TIER 1	
DESOWEN (<i>desonide</i>) 0.05 % CREAM	TIER 3	
<i>desoximetasone cream 0.05%</i>	TIER 1	ST
<i>desoximetasone cream 0.25%</i>	TIER 1	ST
<i>desoximetasone gel 0.05%</i>	TIER 1	ST
<i>desoximetasone oint 0.05%</i>	TIER 1	ST
<i>desoximetasone oint 0.25%</i>	TIER 1	ST
<i>desoximetasone spray 0.25%</i>	TIER 1	ST, QLC (1 bottle/month)
DIFLORASONE DIACETATE 0.05 % CREAM	TIER 3	ST
<i>diflorasone diacetate oint 0.05%</i>	TIER 3	ST
DIPROLENE (<i>betamethasone dipropionate augmented</i>) 0.05 % OINTMENT	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DOXEPIN HCL (<i>doxepin hcl (antipruritic)</i>) 5 % CREAM	TIER 4	PA
ELIDEL (<i>pimecrolimus</i>) 1 % CREAM	TIER 3	QLC (100 gm/month)
EUCRISA (<i>crisaborole</i>) 2 % OINTMENT	TIER 3	PA, QLC (100 gm/month)
<i>fluocinolone acetone cream 0.01%</i>	TIER 1	
<i>fluocinolone acetone cream 0.025%</i>	TIER 1	
<i>fluocinolone acetone oil 0.01% (body oil)</i> (FLUOCINOLONE ACETONIDE BODY)	TIER 1	
<i>fluocinolone acetone oil 0.01% (scalp oil)</i> (FLUOCINOLONE ACETONIDE SCALP)	TIER 1	
<i>fluocinolone acetone oint 0.025%</i>	TIER 1	
<i>fluocinolone acetone soln 0.01%</i>	TIER 1	
<i>fluocinonide cream 0.05%</i>	TIER 1	
<i>fluocinonide cream 0.1%</i>	TIER 1	PA
<i>fluocinonide emulsified base cream 0.05%</i>	TIER 1	
<i>fluocinonide gel 0.05%</i>	TIER 1	
<i>fluocinonide oint 0.05%</i>	TIER 1	
<i>fluocinonide soln 0.05%</i>	TIER 1	
<i>flurandrenolide cream 0.05%</i>	TIER 3	PA
<i>flurandrenolide cream 0.05%</i> (NOLIX)	TIER 3	PA
<i>flurandrenolide lotion 0.05%</i>	TIER 1	PA
<i>flurandrenolide lotion 0.05%</i> (NOLIX)	TIER 1	PA
<i>flurandrenolide oint 0.05%</i>	TIER 1	PA
<i>fluticasone propionate cream 0.05%</i>	TIER 1	
<i>fluticasone propionate lotion 0.05%</i>	TIER 3	ST
<i>fluticasone propionate lotion 0.05%</i> (BESER)	TIER 3	ST
<i>fluticasone propionate oint 0.005%</i>	TIER 1	
<i>halcinonide cream 0.1%</i>	TIER 2	PA
HALOBETASOL PROPIONATE 0.05 % FOAM	TIER 4	PA, QLC (50 grams/week)
<i>halobetasol propionate cream 0.05%</i>	TIER 1	
<i>halobetasol propionate oint 0.05%</i>	TIER 1	
HALOG (<i>halcinonide</i>) 0.1 % CREAM, 0.1 % OINTMENT	TIER 4	PA

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYDROCORTISONE BUTYRATE 0.1 % CREAM	TIER 1	ST
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	TIER 1	
<i>hydrocortisone butyrate cream 0.1%</i>	TIER 1	ST
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i> (HYDROCORTISONE BUTYR LIPO BASE)	TIER 3	ST
<i>hydrocortisone butyrate lotion 0.1%</i>	TIER 3	ST
<i>hydrocortisone butyrate soln 0.1%</i>	TIER 1	
<i>hydrocortisone cream 2.5%</i>	TIER 1	
<i>hydrocortisone cream 2.5%</i> (ALA-CORT)	TIER 1	
<i>hydrocortisone lotion 2%</i> (ALA SCALP)	TIER 3	ST
<i>hydrocortisone lotion 2.5%</i>	TIER 1	
<i>hydrocortisone oint 2.5%</i>	TIER 1	
<i>hydrocortisone perianal cream 1%</i> (HYDROCORTISONE (PERIANAL))	TIER 1	
<i>hydrocortisone perianal cream 1%</i> (PROCTO-PAK)	TIER 1	
<i>hydrocortisone perianal cream 2.5%</i> (HYDROCORTISONE (PERIANAL))	TIER 1	
<i>hydrocortisone perianal cream 2.5%</i> (PROCTO-MED HC)	TIER 1	
<i>hydrocortisone perianal cream 2.5%</i> (PROCTOSOL HC)	TIER 1	
<i>hydrocortisone perianal cream 2.5%</i> (PROCTOZONE-HC)	TIER 1	
<i>hydrocortisone valerate cream 0.2%</i>	TIER 1	
IMPEKLO (<i>clobetasol propionate</i>) 0.15 MG/ACT (0.05%) LOTION	TIER 3	PA, QLC (272 gm (4 bottles)/28 days)
IMPOYZ (<i>clobetasol propionate</i>) 0.025 % CREAM	TIER 3	PA, QLC (1 tube/month)
KENALOG (<i>triamcinolone acetonide (topical)</i>) 0.147 MG/GM AERO SOLN	TIER 3	ST
LEXETTE (<i>halobetasol propionate</i>) 0.05 % FOAM	TIER 4	PA, QLC (200 gm/28 days)
LOCOID (<i>hydrocortisone butyrate</i>) 0.1 % CREAM, 0.1 % LOTION	TIER 3	ST

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LOCOID (<i>hydrocortisone butyrate</i>) 0.1 % SOLUTION	TIER 3	
LOCOID LIPOCREAM (<i>hydrocortisone butyrate hydrophilic lipo base</i>) LIPO0.1 %	TIER 3	ST
LUXIQ (<i>betamethasone valerate</i>) 0.12 % FOAM	TIER 3	ST
<i>mometasone furoate solution 0.1% (lotion)</i>	TIER 1	
OLUX (<i>clobetasol propionate</i>) 0.05 % FOAM	TIER 3	PA
OLUX-E (<i>clobetasol propionate emulsion</i>) -0.05 % FOAM	TIER 3	PA
PANDEL (<i>hydrocortisone probutate</i>) 0.1 % CREAM	TIER 3	PA
<i>pimecrolimus cream 1%</i>	TIER 1	QLC (100 gm/month)
PROCTOCORT (<i>hydrocortisone (rectal)</i>) 1 % CREAM	TIER 3	
PROTOPIC (<i>tacrolimus (topical)</i>) 0.03 % OINTMENT	TIER 3	QLC (100 gm/month)
PROTOPIC (<i>tacrolimus (topical)</i>) 0.1 % OINTMENT	TIER 3	AL1 (At least 16 yrs old), QLC (100 gm/month)
PRUDOXIN (<i>doxepin hcl (antipruritic)</i>) 5 % CREAM	TIER 4	PA
PSORCON (<i>diflorasone diacetate</i>) 0.05 % CREAM	TIER 3	ST
<i>selenium sulfide lotion 2.5%</i>	TIER 1	QLC (1 bottle/month)
SYNALAR (<i>fluocinolone acetonide</i>) 0.01 % SOLUTION, 0.025 % CREAM, 0.025 % OINTMENT	TIER 3	
<i>tacrolimus oint 0.03%</i>	TIER 1	QLC (100 gm/month)
<i>tacrolimus oint 0.1%</i>	TIER 1	AL1 (At least 16 yrs old), QLC (100 gm/month)
TEMOVATE (<i>clobetasol propionate</i>) 0.05 % CREAM, 0.05 % OINTMENT	TIER 3	
TEXACORT (<i>hydrocortisone (topical)</i>) 2.5 % SOLUTION	TIER 3	
TOPICORT (<i>desoximetasone</i>) 0.05 % CREAM, 0.05 % GEL, 0.05 % OINTMENT, 0.25 % CREAM, 0.25 % OINTMENT	TIER 3	ST
TOPICORT SPRAY (<i>desoximetasone</i>) 0.25 % LIQUID	TIER 3	ST, QLC (1 bottle/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	TIER 1	ST
<i>triamcinolone acetonide cream 0.025%</i>	TIER 1	
<i>triamcinolone acetonide cream 0.1%</i>	TIER 1	
<i>triamcinolone acetonide cream 0.1%</i> (TRIDERM)	TIER 1	
<i>triamcinolone acetonide cream 0.5%</i>	TIER 1	
<i>triamcinolone acetonide cream 0.5%</i> (TRIDERM)	TIER 1	
<i>triamcinolone acetonide lotion 0.025%</i>	TIER 1	
<i>triamcinolone acetonide lotion 0.1%</i>	TIER 1	
<i>triamcinolone acetonide oint 0.025%</i>	TIER 1	
<i>triamcinolone acetonide oint 0.05%</i>	TIER 3	ST
<i>triamcinolone acetonide oint 0.05%</i> (TRIAMCINOLONE IN ABSORBASE)	TIER 3	ST
<i>triamcinolone acetonide oint 0.05%</i> (TRIANEX)	TIER 3	ST
<i>triamcinolone acetonide oint 0.05%</i> (TRITOCIN)	TIER 3	ST
<i>triamcinolone acetonide oint 0.1%</i>	TIER 1	
<i>triamcinolone acetonide oint 0.5%</i>	TIER 1	
TRIANEX (<i>triamcinolone acetonide (topical)</i>) 0.05 % OINTMENT	TIER 3	ST
TRIDESILON (<i>desonide</i>) 0.05 % CREAM	TIER 3	
ULTRAVATE (<i>halobetasol propionate</i>) 0.05 % CREAM, 0.05 % OINTMENT	TIER 3	
ULTRAVATE (<i>halobetasol propionate</i>) 0.05 % LOTION	TIER 3	ST, QLC (1 bottle (60ml) /month)
VANOS (<i>fluocinonide</i>) 0.1 % CREAM	TIER 3	PA
VTAMA (<i>tapinarof</i>) 1 % CREAM	TIER 4	PA, QLC (60 gm/30 days)
ZONALON (<i>doxepin hcl (antipruritic)</i>) 5 % CREAM	TIER 4	PA

DERMATOLOGICAL AGENTS, OTHER (Other Drugs for the Skin)

ABSORICA LD (<i>isotretinoin micronized</i>) 8 MG CAP, 16 MG CAP, 24 MG CAP, 32 MG CAP	TIER 4	PA
--	--------	----

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AKLIEF (<i>trifarotene</i>) 0.005 % CREAM	TIER 3	PA, QLC (45 gm/30 days)
ALDARA (<i>imiquimod</i>) 5 % CREAM	TIER 3	QLC (24 packs/month, max of 48 packs/6 months)
ANALPRAM-HC (<i>hydrocortisone acetate w/ pramoxine</i>) -1-1 % CREAM	TIER 3	
ANALPRAM-HC (<i>hydrocortisone acetate w/ pramoxine</i>) -2.5-1 % LOTION	TIER 2	
AVAR (<i>sulfacetamide sodium w/ sulfur</i>) 9.5-5 % PAD	TIER 3	ST
AVAR LS (<i>sulfacetamide sodium w/ sulfur</i>) 10-2 % PAD	TIER 3	ST
AVAR LS CLEANSER (<i>sulfacetamide sodium w/ sulfur</i>) 10-2 % LIQUID	TIER 3	
AVAR-E LS (<i>sulfacetamide sodium w/ sulfur</i>) -10-2 % CREAM	TIER 3	
CALCIPOTRIENE 0.005 % FOAM	TIER 3	PA
<i>calcipotriene cream 0.005%</i>	TIER 1	
<i>calcipotriene oint 0.005%</i>	TIER 1	
<i>calcipotriene oint 0.005%</i> (CALCITRENE)	TIER 1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	TIER 1	
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> (CALCIPOTRIENE-BETAMETH DIPROP)	TIER 1	PA, QLC (400 gm/month)
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i> (CALCIPOTRIENE-BETAMETH DIPROP)	TIER 3	PA
CALCITRIOL (<i>calcitriol (topical)</i>) 3 MCG/GM OINTMENT	TIER 1	
CARAC (<i>fluorouracil (topical)</i>) 0.5 % CREAM	TIER 4	PA, QLC (1 tube/month)
CIBINQO (<i>abrocitinib</i>) 50 MG TAB, 100 MG TAB, 200 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	TIER 1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	TIER 1	
CONDYLOX (<i>podofilox</i>) 0.5 % GEL	TIER 4	ST
CORTISPORIN (<i>bacitracin-polymyxin-neomycin hc</i>) 1 % OINTMENT	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	TIER 4	PA, QLC (1 tube/month; max 3 tubes/year)
DOVONEX (<i>calcipotriene</i>) 0.005 % CREAM	TIER 3	
DUOBRII (<i>halobetasol propionate-tazarotene</i>) 0.01-0.045 % LOTION	TIER 4	PA, QLC (200 gm/28 days)
EFUDEX (<i>fluorouracil (topical)</i>) 5 % CREAM	TIER 3	
ENSTILAR (<i>calcipotriene-betamethasone dipropionate</i>) 0.005-0.064 % FOAM	TIER 4	PA, QLC (420gm/30 days)
EPIFOAM (<i>pramoxine-hc</i>) 1	TIER 2	
EPSOLAY (<i>benzoyl peroxide</i>) 5 % CREAM	TIER 3	PA, QLC (30 gm/30 days)
FLUOROPLEX (<i>fluorouracil (topical)</i>) 1 % CREAM	TIER 4	PA, QLC (1 tube/month)
FLUOROURACIL (<i>fluorouracil (topical)</i>) 0.5 % CREAM	TIER 4	PA, QLC (1 tube/month)
FLUOROURACIL (<i>fluorouracil (topical)</i>) 2 % SOLUTION, 5 % SOLUTION	TIER 1	
<i>fluorouracil cream 5%</i>	TIER 1	
HALOG (<i>halcinonide</i>) 0.1 % SOLUTION	TIER 4	PA
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i> (HYDROCORTISONE ACE-PRAMOXINE)	TIER 1	
<i>imiquimod cream 3.75%</i>	TIER 4	ST, QLC (28 packets/month; max 56 packets/ 6 months)
<i>imiquimod cream 3.75%</i> (IMIQUIMOD PUMP)	TIER 4	ST, QLC (1 bottle/month, max of 2 bottles/6 months)
<i>imiquimod cream 5%</i>	TIER 1	QLC (24 packs/month, max of 48 packs/6 months)
KLISYRI (<i>tirbanibulin</i>) 1 % OINTMENT	TIER 4	PA, QLC (5 packets/30 days)
LOTRISONE (<i>clotrimazole w/ betamethasone</i>) 1-0.05 % CREAM	TIER 3	
METHOXSALEN RAPID 10 MG CAP	TIER 1	
<i>methoxsalen rapid cap 10 mg</i>	TIER 1	
NEO-SYNALAR (<i>neomycin sulfate-fluocinolone acetonide</i>) -0.5-0.025 % CREAM	TIER 3	PA, QLC (1 tube/month)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	TIER 1	
OPZELURA (<i>ruxolitinib phosphate (topical)</i>) 1.5 % CREAM	TIER 4	PA, QLC (240 gm/30 days)
OTEZLA (<i>apremilast</i>) 30 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
OVACE PLUS (<i>sulfacetamide sodium</i>) 10 % CREAM, 10 % SHAMPOO	TIER 3	
OVACE PLUS (<i>sulfacetamide sodium</i>) 9.8 % LOTION	TIER 3	QLC (1 bottle (57gm)/month)
OVACE PLUS WASH (<i>sulfacetamide sodium</i>) 10 % GEL	TIER 3	ST, QLC (1 bottle/month)
OVACE PLUS WASH (<i>sulfacetamide sodium</i>) 10 % LIQUID	TIER 3	
OVACE WASH (<i>sulfacetamide sodium</i>) 10 % LIQUID	TIER 3	
OXSORALEN ULTRA (<i>methoxsalen rapid</i>) 10 MG CAP	TIER 3	
PICATO (<i>ingenol mebutate</i>) 0.015 % GEL	TIER 3	QLC (3 doses/month)
PICATO (<i>ingenol mebutate</i>) 0.05 % GEL	TIER 3	QLC (2 doses/month)
PLEXION (<i>sulfacetamide sodium w/ sulfur</i>) 9.8-4.8 % CREAM, 9.8-4.8 % LOTION	TIER 3	ST, QLC (1 bottle/month)
PLEXION CLEANSER (<i>sulfacetamide sodium w/ sulfur</i>) 9.8-4.8 % LIQUID	TIER 3	ST, QLC (1 bottle/month)
PLEXION CLEANSING CLOTH (<i>sulfacetamide sodium w/ sulfur</i>) 9.8-4.8 % PAD	TIER 3	ST, QLC (1 box/month)
<i>podofilox soln 0.5%</i>	TIER 1	
PRAMOSONE (<i>pramoxine-hc</i>) 1-1 % CREAM	TIER 3	
PRAMOSONE (<i>pramoxine-hc</i>) 1-1 % LOTION, 1-2.5 % LOTION	TIER 2	
PROCTOFOAM HC (<i>hydrocortisone acetate w/ pramoxine</i>) PROCTO1	TIER 2	
QBREXZA (<i>glycopyrronium tosylate</i>) 2.4 % PAD	TIER 3	PA, QLC (1 towelette/day)
REGRANEX (<i>becaplermin</i>) 0.01 % GEL	TIER 4	PA, QLC (15 gm/30 days)
SALEX (<i>salicylic acid</i>) 6 % SHAMPOO	TIER 3	
SALICYLIC ACID 26 % SOLUTION	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SALICYLIC ACID 6 % LOTION	TIER 1	QLC (400 gm/month)
<i>salicylic acid film forming liquid 27.5%</i>	TIER 2	
<i>salicylic acid film forming liquid 27.5%</i> (SALICYLIC ACID WART REMOVER)	TIER 2	
<i>salicylic acid foam 6%</i>	TIER 3	
<i>salicylic acid lotion 6%</i>	TIER 1	QLC (400 gm/month)
<i>salicylic acid lotion 6%</i> (SALITECH FORTE)	TIER 1	QLC (400 gm/month)
<i>salicylic acid shampoo 6%</i>	TIER 3	
<i>salicylic acid shampoo 6%</i> (KERALYT)	TIER 3	
<i>salicylic acid soln 26%</i> (SALISOL FORTE)	TIER 3	
SALVAX (<i>salicylic acid</i>) 6 % FOAM	TIER 3	
SANTYL (<i>collagenase</i>) 250 UNIT/GM OINTMENT	TIER 2	QLC (180 grams/month)
SILVADENE (<i>silver sulfadiazine</i>) 1 % CREAM	TIER 3	
<i>silver sulfadiazine cream 1%</i>	TIER 1	
<i>silver sulfadiazine cream 1%</i> (SSD)	TIER 1	
SODIUM SULFACETAMIDE-BAKUCHIOL (<i>sulfacetamide sodium in bakuchiol vehicle</i>) -10 % LIQUID	TIER 1	
SORILUX (<i>calcipotriene</i>) 0.005 % FOAM	TIER 4	PA
SSS 10-5 (<i>sulfacetamide sodium w/ sulfur</i>) - % FOAM	TIER 1	
<i>sulfacetamide sodium cleansing gel 10%</i>	TIER 1	ST, QLC (1 bottle/month)
<i>sulfacetamide sodium liquid 10%</i>	TIER 1	
<i>sulfacetamide sodium liquid 10%</i> (SODIUM SULFACETAMIDE WASH)	TIER 1	
<i>sulfacetamide sodium shampoo 10%</i> (SODIUM SULFACETAMIDE)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i> (AVAR CLEANSER)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i> (ROSANIL CLEANSER)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	ST, QLC (1 bottle/month)
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i> (AVAR-E EMOLLIENT)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i> (AVAR-E GREEN)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i> (SSS 10-5)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	ST, QLC (1 bottle/month)
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i> (BP 10-1)	TIER 1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-1%</i> (SULFAMEZ WASH)	TIER 1	
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	ST, QLC (1 bottle/month)
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	ST
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i> (SULFACLEANSE 8/4)	TIER 1	ST
<i>sulfacetamide sodium w/ sulfur wash 9-4%</i> (SULFACETAMIDE SOD-SULFUR WASH)	TIER 1	
<i>sulfacetamide sodium w/ sulfur wash 9-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	
SULFACETAMIDE SODIUM-SULFUR (<i>sulfacetamide sodium w/ sulfur</i>) -10-5 % LOTION, -10-5 % SUSPENSION	TIER 1	
SULFACETAMIDE SODIUM-SULFUR (<i>sulfacetamide sodium w/ sulfur</i>) -9.8-4.8 % PAD	TIER 3	ST, QLC (1 box/month)
SUMAXIN (<i>sulfacetamide sodium w/ sulfur</i>) 10-4 % PAD	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SUMAXIN WASH (<i>sulfacetamide sodium w/ sulfur</i>) 9-4 % LIQUID	TIER 3	
TACLONEX (<i>calcipotriene-betamethasone dipropionate</i>) 0.005-0.064 % OINTMENT	TIER 3	PA, QLC (400 gm/month)
TACLONEX (<i>calcipotriene-betamethasone dipropionate</i>) 0.005-0.064 % SUSPENSION	TIER 4	PA
TOLAK (<i>fluorouracil (topical)</i>) 4 % CREAM	TIER 2	QLC (1 tube/month)
TWYNEO (<i>tretinoin-benzoyl peroxide</i>) 0.1-3 % CREAM	TIER 3	PA, QLC (30 gm/30 days)
ULESFIA (<i>benzyl alcohol (pediculicide)</i>) 5 % LOTION	TIER 3	
<i>urea cream 40%</i>	TIER 1	
<i>urea cream 40%</i> (UREMEZ-40)	TIER 1	
<i>urea lotion 40%</i>	TIER 1	
<i>urea lotion 40%</i> (CEROVEL)	TIER 1	
<i>urea lotion 40%</i> (UREA-C40)	TIER 1	
VECTICAL (<i>calcitriol (topical)</i>) 3 MCG/GM OINTMENT	TIER 3	
VEREGEN (<i>sinecatechins</i>) 15 % OINTMENT	TIER 4	ST, QLC (1 tube/month, not to exceed 4 tubes/6 months)
VIRASAL (<i>salicylic acid</i>) 27.5 % LIQUID	TIER 3	
WYNZORA (<i>calcipotriene-betamethasone dipropionate</i>) 0.005-0.064 % CREAM	TIER 4	PA, QLC (420 gm/30 days)
XERESE (<i>acyclovir-hydrocortisone</i>) 5-1 % CREAM	TIER 4	PA, QLC (5 gm tube/fill; max 30 gm/year)
ZORYVE (<i>roflumilast (topical)</i>) 0.3 % CREAM	TIER 3	PA, QLC (60 gm/30 days)
ZYCLARA (<i>imiquimod</i>) 3.75 % CREAM	TIER 4	ST, QLC (28 packets/month, max of 56 packets/6 months)
ZYCLARA PUMP (<i>imiquimod</i>) 2.5 % CREAM	TIER 4	ST, QLC (1 bottle/month, max of 2 bottles/6 months)
ZYCLARA PUMP (<i>imiquimod</i>) 3.75 % CREAM	TIER 4	ST, QLC (1 bottle/month, max of 2 bottles/6 months)

PEDICULICIDES/SCABICIDES (Drugs for Lice and Scabies)

CROTAN (<i>crotamiton</i>) 10 % LOTION	TIER 3
--	--------

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ELIMITE (<i>permethrin</i>) 5 % CREAM	TIER 3	
EURAX (<i>crotamiton</i>) 10 % CREAM, 10 % LOTION	TIER 3	
IVERMECTIN (<i>ivermectin (pediculicide)</i>) 0.5 % LOTION	TIER 1	
IVERMECTIN (<i>ivermectin (rosacea)</i>) 1 % CREAM	TIER 2	PA, QLC (1 bottle (45gm)/month)
<i>ivermectin cream 1%</i>	TIER 2	PA, QLC (1 bottle (45gm)/month)
LINDANE 1 % SHAMPOO	TIER 1	
<i>malathion lotion 0.5%</i>	TIER 1	
NATROBA (<i>spinosad</i>) 0.9 % SUSPENSION	TIER 3	QLC (1 bottle/fill)
OVIDE (<i>malathion</i>) 0.5 % LOTION	TIER 3	
<i>permethrin cream 5%</i>	TIER 1	
SKLICE (<i>ivermectin (pediculicide)</i>) 0.5 % LOTION	TIER 3	
SOOLANTRA (<i>ivermectin (rosacea)</i>) 1 % CREAM	TIER 3	PA, QLC (1 bottle (45gm)/month)
SPINOSAD 0.9 % SUSPENSION	TIER 1	QLC (1 bottle/fill)

TOPICAL ANTI-INFECTIVES (Drugs for Skin Infection)

<i>acyclovir cream 5%</i>	TIER 1	PA, QLC (5 gm tube/fill; max 30 gm/year)
<i>acyclovir oint 5%</i>	TIER 1	PA, QLC (30 gm/fill; max 180 gm/year)
ACZONE (<i>dapsone (topical)</i>) 5 % GEL, 7.5 % GEL	TIER 3	ST, QLC (90 gm/month)
BACTROBAN (<i>mupirocin calcium (topical)</i>) 2 % CREAM	TIER 3	PA
BACTROBAN NASAL (<i>mupirocin calcium</i>) 2 % OINTMENT	TIER 3	
CENTANY (<i>mupirocin</i>) 2 % OINTMENT	TIER 3	
<i>ciclopirox gel 0.77%</i>	TIER 1	
<i>ciclopirox shampoo 1%</i>	TIER 1	
<i>ciclopirox solution 8%</i>	TIER 1	
<i>ciclopirox solution 8%</i> (CICLODAN)	TIER 1	
CLEOCIN-T (<i>clindamycin phosphate (topical)</i>) -1 % GEL, -1 % LOION, -1 % SOLUION	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CLINDAGEL (<i>clindamycin phosphate (topical)</i>) 1 %	TIER 3	
<i>clindamycin phosphate foam 1%</i>	TIER 1	QLC (1 can/month)
<i>clindamycin phosphate gel 1%</i>	TIER 1	
<i>clindamycin phosphate lotion 1%</i>	TIER 1	
<i>clindamycin phosphate soln 1%</i>	TIER 1	
<i>dapsone gel 5%</i>	TIER 1	ST, QLC (90 gm/month)
<i>dapsone gel 7.5%</i>	TIER 3	ST, QLC (90 gm/month)
DENAVIR (<i>penciclovir</i>) 1 % CREAM	TIER 3	PA, QLC (5 gm tube/fill; max 30 gm/year)
ERY (<i>erythromycin (acne aid)</i>) 2 % PAD	TIER 1	
ERYGEL (<i>erythromycin (acne aid)</i>) 2 %	TIER 3	
<i>erythromycin gel 2%</i>	TIER 1	
<i>erythromycin pads 2%</i>	TIER 1	
<i>erythromycin soln 2%</i>	TIER 1	
EVOCLIN (<i>clindamycin phosphate (topical)</i>) 1 % FOAM	TIER 3	QLC (1 can/month)
LOPROX (<i>ciclopirox</i>) 1 % SHAMPOO	TIER 3	
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	TIER 1	
<i>mupirocin calcium cream 2%</i>	TIER 3	PA
<i>mupirocin oint 2%</i>	TIER 1	
PENLAC (<i>ciclopirox</i>) 8 % SOLUTION	TIER 3	
SULFAMYLON (<i>mafenide acetate</i>) 5 % PACKET, 85 MG/GM CREAM	TIER 3	
XEPI (<i>ozenoxacin</i>) 1 % CREAM	TIER 3	ST, QLC (1 tube/60 days)
ZOVIRAX (<i>acyclovir topical</i>) 5 % CREAM	TIER 3	PA, QLC (5 gm tube/fill; max 30 gm/year)
ZOVIRAX (<i>acyclovir topical</i>) 5 % OINTMENT	TIER 3	PA, QLC (30 gm/fill; max 180 gm/year)

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

CARBAGLU (<i>carglumic acid</i>) 200 MG TAB SOL	TIER 4	PA, SP, QLC (35 tabs/day)
---	--------	---------------------------

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carglumic acid soluble tab 200 mg</i>	TIER 4	PA, SP, QLC (35 tabs/day)
K-TAB (<i>potassium chloride</i>) -TAB 8 TAB ER, -TAB 10 TAB ER, -TAB 20 TAB ER	TIER 3	
MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
<i>potassium chloride cap er 10 meq</i> (KLOR-CON SPRINKLE)	TIER 1	
<i>potassium chloride cap er 10 meq</i> (POTASSIUM CHLORIDE ER)	TIER 1	
<i>potassium chloride cap er 8 meq</i> (KLOR-CON SPRINKLE)	TIER 1	
<i>potassium chloride cap er 8 meq</i> (POTASSIUM CHLORIDE ER)	TIER 1	
POTASSIUM CHLORIDE ER 8 MEQ TAB	TIER 1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i> (KLOR-CON M10)	TIER 1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i> (POTASSIUM CHLORIDE CRY ER)	TIER 1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i> (KLOR-CON M15)	TIER 1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i> (POTASSIUM CHLORIDE CRY ER)	TIER 1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i> (KLOR-CON M20)	TIER 1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i> (POTASSIUM CHLORIDE CRY ER)	TIER 1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	TIER 2	PA
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	TIER 2	PA
<i>potassium chloride powder packet 20 meq</i>	TIER 2	
<i>potassium chloride powder packet 20 meq</i> (KLOR-CON)	TIER 2	
<i>potassium chloride tab er 10 meq</i> (KLOR-CON 10)	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>potassium chloride tab er 10 meq</i> (POTASSIUM CHLORIDE ER)	TIER 1	
<i>potassium chloride tab er 20 meq (1500 mg)</i> (POTASSIUM CHLORIDE ER)	TIER 1	
<i>potassium chloride tab er 8 meq (600 mg)</i> (KLOR-CON)	TIER 1	
<i>potassium chloride tab er 8 meq (600 mg)</i> (POTASSIUM CHLORIDE ER)	TIER 1	
<i>potassium citrate tab er 10 meq (1080 mg)</i> (POTASSIUM CITRATE ER)	TIER 1	
<i>potassium citrate tab er 15 meq (1620 mg)</i> (POTASSIUM CITRATE ER)	TIER 1	
<i>potassium citrate tab er 5 meq (540 mg)</i> (POTASSIUM CITRATE ER) (40)	TIER 1	
UROCIT-K 10 (<i>potassium citrate (alkalinizer)</i>) -MEQ (80 MG) TAB	TIER 3	
UROCIT-K 15 (<i>potassium citrate (alkalinizer)</i>) -MEQ (1620 MG) TAB	TIER 3	
UROCIT-K 5 (<i>potassium citrate (alkalinizer)</i>) -MEQ (40 MG) TAB	TIER 3	

ELECTROLYTE/MINERAL/METAL MODIFIERS (Drugs that Affects Electrolytes/Minerals)

CHEMET (<i>succimer</i>) 100 MG CAP	TIER 2	
<i>deferasirox granules packet 180 mg</i>	TIER 4	PA, SP
<i>deferasirox granules packet 360 mg</i>	TIER 4	PA, SP
<i>deferasirox granules packet 90 mg</i>	TIER 4	PA, SP
<i>deferasirox tab 180 mg</i>	TIER 4	SP, SF
<i>deferasirox tab 360 mg</i>	TIER 4	SP, SF
<i>deferasirox tab 90 mg</i>	TIER 4	SP, SF
<i>deferasirox tab for oral susp 125 mg</i>	TIER 4	SP, SF
<i>deferasirox tab for oral susp 250 mg</i>	TIER 4	SP, SF
<i>deferasirox tab for oral susp 500 mg</i>	TIER 4	SP, SF
<i>deferiprone tab 1000 mg</i>	TIER 4	PA, SP, QLC (9 tabs/day)
<i>deferiprone tab 500 mg</i>	TIER 4	PA, SP, QLC (18 tabs/day)
EXJADE (<i>deferasirox</i>) 125 MG TAB SOL, 250 MG TAB SOL, 500 MG TAB SOL	TIER 4	SP, SF

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FERRIPROX (<i>deferiprone</i>) 100 MG/ML SOLUTION	TIER 4	PA, SP, QLC (90 ml/day)
FERRIPROX (<i>deferiprone</i>) 1000 MG TAB	TIER 4	PA, SP, QLC (9 tabs/day)
FERRIPROX (<i>deferiprone</i>) 500 MG TAB	TIER 4	PA, SP, QLC (18 tabs/day)
FERRIPROX TWICE-A-DAY (<i>deferiprone</i>) -- DY 1000 MG TB	TIER 4	PA, SP, QLC (9 tabs/day)
JADENU (<i>deferasirox</i>) 90 MG TAB, 180 MG TAB, 360 MG TAB	TIER 4	SP, SF
JADENU SPRINKLE (<i>deferasirox</i>) 90 MG PACKET, 180 MG PACKET, 360 MG PACKET	TIER 4	PA, SP
JYNARQUE (<i>tolvaptan</i>) 15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day)
JYNARQUE (<i>tolvaptan</i>) 15 MG TAB, 30 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
SAMSCA (<i>tolvaptan</i>) 15 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
SAMSCA (<i>tolvaptan</i>) 30 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
SYPRINE (<i>trientine hcl</i>) 250 MG CAP	TIER 4	PA, QLC (8 caps/day)
TOLVAPTAN 15 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
<i>tolvaptan tab 15 mg</i>	TIER 4	PA, SP, QLC (1 tab/day)
<i>tolvaptan tab 30 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day)
<i>trientine hcl cap 250 mg</i>	TIER 4	PA, QLC (8 caps/day)
<i>trientine hcl cap 250 mg</i> (CLOVIQUE)	TIER 4	PA, QLC (8 caps/day)

PHOSPHATE BINDERS (Drugs to Lower Phosphate)

AURYXIA (<i>ferric citrate</i>) 1 GM 210 MG(Fe) TAB	TIER 3	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> (CALCIUM ACETATE (PHOS BINDER))	TIER 1	
FOSRENOL (<i>lanthanum carbonate</i>) 500 MG CHEW TAB, 750 MG CHEW TAB, 750 MG PACKET, 1000 MG CHEW TAB, 1000 MG PACKET	TIER 3	PA
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	TIER 2	PA
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	TIER 2	PA

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	TIER 2	PA
PHOSLYRA (<i>calcium acetate (phosphate binder)</i>) 667 MG/5ML SOLUTION	TIER 3	
RENAGEL (<i>sevelamer hcl</i>) 800 MG TAB	TIER 3	
RENVELA (<i>sevelamer carbonate</i>) 0.8 GM PACKET, 2.4 GM PACKET	TIER 3	PA
RENVELA (<i>sevelamer carbonate</i>) 800 MG TAB	TIER 3	
<i>sevelamer carbonate packet 0.8 gm</i>	TIER 2	PA
<i>sevelamer carbonate packet 2.4 gm</i>	TIER 2	PA
<i>sevelamer carbonate tab 800 mg</i>	TIER 1	
SEVELAMER HCL 400 MG TAB	TIER 1	
<i>sevelamer hcl tab 800 mg</i>	TIER 1	
VELPHORO (<i>sucroferic oxyhydroxide</i>) 500 MG CHEW TAB	TIER 3	

POTASSIUM BINDERS (Drugs to Lower Potassium)

<i>*sodium polystyrene sulfonate powder**</i>	TIER 1	
LOKELMA (<i>sodium zirconium cyclosilicate</i>) 10 GM PACKET	TIER 3	QLC (1 pack/day)
LOKELMA (<i>sodium zirconium cyclosilicate</i>) 5 GM PACKET	TIER 3	QLC (3 packs/day)
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	TIER 1	
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i> (KIONEX)	TIER 1	
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	TIER 1	
SPS (<i>sodium polystyrene sulfonate</i>) 15 GM/60ML SUSPENSION	TIER 1	
VELTASSA (<i>patiomer sorbitex calcium</i>) 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET	TIER 4	PA, SP, QLC (1 packet/day)

VITAMINS

<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> (MULTI-VIT/IRON/FLUORIDE)	TIER 1	ACA (Preventive Health)
--	--------	-------------------------

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> (MULTI-VITAMIN/FLUORIDE/IRON)	TIER 1	ACA (Preventive Health)
<i>*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg***</i> (MULTIVITAMINS/FLUORIDE)	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
<i>*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***</i> (MULTI-VITAMIN/FLUORIDE)	TIER 1	ACA (Preventive Health)
<i>*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***</i> (MULTI-VITAMIN/FLUORIDE)	TIER 1	ACA (Preventive Health)
<i>*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***</i> (TRI-VITE/FLUORIDE)	TIER 1	ACA (Preventive Health)
<i>*pediatric vitamins acd w/ fluoride soln 0.25 mg/ml***</i> (VITAMINS ACD-FLUORIDE)	TIER 1	ACA (Preventive Health)
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i> (ADC/F (0.5MG/ML))	TIER 1	ACA (Preventive Health)
<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i> (TRI-VITE/FLUORIDE)	TIER 1	ACA (Preventive Health)
ACCRUFER (<i>feric maltol</i>) 30 MG CAP	TIER 3	PA, QLC (2 caps/day)
ATABEX EC (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) AEX 29-1 MG DR	TIER 3	
ATABEX OB (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) AEX 29-1 MG	TIER 3	
AZESCHEW PRENATAL/POSTNATAL (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) 13-1 MG TAB	TIER 4	PA, QLC (60 tabs/30 days)
AZESCO (<i>prenatal vit w/ ferrous gluconate-folic acid</i>) 13-1 MG TAB	TIER 4	PA, QLC (2 tabs/day)
C-NATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) -28-1-200 MG AP	TIER 1	
CADEAU DHA (<i>prenatal vit w/ ferrous fumarate-l methylfolate-fa-dha</i>) 29-0.4-0.8-375 MG CAP	TIER 3	
CARNITOR (<i>levocarnitine (metabolic modifiers)</i>) 1 GM/10ML SOLUTION, 330 MG TAB	TIER 3	
CARNITOR SF (<i>levocarnitine (metabolic modifiers)</i>) 1 GM/10ML SOLUTION	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CITRANATAL HARMONY (<i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha</i>) 27-1-260 MG CAP	TIER 3	PA
CITRANATAL MEDLEY (<i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha</i>) 27-1-200 MG CAP	TIER 3	
CITRANATAL RX (<i>prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa</i>) 27-1 MG TAB	TIER 3	PA
CO-NATAL FA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB	TIER 1	
COMPLETENATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 29-1 MG CHEW TAB	TIER 1	
CONCEPT DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) 53.5-38-1 MG CAP	TIER 3	
CONCEPT OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 130-92.4-1 MG CAP	TIER 3	
<i>cyanocobalamin inj 1000 mcg/ml</i>	TIER 1	
<i>cyanocobalamin inj 1000 mcg/ml (DODEX)</i>	TIER 1	
DERMACINRX PRETRATE (<i>prenatal multivit-min w/fe-fa</i>) 1 MG TAB	TIER 3	
DOJOLVI (<i>triheptanoin</i>) 100 % LIQUID	TIER 4	PA, SP, QLC (105 ml/day)
DOTHELLE DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) 53.5-38-1 MG CAP	TIER 1	
EFFER-K (<i>potassium bicarbonate-citric acid</i>) EFFER-10 EFFER TAB, EFFER-20 EFFER TAB	TIER 3	
ELITE-OB (<i>prenatal vit w/ iron carbonyl-folic acid</i>) -50-1.25 MG TAB	TIER 1	
ENBRACE HR (<i>prenatal vit w/ fe glycine cysteinate-fa-omega 3 fatty acids</i>) CAP	TIER 3	
ESCAVITE (<i>ped multivitamins w/fl & iron</i>) 0.25-7.5 MG CHEW TAB	TIER 3	ACA (Preventive Health)
ESCAVITE D (<i>ped multivitamins w/fl & iron</i>) 0.25-6 MG CHEW TAB	TIER 3	
ESCAVITE LQ (<i>ped multivitamins w/fl & iron</i>) 0.25-6 MG/ML LIQUID	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FLORIVA (<i>pediatric multiple vitamins & minerals w/ fluoride</i>) 0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB	TIER 3	ACA (Preventive Health)
FLORIVA (<i>sodium fluoride-vitamin d</i>) 0.25-400 MG-UNIT/ML LIQUID	TIER 3	ACA (Preventive Health)
FLORIVA PLUS (<i>pediatric multivitamins w/fl</i>) 0.25 MG/ML SOLUTION	TIER 3	ACA (Preventive Health)
FOLET ONE (<i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha</i>) 38-1-225 MG CAP	TIER 3	PA
<i>folic acid tab 1 mg</i>	TIER 1	
<i>folic acid tab 1 mg</i> (KP FOLIC ACID)	TIER 1	
FOLIVANE-OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) -85-1 MG CAP	TIER 1	
GALZIN (<i>zinc acetate (oral)</i>) 25 MG CAP, 50 MG CAP	TIER 3	
HEMENATAL OB (<i>prenatal vit w/ fe polysacch complex-fe heme polypeptide-fa</i>) 28-6-1 MG TAB	TIER 3	
INATAL GT (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) TAB	TIER 3	
JENLIVA PRENATAL/POSTNATAL (<i>prenatal multivit-min w/fe-fa</i>) 1 MG CAP	TIER 3	
KOSHER PRENATAL PLUS IRON (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 30-1 MG TAB	TIER 3	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> (LEVOCARNITINE SF) <i>gm/0ml (0%)</i>	TIER 1	
<i>levocarnitine oral soln 1 gm/10ml (10%) gm/0ml (0%)</i>	TIER 1	
<i>levocarnitine tab 330 mg</i>	TIER 1	
M-NATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 G TAB	TIER 1	
MARNATAL-F (<i>prenatal without vit a w/ iron polysaccharide complex-fa</i>) -60-1 MG CAP	TIER 3	
MULTI-MAC (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>) -15-0.75-1 MG TAB	TIER 4	PA, QLC (1 tab/day)
MULTI-VIT-FLOR (<i>pediatric multivitamins w/fl</i>) --0.25 MG CHEW TAB	TIER 1	QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MULTI-VIT-FLOR (<i>pediatric multivitamins w/ff</i>) --0.5 MG CHEW TAB, --1 MG CHEW TAB	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/ff</i>) 0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
MYNATAL (<i>prenatal multivit-min w/fe-fa</i>) CAP	TIER 3	
MYNATAL (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) 90-1 MG TAB	TIER 3	
MYNATAL ADVANCE (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) TAB	TIER 3	
MYNATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	TIER 1	
MYNATAL-Z (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB	TIER 1	
MYNATE 90 PLUS (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) TAB ER	TIER 3	
NASCOBAL (<i>cyanocobalamin</i>) 500 MCG/0.1ML SOLUTION	TIER 3	QLC (1 bottle/week)
NATACHEW (<i>prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid</i>) NATA28-1 MG TAB	TIER 3	
NATALVIT (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	TIER 3	
NATELLE ONE (<i>prenatal without vit a w/ fe fum-fa-omega fatty acids</i>) 28-1-250 MG CAP	TIER 3	
NEEVO DHA (<i>prenatal without vit a w/ fe fumarate-l methylfolate-omegas</i>) 27-1.13 MG CAP	TIER 3	
NEONATAL 19 (<i>prenatal vitamin-folic acid</i>) 9 MG TAB	TIER 3	
NEONATAL COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB, 29-1 MG TAB	TIER 1	
NEONATAL FE (<i>prenatal multivitamins w/ iron-folic acid</i>) 90-1 MG TAB	TIER 3	
NEONATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
NESTABS (<i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i>) NESS 32-1 MG	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NESTABS ONE (<i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha</i>) 38-1-225 MG CAP	TIER 3	
NEXA PLUS (<i>prenatal w/o vit a w/fe fumarate-docusate ca-folic acid-dha</i>) 29-1.25-350 MG CAP	TIER 3	PA
NIVA-PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 MG TAB	TIER 1	
O-CAL FA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 MG TAB	TIER 1	
O-CAL PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB	TIER 3	
OB COMPLETE (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 50-1.25 MG TAB	TIER 3	
OB COMPLETE ONE (<i>prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil</i>) 50-1-476 MG CAP	TIER 3	
OB COMPLETE PETITE (<i>prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3</i>) 35-5-1-200 MG CAP	TIER 3	
OB COMPLETE PREMIER (<i>prenatal vit w/ iron carbonyl-fe aspart glycinate-fa</i>) 30-20-1 MG TAB	TIER 3	
OB COMPLETE/DHA (<i>prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid</i>) 30-10-1-200 MG CAP	TIER 3	
OBSTETRIX EC (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) 29-1 MG TAB	TIER 3	
OBSTETRIX ONE (<i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha</i>) 38-1-225 MG CAP	TIER 3	PA
ONE VITE WOMENS PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PNV TABS 29-1 (<i>prenatal vit w/ iron carbonyl-folic acid</i>) S --MG	TIER 1	
PNV-DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) -27-0.6-0.4-300 MG CAP	TIER 1	
PNV-DHA+DOCUSATE (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) -27-1.25-300 MG CAP	TIER 3	PA

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PNV-OMEGA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>) -28-0.6-0.4-340 MG CAP	TIER 1	
PNV-SELECT (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>) -27-0.6-0.4 MG TAB	TIER 1	
POLY-VI-FLOR (<i>pediatric multivitamins w/fl</i>) --0.25 MG CHEW TAB, --0.5 MG CHEW TAB, --1 MG CHEW TAB	TIER 3	ACA (Preventive Health), QLC (1 tab/day)
POLY-VI-FLOR (<i>pediatric multivitamins w/fl</i>) --0.25 MG/ML SUSPENSION	TIER 3	ACA (Preventive Health)
POLY-VI-FLOR FS (<i>pediatric multivitamins w/fl</i>) --0.25 MG STRIP, --0.5 MG STRIP, --1 MG STRIP	TIER 3	ACA (Preventive Health)
POLY-VI-FLOR/IRON (<i>ped multivitamins w/fl & iron</i>) --0.25-7 MG/ML SUSPENSION, --0.5-10 MG CHEW TAB	TIER 3	ACA (Preventive Health)
POT BICARB-POT CHLORIDE (<i>potassium bicarb & chloride</i>) -25 MEQ EFFER TAB	TIER 1	
<i>pot bicarbonate & chloride effer tab 25 meq</i> (EFFERVESCENT POT CHLORIDE)	TIER 1	
<i>potassium bicarbonate effer tab 25 meq</i>	TIER 1	
<i>potassium bicarbonate effer tab 25 meq</i> (EFFER-K)	TIER 1	
<i>potassium bicarbonate effer tab 25 meq</i> (K-EFFERVESCENT)	TIER 1	
<i>potassium bicarbonate effer tab 25 meq</i> (K-PRIME)	TIER 1	
<i>potassium bicarbonate effer tab 25 meq</i> (K-VESCENT)	TIER 1	
<i>potassium bicarbonate effer tab 25 meq</i> (KLOR-CON/EF)	TIER 1	
PREGEN DHA (<i>prenatal mv & min w/fe carbonyl-fa-dha</i>) 28-1-35 MG CAP	TIER 3	PA, QLC (1 cap/day)
PREMESISRX (<i>prenatal w/ calcium-vit b6-vit b12-folic acid-ginger</i>) MG TAB	TIER 3	
PRENA1 (<i>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</i>) 1.4 MG CHEW TAB	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRENA1 PEARL (<i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i>) 30-1.4-200 MG CAP	TIER 3	
PRENAISSANCE (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) 29-1.25-325 MG CAP	TIER 1	
PRENAISSANCE PLUS (<i>prenatal w/o vit a w/ fe carbonyl-dss-fa-dha</i>) 28-1-250 MG CAP	TIER 3	
PRENARA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 15-1 MG CAP	TIER 3	PA
PRENATABS FA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 29-1 MG	TIER 1	
PRENATABS RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 29-1 MG	TIER 1	
PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRENATAL 19 (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) 9 29-MG TAB	TIER 3	
PRENATAL 19 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 19 CHEW TAB, 19 29-1 MG CHEW TAB	TIER 1	
PRENATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRENATAL PLUS IRON (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 29-1 MG TAB	TIER 1	
PRENATAL PLUS VITAMIN/MINERAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRENATAL VITAMIN PLUS LOW IRON (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRENATAL-U (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) -106.5-1 MG CAP	TIER 1	
PRENATE (<i>prenatal multivitamins & minerals w/ l-methylfolate-fa</i>) 0.6-0.4 MG CHEW TAB	TIER 3	
PRENATE AM (<i>prenatal w/ calcium-vit b6-vit b12-folic acid-ginger</i>) MG TAB	TIER 3	
PRENATE DHA (<i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>) 18-0.6-0.4-300 MG CAP	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRENATE ELITE (<i>prenatal w/ fe asparto glycyl-methylfolate-folic acid</i>) 20-0.6-0.4 MG TAB	TIER 3	
PRENATE ENHANCE (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 28-0.6-0.4-400 MG CAP	TIER 3	
PRENATE ESSENTIAL (<i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>) 18-0.6-0.4-300 MG CAP	TIER 3	
PRENATE MINI (<i>prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha</i>) 18-0.6-0.4-350 MG CAP	TIER 3	
PRENATE PIXIE (<i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>) 10-0.6-0.4-200 MG CAP	TIER 3	
PRENATE RESTORE (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 27-0.6-0.4-400 MG CAP	TIER 3	
PRENATRIX (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRENATRYL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRENATVITE COMPLETE (<i>prenatal multivit-min w/fe-fa</i>) 1 MG TAB	TIER 3	
PRENATVITE PLUS (<i>prenatal multivit-min w/fe-fa</i>) 1 MG TAB	TIER 3	
PREPLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRETAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) PRE29-1 MG	TIER 1	
PRIMACARE (<i>prenatal without a w/ fe asp glyc-l methylfolate-fa-omega 3</i>) 30-1-470 MG CAP	TIER 3	
PROVIDA DHA (<i>prenatal without a w/fe fum-fe polysacch complex-fa-dha</i>) 16-16-1.25-110 MG CAP	TIER 3	
PROVIDA OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 20-20-1.25 MG CAP	TIER 3	
PUREFE OB PLUS (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 162-115.2-1 MG CAP	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QUFLORA FE (<i>multiple vitamins w/minerals & fluoride-iron-folic acid</i>) 0.25 MG CHEW TAB	TIER 3	ACA (Preventive Health), QLC (1 tab/day)
QUFLORA FE PEDIATRIC (<i>ped multivitamins w/fl & iron</i>) 0.25-9.5 MG/ML LIQUID	TIER 3	ACA (Preventive Health)
QUFLORA GUMMIES (<i>pediatric multivitamins w/fl</i>) 0.125 MG CHEW TAB	TIER 3	ACA (Preventive Health)
QUFLORA PEDIATRIC (<i>pediatric multivitamins w/fl</i>) 0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB	TIER 3	ACA (Preventive Health), QLC (1 tab/day)
QUFLORA PEDIATRIC (<i>pediatric multivitamins w/fl</i>) 0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION	TIER 3	ACA (Preventive Health)
R-NATAL OB (<i>prenatal w/o vit a w/ fe carbonyl-folic acid-dha</i>) -20-1-320 MG CAP	TIER 3	
RADIOGARDASE (<i>prussian blue insoluble (ferric hexacyanoferrate ii)</i>) 0.5 GM CAP	TIER 3	
RELNATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	TIER 1	
SE-NATAL 19 (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) -9 29-MG TAB	TIER 3	
SE-NATAL 19 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -9 29-MG CHEW TAB	TIER 1	
SELECT-OB (<i>prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa</i>) -29-0.6-0.4 MG CHEW TAB	TIER 3	
SELECT-OB (<i>prenatal vit w/ iron polysaccharide complex-folic acid</i>) -29-1 MG CHEW TAB	TIER 3	
SODIUM FLUORIDE 2.2 (1 F) MG TAB	TIER 3	ACA (Preventive Health)
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i> (FLUORITAB) <i>luoride</i>	TIER 1	ACA (Preventive Health)
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i> (NAFRINSE DROPS) <i>luoride</i>	TIER 1	ACA (Preventive Health)
TARON-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) -35-1 MG AP	TIER 1	
TARON-PREX (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) -30-1.2-265 MG CAP	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
THRIVITE RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 29-1 MG TAB	TIER 1	
TL FOLATE (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>) 27-0.5-0.5 MG TAB	TIER 3	
TL-CARE DHA (<i>prenatal w/fe fumarate-fa-dss-fish oil</i>) -27-1-500 MG CAP	TIER 3	
TL-FLUORIVITE (<i>ped multivitamins w/fl & iron</i>) -0.25-7.5 MG CHEW TAB	TIER 3	ACA (Preventive Health)
TL-SELECT (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) -29-1.25-325 MG CAP	TIER 1	
TRI-VI-FLOR (<i>pediatric vitamins acd & l-methylfolate w/ fluoride</i>) --0.25 MG/ML SUSPENSION, --0.5 MG/ML SUSPENSION	TIER 3	ACA (Preventive Health)
TRI-VI-FLORO (<i>pediatric vitamins acd & l-methylfolate w/ fluoride</i>) --0.25 MG/ML SUSPENSION, --0.5 MG/ML SUSPENSION	TIER 3	ACA (Preventive Health)
TRICARE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	TIER 1	
TRICARE PRENATAL DHA ONE (<i>prenatal multivit-min w/fe-fa</i>) 0.8 MG CAP	TIER 3	
TRICARE PRENATAL DHA ONE (<i>prenatal w/fe fumarate-fa-dss-fish oil</i>) 27-1-500 MG CAP	TIER 3	
TRINATAL RX 1 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 60-MG TAB	TIER 1	
TRINATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	TIER 1	
TRINAZ (<i>prenatal vit w/ ferrous gluconate-folic acid</i>) 12-1 MG TAB	TIER 4	PA, QLC (2 tabs/day)
TRISTART DHA (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>) 31-0.6-0.4-200 MG CAP	TIER 3	
TRISTART FREE (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>) 33-1 MG CAP	TIER 3	QLC (1 cap/day)
TRISTART ONE (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>) 35-1-215 MG CAP	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ULTIMATECARE ONE (<i>prenatal vit w/ iron carbonyl-fe aspart glyc-fa-omega 3</i>) 27-1 MG CAP	TIER 3	
VIL-RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) -29-1 MG TAB	TIER 1	
VINATE CARE (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) 40-1 MG CHEW TAB	TIER 1	
VINATE DHA RF (<i>prenatal without vit a w/ fe fumarate-l methylfolate-omegas</i>) 27-1.13 MG CAP	TIER 3	
VINATE II (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) 29-1 MG TAB	TIER 3	
VINATE M (<i>prenatal vit w/ selenium-fe fumarate-folic acid</i>) 27-1 G TAB	TIER 1	
VINATE ONE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 60-1 MG TAB	TIER 1	
VIRT-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) -53.5-38-1 MG AP	TIER 1	
VIRT-NATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) -28-1-200 MG CAP	TIER 1	
VIRT-PN (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>) -27-0.6-0.4 MG TAB	TIER 1	
VIRT-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) -27-0.6-0.4-300 MG CAP	TIER 1	
VIRT-PN PLUS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>) -28-0.6-0.4-340 MG CAP	TIER 1	
VITAFOL FE+ (<i>prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha</i>) 90-0.6-0.4-200 MG CAP	TIER 3	
VITAFOL GUMMIES (<i>prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids</i>) 3.33-0.333-34.8 MG CHEW TAB	TIER 3	
VITAFOL STRIPS (<i>prenatal w/ vit b6-b12-cholecalciferol-folic acid</i>) MG FILM	TIER 3	
VITAFOL ULTRA (<i>prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha</i>) 29-0.6-0.4-200 MG CAP	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VITAFOL-NANO (<i>prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid</i>) -18-0.6-0.4 MG TAB	TIER 3	
VITAFOL-OB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB	TIER 1	
VITAFOL-ONE (<i>prenatal mv & min w/fe polysaccharide complex-fa-dha</i>) -29-1-200 MG CAP	TIER 3	
VITAMEDMD ONE RX/QUATREFOLIC (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 30-0.6-0.4-200 MG CAP	TIER 3	
VITAMEDMD REDICHEW RX (<i>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</i>) 1.4 MG TAB	TIER 3	
VITAPEARL (<i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i>) 30-1.4-200 MG CAP	TIER 3	
VITATHELY WITH GINGER (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
VIVA DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	TIER 1	
VOL-NATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -28-1 MG TAB	TIER 1	
VOL-PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 MG TAB	TIER 1	
VOL-TAB RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) -29-1 MG	TIER 1	
VP-PNV-DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) --28-1-215.8 MG CAP	TIER 3	
WESCAP-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) WESAP-53.5-38-1 MG AP	TIER 1	
WESCAP-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) WES-27-0.6-0.4-300 MG	TIER 1	
WESNATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	TIER 1	
WESTAB PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) WES27-1 MG	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WESTGEL DHA (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>) 31-0.6-0.4-200 MG CAP	TIER 3	
WILZIN (<i>zinc acetate (oral)</i>) 25 MG CAP	TIER 3	
ZALVIT (<i>prenatal vit w/ ferrous gluconate-folic acid</i>) 13-1 MG TAB	TIER 4	PA, QLC (2 tabs/day)
ZATEAN-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) -27-0.6-0.4-300 MG CAP	TIER 1	
ZATEAN-PN PLUS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>) -28-0.6-0.4-340 MG CAP	TIER 1	
ZIPHEX (<i>prenatal vit w/ ferrous gluconate-folic acid</i>) 13-1 MG TAB	TIER 4	PA, QLC (2 tabs/day)

GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)

ANTI-CONSTIPATION AGENTS (Drugs for Constipation)

AMITIZA (<i>lubiprostone</i>) 8 MCG CAP, 24 MCG CAP	TIER 3	PA, AL1 (At least 18 yrs old), QLC (2 caps/day)
<i>bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit</i> (GAVILYTE-H)	TIER 1	ACA (Preventive Health)
CLENPIQ (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>) 10-3.5-12 MG-GM -GM/160ML SOLUTION	TIER 3	PA
KRISTALOSE (<i>lactulose</i>) 10 GM PACKET	TIER 3	PA, QLC (1 pack/day)
KRISTALOSE (<i>lactulose</i>) 20 GM PACKET	TIER 3	PA, QLC (2 packs/day)
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> (ENULOSE)	TIER 1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> (GENERLAC)	TIER 1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> (LACTULOSE ENCEPHALOPATHY)	TIER 1	
LACTULOSE 10 GM PACKET	TIER 4	PA, QLC (1 pack/day)
<i>lactulose solution 10 gm/15ml</i>	TIER 1	
<i>lactulose solution 10 gm/15ml</i> (CONSTULOSE)	TIER 1	
LINZESS (<i>linaclotide</i>) 72 MCG CAP, 145 MCG CAP, 290 MCG CAP	TIER 2	AL1 (At least 18 yrs old), QLC (1 cap/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LUBIPROSTONE 8 MCG CAP, 24 MCG CAP	TIER 3	PA, AL1 (At least 18 yrs old), QLC (2 caps/day)
MOTEGRITY (<i>prucalopride succinate</i>) 1 MG TAB, 2 MG TAB	TIER 3	PA, QLC (1 tab/day)
MOVANTIK (<i>naloxegol oxalate</i>) 12.5 MG TAB, 25 MG TAB	TIER 3	AL1 (At least 18 yrs old), QLC (1 tab/day)
MOVIPREP (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>) 100 GM RECON SOLN	TIER 3	PA
NULYTELY LEMON-LIME (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>) -420 GM RECON SOLN	TIER 3	
NULYTELY WITH FLAVOR PACKS (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>) 420 GM RECON SOLN	TIER 3	
OSMOPREP (<i>sodium phosphate monobasic-sodium phosphate dibasic</i>) 1.102-0.398 GM TAB	TIER 3	PA, ACA (Preventive Health)
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i> (PEG-3350/ELECTROLYTES/ASCORBAT) - <i>kll- asorbate-</i>	TIER 1	PA, ACA (Preventive Health)
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i> (PEG-KCL-NACL-NASULF-NA ASC-C) - <i>kll- asorbate-</i>	TIER 1	PA, ACA (Preventive Health)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (GAVILYTE-N WITH FLAVOR PACK)	TIER 1	ACA (Preventive Health)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (PEG 3350-KCL-NA BICARB-NACL)	TIER 1	ACA (Preventive Health)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (TRILYTE)	TIER 1	ACA (Preventive Health)
PEG-PREP (<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i>) --210 MG-GM KIT	TIER 1	ACA (Preventive Health)
PLENVU (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>) 140 GM RECON SOLN	TIER 3	PA
PREPOPIK (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>) 10-3.5-12 MG-GM-GM PACKET	TIER 3	PA, ACA (Preventive Health)
RELISTOR (<i>methylnaltrexone bromide</i>) 150 MG TAB	TIER 4	PA, QLC (3 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RELISTOR (<i>methylnaltrexone bromide</i>) 8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION	TIER 4	PA
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (NA SULFATE-K SULFATE-MG SULF)	TIER 1	ACA (Preventive Health)
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>) SU17.5-3.13-1.6 GM/177ML SOLUTION	TIER 2	ACA (Preventive Health)
SUTAB (<i>sodium sulfate-magnesium sulfate-potassium chloride</i>) SU1479-225-188 MG	TIER 3	PA
SYMPROIC (<i>naldemedine tosylate</i>) 0.2 MG TAB	TIER 3	PA, QLC (1 tab/day)
TRULANCE (<i>plecanatide</i>) 3 MG TAB	TIER 3	PA, QLC (1 tab/day)

ANTI-DIARRHEAL AGENTS (Drugs for Diarrhea)

<i>alose tron hcl tab 0.5 mg (base equiv)</i>	TIER 4	PA
<i>alose tron hcl tab 1 mg (base equiv)</i>	TIER 4	PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (DIPHENOXYLATE-ATROPINE)	TIER 1	
DIPHENOXYLATE-ATROPINE (<i>diphenoxylate w/ atropine</i>) -2.5-0.025 MG/5ML LIQUID	TIER 2	
LOMOTIL (<i>diphenoxylate w/ atropine</i>) 2.5-0.025 MG TAB	TIER 3	
LOTRONEX (<i>alose tron hcl</i>) 0.5 MG TAB, 1 MG TAB	TIER 4	PA
MYTESI (<i>crofelemer</i>) 125 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
VIBERZI (<i>eluxadoline</i>) 75 MG TAB, 100 MG TAB	TIER 4	PA, QLC (2 tabs/day)
XERMELO (<i>telotristat etiprate</i>) 250 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
ZELNORM (<i>tegaserod maleate</i>) 6 MG TAB	TIER 3	PA, QLC (2 tabs/day)

ANTISPASMODICS, GASTROINTESTINAL (Other Drugs for Bowel and Stomach)

ANASPAZ (<i>hyoscyamine sulfate</i>) 0.125 MG TAB DISP	TIER 3	
BENTYL (<i>dicyclomine hcl</i>) 10 MG CAP	TIER 3	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i> (CHLORDIAZEPOXIDE-CLIDINIUM)	TIER 3	QLC (8 caps/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CUVPOSA (<i>glycopyrrolate</i>) 1 MG/5ML SOLUTION	TIER 3	PA, QLC (45 ml/day)
DARTISLA ODT (<i>glycopyrrolate</i>) 1.7 MG TAB DISP	TIER 3	PA, QLC (4 tabs/day)
<i>dicyclomine hcl cap 10 mg</i>	TIER 1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	TIER 1	
<i>dicyclomine hcl tab 20 mg</i>	TIER 1	
DONNATAL (<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>) 16.2 MG TAB	TIER 3	
DONNATAL (<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>) 16.2 MG/5ML ELIXIR	TIER 3	QLC (40 ml/day)
GLYCATE (<i>glycopyrrolate</i>) 1.5 MG TAB	TIER 3	PA, QLC (3 tabs/day)
GLYCOPYRROLATE 1.5 MG TAB	TIER 4	PA, QLC (3 tabs/day)
<i>glycopyrrolate oral soln 1 mg/5ml</i>	TIER 3	PA, QLC (45 ml/day)
<i>glycopyrrolate tab 1 mg</i>	TIER 1	
<i>glycopyrrolate tab 2 mg</i>	TIER 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	TIER 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> (HYOSYNE)	TIER 1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	TIER 1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i> (OSCIMIN)	TIER 1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i> (SYMEX-SL)	TIER 1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	TIER 1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i> (HYOSYNE)	TIER 1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	TIER 1	
<i>hyoscyamine sulfate tab 0.125 mg</i> (OSCIMIN)	TIER 1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	TIER 1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i> (ED-SPAZ)	TIER 1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i> (NULEV)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hyoscyamine sulfate tab disint 0.125 mg</i> (OSCIMIN)	TIER 1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (HYOSCYAMINE SULFATE ER)	TIER 1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (OSCIMIN SR)	TIER 1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (SYMAX-SR)	TIER 1	
LEVBID (<i>hyoscyamine sulfate</i>) 0.375 MG TAB ER 12H	TIER 3	
LEVSIN (<i>hyoscyamine sulfate</i>) 0.125 MG TAB	TIER 3	
LEVSIN/SL (<i>hyoscyamine sulfate</i>) 0.125 MG TAB	TIER 3	
LIBRAX (<i>chlordiazepoxide hcl-clidinium bromide</i>) 5-2.5 MG CAP	TIER 3	QLC (8 caps/day)
<i>methscopolamine bromide tab 2.5 mg</i>	TIER 1	
<i>methscopolamine bromide tab 5 mg</i>	TIER 1	
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i> (PB-HYOSCY-ATROPINE-SCOPOLAMINE)	TIER 1	QLC (40 ml/day)
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i> (PHENOBARBITAL-BELLADONNA ALK)	TIER 1	QLC (40 ml/day)
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i> (PHENOHYTRO)	TIER 1	QLC (40 ml/day)
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i> (PB-HYOSCY-ATROPINE-SCOPOLAMINE)	TIER 1	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i> (PHENOBARBITAL-BELLADONNA ALK)	TIER 1	
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i> (PHENOHYTRO)	TIER 1	
PROPANTHELINE BROMIDE 15 MG TAB	TIER 1	
ROBINUL (<i>glycopyrrolate</i>) 1 MG TAB	TIER 3	
ROBINUL-FORTE (<i>glycopyrrolate</i>) -2 MG TAB	TIER 3	
SYMAX DUOTAB (<i>hyoscyamine sulfate</i>) DUO0.375 MG ER	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GASTROINTESTINAL AGENTS, OTHER (Other Drugs for Bowel and Stomach)		
ACTIGALL (<i>ursodiol</i>) 300 MG CAP	TIER 3	
AMOXICILL-CLARITHRO-LANSOPRAZ (<i>amoxicillin-clarithromycin w/ lansoprazole</i>) -- MISC	TIER 2	QLC (one 14-day course/month)
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i> (AMOXICILL-CLARITHRO-LANSOPRAZ)	TIER 2	QLC (one 14-day course/month)
CHENODAL (<i>chenodiol</i>) 250 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day)
COLYTE WITH FLAVOR PACKS (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) 240 GM RECON SOLN	TIER 3	PA
GATTEX (<i>teduglutide (rdna)</i>) 5 MG KIT	TIER 4	PA, SP, QLC (1 kit/30 days)
GAVILYTE-C (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) -240 GM REON SOLN	TIER 1	ACA (Preventive Health)
GOLYTELY (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) 227.1 GM RECON SOLN, 236 GM RECON SOLN	TIER 3	
HELIDAC THERAPY (<i>metronidazole-tetracycline w/ bismuth subsalicylate</i>) MISC	TIER 3	QLC (224 tabs/30 days)
IBSRELA (<i>tenapanor hcl</i>) 50 MG TAB	TIER 4	PA, QLC (2 tabs/day)
IMCIVREE (<i>setmelanotide acetate</i>) 10 MG/ML SOLUTION	TIER 4	PA, SP, QLC (9 ml (9 vials)/30 days)
MOTOFEN (<i>difenoxin w/ atropine</i>) 1-0.025 MG TAB	TIER 3	
MYALEPT (<i>metreleptin</i>) 11.3 MG RECON SOLN	TIER 4	PA, SP, QLC (1 vial/day)
OICALIVA (<i>obeticholic acid</i>) 5 MG TAB, 10 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF
OMECLAMOX-PAK (<i>amoxicillin-clarithromycin w/ omeprazole</i>) -500-500-20 MG MISC	TIER 3	QLC (1 pack/month)
ORLISTAT 120 MG CAP	TIER 3	PA
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (GAVILYTE-G) --cl-	TIER 1	ACA (Preventive Health)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (PEG-3350/ELECTROLYTES) --- <i>cl-</i>	TIER 1	ACA (Preventive Health)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i> (PEG 3350/ELECTROLYTES) --- <i>cl-</i>	TIER 1	ACA (Preventive Health)
PYLERA (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>) 140-125-125 MG CAP	TIER 3	QLC (120 caps/month)
RELTONE (<i>ursodiol</i>) 200 MG CAP, 400 MG CAP	TIER 4	PA, QLC (2 caps/day)
SKYRIZI (<i>risankizumab-rzaa (crohn's)</i>) 360 MG/2.4ML SOLN CART	TIER 4	PA, SP, QLC (1 syringe/56 days)
TALICIA (<i>amoxicillin-rifabutin-omeprazole</i>) 250-12.5-10 MG CAP DR	TIER 3	QLC (168 caps/28 days)
URSO 250 (<i>ursodiol</i>) MG TAB	TIER 3	
URSO FORTE (<i>ursodiol</i>) 500 MG TAB	TIER 3	
URSODIOL 200 MG CAP, 400 MG CAP	TIER 4	PA, QLC (2 caps/day)
<i>ursodiol cap 300 mg</i>	TIER 1	
<i>ursodiol tab 250 mg</i>	TIER 1	
<i>ursodiol tab 500 mg</i>	TIER 1	
VOQUEZNA DUAL PAK (<i>amoxicillin (trihydrate)-vonoprazan fumarate</i>) 500-20 MG THER PACK	TIER 3	QLC (112 tabs/30 days)
VOQUEZNA TRIPLE PAK (<i>amoxicillin (trihydrate)-clarithromycin-vonoprazan fumarate</i>) 500-500-20 MG THER PACK	TIER 3	QLC (112 tabs/30 days)
XENICAL (<i>orlistat</i>) 120 MG CAP	TIER 3	PA

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS (Drugs for Acid Reflux and Ulcers)

CIMETIDINE HCL 300 MG/5ML SOLUTION	TIER 1	
<i>cimetidine hcl soln 300 mg/5ml</i>	TIER 1	
<i>cimetidine tab 300 mg</i>	TIER 1	
<i>cimetidine tab 400 mg</i>	TIER 1	
<i>cimetidine tab 800 mg</i>	TIER 1	
<i>famotidine for susp 40 mg/5ml</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>famotidine tab 40 mg</i>	TIER 1	
NIZATIDINE 15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP	TIER 1	
<i>nizatidine cap 150 mg</i>	TIER 1	
<i>nizatidine cap 300 mg</i>	TIER 1	
PEPCID (<i>famotidine</i>) 40 MG TAB, 40 MG/5ML RECON SUSP	TIER 3	
<i>ranitidine hcl cap 150 mg</i>	TIER 1	
<i>ranitidine hcl cap 300 mg</i>	TIER 1	
<i>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</i>	TIER 1	
<i>ranitidine hcl tab 300 mg</i>	TIER 1	

PROTECTANTS (Drugs for Acid Reflux and Ulcers)

CARAFATE (<i>sucralfate</i>) 1 GM TAB, 1 GM/10ML SUSPENSION	TIER 3	
CYTOTEC (<i>misoprostol</i>) 100 MCG TAB, 200 MCG TAB	TIER 3	
<i>misoprostol tab 100 mcg</i>	TIER 1	
<i>misoprostol tab 200 mcg</i>	TIER 1	
<i>sucralfate susp 1 gm/10ml gm/0ml</i>	TIER 2	
<i>sucralfate tab 1 gm</i>	TIER 1	

PROTON PUMP INHIBITORS (Drugs for Acid Reflux and Ulcers)

ACIPHEX (<i>rabeprazole sodium</i>) 20 MG TAB DR	TIER 3	QLC (3 tabs/day)
ACIPHEX SPRINKLE (<i>rabeprazole sodium</i>) 5 MG CAP SPRINK, 10 MG CAP SPRINK	TIER 3	ST, QLC (1 cap/day)
DEXILANT (<i>dexlansoprazole</i>) 30 MG CAP DR, 60 MG CAP DR	TIER 3	ST, QLC (1 cap/day)
DEXLANSOPRAZOLE 30 MG CAP DR	TIER 2	ST, QLC (1 cap/day)
DEXLANSOPRAZOLE 60 MG CAP DR	TIER 3	ST, QLC (1 cap/day)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	TIER 1	PA, QLC (2 caps/day)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	TIER 2	ST, QLC (1 packet/day)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	TIER 2	ST, QLC (1 packet/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	TIER 2	ST, QLC (1 packet/day)
ESOMEPRAZOLE STRONTIUM 49.3 MG CAP DR	TIER 3	ST, QLC (6 caps/day)
<i>lansoprazole cap delayed release 30 mg</i>	TIER 1	QLC (2 caps/day)
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	TIER 2	ST, QLC (2 tabs/day)
NEXIUM (<i>esomeprazole magnesium</i>) 10 MG PACKET, 20 MG PACKET, 40 MG PACKET	TIER 3	ST, QLC (1 packet/day)
NEXIUM (<i>esomeprazole magnesium</i>) 2.5 MG PACKET, 5 MG PACKET	TIER 3	PA, QLC (1 packet/day)
NEXIUM (<i>esomeprazole magnesium</i>) 40 MG CAP DR	TIER 3	PA, QLC (2 caps/day)
<i>omeprazole cap delayed release 10 mg</i>	TIER 1	QLC (8 caps/day)
<i>omeprazole cap delayed release 20 mg</i>	TIER 1	QLC (4 caps/day)
<i>omeprazole cap delayed release 40 mg</i>	TIER 1	QLC (2 caps/day)
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	TIER 4	PA, QLC (1 cap/day)
<i>omeprazole-sodium bicarbonate cap 40-1100 mg (OMEPPi)</i>	TIER 4	PA, QLC (1 cap/day)
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	TIER 4	PA, QLC (1 packet/day)
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	TIER 4	PA, QLC (1 pack/day)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	TIER 1	QLC (4 tabs/day)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	TIER 2	QLC (2 packets/day)
PREVACID (<i>lansoprazole</i>) 30 MG CAP DR	TIER 3	QLC (2 caps/day)
PREVACID SOLUTAB (<i>lansoprazole</i>) SOLU30 MG DR DISP	TIER 3	ST, QLC (2 tabs/day)
PRILOSEC (<i>omeprazole magnesium</i>) 10 MG PACKET	TIER 3	QLC (2 packs/day)
PRILOSEC (<i>omeprazole magnesium</i>) 2.5 MG PACKET	TIER 3	QLC (3 packs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROTONIX (<i>pantoprazole sodium</i>) 20 MG TAB DR	TIER 3	QLC (4 tabs/day)
PROTONIX (<i>pantoprazole sodium</i>) 40 MG PACKET	TIER 3	QLC (2 packets/day)
PROTONIX (<i>pantoprazole sodium</i>) 40 MG TAB DR	TIER 3	QLC (2 tabs/day)
RABEPRAZOLE SODIUM 10 MG CAP SPRINK	TIER 3	ST, QLC (1 cap/day)
<i>rabeprazole sodium ec tab 20 mg</i>	TIER 1	QLC (3 tabs/day)
ZEGERID (<i>omeprazole-sodium bicarbonate</i>) 20-1680 MG PACKET	TIER 4	PA, QLC (1 packet/day)
ZEGERID (<i>omeprazole-sodium bicarbonate</i>) 40-1100 MG CAP	TIER 4	PA, QLC (1 cap/day)
ZEGERID (<i>omeprazole-sodium bicarbonate</i>) 40-1680 MG PACKET	TIER 4	PA, QLC (1 pack/day)

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic, Enzyme or Protein Disorders)

<i>*betaine powder for oral solution***</i>	TIER 4	SP
BUPHENYL (<i>sodium phenylbutyrate</i>) 3 GM/TSP POWDER	TIER 4	PA, SP, QLC (20 gm/day)
BUPHENYL (<i>sodium phenylbutyrate</i>) 500 MG TAB	TIER 4	PA, SP, QLC (40 tabs/day)
BYLVAY (<i>odevixibat</i>) 1200 MCG CAP	TIER 4	PA, SP, QLC (5 caps/day)
BYLVAY (<i>odevixibat</i>) 400 MCG CAP	TIER 4	PA, SP, QLC (15 caps/day)
BYLVAY (PELLETS) (<i>odevixibat</i>) 200 MCG CAP SPRINK	TIER 4	PA, SP, QLC (30 caps/day)
BYLVAY (PELLETS) (<i>odevixibat</i>) 600 MCG CAP SPRINK	TIER 4	PA, SP, QLC (10 caps/day)
CERDELGA (<i>eliglustat tartrate</i>) 84 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)
CHOLBAM (<i>cholic acid</i>) 250 MG CAP	TIER 4	PA, SP, QLC (5 caps/day)
CHOLBAM (<i>cholic acid</i>) 50 MG CAP	TIER 4	PA, SP, QLC (4 caps/day)
CREON (<i>pancrelipase (lipase-protease-amylase)</i>) 3000-9500 CP DR PART, 6000 CP DR PART, 12000 CP DR PART, 24000-76000 CP DR PART, 36000 CP DR PART	TIER 2	
<i>cromolyn sodium oral conc 100 mg/5ml</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CYSTADANE (<i>betaine</i>) POWDER	TIER 3	SP
CYSTADROPS (<i>cysteamine hcl</i>) 0.37 % SOLUTION	TIER 4	PA, SP, QLC (20 ml(4 bottles)/28 days)
CYSTAGON (<i>cysteamine bitartrate</i>) 150 MG CAP	TIER 3	SP, QLC (26 caps/day)
CYSTAGON (<i>cysteamine bitartrate</i>) 50 MG CAP	TIER 3	PA, SP, QLC (4 caps/day)
CYSTARAN (<i>cysteamine hcl</i>) 0.44 % SOLUTION	TIER 4	PA, SP, QLC (4 bottles/28 days)
ENDARI (<i>glutamine (sickle cell)</i>) 5 GM PACKET	TIER 4	PA, SP, QLC (6 packets/day)
GALAFOLD (<i>migalastat hcl</i>) 123 MG CAP	TIER 4	PA, SP, QLC (14 caps/28 days)
GASTROCROM (<i>cromolyn sodium (mastocytosis)</i>) 100 MG/5ML CONC	TIER 3	
KEYEYIS (<i>dichlorphenamide</i>) 50 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
KUVAN (<i>sapropterin dihydrochloride</i>) 100 MG PACKET	TIER 4	PA, SP, QLC (14 packs/day)
KUVAN (<i>sapropterin dihydrochloride</i>) 100 MG TAB	TIER 4	PA, SP, QLC (14 tabs/day)
KUVAN (<i>sapropterin dihydrochloride</i>) 500 MG PACKET	TIER 4	PA, SP, QLC (3 packs/day)
LIVMARLI (<i>maralixibat chloride</i>) 9.5 MG/ML SOLUTION	TIER 4	PA, SP, QLC (3 ml/day)
<i>miglustat cap 100 mg</i>	TIER 4	PA, SP, QLC (3 caps/day)
<i>nitisinone cap 10 mg</i>	TIER 4	PA, SP, QLC (14 caps/day)
<i>nitisinone cap 2 mg</i>	TIER 4	PA, SP, QLC (10 caps/day)
<i>nitisinone cap 5 mg</i>	TIER 4	PA, SP, QLC (2 caps/day)
NITYR (<i>nitisinone</i>) 10 MG TAB	TIER 4	PA, SP, QLC (14 tabs/day)
NITYR (<i>nitisinone</i>) 2 MG TAB	TIER 4	PA, SP, QLC (70 tabs/day)
NITYR (<i>nitisinone</i>) 5 MG TAB	TIER 4	PA, SP, QLC (28 tabs/day)
ORFADIN (<i>nitisinone</i>) 10 MG CAP	TIER 4	PA, SP, QLC (14 caps/day)
ORFADIN (<i>nitisinone</i>) 2 MG CAP	TIER 4	PA, SP, QLC (10 caps/day)
ORFADIN (<i>nitisinone</i>) 20 MG CAP	TIER 4	PA, SP, QLC (8 caps/day)
ORFADIN (<i>nitisinone</i>) 4 MG/ML SUSPENSION	TIER 4	PA, SP, QLC (35 ml/day)
ORFADIN (<i>nitisinone</i>) 5 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PALYNZIQ (<i>pegvaliase-pqpz</i>) 10 MG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/day)
PALYNZIQ (<i>pegvaliase-pqpz</i>) 2.5 MG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (4 syringes/28 days)
PALYNZIQ (<i>pegvaliase-pqpz</i>) 20 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (3 syringes/day)
PANCREAZE (<i>pancrelipase (lipase-protease-amylase)</i>) 2600 CP DR PART, 2600-8800 CP DR PART, 4200 CP DR PART, 10500 CP DR PART, 16800 CP DR PART, 21000 CP DR PART, 37000-97300 CP DR PART	TIER 3	
PERTZYE (<i>pancrelipase (lipase-protease-amylase)</i>) 4000 CP DR PART, 8000 CP DR PART, 16000 CP DR PART, 24000-86250 CP DR PART	TIER 3	
PHEBURANE (<i>sodium phenylbutyrate</i>) 483 MG/GM PELLET	TIER 4	PA, SP, QLC (20 gm/day)
PROCYSBI (<i>cysteamine bitartrate</i>) 25 MG CAP DR	TIER 4	PA, SP, QLC (4 caps/day)
PROCYSBI (<i>cysteamine bitartrate</i>) 300 MG PACKET	TIER 4	PA, SP, QLC (6 packets/day)
PROCYSBI (<i>cysteamine bitartrate</i>) 75 MG CAP DR	TIER 4	PA, SP, QLC (26 caps/day)
PROCYSBI (<i>cysteamine bitartrate</i>) 75 MG PACKET	TIER 4	PA, SP, QLC (4 packets/day)
RAVICTI (<i>glycerol phenylbutyrate</i>) 1.1 GM/ML LIQUID	TIER 4	PA, SP, QLC (17.5 ml/day)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	TIER 4	PA, SP, QLC (14 packs/day)
<i>sapropterin dihydrochloride powder packet 100 mg (JAVYGTOR)</i>	TIER 4	PA, SP, QLC (14 packs/day)
<i>sapropterin dihydrochloride powder packet 500 mg</i>	TIER 4	PA, SP, QLC (3 packs/day)
<i>sapropterin dihydrochloride powder packet 500 mg (JAVYGTOR)</i>	TIER 4	PA, SP, QLC (3 packs/day)
<i>sapropterin dihydrochloride tab 100 mg</i>	TIER 4	PA, SP, QLC (14 tabs/day)
<i>sapropterin dihydrochloride tab 100 mg (JAVYGTOR)</i>	TIER 4	PA, SP, QLC (14 tabs/day)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	TIER 4	PA, SP, QLC (20 gm/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sodium phenylbutyrate tab 500 mg</i>	TIER 4	PA, SP, QLC (40 tabs/day)
STRENSIQ (<i>asfotase alfa</i>) 18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION	TIER 4	PA, SP, QLC (24 vials/28 days)
SUCRAID (<i>sacrosidase</i>) 8500 UNIT/ML SOLUTION	TIER 4	PA, SP, QLC (12 ml/day)
TEGSEDI (<i>inotersen sodium</i>) 284 MG/1.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
VIJOICE (<i>alpelisib (pros agents)</i>) 200 & 50 MG TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day)
VIJOICE (<i>alpelisib (pros agents)</i>) 50 MG TAB THPK, 125 MG TAB THPK	TIER 4	PA, SP, QLC (1 tab/day)
VIOKACE (<i>pancrelipase (lipase-protease-amylase)</i>) 10440-39150 TAB, 20880 TAB	TIER 3	
VOXZOGO (<i>vosoritide</i>) 0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN	TIER 4	PA, SP, QLC (1 vial/day)
VYENDAQEL (<i>tafamidis meglumine (cardiac)</i>) 20 MG CAP	TIER 4	PA, SP, QLC (4 caps/day)
XURIDEN (<i>uridine triacetate</i>) 2 GM PACKET	TIER 4	PA, SP, QLC (4 packets/day)
ZAVESCA (<i>miglustat</i>) 100 MG CAP	TIER 4	PA, SP, QLC (3 caps/day)
ZENPEP (<i>pancrelipase (lipase-protease-amylase)</i>) 3000-10000 CP DR PART, 3000-14000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART	TIER 2	
ZOKINVY (<i>lonafarnib</i>) 50 MG CAP, 75 MG CAP	TIER 4	PA, SP, QLC (4 caps/day)

GENITOURINARY AGENTS (Drugs for Genital, Bladder, and Kidney)

ANTISPASMODICS, URINARY (Drugs for Overactive Bladder)

<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i> (DARIFENACIN HYDROBROMIDE ER)	TIER 1	ST, QLC (1 tab/day)
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i> (DARIFENACIN HYDROBROMIDE ER)	TIER 1	ST, QLC (2 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DETROL (<i>tolterodine tartrate</i>) 1 MG TAB, 2 MG TAB	TIER 3	ST, QLC (2 tabs/day)
DETROL LA (<i>tolterodine tartrate</i>) 2 MG CAP ER 24H, 4 MG CAP ER 24H	TIER 3	ST, QLC (1 tab/day)
DITROPAN XL (<i>oxybutynin chloride</i>) 10 MG TAB ER 24H	TIER 3	QLC (3 tabs/day)
DITROPAN XL (<i>oxybutynin chloride</i>) 5 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
ENABLEX (<i>darifenacin hydrobromide</i>) 15 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
ENABLEX (<i>darifenacin hydrobromide</i>) 7.5 MG TAB ER 24H	TIER 3	ST, QLC (2 tabs/day)
<i>fesoterodine fumarate tab er 24hr 4 mg</i> (FESOTERODINE FUMARATE ER) <i>2hr</i>	TIER 1	QLC (1 tab/day)
<i>fesoterodine fumarate tab er 24hr 8 mg</i> (FESOTERODINE FUMARATE ER)	TIER 1	QLC (1 tab/day)
<i>flavoxate hcl tab 100 mg</i>	TIER 1	
GELNIQUE (<i>oxybutynin chloride</i>) 10 %	TIER 3	ST, QLC (1 pack/day)
GELNIQUE PUMP (<i>oxybutynin chloride</i>) 10 %	TIER 3	ST, QLC (one 30 gm gel pump/month)
GEMTESA (<i>vibegron</i>) 75 MG TAB	TIER 3	ST, QLC (1 tab/day)
MYRBETRIQ (<i>mirabegron</i>) 25 MG TAB ER 24H, 50 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
MYRBETRIQ (<i>mirabegron</i>) 8 MG/ML SRER	TIER 3	PA, QLC (10 ml/day)
<i>oxybutynin chloride syrup 5 mg/5ml mg/ml</i>	TIER 1	
<i>oxybutynin chloride tab 5 mg</i>	TIER 1	
<i>oxybutynin chloride tab er 24hr 10 mg</i> (OXYBUTYNIN CHLORIDE ER)	TIER 1	QLC (3 tabs/day)
<i>oxybutynin chloride tab er 24hr 15 mg</i> (OXYBUTYNIN CHLORIDE ER)	TIER 1	QLC (2 tabs/day)
<i>oxybutynin chloride tab er 24hr 5 mg</i> (OXYBUTYNIN CHLORIDE ER)	TIER 1	QLC (1 tab/day)
OXYTROL (<i>oxybutynin</i>) 3.9 MG/24HR PATCH TW	TIER 3	ST, QLC (8 patches/month)
<i>solifenacin succinate tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>solifenacin succinate tab 5 mg</i>	TIER 1	QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tolterodine tartrate cap er 24hr 2 mg</i> (TOLTERODINE TARTRATE ER) <i>4hr</i>	TIER 1	ST, QLC (1 tab/day)
<i>tolterodine tartrate cap er 24hr 4 mg</i> (TOLTERODINE TARTRATE ER) <i>2hr</i>	TIER 1	ST, QLC (1 tab/day)
<i>tolterodine tartrate tab 1 mg</i>	TIER 1	ST, QLC (2 tabs/day)
<i>tolterodine tartrate tab 2 mg</i>	TIER 1	ST, QLC (2 tabs/day)
TOVIAZ (<i>fesoterodine fumarate</i>) 4 MG TAB ER 24H, 8 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
<i>tropium chloride cap er 24hr 60 mg</i> (TROSPIMUM CHLORIDE ER)	TIER 1	QLC (1 cap/day)
<i>tropium chloride tab 20 mg</i>	TIER 1	QLC (2 tabs/day)
VESICARE (<i>solifenacin succinate</i>) 5 MG TAB, 10 MG TAB	TIER 3	QLC (1 tab/day)
VESICARE LS (<i>solifenacin succinate</i>) 5 MG/5ML SUSPENSION	TIER 3	PA, QLC (10 ml/day)

BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)

<i>alfuzosin hcl tab er 24hr 10 mg</i> (ALFUZOSIN HCL ER)	TIER 1	
AVODART (<i>dutasteride</i>) 0.5 MG CAP	TIER 3	QLC (1 cap/day)
CARDURA XL (<i>doxazosin mesylate (bph)</i>) 4 MG TAB ER 24H, 8 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
CIALIS (<i>tadalafil</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	PA, RO (Retail Only), QLC (6 tabs/month)
<i>dutasteride cap 0.5 mg</i>	TIER 1	QLC (1 cap/day)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	TIER 2	PA, QLC (1 cap/day)
ENTADFI (<i>finasteride-tadalafil</i>) 5-5 MG CAP	TIER 3	PA, QLC (1 cap/day; max 182 caps/year)
<i>finasteride tab 5 mg</i>	TIER 1	
FLOMAX (<i>tamsulosin hcl</i>) 0.4 MG CAP	TIER 3	
JALYN (<i>dutasteride-tamsulosin hcl</i>) 0.5-0.4 MG CAP	TIER 3	PA, QLC (1 cap/day)
PROSCAR (<i>finasteride</i>) 5 MG TAB	TIER 3	
RAPAFLO (<i>silodosin</i>) 4 MG CAP, 8 MG CAP	TIER 3	QLC (1 cap/day)
<i>silodosin cap 4 mg</i>	TIER 1	QLC (1 cap/day)
<i>silodosin cap 8 mg</i>	TIER 1	QLC (1 cap/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tadalafil tab 10 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>tadalafil tab 2.5 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>tadalafil tab 20 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>tadalafil tab 5 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>tamsulosin hcl cap 0.4 mg</i>	TIER 1	
UROXATRAL (<i>alfuzosin hcl</i>) 10 MG TAB ER 24H	TIER 3	

GENITOURINARY AGENTS, OTHER (Other Drugs for Genital, Bladder, and Kidney)

ADDYI (<i>flibanserin</i>) 100 MG TAB	TIER 3	PA, QLC (1 tab/day)
<i>bethanechol chloride tab 10 mg</i>	TIER 1	
<i>bethanechol chloride tab 25 mg</i>	TIER 1	
<i>bethanechol chloride tab 5 mg</i>	TIER 1	
<i>bethanechol chloride tab 50 mg</i>	TIER 1	
CAVERJECT (<i>alprostadil (vasodilator)</i>) 20 MCG RECON SOLN, 40 MCG RECON SOLN	TIER 3	PA, QLC (6 injections/month)
CAVERJECT IMPULSE (<i>alprostadil (vasodilator)</i>) 10 MCG KIT, 20 MCG KIT	TIER 3	PA, QLC (6 injections/month)
CUPRIMINE (<i>penicillamine</i>) 250 MG CAP	TIER 4	PA, QLC (16 caps/day)
CYTRA K CRYSTALS (<i>potassium citrate-citric acid</i>) 3300-1002 MG PACET	TIER 1	
CYTRA-3 (<i>pot & sod citrates w/citric ac</i>) - 550-500-4 MG/5ML SYRUP	TIER 1	
D-PENAMINE (<i>penicillamine</i>) -125 MG TAB	TIER 4	PA, QLC (32 tabs/day)
DEPEN TITRATABS (<i>penicillamine</i>) 250 MG	TIER 4	PA, QLC (16 tabs/day)
EDEX (<i>alprostadil (vasodilator)</i>) 10 MCG KIT, 20 MCG KIT, 40 MCG KIT	TIER 3	PA, QLC (6 injections/month)
ELMIRON (<i>pentosan polysulfate sodium</i>) 100 MG CAP	TIER 2	
K-PHOS (<i>potassium phosphate monobasic</i>) -500 MG TAB	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
K-PHOS NO 2 (<i>potassium & sodium acid phosphates</i>) -305-700 MG TAB	TIER 3	
K-PHOS-NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>) --155-852-130 MG TAB	TIER 3	
LEVITRA (<i>vardenafil hcl</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	PA, RO (Retail Only), QLC (6 tabs/month)
LITHOSTAT (<i>acetohydroxamic acid</i>) 250 MG TAB	TIER 3	
MUSE (<i>alprostadil (vasodilator)</i>) 125 MCG PELLET, 250 MCG PELLET, 500 MCG PELLET, 1000 MCG PELLET	TIER 3	PA, QLC (6 suppositories/month)
ORACIT (<i>sodium citrate & citric acid</i>) 490-640 MG/5ML SOLUTION	TIER 3	
<i>penicillamine cap 250 mg</i>	TIER 4	PA, QLC (16 caps/day)
<i>penicillamine tab 250 mg</i>	TIER 4	PA, QLC (16 tabs/day)
<i>phenazopyridine hcl tab 100 mg</i>	TIER 1	
<i>phenazopyridine hcl tab 200 mg</i>	TIER 1	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (POT & SOD CIT-CIT AC)</i>	TIER 1	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (TRICITRATES)</i>	TIER 1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (PHOSPHA 250 NEUTRAL) ic</i>	TIER 1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (PHOSPHO-TRIN 250 NEUTRAL) ic</i>	TIER 1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (PHOSPHOROUS) ic</i>	TIER 1	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (VIRT-PHOS 250 NEUTRAL) ic</i>	TIER 1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg (TARON-CRYSTALS)</i>	TIER 1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml (CYTRA-K)</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i> (POTASSIUM CITRATE-CITRIC ACID)	TIER 1	
<i>potassium phosphate monobasic tab 500 mg</i> (PHOSPHO-TRIN K500)	TIER 1	
PYRIDIUM (<i>phenazopyridine hcl</i>) 100 MG TAB, 200 MG TAB	TIER 3	
RENACIDIN (<i>citric acid-gluconolactone-magnesium carbonate</i>) SOLUTION	TIER 3	PA, QLC (180 ml/day)
<i>sildenafil citrate tab 100 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>sildenafil citrate tab 25 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>sildenafil citrate tab 50 mg</i>	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i> (CYTRA-2)	TIER 1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i> (SOD CITRATE-CITRIC ACID)	TIER 1	
STAXYN (<i>vardenafil hcl</i>) 10 MG TAB DISP	TIER 3	PA, RO (Retail Only), QLC (6 tabs/month)
STENDRA (<i>avanafil</i>) 50 MG TAB, 100 MG TAB, 200 MG TAB	TIER 3	PA, RO (Retail Only), QLC (6 tabs/month)
THIOLA (<i>tiopronin</i>) 100 MG TAB	TIER 4	PA, SP
THIOLA EC (<i>tiopronin</i>) EC 100 MG TAB DR, EC 300 MG TAB DR	TIER 4	PA, SP
<i>tiopronin tab 100 mg</i>	TIER 4	PA, SP
URECHOLINE (<i>bethanechol chloride</i>) 5 MG TAB, 10 MG TAB, 25 MG TAB, 50 MG TAB	TIER 3	
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	TIER 2	PA, RO (Retail Only), QLC (6 tabs/month)
<i>vardenafil hcl tab 10 mg</i>	TIER 2	PA, RO (Retail Only), QLC (6 tabs/month)
<i>vardenafil hcl tab 2.5 mg</i>	TIER 2	PA, RO (Retail Only), QLC (6 tabs/month)
<i>vardenafil hcl tab 20 mg</i>	TIER 2	PA, RO (Retail Only), QLC (6 tabs/month)
<i>vardenafil hcl tab 5 mg</i>	TIER 2	PA, RO (Retail Only), QLC (6 tabs/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIAGRA (<i>sildenafil citrate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	PA, RO (Retail Only), QLC (6 tabs/month)
VYLEESI (<i>bremelanotide acetate</i>) 1.75 MG/0.3ML SOLN -INJ	TIER 4	PA, SP, QLC (8 doses/30 days)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Drugs for Replacing/Stimulating Adrenal Gland Hormones)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Glucocorticoids)

ACTHAR (<i>corticotropin</i>) 80 UNIT/ML GEL	TIER 4	PA, SP
<i>alclometasone dipropionate cream 0.05%</i>	TIER 1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	TIER 1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	TIER 1	
<i>betamethasone dipropionate oint 0.05%</i>	TIER 1	
<i>clobetasol propionate emollient base cream 0.05%</i>	TIER 1	
<i>clobetasol propionate emollient base cream 0.05%</i> (CLOBETASOL PROP EMOLLIENT BASE)	TIER 1	
CLOCORTOLONE PIVALATE 0.1 % CREAM	TIER 3	ST
<i>clocortolone pivalate cream 0.1%</i>	TIER 3	ST
CLOCORTOLONE PIVALATE PUMP 0.1 % CREAM	TIER 3	ST
CLODERM (<i>clocortolone pivalate</i>) 0.1 % CREAM	TIER 3	ST
CLODERM PUMP (<i>clocortolone pivalate</i>) 0.1 % CREAM	TIER 3	ST
CORTISONE ACETATE 25 MG TAB	TIER 1	
CORTROPHIN (<i>corticotropin</i>) 80 UNIT/ML GEL	TIER 4	PA, SP
<i>desonide lotion 0.05%</i>	TIER 1	ST
DESOWEN (<i>desonide</i>) 0.05 % LOTION	TIER 3	ST

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DEXABLISS (<i>dexamethasone</i>) 1.5 MG (39) TAB THPK	TIER 3	PA
DEXAMETHASONE 0.5 MG TAB, 0.5 MG/5ML SOLUTION, 0.75 MG TAB, 1 MG TAB	TIER 1	
DEXAMETHASONE 1.5 MG (35) TAB THPK, 1.5 MG (51) TAB THPK	TIER 3	PA
<i>dexamethasone elixir 0.5 mg/5ml</i>	TIER 1	
<i>dexamethasone elixir 0.5 mg/5ml</i> (DECADRON)	TIER 1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	TIER 1	
<i>dexamethasone tab 0.5 mg</i>	TIER 1	
<i>dexamethasone tab 0.5 mg</i> (DECADRON)	TIER 1	
<i>dexamethasone tab 0.75 mg</i>	TIER 1	
<i>dexamethasone tab 0.75 mg</i> (DECADRON)	TIER 1	
<i>dexamethasone tab 1.5 mg</i>	TIER 1	
<i>dexamethasone tab 2 mg</i>	TIER 1	
<i>dexamethasone tab 4 mg</i>	TIER 1	
<i>dexamethasone tab 4 mg</i> (DECADRON)	TIER 1	
<i>dexamethasone tab 6 mg</i>	TIER 1	
<i>dexamethasone tab 6 mg</i> (DECADRON)	TIER 1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	TIER 3	PA
<i>dexamethasone tab therapy pack 1.5 mg (21)</i> (DEXPAK 6 DAY)	TIER 3	PA
<i>dexamethasone tab therapy pack 1.5 mg (21)</i> (HIDEX 6-DAY)	TIER 3	PA
<i>dexamethasone tab therapy pack 1.5 mg (21)</i> (TAPERDEX 6-DAY)	TIER 3	PA
<i>dexamethasone tab therapy pack 1.5 mg (35)</i> (DEXPAK 10 DAY)	TIER 3	PA
<i>dexamethasone tab therapy pack 1.5 mg (51)</i> (DEXPAK 13 DAY)	TIER 3	PA
DIPROLENE AF (<i>betamethasone dipropionate augmented</i>) 0.05 % CREAM	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DXEVO 11-DAY (<i>dexamethasone</i>) -1.5 MG TAB THPK	TIER 3	PA
ELOCON (<i>mometasone furoate</i>) 0.1 % CREAM, 0.1 % OINTMENT	TIER 3	
EMFLAZA (<i>deflazacort</i>) 18 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
EMFLAZA (<i>deflazacort</i>) 22.75 MG/ML SUSPENSION	TIER 4	PA, SP, QLC (6 bottles/month)
EMFLAZA (<i>deflazacort</i>) 6 MG TAB, 30 MG TAB, 36 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
<i>fludrocortisone acetate tab 0.1 mg</i>	TIER 1	
HEMADY (<i>dexamethasone</i>) 20 MG TAB	TIER 3	PA, QLC (2 tabs/day; max 24 tabs/28 days)
<i>hydrocortisone acetate suppos 25 mg</i>	TIER 1	
<i>hydrocortisone acetate suppos 25 mg (ANUCORT-HC)</i>	TIER 1	
<i>hydrocortisone acetate suppos 25 mg (ANUSOL-HC)</i>	TIER 4	PA
<i>hydrocortisone acetate suppos 25 mg (HEMMOREX-HC)</i>	TIER 1	
<i>hydrocortisone butyrate oint 0.1%</i>	TIER 1	
<i>hydrocortisone valerate oint 0.2%</i>	TIER 1	
ISTURISA (<i>osilodrostat phosphate</i>) 1 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day)
ISTURISA (<i>osilodrostat phosphate</i>) 10 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day)
ISTURISA (<i>osilodrostat phosphate</i>) 5 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
KORLYM (<i>mifepristone (hyperglycemia)</i>) 300 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
MEDROL (<i>methylprednisolone</i>) 2 MG TAB	TIER 2	
MEDROL (<i>methylprednisolone</i>) 4 MG TAB, 4 MG TAB THPK, 8 MG TAB, 16 MG TAB, 32 MG TAB	TIER 3	
<i>methylprednisolone tab 16 mg</i>	TIER 1	
<i>methylprednisolone tab 32 mg</i>	TIER 1	
<i>methylprednisolone tab 4 mg</i>	TIER 1	
<i>methylprednisolone tab 8 mg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	TIER 1	
MICORT-HC (<i>hydrocortisone acetate (topical)</i>) -2.5 % CREAM	TIER 3	PA, QLC (56 tubes/month)
MILLIPRED (<i>prednisolone sodium phosphate</i>) 10 MG/5ML SOLUTION	TIER 3	
MILLIPRED (<i>prednisolone</i>) 5 MG TAB	TIER 3	PA
MILLIPRED DP (<i>prednisolone</i>) 5 MG (21) TAB THPK, 5 MG (48) TAB THPK	TIER 3	PA
MILLIPRED DP 12-DAY (<i>prednisolone</i>) -5 MG (48) TAB THPK	TIER 3	PA
<i>mometasone furoate cream 0.1%</i>	TIER 1	
<i>mometasone furoate oint 0.1%</i>	TIER 1	
ORAPRED ODT (<i>prednisolone sodium phosphate</i>) ODT 10 MG TAB DISP, ODT 15 MG TAB DISP, ODT 30 MG TAB DISP	TIER 3	PA
PEDIAPRED (<i>prednisolone sodium phosphate</i>) 6.7 (5 BASE) MG/5ML SOLUTION	TIER 3	
PREDNICARBATE 0.1 % CREAM, 0.1 % OINTMENT	TIER 1	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 2	PA
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 2	PA
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 2	PA
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	
PREDNISOLONE SODIUM PHOSPHATE 10 MG TAB DISP, 15 MG TAB DISP, 30 MG TAB DISP	TIER 2	PA
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	TIER 1	
<i>prednisolone soln 15 mg/5ml</i>	TIER 1	
PREDNISON 5 MG/5ML SOLUTION	TIER 1	
PREDNISON INTENSOL 5 MG/ML CONC	TIER 1	
<i>prednisone tab 1 mg</i>	TIER 1	
<i>prednisone tab 10 mg</i>	TIER 1	
<i>prednisone tab 2.5 mg</i>	TIER 1	
<i>prednisone tab 20 mg</i>	TIER 1	
<i>prednisone tab 5 mg</i>	TIER 1	
<i>prednisone tab 50 mg</i>	TIER 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	TIER 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	TIER 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	TIER 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	TIER 1	
RAYOS (<i>prednisone</i>) 1 MG TAB DR	TIER 4	PA, QLC (3 tabs/day)
RAYOS (<i>prednisone</i>) 2 MG TAB DR	TIER 4	PA, QLC (2 tabs/day)
RAYOS (<i>prednisone</i>) 5 MG TAB DR	TIER 4	PA, QLC (12 tabs/day)
RECORLEV (<i>levoketoconazole</i>) 150 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day)
SERNIVO (<i>betamethasone dipropionate (topical)</i>) 0.05 % EMULSION	TIER 4	PA, QLC (1 bottle/month)
TAPERDEX 12-DAY (<i>dexamethasone</i>) -1.5 MG (49) TAB THPK	TIER 1	PA
TAPERDEX 7-DAY (<i>dexamethasone</i>) -1.5 MG (2) TAB THPK	TIER 3	PA
VERDESO (<i>desonide</i>) 0.05 % FOAM	TIER 3	PA
VERIPRED 20 (<i>prednisolone sodium phosphate</i>) MG/5ML SOLUTION	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZCORT 7-DAY (<i>dexamethasone</i>) -1.5 MG (25) TAB THPK	TIER 3	PA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs to Replace/Stimulate Pituitary Gland Hormones)

CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	TIER 4	PA, SP
DDAVP (<i>desmopressin acetate spray</i>) 0.01 % SOLUTION	TIER 3	
DDAVP (<i>desmopressin acetate</i>) 0.1 MG TAB, 0.2 MG TAB	TIER 3	
DDAVP RHINAL TUBE (<i>desmopressin acetate refrigerated</i>) 0.01 % SOLUTION	TIER 3	PA
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	TIER 4	SP, QLC (2.5 ml/month)
<i>desmopressin acetate nasal spray soln 0.01%</i> (DESMOPRESSIN ACETATE SPRAY)	TIER 1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> (DESMOPRESSIN ACE SPRAY REFRIG)	TIER 1	
<i>desmopressin acetate tab 0.1 mg</i>	TIER 1	
<i>desmopressin acetate tab 0.2 mg</i>	TIER 1	
EGRIFTA (<i>tesamorelin acetate</i>) 1 MG RECON SOLN	TIER 4	PA, SP, QLC (2 vials/day)
EGRIFTA SV (<i>tesamorelin acetate</i>) 2 MG RECON SOLN	TIER 4	PA, SP, QLC (1 vial/day)
FOLLISTIM AQ (<i>follitropin beta</i>) 300 UNT/0.36ML SOLUTION, 600 UNT/0.72ML SOLUTION, 900 UNT/1.08ML SOLUTION	TIER 4	PA, SP
GENOTROPIN (<i>somatropin</i>) 5 MG CARTRIDGE, 12 MG CARTRIDGE	TIER 4	PA, SP

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GENOTROPIN MINIQUICK (<i>somatropin</i>) 0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR	TIER 4	PA, SP
GONAL-F (<i>follitropin alfa</i>) -F 450 RECON SOLN, -F 1050 RECON SOLN	TIER 4	PA, SP
GONAL-F RFF (<i>follitropin alfa</i>) -75 UNIT RECON SOLN	TIER 4	PA, SP
GONAL-F RFF REDIJECT (<i>follitropin alfa</i>) -F 300 UNIT/0.5ML SOLN PEN, -F 450 UNT/0.75ML SOLN PEN, -F 900 UNIT/1.5ML SOLN PEN	TIER 4	PA, SP
HUMATROPE (<i>somatropin</i>) 5 MG RECON SOLN, 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE	TIER 4	PA, SP
INCRELEX (<i>mecasermin</i>) 40 MG/4ML SOLUTION	TIER 4	PA, SP
MENOPUR (<i>menotropins</i>) 75 UNIT RECON SOLN	TIER 4	PA, SP
MYFEMBREE (<i>relugolix-estradiol-norethindrone acetate</i>) 40-1-0.5 MG TAB	TIER 4	PA, QLC (1 tab/day)
NOCDURNA (<i>desmopressin acetate</i>) 27.7 MCG SL TAB	TIER 3	PA, QLC (1 tab/day)
NOCDURNA (<i>desmopressin acetate</i>) 55.3 MCG SL TAB	TIER 3	PA, QLC (1 tab/day)
NOCTIVA (<i>desmopressin acetate</i>) 0.83 MCG/0.1ML EMULSION, 1.66 MCG/0.1ML EMULSION	TIER 3	PA, QLC (1 bottle/month)
NORDITROPIN FLEXPPO (<i>somatropin</i>) 5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN	TIER 4	PA, SP
NOVAREL (<i>chorionic gonadotropin</i>) 5000 RECON SOLN, 10000 RECON SOLN	TIER 4	PA, SP
NUTROPIN AQ NUSPIN 10 (<i>somatropin</i>) MG/2ML SOLN PEN	TIER 4	PA, SP
NUTROPIN AQ NUSPIN 20 (<i>somatropin</i>) MG/2ML SOLN PEN	TIER 4	PA, SP
NUTROPIN AQ NUSPIN 5 (<i>somatropin</i>) MG/2ML SOLN PEN	TIER 4	PA, SP

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OMNITROPE (<i>somatropin</i>) 5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART	TIER 4	PA, SP
ORIAHNN (<i>elagolix sodium-estradiol-norethindrone acetate</i>) 300-1-0.5 & 300 MG CAP THPK	TIER 4	PA, QLC (2 caps/day)
OVIDREL (<i>choriogonadotropin alfa</i>) 250 MCG/0.5ML INJECTABLE	TIER 4	PA, SP, QLC (1 syringe/28 days)
PREGNYL (<i>chorionic gonadotropin</i>) 10000 UNIT RECON SOLN	TIER 4	PA, SP
SAIZEN (<i>somatropin (non-refrigerated)</i>) 5 MG RECON SOLN, 8.8 MG RECON SOLN	TIER 4	PA, SP
SAIZENPREP (<i>somatropin (non-refrigerated)</i>) 8.8 MG RECON SOLN	TIER 4	PA, SP
SEROSTIM (<i>somatropin (non-refrigerated)</i>) 4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN	TIER 4	PA, SP
SKYTROFA (<i>lonapegsomatropin-tcgd</i>) 3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE	TIER 4	PA, SP
STIMATE (<i>desmopressin acetate</i>) 1.5 MG/ML SOLUTION	TIER 4	SP, QLC (2.5 ml/month)
ZOMACTON (FOR ZOMA-JET 10) (<i>somatropin</i>) CTON -MG RECON SOLN	TIER 4	PA, SP
ZOMACTON (<i>somatropin</i>) 5 MG RECON SOLN, 10 MG RECON SOLN	TIER 4	PA, SP
ZORBTIVE (<i>somatropin (non-refrigerated)</i>) 8.8 MG RECON SOLN	TIER 4	PA, SP

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones)

ANABOLIC STEROIDS

ANADROL-50 (<i>oxymetholone</i>) -MG TAB	TIER 3	PA
<i>oxandrolone tab 10 mg</i>	TIER 1	QLC (2 tabs/day)
<i>oxandrolone tab 2.5 mg</i>	TIER 1	QLC (8 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANDROGENS		
ANDRODERM (<i>testosterone</i>) 2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR	TIER 3	PA, QLC (1 patch/day)
ANDROGEL (<i>testosterone</i>) 20.25 MG/1.25GM (1.62%)	TIER 3	PA, QLC (1 packet/day)
ANDROGEL (<i>testosterone</i>) 25 MG/2.5GM (1%) GEL, 50 MG/5GM (1%) GEL	TIER 3	PA, QLC (300 grams/month)
ANDROGEL (<i>testosterone</i>) 40.5 MG/2.5GM (1.62%)	TIER 3	PA, QLC (2 packets/day)
ANDROGEL PUMP (<i>testosterone</i>) 20.25 MG/ACT (1.62%)	TIER 3	PA, QLC (2 bottles/month)
ANDROID (<i>methyltestosterone</i>) 10 MG CAP	TIER 2	PA
<i>danazol cap 100 mg</i>	TIER 1	
<i>danazol cap 200 mg</i>	TIER 1	
<i>danazol cap 50 mg</i>	TIER 1	
DEPO-TESTOSTERONE (<i>testosterone cypionate</i>) -100 MG/ML SOLUTION, -200 MG/ML SOLUTION	TIER 3	QLC (10 ml/month)
FORTESTA (<i>testosterone</i>) 10 MG/ACT (2%) GEL	TIER 3	PA, QLC (2 bottles/month)
JATENZO (<i>testosterone undecanoate</i>) 158 MG CAP, 198 MG CAP	TIER 3	PA, QLC (4 caps/day)
JATENZO (<i>testosterone undecanoate</i>) 237 MG CAP	TIER 3	PA, QLC (2 caps/day)
KYZATREX (<i>testosterone undecanoate</i>) 100 MG CAP	TIER 3	PA, QLC (2 caps/day)
KYZATREX (<i>testosterone undecanoate</i>) 150 MG CAP, 200 MG CAP	TIER 3	PA, QLC (4 caps/day)
METHITEST (<i>methyltestosterone</i>) 10 MG TAB	TIER 2	PA
<i>methyltestosterone cap 10 mg</i>	TIER 1	PA
NATESTO (<i>testosterone</i>) 5.5 MG/ACT GEL	TIER 3	PA, QLC (3 bottles/month)
STRIANT (<i>testosterone</i>) 30 MG MISC	TIER 3	PA, QLC (2 tabs/day)
TESTIM (<i>testosterone</i>) 50 MG/5GM (1%) GEL	TIER 3	PA, QLC (10 grams/day)
TESTOSTERONE 12.5 MG/ACT (1%) GEL, 25 MG/2.5GM (1%) GEL, 50 MG/5GM (1%) GEL	TIER 1	PA, QLC (300 grams/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TESTOSTERONE CYPIONATE 100 MG/ML SOLUTION	TIER 1	QLC (10 ml/month)
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	TIER 1	QLC (10 ml/month)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	TIER 1	QLC (10 ml/month)
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	TIER 1	QLC (5 ml/month)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	TIER 1	QLC (5 ml/month)
<i>testosterone td gel 10mg/act (2%)</i>	TIER 1	PA, QLC (2 bottles/month)
<i>testosterone td gel 12.5 mg/act (1%)</i>	TIER 1	PA, QLC (300 grams/month)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	TIER 1	PA, QLC (1 packet/day)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	TIER 1	PA, QLC (2 bottles/month)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	TIER 1	PA, QLC (300 grams/month)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	TIER 1	PA, QLC (2 packets/day)
<i>testosterone td gel 50 mg/5gm (1%)</i>	TIER 1	PA, QLC (300 grams/month)
<i>testosterone td soln 30 mg/act</i>	TIER 1	PA, QLC (2 bottles/month)
TESTRED (<i>methyltestosterone</i>) 10 MG CAP	TIER 3	PA
TLANDO (<i>testosterone undecanoate</i>) 112.5 MG CAP	TIER 3	PA, QLC (4 caps/day)
VOGELXO (<i>testosterone</i>) 50 MG/5GM (1%)	TIER 3	PA, QLC (300 grams/month)
VOGELXO PUMP (<i>testosterone</i>) 12.5 MG/ACT (1%)	TIER 3	PA, QLC (300 grams/month)
XYOSTED (<i>testosterone enanthate</i>) 50 MG/0.5ML SOLN -INJ, 75 MG/0.5ML SOLN -INJ, 100 MG/0.5ML SOLN -INJ	TIER 3	PA, QLC (1 injection/week)

ESTROGENS (Contraceptives and Drugs for Menopause)

ACTIVELLA (<i>estradiol & norethindrone acetate</i>) 0.5-0.1 MG TAB, 1-0.5 MG TAB	TIER 3	QLC (1 tab/day)
ALORA (<i>estradiol</i>) 0.025 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW	TIER 3	QLC (16 patches/28 days)
ANGELIQ (<i>drospirenone-estradiol</i>) 0.25-0.5 MG TAB, 0.5-1 MG TAB	TIER 3	QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANNOVERA (<i>segesterone acetate-ethinyl estradiol</i>) 0.013-0.15 MG/24HR RING	TIER 3	ACA (Preventive Health), QLC (1 ring/ 365 days)
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>) 0.1-20 MG-MCG(21) TAB	TIER 3	ACA (Preventive Health)
BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>) 3-0.02-0.451 MG TAB	TIER 3	
BIJUVA (<i>estradiol-progesterone</i>) 1-100 MG CAP	TIER 3	QLC (1 cap/day)
CLIMARA (<i>estradiol</i>) 0.025 MG/24HR PATCH WK, 0.0375 MG/24HR PATCH WK, 0.05 MG/24HR PATCH WK, 0.06 MG/24HR PATCH WK, 0.075 MG/24HR PATCH WK, 0.1 MG/24HR PATCH WK	TIER 3	QLC (8 patches/28 days)
CLIMARA PRO (<i>estradiol-levonorgestrel</i>) 0.045-0.015 MG/DAY PATCH WK	TIER 2	QLC (4 patches/month)
COMBIPATCH (<i>estradiol & norethindrone acetate</i>) 0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW	TIER 3	QLC (8 patches/month)
DELESTROGEN (<i>estradiol valerate</i>) 10 MG/ML OIL, 20 MG/ML OIL, 40 MG/ML OIL	TIER 3	
DEPO-ESTRADIOL (<i>estradiol cypionate</i>) -5 MG/ML OIL	TIER 3	
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (AZURETTE)	TIER 1	ACA (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (BEKYREE)	TIER 1	ACA (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (DESOGESTREL-ETHINYL ESTRADIOL)	TIER 1	ACA (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (KARIVA)	TIER 1	ACA (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (PIMTREA)	TIER 1	ACA (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (SIMLIYA)	TIER 1	ACA (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (VIORELE)	TIER 1	ACA (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (VOLNEA)	TIER 1	ACA (Preventive Health)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (CAZANT) desog-0.025/25---</i>	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (APRI)</i>	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CYRED EQ)</i>	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CYRED)</i>	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (DESOGESTREL-ETHINYL ESTRADIOL)</i>	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (EMOQUETTE)</i>	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ENSKYCE)</i>	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ISIBLOOM)</i>	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (JULEBER)</i>	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (KALLIGA)</i>	TIER 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (RECLIPSEN)</i>	TIER 1	ACA (Preventive Health)
DIVIGEL (<i>estradiol</i>) 0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL	TIER 3	QLC (1 pack/day)
DIVIGEL (<i>estradiol</i>) 0.75 MG/0.75GM	TIER 3	QLC (1 pack/day)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (DROSPIREN-ETH ESTRAD-LEVOMEFOL)</i>	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (RAJANI)</i>	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (DROSPIREN-ETH ESTRAD-LEVOMEFOL) ---0.0-</i>	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (TYDEMY) ---0.0-</i>	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	TIER 1	ACA (Preventive Health)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (GIANVI)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (JASMIEL)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (LO-ZUMANDIMINE)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (LORYNA)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (NIKKI)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (VESTURA)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (OCELLA)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (SYEDA)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (ZARAH)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (ZUMANDIMINE)	TIER 1	ACA (Preventive Health)
ELESTRIN (<i>estradiol</i>) 0.52 MG/0.87 GM (0.06%) GEL	TIER 3	QLC (1 bottle/month)
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (COVARYX HS)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (EEMT HS)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST HS)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (COVARYX)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (EEMT)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (EST ESTROGENS-METHYLTEST DS)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (EST ESTROGENS-METHYLTEST)	TIER 1	
ESTRACE (<i>estradiol vaginal</i>) 0.1 MG/GM CREAM	TIER 3	
ESTRACE (<i>estradiol</i>) 0.5 MG TAB, 1 MG TAB, 2 MG TAB	TIER 3	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (AMABELZ)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (ESTRADIOL-NORETHINDRONE ACET)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (LOPREEZA)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (MIMVEY LO)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (AMABELZ)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (ESTRADIOL-NORETHINDRONE ACET)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (LOPREEZA)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (MIMVEY)	TIER 1	QLC (1 tab/day)
<i>estradiol tab 0.5 mg</i>	TIER 1	
<i>estradiol tab 1 mg</i>	TIER 1	
<i>estradiol tab 2 mg</i>	TIER 1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	TIER 2	QLC (1 pack/day)
<i>estradiol td gel 0.5 mg/0.5gm (0.1%) mg/gm</i>	TIER 2	QLC (1 pack/day)
<i>estradiol td gel 0.75 mg/0.75gm (0.1%) mg/gm</i>	TIER 2	QLC (1 pack/day)
<i>estradiol td gel 1 mg/gm (0.1%) (0.%)</i>	TIER 2	QLC (1 pack/day)
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	TIER 2	QLC (1 pack/day)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	TIER 1	QLC (16 patches/28 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> (DOTTI)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> (LYLLANA)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> (DOTTI)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> (LYLLANA)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> (DOTTI)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> (LYLLANA)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> (DOTTI)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> (LYLLANA)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> (DOTTI)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> (LYLLANA)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch weekly 0.025 mg/24hr</i>	TIER 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	TIER 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.05 mg/24hr</i>	TIER 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.06 mg/24hr</i>	TIER 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.075 mg/24hr</i>	TIER 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.1 mg/24hr</i>	TIER 1	QLC (8 patches/28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	TIER 1	
<i>estradiol vaginal tab 10 mcg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>estradiol vaginal tab 10 mcg</i> (YUVAFEM)	TIER 1	
<i>estradiol valerate im in oil 20 mg/ml</i>	TIER 1	
<i>estradiol valerate im in oil 40 mg/ml</i>	TIER 1	
ESTRING (<i>estradiol vaginal</i>) 2 MG	TIER 2	QLC (1 ring/90 days)
ESTROGEL (<i>estradiol</i>) 0.75 MG/1.25 GM (0.06%)	TIER 3	QLC (1 bottle/month)
ESTROSTEP FE (<i>norethindrone acetate-ethinyl estradiol-fe</i>) 1-20/1-30/1-35 MG-MCG TAB	TIER 3	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	TIER 1	ACA (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (KELNOR 1/35)	TIER 1	ACA (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (ZOVIA 1/35 (28))	TIER 1	ACA (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (ZOVIA 1/35E (28))	TIER 1	ACA (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	TIER 1	ACA (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (KELNOR 1/50)	TIER 1	ACA (Preventive Health)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	TIER 1	ACA (Preventive Health), QLC (1 ring/month)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (ELURYNG)	TIER 1	ACA (Preventive Health), QLC (1 ring/month)
EVAMIST (<i>estradiol</i>) 1.53 MG/SPRAY SOLUTION	TIER 3	QLC (2 bottles/month)
FEMHRT (<i>norethindrone acetate-ethinyl estradiol</i>) 0.5-2.5 MG-MCG TAB	TIER 3	QLC (1 tab/day)
FEMRING (<i>estradiol acetate vaginal</i>) 0.05 MG/24HR RING, 0.1 MG/24HR RING	TIER 3	QLC (1 ring/3 months)
GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>) 0.8-25 MG-MCG CHEW TAB	TIER 3	
IMVEXXY MAINTENANCE PACK (<i>estradiol vaginal</i>) 10 MCG INSERT	TIER 3	PA, QLC (8 inserts/28 days)
IMVEXXY MAINTENANCE PACK (<i>estradiol vaginal</i>) 4 MCG INSERT	TIER 3	PA, QLC (8 inserts/28 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IMVEXXY STARTER PACK (<i>estradiol vaginal</i>) 10 MCG INSERT	TIER 3	PA, QLC (18 inserts/28 days)
IMVEXXY STARTER PACK (<i>estradiol vaginal</i>) 4 MCG INSERT	TIER 3	PA, QLC (18 inserts/28 days)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (FAYOSIM)	TIER 1	ACA (Preventive Health)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (LEVONORGEST-ETH EST & ETH EST)	TIER 1	ACA (Preventive Health)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (RIVELSA)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (AMETHIA LO)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (CAMRESE LO)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (LEVONORGEST-ETH ESTRAD 91-DAY)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (LOJAIMIESS)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (AMETHIA)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (ASHLYNA)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (CAMRESE)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (DAYSEE)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (JAIMIESS)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (LEVONORGEST-ETH ESTRAD 91-DAY)	TIER 1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (SIMPESSE)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (ICLEVIA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (INTROVALE)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (JOLESSA)	TIER 1	ACA (Preventive Health)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (LEVONORGEST-ETH ESTRAD 91-DAY)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (QUASENSE)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (SETLAKIN)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (AFIRMELLE)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (AUBRA EQ)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (AUBRA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (AVIANE)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (DELYLA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (FALMINA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (LARISSIA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (LESSINA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (LUTERA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (ORSYTHIA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (SRONYX)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (VIENVA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (ALTAVERA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (AYUNA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (CHATEAL EQ)	TIER 1	ACA (Preventive Health)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (CHATEAL)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (KURVELO)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (LEVORA 0.15/30 (28))	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (LILLOW)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (MARLISSA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (PORTIA-28)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (ENPRESSE-28)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (LEVONEST)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (LEVONORG-ETH ESTRAD TRIPHASIC)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (MYZILRA)	TIER 1	ACA (Preventive Health)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (TRIVORA (28))	TIER 1	ACA (Preventive Health)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	TIER 1	ACA (Preventive Health), QLC (1 pack/month)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> (AMETHYST)	TIER 1	ACA (Preventive Health), QLC (1 pack/month)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> (DOLISHALE)	TIER 1	ACA (Preventive Health), QLC (1 pack/month)
LO LOESTRIN FE (<i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>) ESTRIN 1 MG-10 MCG 10 MCG TAB	TIER 2	ACA (Preventive Health)
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>) 0.1-0.02 & 0.01 MG TAB	TIER 3	
MENEST (<i>esterified estrogens</i>) 0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB	TIER 3	
MENOSTAR (<i>estradiol</i>) 14 MCG/24HR PATCH WK	TIER 3	QLC (4 patches/28 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MINASTRIN 24 FE (<i>norethin acet & estradfe</i>) 1-20 MG-MCG() CHEW TAB	TIER 3	
MINIVELLE (<i>estradiol</i>) 0.025 MG/24HR PATCH TW, 0.0375 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW	TIER 3	QLC (16 patches/28 days)
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>) 0.15-0.02/0.01 MG (21/5) TAB	TIER 3	
NATAZIA (<i>estradiol valerate-dienogest</i>) 3/2-2/2-3/1 MG TAB	TIER 3	ACA (Preventive Health)
NEXTSTELLIS (<i>drospirenone-estetrol</i>) 3-14.2 MG TAB	TIER 3	ACA (Preventive Health)
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (XULANE)	TIER 1	ACA (Preventive Health), QLC (3 patches/month)
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (ZAFEMY)	TIER 1	ACA (Preventive Health), QLC (3 patches/month)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (BALZIVA)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (BRIELLYN)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (PHILITH)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (VYFEMLA)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (ZENCHENT)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i> (NECON 0.5/35 (28))	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i> (NORTREL 0.5/35 (28))	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i> (WERA)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (ALYACEN 1/35)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (CYCLAFEM 1/35)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (DASETTA 1/35)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (NORTREL 1/35 (21))	TIER 1	ACA (Preventive Health)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (NORTREL 1/35 (28))	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (NYLIA 1/35)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (PIRMELLA 1/35)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> (NORETHIN-ETH ESTRADIOL-FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> (WYMZYA FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (KAITLIB FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (LAYOLIS FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (NORETHIN-ETH ESTRADIOL-FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> (NORETHINDRON-ETHINYL ESTRAD-FE) --20/-30/--	TIER 1	ACA (Preventive Health)
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> (TILIA FE) --20/-30/--	TIER 1	ACA (Preventive Health)
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> (TRI-LEGEST FE) --20/-30/--	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (AUROVELA 1/20)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (JUNEL 1/20)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (LARIN 1/20)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (LOESTRIN 1/20 (21))	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (MICROGESTIN 1/20)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (NORETHINDRONE ACET-ETHINYL EST)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (AUROVELA 1.5/30)	TIER 1	ACA (Preventive Health)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (HAILEY 1.5/30)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (JUNEL 1.5/30)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (LARIN 1.5/30)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (LOESTRIN 1.5/30 (21))	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (MICROGESTIN 1.5/30)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (NORETHINDRONE ACET-ETHINYL EST)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (AUROVELA FE 1/20)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (BLISOVI FE 1/20)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (HAILEY FE 1/20)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (JUNEL FE 1/20)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (LARIN FE 1/20)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (LOESTRIN FE 1/20)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (MICROGESTIN FE 1/20)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (NORETHIN ACE-ETH ESTRAD-FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (TARINA FE 1/20 EQ)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (TARINA FE 1/20)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (AUROVELA FE 1.5/30)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (BLISOVI FE 1.5/30)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (HAILEY FE 1.5/30)	TIER 1	ACA (Preventive Health)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (JUNEL FE 1.5/30)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (LARIN FE 1.5/30)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (LOESTRIN FE 1.5/30)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (MICROGESTIN FE 1.5/30)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (NORETHIN ACE-ETH ESTRAD-FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (CHARLOTTE 24 FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (FINZALA)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (MELODETTA 24 FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (MIBELAS 24 FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (NORETHINDRONE ACET-ETHINYL EST)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (GEMMILY)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (MERZEE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (TAYSOFY)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (AUROVELA 24 FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (BLISOVI 24 FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (HAILEY 24 FE)	TIER 1	ACA (Preventive Health)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (JUNEL FE 24)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (LARIN 24 FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (MICROGESTIN 24 FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (TARINA 24 FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (FYAVOLV)	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (JEVANTIQUE LO)	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (NORETHINDRONE-ETH ESTRADIOL)	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (FYAVOLV)	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (JINTELI)	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (NORETHINDRONE-ETH ESTRADIOL)	TIER 1	QLC (1 tab/day)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (ALYACEN 7/7/7) --/1--	TIER 1	ACA (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (CYCLAFEM 7/7/7) --/1--	TIER 1	ACA (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (DASETTA 7/7/7) - --/1--	TIER 1	ACA (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (NORTREL 7/7/7) --/1--	TIER 1	ACA (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (NYLIA 7/7/7) --/1--	TIER 1	ACA (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (PIRMELLA 7/7/7) --/1--	TIER 1	ACA (Preventive Health)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (ARANELLE) --/1--</i>	TIER 1	ACA (Preventive Health)
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (LEENA) --/1--</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (ESTARYLLA)</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (FEMYNOR)</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MILI)</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MONO-LINYAH)</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MONONESSA)</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (NORGESTIMATE-ETH ESTRADIOL)</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (NYMYO)</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (PREVIFEM)</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (SPRINTEC 28)</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (VYLIBRA)</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (NORGESTIM-ETH ESTRAD TRIPHASIC) --/0.215-/0.--</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-ESTARYLLA) --/0.215-/0.--</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-MARZIA) --/0.215-/0.--</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-MILI) --/0.215-/0.--</i>	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-SPRINTEC) --/0.215-/0.--</i>	TIER 1	ACA (Preventive Health)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norgestimate-eth estrad tab 0.18-35/0.215-25/0.25-25 mg-mcg</i> (TRI-VYLIBRA LO) --/0.215-/0.--	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (NORGESTIM-ETH ESTRAD TRIPHASIC) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI FEMYNOR) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-ESTARYLLA) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-LINYAH) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-MILI) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-NYMYO) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-PREVIFEM) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-SPRINTEC) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (TRI-VYLIBRA) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (CRYSELLE-28)	TIER 1	ACA (Preventive Health)
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (ELINEST)	TIER 1	ACA (Preventive Health)
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (LOW-OGESTREL)	TIER 1	ACA (Preventive Health)
NUVARING (<i>etonogestrel-ethinyl estradiol</i>) NUVA0.12-0.015 MG/24HR	TIER 3	QLC (1 ring/month)
OGESTREL (<i>norgestrel & ethinyl estradiol</i>) 0.5-50 MG-MCG TAB	TIER 1	ACA (Preventive Health)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORTHO TRI-CYCLEN (28) (<i>norgestimate-ethinyl estradiol (triphasic)</i>) - 0.18/0.215/0.25 MG-35 MCG TAB	TIER 3	
ORTHO TRI-CYCLEN LO (<i>norgestimate-ethinyl estradiol (triphasic)</i>) - 0.18/0.215/0.25 MG-25 MCG TAB	TIER 3	
ORTHO-CYCLEN (28) (<i>norgestimate-ethinyl estradiol</i>) -0.25-35 MG-MCG TAB	TIER 3	
ORTHO-NOVUM 1/35 (28) (<i>norethindrone & eth estradiol</i>) -/-MG-MCG TAB	TIER 3	
ORTHO-NOVUM 7/7/7 (28) (<i>norethindrone-eth estradiol (triphasic)</i>) - 0.5/0.75/1-35 MG-MCG TAB	TIER 3	
PREFEST (<i>estradiol-norgestimate</i>) 1/1-0.09 MG (15/15) TAB	TIER 3	QLC (1 tab/day)
PREMARIN (<i>estrogens, conjugated vaginal</i>) 0.625 MG/GM CREAM	TIER 2	
PREMARIN (<i>estrogens, conjugated</i>) 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	TIER 3	
PREMPHASE (<i>conjugated estrogens-medroxyprogesterone acetate</i>) 0.625-5 MG TAB	TIER 2	QLC (28 tabs/month)
PREMPRO (<i>conjugated estrogens-medroxyprogesterone acetate</i>) 0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB	TIER 2	QLC (28 tabs/month)
QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>) 42-21-21-7 DAYS TAB	TIER 3	
SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>) 3-0.03-0.451 MG TAB	TIER 3	
SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>) 0.15-0.03 & 0.01 MG TAB	TIER 3	
TAYTULLA (<i>norethin acet & estrad-fe</i>) 1-20 MG-MCG(24) CAP	TIER 3	
TRI-NORINYL (28) (<i>norethindrone-eth estradiol (triphasic)</i>) -0.5/1/0.5-35 MG-MCG TAB	TIER 3	
TWIRLA (<i>levonorgestrel-ethinyl estradiol</i>) 120-30 MCG/24HR PATCH WK	TIER 3	ACA (Preventive Health), QLC (3 patches/28 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TYBLUME (<i>levonorgestrel & eth estradiol</i>) 0.1-20 MG-MCG CHEW TAB	TIER 3	ACA (Preventive Health)
VAGIFEM (<i>estradiol vaginal</i>) 10 MCG TAB	TIER 3	
VELIVET (<i>desogestrel-ethinyl estradiol (triphasic)</i>) 0.1/0.125/0.15 -0.025 MG TAB	TIER 1	ACA (Preventive Health)
VIVELLE-DOT (<i>estradiol</i>) -0.025 MG/24HR PATCH TW, -0.0375 MG/24HR PATCH TW, -0.05 MG/24HR PATCH TW, -0.075 MG/24HR PATCH TW, -0.1 MG/24HR PATCH TW	TIER 3	QLC (16 patches/28 days)
YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>) 3-0.03 MG TAB	TIER 3	
YAZ (<i>drospirenone-ethinyl estradiol</i>) 3-0.02 MG TAB	TIER 3	

PROGESTINS

AYGESTIN (<i>norethindrone acetate</i>) 5 MG TAB	TIER 3	
CRINONE (<i>progesterone (vaginal)</i>) 4 % GEL, 8 % GEL	TIER 3	PA
ELLA (<i>ulipristal acetate</i>) 30 MG TAB	TIER 3	ACA (Preventive Health), QLC (1 tab/fill)
ENDOMETRIN (<i>progesterone (vaginal)</i>) 100 MG INSERT	TIER 2	PA
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	TIER 4	PA, SP, QLC (5 ml/month)
MAKENA (<i>hydroxyprogesterone caproate</i>) 250 MG/ML OIL	TIER 4	PA, SP, QLC (5 ml/month)
MAKENA (<i>hydroxyprogesterone caproate</i>) MKEN275 MG/1.1ML SOLN -INJ	TIER 4	PA, SP, QLC (1 injection/week)
<i>medroxyprogesterone acetate tab 10 mg</i>	TIER 1	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	TIER 1	
<i>medroxyprogesterone acetate tab 5 mg</i>	TIER 1	
MEGACE ES (<i>megestrol acetate (appetite)</i>) 625 MG/5ML SUSPENSION	TIER 3	
<i>megestrol acetate susp 40 mg/ml</i>	TIER 1	
<i>megestrol acetate susp 625 mg/5ml</i>	TIER 1	
<i>megestrol acetate tab 20 mg</i>	TIER 1	OAC

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>megestrol acetate tab 40 mg</i>	TIER 1	OAC
<i>norethindrone acetate tab 5 mg</i>	TIER 1	
<i>norethindrone tab 0.35 mg</i>	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (CAMILA)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (DEBLITANE)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (ERRIN)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (HEATHER)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (INCASSIA)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (JENCYCLA)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (JOLIVETTE)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (LYLEQ)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (LYZA)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (NORA-BE)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (NORLYDA)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (NORLYROC)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (SHAROBEL)	TIER 1	ACA (Preventive Health)
<i>norethindrone tab 0.35 mg</i> (TULANA)	TIER 1	ACA (Preventive Health)
ORTHO MICRONOR (<i>norethindrone (contraceptive)</i>) 0.35 MG TAB	TIER 3	
PHEXXI (<i>lactic acid-citric acid-potassium bitartrate</i>) 1.8-1-0.4 % GEL	TIER 3	ACA (Preventive Health), QLC (1 box (12 applicators)/ 30 days)
<i>progesterone cap 100 mg</i>	TIER 1	
<i>progesterone cap 200 mg</i>	TIER 1	
<i>progesterone im in oil 50 mg/ml</i>	TIER 1	
PROMETRIUM (<i>progesterone</i>) 100 MG CAP, 200 MG CAP	TIER 3	
PROVERA (<i>medroxyprogesterone acetate</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 3	
SLYND (<i>drospirenone</i>) 4 MG TAB	TIER 3	ACA (Preventive Health)

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

CLOMID (<i>clomiphene citrate</i>) 50 MG TAB	TIER 1	QLC (10 tabs/28 days)
CLOMIPHENE CITRATE 50 MG TAB	TIER 1	QLC (10 tabs/28 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DUAVEE (<i>conjugated estrogens-bazedoxifene</i>) 0.45-20 MG TAB	TIER 2	QLC (1 tab/day)
EVISTA (<i>raloxifene hcl</i>) 60 MG TAB	TIER 3	PA, QLC (1 tab/day)
OSPHENA (<i>ospemifene</i>) 60 MG TAB	TIER 3	PA, QLC (1 tab/day)
<i>raloxifene hcl tab 60 mg</i>	TIER 1	ACA (Preventive Health), QLC (1 tab/day)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for Replacing/Stimulating Thyroid Gland)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs to Replace Thyroid Hormone)

ARMOUR THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB	TIER 2	
CYTOMEL (<i>liothyronine sodium</i>) 5 MCG TAB, 25 MCG TAB, 50 MCG TAB	TIER 3	
LEVOTHYROXINE SODIUM 13 MCG CAP, 25 MCG CAP, 50 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP	TIER 3	
<i>levothyroxine sodium tab 100 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 100 mcg</i> (EUTHYROX)	TIER 1	
<i>levothyroxine sodium tab 100 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 100 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 100 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 112 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 112 mcg</i> (EUTHYROX)	TIER 1	
<i>levothyroxine sodium tab 112 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 112 mcg</i> (LEVOXYL)	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levothyroxine sodium tab 112 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 125 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 125 mcg</i> (EUTHYROX)	TIER 1	
<i>levothyroxine sodium tab 125 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 125 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 125 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 137 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 137 mcg</i> (EUTHYROX)	TIER 1	
<i>levothyroxine sodium tab 137 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 137 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 137 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 150 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 150 mcg</i> (EUTHYROX)	TIER 1	
<i>levothyroxine sodium tab 150 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 150 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 150 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 175 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 175 mcg</i> (EUTHYROX)	TIER 1	
<i>levothyroxine sodium tab 175 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 175 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 175 mcg</i> (UNITHROID)	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levothyroxine sodium tab 200 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 200 mcg</i> (EUTHYROX)	TIER 1	
<i>levothyroxine sodium tab 200 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 200 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 200 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 25 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 25 mcg</i> (EUTHYROX)	TIER 1	
<i>levothyroxine sodium tab 25 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 25 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 25 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 300 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 300 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 300 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 50 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 50 mcg</i> (EUTHYROX)	TIER 1	
<i>levothyroxine sodium tab 50 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 50 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 50 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 75 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 75 mcg</i> (EUTHYROX)	TIER 1	
<i>levothyroxine sodium tab 75 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 75 mcg</i> (LEVOXYL)	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levothyroxine sodium tab 75 mcg</i> (UNITHROID)	TIER 3	
<i>levothyroxine sodium tab 88 mcg</i>	TIER 1	
<i>levothyroxine sodium tab 88 mcg</i> (EUTHYROX)	TIER 1	
<i>levothyroxine sodium tab 88 mcg</i> (LEVO-T)	TIER 3	
<i>levothyroxine sodium tab 88 mcg</i> (LEVOXYL)	TIER 3	
<i>levothyroxine sodium tab 88 mcg</i> (UNITHROID)	TIER 3	
<i>liothyronine sodium tab 25 mcg</i>	TIER 1	
<i>liothyronine sodium tab 5 mcg</i>	TIER 1	
<i>liothyronine sodium tab 50 mcg</i>	TIER 1	
NATURE-THROID (<i>thyroid</i>) -16.25 MG TAB, -32.5 MG TAB, -48.75 MG TAB, -65 MG TAB, -81.25 MG TAB, -97.5 MG TAB, -113.75 MG TAB, -130 MG TAB, -146.25 MG TAB, -162.5 MG TAB, -195 MG TAB, -260 MG TAB, -325 MG TAB	TIER 3	
NP THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB	TIER 2	
SYNTHROID (<i>levothyroxine sodium</i>) 25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB	TIER 2	
THYQUIDITY (<i>levothyroxine sodium</i>) 100 MCG/5ML SOLUTION	TIER 3	QLC (300 ml/30 days)
<i>thyroid tab 120 mg (2 grain)</i>	TIER 2	
<i>thyroid tab 15 mg (1/4 grain)</i>	TIER 2	
<i>thyroid tab 30 mg (1/2 grain)</i>	TIER 2	
<i>thyroid tab 60 mg (1 grain)</i>	TIER 2	
<i>thyroid tab 90 mg (1 1/2 grain)</i>	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TIROSINT (<i>levothyroxine sodium</i>) 13 MCG CAP, 25 MCG CAP, 50 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP	TIER 3	
TIROSINT-SOL (<i>levothyroxine sodium</i>) -SOL 13 MCG/ML SOLUTION, -SOL 25 MCG/ML SOLUTION, -SOL 37.5 MCG/ML SOLUTION, -SOL 44 MCG/ML SOLUTION, -SOL 50 MCG/ML SOLUTION, -SOL 62.5 MCG/ML SOLUTION, -SOL 75 MCG/ML SOLUTION, -SOL 88 MCG/ML SOLUTION, -SOL 100 MCG/ML SOLUTION, -SOL 112 MCG/ML SOLUTION, -SOL 125 MCG/ML SOLUTION, -SOL 137 MCG/ML SOLUTION, -SOL 150 MCG/ML SOLUTION, -SOL 175 MCG/ML SOLUTION, -SOL 200 MCG/ML SOLUTION	TIER 3	
WESTHROID (<i>thyroid</i>) 32.5 MG TAB, 65 MG TAB, 97.5 MG TAB, 130 MG TAB, 195 MG TAB	TIER 3	
WP THYROID 16.25 MG TAB, 32.5 MG TAB, 48.75 MG TAB, 65 MG TAB, 81.25 MG TAB, 97.5 MG TAB, 113.75 MG TAB, 130 MG TAB	TIER 3	

HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (Drugs for Suppressing Hormones from the Pituitary Gland)

HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (Drugs to Suppress Pituitary Hormones)

BYNFEZIA PEN (<i>octreotide acetate</i>) 2500 MCG/ML (2.8 ML) SOLN	TIER 4	PA, SP
<i>cabergoline tab 0.5 mg</i>	TIER 1	QLC (16 tabs/month)
CETROTIDE (<i>cetrotorelix acetate</i>) 0.25 MG KIT	TIER 4	PA, SP
GANIRELIX ACETATE 250 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	TIER 4	PA, SP
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i> (FYREMADEL)	TIER 4	PA, SP
<i>leuprolide acetate inj kit 5 mg/ml</i>	TIER 4	PA, SP

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MYCAPSSA (<i>octreotide acetate</i>) MYSSA 20 MG DR	TIER 4	PA, SP, QLC (4 caps/day)
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 200 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR, 1000 MCG/ML SOLUTION	TIER 4	PA, SP
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	TIER 4	PA, SP
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	TIER 4	PA, SP
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	TIER 4	PA, SP
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	TIER 4	PA, SP
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	TIER 4	PA, SP
ORGOVYX (<i>relugolix</i>) 120 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
ORLISSA (<i>elagolix sodium</i>) 150 MG TAB	TIER 3	PA, QLC (1 tab/day)
ORLISSA (<i>elagolix sodium</i>) 200 MG TAB	TIER 3	PA, QLC (2 tabs/day)
SANDOSTATIN (<i>octreotide acetate</i>) 50 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 500 MCG/ML SOLUTION	TIER 4	PA, SP
SIGNIFOR (<i>pasireotide diaspargate</i>) 0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION	TIER 4	PA, SP, QLC (2 ampules/day)
SOMAVERT (<i>pegvisomant</i>) 10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN	TIER 4	PA, SP, QLC (1 vial/day)
SYNAREL (<i>nafarelin acetate</i>) 2 MG/ML SOLUTION	TIER 4	PA, QLC (16 ml/30 days)

HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drug for Suppressing Hormones from the Thyroid Gland)

ANTITHYROID AGENTS (Drugs to Suppress Thyroid Hormone)

<i>methimazole tab 10 mg</i>	TIER 1
<i>methimazole tab 5 mg</i>	TIER 1
<i>propylthiouracil tab 50 mg</i>	TIER 1

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SSKI (<i>potassium iodide (expectorant)</i>) 1 GM/ML SOLUTION	TIER 1	
TAPAZOLE (<i>methimazole</i>) 5 MG TAB, 10 MG TAB	TIER 3	

IMMUNOLOGICAL AGENTS (Drugs for Enhancing or Suppressing the Immune System)

ANGIOEDEMA AGENTS

FIRAZYR (<i>icatibant acetate</i>) 30 MG/3ML SOLUTION	TIER 4	PA, SP, QLC (2 syringes per fill; not to exceed 12 syringes/2 months)
HAEGARDA (<i>c1 esterase inhibitor (human)</i>) 2000 RECON SOLN, 3000 RECON SOLN	TIER 4	PA, SP
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	TIER 4	PA, SP, QLC (2 syringes/fill; max 12 syringes/2 months)
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i> (SAJAZIR)	TIER 4	PA, SP, QLC (2 syringes/fill; max 12 syringes/2 months)
ORLADEYO (<i>berotralstat hcl</i>) 110 MG CAP, 150 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
TAKHZYRO (<i>lanadelumab-flyo</i>) 300 MG/2ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
TAKHZYRO (<i>lanadelumab-flyo</i>) 300 MG/2ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/14 days)

IMMUNOLOGICAL AGENTS, OTHER (Other Drugs that Stimulate or Suppress the Immune System)

ACTEMRA (<i>tocilizumab</i>) 162 MG/0.9ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
ACTEMRA ACTPEN (<i>tocilizumab</i>) CTPEN 162 MG/0.9ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen injector/week)
ADBRY (<i>tralokinumab-ldrm</i>) 150 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (4 ml (4 syringes)/ 28 days)
ARCALYST (<i>rilonacept</i>) 220 MG RECON SOLN	TIER 4	PA, SP
BENLYSTA (<i>belimumab</i>) 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
COSENTYX (300 MG DOSE) (<i>secukinumab</i>) 150 /ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COSENTYX (<i>secukinumab</i>) 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
COSENTYX SENSOREADY (300 MG) (<i>secukinumab</i>) SENSOREADY 150 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (2 pens/28 days)
COSENTYX SENSOREADY PEN (<i>secukinumab</i>) SENSOREADY 150 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/28 days)
DUPIXENT (<i>dupilumab</i>) 100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN PEN, 300 MG/2ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
DUPIXENT (<i>dupilumab</i>) 200 MG/1.14ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
DUPIXENT (<i>dupilumab</i>) 300 MG/2ML SOLN PEN	TIER 4	PA, SP, QLC (2 pens (4 ml)/ 28 days)
EMPAVELI (<i>pegcetacoplan</i>) 1080 MG/20ML SOLUTION	TIER 4	PA, SP, QLC (40 ml/7 days)
ENSPRYNG (<i>satralizumab-mwge</i>) 120 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
KEVZARA (<i>sarilumab</i>) 150 MG/1.14ML SOLN PRSYR, 200 MG/1.14ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
KEVZARA (<i>sarilumab</i>) KEVZR150 MG/1.14ML SOLN -INJ, KEVZR200 MG/1.14ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/14 days)
KINERET (<i>anakinra</i>) 100 MG/0.67ML SOLN PRSYR	TIER 4	PA, SP, QLC (28 syringes/28 days)
OLUMIANT (<i>baricitinib</i>) 1 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
OLUMIANT (<i>baricitinib</i>) 2 MG TAB, 4 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ORENCIA (<i>abatacept</i>) 50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
ORENCIA CLICKJECT (<i>abatacept</i>) ORENCI125 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 syringe/week)
OTEZLA (<i>apremilast</i>) 10 & 20 & 30 MG TAB THPK	TIER 4	PA, SP, QLC (1 pack/month)
PALFORZIA (12 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (X & 0 CSPK)	TIER 4	PA, SP, QLC (45 caps/14 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PALFORZIA (120 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) & 100 CSPK	TIER 4	PA, SP, QLC (30 caps/14 days)
PALFORZIA (160 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) 3 X 20 & 100 CSPK	TIER 4	PA, SP, QLC (60 caps/14 days)
PALFORZIA (20 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) CSPK	TIER 4	PA, SP, QLC (15 caps/14 days)
PALFORZIA (200 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (00 X 100 CSPK	TIER 4	PA, SP, QLC (30 caps/14 days)
PALFORZIA (240 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (40 X 0 & X 100 CSPK	TIER 4	PA, SP, QLC (60 caps/14 days)
PALFORZIA (3 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (X 1 CSPK	TIER 4	PA, SP, QLC (45 caps/14 days)
PALFORZIA (300 MG MAINTENANCE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (PACKET	TIER 4	PA, SP, QLC (1 packet/day)
PALFORZIA (300 MG TITRATION) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (PACKET	TIER 4	PA, SP, QLC (1 packet/day)
PALFORZIA (40 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) 2 X 20 CSPK	TIER 4	PA, SP, QLC (30 caps/14 days)
PALFORZIA (6 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (X 1 CSPK	TIER 4	PA, SP, QLC (90 caps/14 days)
PALFORZIA (80 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) 4 X 20 CSPK	TIER 4	PA, SP, QLC (60 caps/14 days)
RIDAURA (<i>auranofin</i>) 3 MG CAP	TIER 2	
SILIQ (<i>brodalumab</i>) 210 MG/1.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
SKYRIZI (150 MG DOSE) (<i>risankizumab-rzaa</i>) 75 /0.83ML PREF SY KT	TIER 4	PA, SP, QLC (1 kit/84 days)
SKYRIZI (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/84 days)
SKYRIZI PEN (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 auto-injector/ 84 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SOTYKTU (<i>deucravacitinib</i>) 6 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/84 days)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/84 days)
TALTZ (<i>ixekizumab</i>) 80 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
TALTZ (<i>ixekizumab</i>) TLTZ 80 MG/ML SOLN - INJ	TIER 4	PA, SP, QLC (1 pen/28 days)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN PEN	TIER 4	PA, SP, QLC (1 injection/8 weeks)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/8 weeks)
XELJANZ (<i>tofacitinib citrate</i>) 1 MG/ML SOLUTION	TIER 4	PA, SP, QLC (10 ml/day)
XELJANZ (<i>tofacitinib citrate</i>) 5 MG TAB, 10 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
XOLAIR (<i>omalizumab</i>) 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)

IMMUNOSTIMULANTS (Drugs that Stimulate the Immune System)

ACTIMMUNE (<i>interferon gamma-1b</i>) 2000000 UNIT/0.5ML SOLUTION	TIER 4	PA, SP
INTRON A (<i>interferon alfa-2b</i>) 6000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN	TIER 4	SP
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 pen/week)
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/week)
PEGASYS PROCLICK (<i>peginterferon alfa-2a</i>) PEGSYS 135 MCG/0.5ML SOLN -INJ, PEGSYS 180 MCG/0.5ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/week)
SYLATRON (<i>peginterferon alfa-2b (antineoplastic)</i>) 200 MCG KIT, 300 MCG KIT, 600 MCG KIT	TIER 4	SP

IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)

ARAVA (<i>leflunomide</i>) 10 MG TAB, 20 MG TAB	TIER 3	
---	--------	--

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ASTAGRAF XL (<i>tacrolimus</i>) 0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H	TIER 3	
<i>azathioprine tab 100 mg</i>	TIER 3	
<i>azathioprine tab 100 mg</i> (AZASAN)	TIER 3	
<i>azathioprine tab 50 mg</i>	TIER 1	
<i>azathioprine tab 75 mg</i>	TIER 3	
<i>azathioprine tab 75 mg</i> (AZASAN)	TIER 3	
CELLCEPT (<i>mycophenolate mofetil</i>) 200 MG/ML RECON SUSP, 250 MG CAP, 500 MG TAB	TIER 3	
CIMZIA PREFILLED (<i>certolizumab pegol</i>) ILLED 2 X 200 MG/ML SY KT	TIER 4	PA, SP, QLC (1 kit/28 days)
CIMZIA STARTER KIT (<i>certolizumab pegol</i>) 6 X 200 MG/ML PREF SY KT	TIER 4	PA, SP, QLC (3 set (1 kit = 3 sets of 2 syringes)/180 days)
<i>cyclosporine cap 100 mg</i>	TIER 1	
<i>cyclosporine cap 25 mg</i>	TIER 1	
<i>cyclosporine modified cap 100 mg</i>	TIER 1	
<i>cyclosporine modified cap 100 mg</i> (GENGRAF)	TIER 1	
<i>cyclosporine modified cap 25 mg</i>	TIER 1	
<i>cyclosporine modified cap 25 mg</i> (GENGRAF)	TIER 1	
<i>cyclosporine modified cap 50 mg</i>	TIER 1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	TIER 1	
<i>cyclosporine modified oral soln 100 mg/ml</i> (GENGRAF)	TIER 1	
ENBREL (<i>etanercept</i>) 25 MG RECON SOLN	TIER 4	PA, SP, QLC (8 vials/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (4 ml/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLUTION	TIER 4	PA, SP, QLC (4 ml/ 28 days)
ENBREL MINI (<i>etanercept</i>) 50 MG/ML SOLN CART	TIER 4	PA, SP, QLC (4 ml/ 28 days)
ENBREL SURECLICK (<i>etanercept</i>) 50 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (4 ml/28 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ENVARBUS XR (<i>tacrolimus</i>) 0.75 MG TAB ER 24H	TIER 3	ST, QLC (11 tabs/day)
ENVARBUS XR (<i>tacrolimus</i>) 1 MG TAB ER 24H	TIER 3	ST, QLC (8 tabs/day)
ENVARBUS XR (<i>tacrolimus</i>) 4 MG TAB ER 24H	TIER 3	ST, QLC (2 tabs/day)
<i>everolimus tab 0.25 mg</i>	TIER 1	QLC (2 tabs/day)
<i>everolimus tab 0.5 mg</i>	TIER 1	QLC (4 tabs/day)
<i>everolimus tab 0.75 mg</i>	TIER 1	QLC (2 tabs/day)
<i>everolimus tab 1 mg</i>	TIER 1	QLC (2 tabs/day)
HUMIRA (<i>adalimumab</i>) 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT	TIER 4	PA, SP, QLC (2 syringes [1 kit]/28 days)
HUMIRA (<i>adalimumab</i>) 10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT	TIER 4	PA, SP, QLC (2 syringes/28 days)
HUMIRA PEDIATRIC CROHNS START (<i>adalimumab</i>) 40 MG/0.8ML PREF SY KT	TIER 4	PA, SP, QLC (3 or 6 syringes/year depending upon package size)
HUMIRA PEDIATRIC CROHNS START (<i>adalimumab</i>) 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	TIER 4	PA, SP, QLC (2 syr [1 kit]/year)
HUMIRA PEDIATRIC CROHNS START (<i>adalimumab</i>) 80 MG/0.8ML PREF SY KT	TIER 4	PA, SP, QLC (3 syr [1 kit]/year)
HUMIRA PEN (<i>adalimumab</i>) 40 MG/0.4ML KIT	TIER 4	PA, SP, QLC (2 pens [1 kit]/28 days)
HUMIRA PEN (<i>adalimumab</i>) 40 MG/0.8ML KIT	TIER 4	PA, SP, QLC (2 syringes/28 days)
HUMIRA PEN (<i>adalimumab</i>) 80 MG/0.8ML KIT	TIER 4	PA, SP, QLC (2 pens (1 kit)/ 28 days)
HUMIRA PEN-CD/UC/HS STARTER (<i>adalimumab</i>) -40 MG/0.8ML KIT	TIER 4	PA, SP, QLC (6 syringes/year)
HUMIRA PEN-CD/UC/HS STARTER (<i>adalimumab</i>) -80 MG/0.8ML KIT	TIER 4	PA, SP, QLC (1 carton/year)
HUMIRA PEN-PEDIATRIC UC START (<i>adalimumab</i>) -80 MG/0.8ML KIT	TIER 4	PA, SP, QLC (1 carton/year)
HUMIRA PEN-PS/UV/ADOL HS START (<i>adalimumab</i>) -40 MG/0.8ML KIT	TIER 4	PA, SP, QLC (4 syringes/year)
HUMIRA PEN-PSOR/UVEIT STARTER (<i>adalimumab</i>) -80 MG/0.8ML & 40MG/0.4ML KIT	TIER 4	PA, SP, QLC (1 carton/year)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYFTOR (<i>sirolimus (topical)</i>) 0.2 % GEL	TIER 4	PA, SP, QLC (10 gm/30 days)
IMURAN (<i>azathioprine</i>) 50 MG TAB	TIER 3	
<i>leflunomide tab 10 mg</i>	TIER 1	
<i>leflunomide tab 20 mg</i>	TIER 1	
LUPKYNIS (<i>voclosporin</i>) 7.9 MG CAP	TIER 4	PA, SP, QLC (6 caps/day)
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	TIER 1	OAC
<i>mycophenolate mofetil cap 250 mg</i>	TIER 1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	TIER 1	
<i>mycophenolate mofetil tab 500 mg</i>	TIER 1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	TIER 1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	TIER 1	
MYFORTIC (<i>mycophenolate sodium</i>) 180 MG TAB DR, 360 MG TAB DR	TIER 3	
NEORAL (<i>cyclosporine modified (for microemulsion)</i>) 25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION	TIER 3	
OTREXUP (<i>methotrexate (antirheumatic)</i>) 10 MG/0.4ML SOLN -INJ, 12.5 MG/0.4ML SOLN -INJ, 15 MG/0.4ML SOLN -INJ, 17.5 MG/0.4ML SOLN -INJ, 20 MG/0.4ML SOLN -INJ, 22.5 MG/0.4ML SOLN -INJ, 25 MG/0.4ML SOLN -INJ	TIER 4	PA, SP, QLC (1 syringe/week)
PROGRAF (<i>tacrolimus</i>) 0.2 MG PACKET, 1 MG PACKET	TIER 3	PA
PROGRAF (<i>tacrolimus</i>) 0.5 MG CAP, 1 MG CAP, 5 MG CAP	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RAPAMUNE (<i>sirolimus</i>) 0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB	TIER 3	
RASUVO (<i>methotrexate (antirheumatic)</i>) RSUVO 7.5 MG/0.15ML SOLN -INJ, RSUVO 10 MG/0.2ML SOLN -INJ, RSUVO 12.5 MG/0.25ML SOLN -INJ, RSUVO 15 MG/0.3ML SOLN -INJ, RSUVO 17.5 MG/0.35ML SOLN -INJ, RSUVO 20 MG/0.4ML SOLN -INJ, RSUVO 22.5 MG/0.45ML SOLN -INJ, RSUVO 25 MG/0.5ML SOLN -INJ, RSUVO 30 MG/0.6ML SOLN -INJ	TIER 4	PA, SP, QLC (1 syringe/week)
REDITREX (<i>methotrexate (antirheumatic)</i>) 7.5 MG/0.3ML SOLN PRSYR, 10 MG/0.4ML SOLN PRSYR, 12.5 MG/0.05ML SOLN PRSYR, 15 MG/0.6ML SOLN PRSYR, 17.5 MG/0.7ML SOLN PRSYR, 20 MG/0.8ML SOLN PRSYR, 22.5 MG/0.9ML SOLN PRSYR, 25 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (4 syringes/28 days)
REZUROCK (<i>belumosudil mesylate</i>) 200 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
RINVOQ (<i>upadacitinib</i>) 15 MG TAB ER 24H, 30 MG TAB ER 24H	TIER 4	PA, SP, QLC (1 tab/day)
RINVOQ (<i>upadacitinib</i>) 45 MG TAB ER 24H	TIER 4	PA, SP, QLC (1 tab/day; max 56 tabs/365 days)
SANDIMMUNE (<i>cyclosporine</i>) 100 MG/ML SOLUTION	TIER 2	
SANDIMMUNE (<i>cyclosporine</i>) 25 MG CAP, 100 MG CAP	TIER 3	
SIMPONI (<i>golimumab</i>) 50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
<i>sirolimus oral soln 1 mg/ml</i>	TIER 1	
<i>sirolimus tab 0.5 mg</i>	TIER 1	
<i>sirolimus tab 1 mg</i>	TIER 1	
<i>sirolimus tab 2 mg</i>	TIER 1	
<i>tacrolimus cap 0.5 mg</i>	TIER 1	
<i>tacrolimus cap 1 mg</i>	TIER 1	
<i>tacrolimus cap 5 mg</i>	TIER 1	
TAVNEOS (<i>avacopan</i>) 10 MG CAP	TIER 4	PA, SP, QLC (6 caps/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TREXALL (<i>methotrexate sodium</i>) 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB	TIER 3	OAC
XATMEP (<i>methotrexate</i>) 2.5 MG/ML SOLUTION	TIER 4	AL1 (Up to 8 yrs old), QLC (1 bottle/month), OAC
XELJANZ XR (<i>tofacitinib citrate</i>) 11 MG TAB ER 24H, 22 MG TAB ER 24H	TIER 4	PA, SP, QLC (1 tab/day)
ZORTRESS (<i>everolimus (immunosuppressant)</i>) 0.25 MG TAB, 0.75 MG TAB, 1 MG TAB	TIER 3	QLC (2 tabs/day)
ZORTRESS (<i>everolimus (immunosuppressant)</i>) 0.5 MG TAB	TIER 3	QLC (4 tabs/day)

INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)

AMINOSALICYLATES

APRISO (<i>mesalamine</i>) 0.375 GM CAP ER 24H	TIER 3	QLC (4 caps/day)
ASACOL HD (<i>mesalamine</i>) 800 MG TAB DR	TIER 3	ST, QLC (6 tabs/day)
AZULFIDINE (<i>sulfasalazine</i>) 500 MG TAB	TIER 3	
AZULFIDINE EN-TABS (<i>sulfasalazine</i>) -S 500 MG DR	TIER 3	
<i>balsalazide disodium cap 750 mg</i>	TIER 1	QLC (9 caps/day)
CANASA (<i>mesalamine</i>) 1000 MG SUPPOS	TIER 3	QLC (1 suppository/day)
COLAZAL (<i>balsalazide disodium</i>) 750 MG CAP	TIER 3	QLC (9 caps/day)
DELZICOL (<i>mesalamine</i>) 400 MG CAP DR	TIER 3	ST, QLC (6 caps/day)
DIPENTUM (<i>olsalazine sodium</i>) 250 MG CAP	TIER 3	ST, QLC (4 caps/day)
LIALDA (<i>mesalamine</i>) 1.2 GM TAB DR	TIER 3	QLC (4 tabs/day)
<i>mesalamine cap dr 400 mg</i>	TIER 1	ST, QLC (6 caps/day)
<i>mesalamine cap er 24hr 0.375 gm</i> (MESALAMINE ER)	TIER 1	QLC (4 caps/day)
<i>mesalamine cap er 500 mg</i> (MESALAMINE ER)	TIER 2	ST, QLC (8 caps/day)
<i>mesalamine enema 4 gm</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>mesalamine suppos 1000 mg</i>	TIER 1	QLC (1 suppository/day)
<i>mesalamine tab delayed release 1.2 gm</i>	TIER 1	QLC (4 tabs/day)
<i>mesalamine tab delayed release 800 mg</i>	TIER 1	ST, QLC (6 tabs/day)
PENTASA (<i>mesalamine</i>) 250 MG CAP ER	TIER 3	ST, QLC (4 caps/day)
PENTASA (<i>mesalamine</i>) 500 MG CAP ER	TIER 3	ST, QLC (8 caps/day)
SFROWASA (<i>mesalamine</i>) 4 GM/60ML ENEMA	TIER 3	
<i>sulfasalazine tab 500 mg</i>	TIER 1	
<i>sulfasalazine tab delayed release 500 mg</i>	TIER 1	

GLUCOCORTICOIDS

ALKINDI SPRINKLE (<i>hydrocortisone</i>) 0.5 MG CAP SPRINK, 1 MG CAP SPRINK	TIER 4	PA, QLC (100 caps/30 days)
ALKINDI SPRINKLE (<i>hydrocortisone</i>) 2 MG CAP SPRINK, 5 MG CAP SPRINK	TIER 4	PA, QLC (200 caps/30 days)
<i>budesonide delayed release particles cap 3 mg</i>	TIER 1	PA, QLC (3 caps/day)
<i>budesonide tab er 24hr 9 mg</i> (BUDESONIDE ER)	TIER 3	PA, QLC (1 tab/day; not to exceed 60 days therapy/90 days)
CORTEF (<i>hydrocortisone</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	
CORTENEMA (<i>hydrocortisone (intrarectal)</i>) CORT100 MG/60ML	TIER 3	
CORTIFOAM (<i>hydrocortisone acetate (intrarectal)</i>) 10 %	TIER 2	
ENTOCORT EC (<i>budesonide</i>) 3 MG CP DR PART	TIER 3	PA, QLC (3 caps/day)
<i>hydrocortisone enema 100 mg/60ml</i>	TIER 1	
<i>hydrocortisone enema 100 mg/60ml</i> (COLOCORT)	TIER 1	
<i>hydrocortisone tab 10 mg</i>	TIER 1	
<i>hydrocortisone tab 20 mg</i>	TIER 1	
<i>hydrocortisone tab 5 mg</i>	TIER 1	
ORTIKOS (<i>budesonide</i>) 6 MG CAP ER 24H, 9 MG CAP ER 24H	TIER 4	PA, QLC (1 cap/day)
TARPEYO (<i>budesonide</i>) 4 MG CAP DR	TIER 4	PA, SP, QLC (4 caps/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
UCERIS (<i>budesonide (intrarectal)</i>) 2 MG/ACT FOAM	TIER 3	QLC (4 cans/6 weeks; not to exceed 6 weeks therapy/6 months)
UCERIS (<i>budesonide</i>) 9 MG TAB 24H	TIER 3	PA, QLC (1 tab/day; not to exceed 60 days therapy/90 days)

MANUAL REVIEW

FUROSCIX (<i>furosemide</i>) 80 MG/10ML CART KIT	TIER 4	PA, QLC (1 kit/day)
--	--------	---------------------

METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)

METABOLIC BONE DISEASE AGENTS

ACTONEL (<i>risedronate sodium</i>) 150 MG TAB	TIER 3	QLC (1 tab/month)
ACTONEL (<i>risedronate sodium</i>) 30 MG TAB	TIER 3	PA
ACTONEL (<i>risedronate sodium</i>) 35 MG TAB	TIER 3	QLC (4 tabs/month)
ACTONEL (<i>risedronate sodium</i>) 5 MG TAB	TIER 3	QLC (1 tab/day)
ALENDRONATE SODIUM 40 MG TAB	TIER 1	QLC (1 tab/day)
ALENDRONATE SODIUM 5 MG TAB	TIER 1	
ALENDRONATE SODIUM 70 MG/75ML SOLUTION	TIER 1	QLC (4 bottles/month)
<i>alendronate sodium oral soln 70 mg/75ml</i>	TIER 1	QLC (4 bottles/month)
<i>alendronate sodium tab 10 mg</i>	TIER 1	
<i>alendronate sodium tab 35 mg</i>	TIER 1	QLC (4 tabs/month)
<i>alendronate sodium tab 5 mg</i>	TIER 1	
<i>alendronate sodium tab 70 mg</i>	TIER 1	QLC (4 tabs/month)
AELVIA (<i>risedronate sodium</i>) 35 MG TAB	TIER 3	QLC (4 tabs/month)
BINOSTO (<i>alendronate sodium</i>) 70 MG EFFER TAB	TIER 3	ST, QLC (4 tabs/month)
BONIVA (<i>ibandronate sodium</i>) 150 MG TAB	TIER 3	QLC (1 tab/month)
<i>calcitonin (salmon) inj 200 unit/ml</i>	TIER 4	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	TIER 1	QLC (1 bottle/month)
<i>calcitriol cap 0.25 mcg</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>calcitriol cap 0.5 mcg</i>	TIER 1	
<i>calcitriol oral soln 1 mcg/ml</i>	TIER 1	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	TIER 4	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	TIER 4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	TIER 4	PA
<i>doxercalciferol cap 0.5 mcg</i>	TIER 1	
<i>doxercalciferol cap 1 mcg</i>	TIER 1	
<i>doxercalciferol cap 2.5 mcg</i>	TIER 1	
DRISDOL (<i>ergocalciferol</i>) 1.25 MG (50000 UT) CAP	TIER 3	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	TIER 1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> (VITAMIN D (ERGOCALCIFEROL))	TIER 1	
ETIDRONATE DISODIUM 200 MG TAB, 400 MG TAB	TIER 2	
FORTEO (<i>teriparatide (recombinant)</i>) 600 MCG/2.4ML SOLN PEN	TIER 4	PA, SP, QLC (1 pen/month)
FOSAMAX (<i>alendronate sodium</i>) 70 MG TAB	TIER 3	QLC (4 tabs/month)
FOSAMAX PLUS D (<i>alendronate sodium-cholecalciferol</i>) 70-2800 MG-TAB, 70-5600 MG-TAB	TIER 3	QLC (4 tabs/month)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	TIER 1	QLC (1 tab/month)
MIACALCIN (<i>calcitonin (salmon)</i>) 200 UNIT/ML SOLUTION	TIER 4	
NATPARA (<i>parathyroid hormone (recombinant)</i>) 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE	TIER 4	PA, SP, QLC (2 cartridges/month)
<i>paricalcitol cap 1 mcg</i>	TIER 1	
<i>paricalcitol cap 2 mcg</i>	TIER 1	
<i>paricalcitol cap 4 mcg</i>	TIER 1	
RAYALDEE (<i>calcifediol</i>) 30 MCG CAP ER	TIER 4	PA
<i>risedronate sodium tab 150 mg</i>	TIER 2	QLC (1 tab/month)
<i>risedronate sodium tab 30 mg</i>	TIER 1	PA

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>risedronate sodium tab 35 mg</i>	TIER 2	QLC (4 tabs/month)
<i>risedronate sodium tab 5 mg</i>	TIER 2	QLC (1 tab/day)
<i>risedronate sodium tab delayed release 35 mg</i>	TIER 2	QLC (4 tabs/month)
ROCALTROL (<i>calcitriol</i>) 0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION	TIER 3	
SENSIPAR (<i>cinacalcet hcl</i>) 30 MG TAB, 60 MG TAB, 90 MG TAB	TIER 4	PA
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	TIER 4	PA, SP, QLC (1 pen/month)
TYMLOS (<i>abaloparatide</i>) 3120 MCG/1.56ML SOLN PEN	TIER 4	PA, SP, QLC (1 pen/month)
XGEVA (<i>denosumab</i>) 120 MG/1.7ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/month)
ZEMPLAR (<i>paricalcitol</i>) 1 MCG CAP, 2 MCG CAP	TIER 3	

MISCELLANEOUS THERAPEUTIC AGENTS

1ST TIER UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC, 33G 4 MM MISC	TIER 2	
1ST TIER UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC	TIER 2	
1ST TIER UNILET COMFORTOUCH MISC	TIER 2	QLC (200 lancets/month)
ABOUTTIME PEN NEEDLE PEN 30G 8 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
ACCU-CHEK AVIVA PLUS (<i>glucose blood</i>) - STRIP	TIER 2	QLC (200 strips/month)
ACCU-CHEK COMPACT PLUS (<i>glucose blood</i>) - STRIP	TIER 2	QLC (200 strips/month)
ACCU-CHEK FASTCLIX LANCETS - MISC	TIER 2	QLC (204 lancets/month)
ACCU-CHEK GUIDE (<i>glucose blood</i>) - STRIP	TIER 2	QLC (200 strips/month)
ACCU-CHEK MULTICLIX LANCETS - MISC	TIER 2	QLC (200 lancets/month)
ACCU-CHEK SAFE-T PRO LANCETS -- LANCES MISC	TIER 2	QLC (200 lancets/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ACCU-CHEK SMARTVIEW (<i>glucose blood</i>) - STRIP	TIER 2	QLC (200 strips/month)
ACCU-CHEK SOFTCLIX LANCETS - MISC	TIER 2	QLC (200 lancets/month)
ACCUTREND GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ACTI-LANCE 28G - MISC	TIER 2	QLC (200 lancets/month)
ACTI-LANCE LITE LANCETS 28G - MISC	TIER 2	QLC (200 lancets/month)
ACTI-LANCE SPECIAL LANCETS 17G - MISC	TIER 2	QLC (200 lancets/month)
ACTI-LANCE UNIVERSAL 23G - MISC	TIER 2	QLC (200 lancets/month)
ADVANCE INTUITION TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ADVANCE MICRO-DRAW TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
ADVANCED MOBILE LANCET MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE INSULIN PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 33G 4 MM MISC	TIER 2	
ADVOCATE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ADVOCATE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE LANCETS MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE REDI-CODE (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
ADVOCATE REDI-CODE+ TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
ADVOCATE SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
AEROCHAMBER MINI CHAMBER DEVICE	TIER 2	
AEROCHAMBER MV MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU - MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU LARGE - MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AEROCHAMBER PLUS FLO-VU MEDIUM - MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU SMALL - MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU W/MASK - MISC	TIER 2	
AEROCHAMBER PLUS FLOW VU MISC	TIER 2	
AEROCHAMBER W/FLOWSIGNAL MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS - MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS CHAMBR - MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS/LARGE - MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS/MEDIUM - MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS/SMALL - MISC	TIER 2	
AEROVENT PLUS DEVICE	TIER 2	
AGAMATRIX AMP TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
AGAMATRIX JAZZ TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
AGAMATRIX KEYNOTE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
AGAMATRIX PRESTO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
AGAMATRIX ULTRA-THIN LANCETS - MISC	TIER 2	QLC (200 lancets/month)
AIMSCO TWIST LANCETS 32G MISC	TIER 2	QLC (200 lancets/month)
AIMSCO TWIST LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
AIRIAL CHAMBER DEVICE	TIER 2	
AQUALANCE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ASSURE 3 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ASSURE 4 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ASSURE COMFORT LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS HIGH MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS LOW MISC	TIER 2	QLC (200 lancets/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ASSURE HAEMOLANCE PLUS MICRO MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS NORMAL MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS PED MISC	TIER 2	QLC (200 lancets/month)
ASSURE ID INSULIN SAFETY SYR 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC	TIER 2	
ASSURE ID SAFETY PEN NEEDLES PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 31G 5 MISC	TIER 2	
ASSURE II (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ASSURE II CHECK (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ASSURE LANCE LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE LANCETS MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE PLUS SAFETY 25G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE PLUS SAFETY 30G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE SAFETY LANCET 28G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCETS MISC	TIER 2	QLC (200 lancets/month)
ASSURE PLATINUM (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ASSURE PRISM MULTI TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ASSURE PRO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
AUM MINI INSULIN PEN NEEDLE PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	TIER 2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC	TIER 2	
AUM SAFETY PEN NEEDLE PEN 4 MISC, PEN 5 MISC	TIER 2	
AURORA LANCET SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
AURORA LANCET THIN 23G MISC	TIER 2	QLC (200 lancets/month)
AURORA PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
AURORA UNIFINE PENTIPS 31G 5 MISC, 32G 4 MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BD AUTOSHIELD 5MM MISC, 8MM MISC	TIER 2	
BD AUTOSHIELD DUO 30G X 5 MM MISC	TIER 2	
BD INSULIN SYR ULTRAFINE II 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC	TIER 2	
BD INSULIN SYRINGE 25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, U-100 1 ML MISC	TIER 2	
BD INSULIN SYRINGE HALF-UNIT -31G X 5/16" 0.3 ML MISC	TIER 2	
BD INSULIN SYRINGE MICROFINE 27G 5/8" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC	TIER 2	
BD INSULIN SYRINGE U-500 -31G X 6MM 0.5 ML MISC	TIER 2	
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC	TIER 2	
BD INSULIN SYRINGE U/F 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
BD INSULIN SYRINGE ULTRAFINE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC	TIER 2	
BD LANCET ULTRAFINE 30G MISC	TIER 2	QLC (200 lancets/month)
BD LANCET ULTRAFINE 33G MISC	TIER 2	QLC (200 lancets/month)
BD MICROTAINER LANCETS MISC	TIER 2	QLC (200 lancets/month)
BD PEN NEEDLE MICRO U/F 32G X 6 MM MISC	TIER 2	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	TIER 2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	TIER 2	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	TIER 2	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	TIER 2	
BD SAFETY-LOK INSULIN SYRINGE -29G X 1/2" 1 ML MISC	TIER 2	
BD SAFETYGLIDE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC	TIER 2	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC	TIER 2	
BD VEO INSULIN SYRINGE U/F 15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC	TIER 2	
BIOSCANNER GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
BLULINK GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
BREATHE COMFORT CHAMBER/ADULT DEVICE	TIER 2	
BREATHE COMFORT CHAMBER/CHILD DEVICE	TIER 2	
BREATHE EASE LARGE DEVICE	TIER 2	
BREATHE EASE MEDIUM DEVICE	TIER 2	
BREATHE EASE SMALL DEVICE	TIER 2	
BREATHERITE COLL SPACER ADULT MISC	TIER 2	
BREATHERITE COLL SPACER CHILD MISC	TIER 2	
BREATHERITE COLL SPACER INFANT MISC	TIER 2	
BREATHERITE MISC	TIER 2	
BREATHERITE RIGID SPACER/MASK MISC	TIER 2	
BREATHERITE SPACER NEONATE MISC	TIER 2	
BREATHERITE SPACER SMALL CHILD MISC	TIER 2	
BREATHERITE VALVED MDI CHAMBER DEVICE	TIER 2	
BREATHERITE/LARGE MASK MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BREATHERITE/MEDIUM MASK MISC	TIER 2	
BREATHERITE/SMALL MASK MISC	TIER 2	
BULLSEYE MINI SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
BULLSEYE SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
CAREFINE PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 8 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC	TIER 2	
CAREONE BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CAREONE INSULIN SYRINGE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
CAREONE LANCET SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
CAREONE LANCET THIN 23G MISC	TIER 2	QLC (200 lancets/month)
CAREONE UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
CAREONE UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC	TIER 2	
CARESENS LANCETS MISC	TIER 2	QLC (200 lancets/month)
CARESENS N GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CARETOUCH INSULIN SYRINGE 28G 5/16" 1 ML MISC, 29G 5/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
CARETOUCH PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 33G 4 MM MISC	TIER 2	
CARETOUCH SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CARETOUCH TWIST LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH TWIST LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH TWIST LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH TWIST MC LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
CAYA (<i>diaphragm arc-spring</i>)	TIER 2	ACA (Preventive Health), QLC (one diaphragm/300 days)
CEQUR SIMPLICITY 2U DEVICE	TIER 3	PA, QLC (10 patches/30 days)
CHEMSTRIP K (<i>acetone (urine) test</i>) CHEM	TIER 2	
CHEMSTRIP UGK (<i>urine glucose-ketones test</i>) CHEM	TIER 2	
CLEANLET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHEK AUTO-CODE TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
CLEVER CHEK AUTO-CODE VOICE (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
CLEVER CHEK LANCETS MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHEK TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CLEVER CHOICE AUTO-CODE TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
CLEVER CHOICE COMFORT EZ 29G 12MM MISC, 33G 4 MM MISC	TIER 2	
CLEVER CHOICE HOLDING CHAMBER DEVICE	TIER 2	
CLEVER CHOICE LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHOICE LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHOICE LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHOICE MICRO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CLEVER CHOICE NO CODING (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CLEVER CHOICE TALK SYSTEM (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CLICKFINE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COAGUCHEK LANCETS MISC	TIER 2	QLC (200 lancets/month)
COMFORT ASSIST INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
COMFORT ASSURED LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
COMFORT ASSURED LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
COMFORT EZ INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC	TIER 2	
COMFORT EZ PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC, PEN 33G 8 MISC	TIER 2	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM MISC	TIER 2	
COMFORT LANCETS MISC	TIER 2	QLC (200 lancets/month)
COMFORT TOUCH INSULIN PEN NEED PEN 31G 4 MISC, PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	TIER 2	
COMFORT TOUCH LANCETS 31G MISC	TIER 2	QLC (200 lancets/month)
COMFORT TOUCH PLUS LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
COMPACT SPACE CHAMBER DEVICE	TIER 2	
COMPACT SPACE CHAMBER/LG MASK DEVICE	TIER 2	
COMPACT SPACE CHAMBER/MED MASK DEVICE	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMPACT SPACE CHAMBER/SM MASK DEVICE	TIER 2	
CONTOUR NEXT TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CONTOUR TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
COOL BLOOD GLUCOSE TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 strips/month)
CVS ADVANCED GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CVS GLUCOSE METER TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 strips/month)
CVS KETONE CARE (<i>urine glucose-ketones test</i>) STRIP	TIER 2	
CVS LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS ORIGINAL MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS ULTRA-THIN 30G - MISC	TIER 2	QLC (200 lancets/month)
CVS ULTRA THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
D-CARE BLOOD GLUCOSE (<i>glucose blood</i>) -BLOO STRIP	TIER 3	PA, QLC (200 strips/month)
DIATHRIVE BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
DIATHRIVE GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
DIATHRIVE LANCET ULTRA THIN 30 MISC	TIER 2	QLC (200 lancets/month)
DIATHRIVE LANCETS MISC	TIER 2	QLC (200 lancets/month)
DIATHRIVE PEN NEEDLE PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
DIATHRIVE+ GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
DIATRUE PLUS TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DROPLET INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 15/64" 0.3 ML MISC, 30G 15/64" 0.5 ML MISC, 30G 15/64" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
DROPLET LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
DROPLET MICRON 34G X 3.5 MM MISC	TIER 2	
DROPLET PEN NEEDLES PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC	TIER 2	
DROPLET PERSONAL LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
DROPSAFE SAFETY PEN NEEDLES PEN 5 MISC, PEN 6 MISC, PEN 8 MISC	TIER 2	
DRUG MART LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
DRUG MART ON-THE-GO LANCET 30G -- MISC	TIER 2	QLC (200 lancets/month)
DRUG MART UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM MISC	TIER 2	
DRUG MART UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
DRUG MART UNILET LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
DRUG MART UNILET LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
DUO-CARE TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
E-Z JECT LANCET MICRO-THIN 33G -JCT - MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCET SUPER THIN 30G -JCT MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCETS -JCT LANCTS MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCETS 21G -JCT LANCTS MISC	TIER 2	QLC (200 lancets/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
E-Z JECT LANCETS THIN 26G -JCT LANCTS MISC	TIER 2	QLC (200 lancets/month)
EASIVENT MASK LARGE MISC	TIER 2	
EASIVENT MASK MEDIUM MISC	TIER 2	
EASIVENT MASK SMALL MISC	TIER 2	
EASIVENT MISC	TIER 2	
EASY COMFORT INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 0.5 ML MISC, 32G 5/16" 1 ML MISC	TIER 2	
EASY COMFORT LANCETS MISC	TIER 2	QLC (200 lancets/month)
EASY COMFORT LANCETS TWIST TOP MISC	TIER 2	QLC (200 lancets/month)
EASY COMFORT PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	TIER 2	
EASY GLIDE PEN NEEDLES 33G X 4 MM MISC	TIER 2	
EASY PLUS II GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY STEP TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY TALK BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY TALK PLUS II TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 strips/month)
EASY TOUCH FLIPLOCK INSULIN SY SY 29G 1/2" 1 ML MISC, SY 30G 1/2" 1 ML MISC, SY 30G 5/16" 1 ML MISC, SY 31G 5/16" 1 ML MISC	TIER 2	
EASY TOUCH HEALTHPRO GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY TOUCH INSULIN SAFETY SYR 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EASY TOUCH INSULIN SYRINGE 27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 27G 5/8" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
EASY TOUCH LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 28G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 30G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 32G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 32G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 33G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 6 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC	TIER 2	
EASY TOUCH SAFETY LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY PEN NEEDLES PEN 29G 5MM MISC, PEN 29G 8MM MISC, PEN 30G 8 MM MISC	TIER 2	
EASY TOUCH SHEATHLOCK SYRINGE 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
EASY TOUCH TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY TRAK BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EASY TRAK II GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY TWIST & CAP LANCETS MISC	TIER 2	QLC (200 lancets/month)
EASYGLUCO (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASYGLUCO PLUS (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 test strips/month)
EASYMAX 15 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASYMAX TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASYPRO BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EASYPRO PLUS (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ELEMENT COMPACT TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ELEMENT TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ELITE-THIN INSULIN SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -28G 5/16" 0.5 ML MISC, -28G 5/16" 1 ML MISC, -29G 1/2" 0.5 ML MISC, -29G 1/2" 1 ML MISC, -29G 5/16" 0.5 ML MISC, -29G 5/16" 1 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 1 ML MISC, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC	TIER 2	
EMBRACE BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EMBRACE EVO BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EMBRACE LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
EMBRACE PRESSURE ACTIVATED 21G MISC	TIER 2	QLC (200 lancets/month)
EMBRACE PRESSURE ACTIVATED 28G MISC	TIER 2	QLC (200 lancets/month)
EMBRACE PRO GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EMBRACE TALK GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EQ BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EQ SPACE CHAMBER ANTI-STATIC - DEVICE	TIER 2	
EQ SPACE CHAMBER ANTI-STATIC L - DEVICE	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EQ SPACE CHAMBER ANTI-STATIC M - DEVICE	TIER 2	
EQ SPACE CHAMBER ANTI-STATIC S -TATIC DEVICE	TIER 2	
EQL COLOR LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
EQL COLOR LANCETS MICRO 33G MISC	TIER 2	QLC (200 lancets/month)
EQL INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
EQL SUPER THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
EQL THIN LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
EVENCARE + BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EVENCARE BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EVENCARE G2 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EVENCARE G3 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EVENCARE MINI GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EVENCARE PROVIEW GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EVOLUTION AUTOCODE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EVRYSDI (<i>risdiplam</i>) 0.75 MG/ML RECON SOLN	TIER 4	PA, SP, QLC (6.67 ml/day)
EXACTECH R-S-G TEST (<i>glucose blood</i>) -- TET TIP	TIER 3	PA, QLC (200 strips/month)
EXACTECH TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EXEL COMFORT POINT INSULIN SYR EEL 28G 1/2" 0.5 ML MISC, EEL 28G 1/2" 1 ML MISC, EEL 29G 1/2" 0.3 ML MISC, EEL 29G 1/2" 0.5 ML MISC, EEL 29G 1/2" 1 ML MISC, EEL 30G 5/16" 0.3 ML MISC, EEL 30G 5/16" 0.5 ML MISC, EEL 30G 5/16" 1 ML MISC	TIER 2	
EXEL COMFORT POINT PEN NEEDLE EEL PEN 29G 12MM MISC, EEL PEN 31G 4 MM MISC, EEL PEN 31G 6 MM MISC, EEL PEN 31G 8 MM MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EZ SMART BLOOD GLUCOSE LANCETS MISC	TIER 2	QLC (200 lancets/month)
EZ SMART BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EZ SMART PLUS GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
EZ-LETS LANCETS 21G - MISC	TIER 2	QLC (200 lancets/month)
EZ-LETS LANCETS 26G - MISC	TIER 2	QLC (200 lancets/month)
EZ-LETS LANCETS 28G - MISC	TIER 2	QLC (200 lancets/month)
EZ-LETS LANCETS 30G - MISC	TIER 2	QLC (200 lancets/month)
FEMCAP (<i>cervical caps</i>) 22 DEVICE, 26 DEVICE, 30 DEVICE	TIER 2	ACA (Preventive Health), QLC (one cervical cap/300 days)
FIFTY50 GLUCOSE TEST 2.0 (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FIFTY50 PEN NEEDLES PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC	TIER 2	
FIFTY50 SAFETY SEAL LANCETS MISC	TIER 2	QLC (200 lancets/month)
FIFTY50 SUPERIOR COMFORT SYR 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC	TIER 2	
FIFTY50 UNILET LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
FINE 30 MISC	TIER 2	QLC (200 lancets/month)
FINGERSTIX LANCETS MISC	TIER 2	QLC (200 lancets/month)
FLEXICHAMBER ADULT MASK/SMALL MISC	TIER 2	
FLEXICHAMBER CHILD MASK/LARGE MISC	TIER 2	
FLEXICHAMBER CHILD MASK/SMALL MISC	TIER 2	
FLEXICHAMBER DEVICE	TIER 2	
FORA 6 CONNECT (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA D15G BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA D20 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA D40/G31 BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FORA G20 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA G30/PREM V10 GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA GD20 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA GD50 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA GTEL BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA GTEL BLOOD KETONE TEST (<i>ketone blood test</i>) STRIP	TIER 2	
FORA LANCETS MISC	TIER 2	QLC (200 lancets/month)
FORA TN'G ADVANCE PRO (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA TN'G/TN'G VOICE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA V10 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA V12 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA V20 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA V30A BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORACARE GD40 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORACARE PREMIUM V10 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORACARE TEST N GO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FORTISCARE G1 TEST STRIP (<i>glucose blood</i>)	TIER 3	PA, QLC (200 strips/month)
FORTISCARE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FREDS PHARMACY UNIFINE PENTIP+ 5 MISC, 8 MISC	TIER 2	
FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM MISC	TIER 2	
FREDS PHARMACY UNILET LANC 28G MISC	TIER 2	QLC (200 lancets/month)
FREDS PHARMACY UNILET LANC 30G MISC	TIER 2	QLC (200 lancets/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FREESTYLE INSULINX TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FREESTYLE LANCETS MISC	TIER 2	QLC (200 lancets/month)
FREESTYLE LITE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FREESTYLE PRECISION INS SYR 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
FREESTYLE PRECISION NEO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FREESTYLE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
FREESTYLE UNISTICK II LANCETS MISC	TIER 2	QLC (200 lancets/month)
GE100 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GENTEEL BUTTERFLY TOUCH LANCET MISC	TIER 2	QLC (200 lancets/month)
GENTLE-LET GP LANCETS - MISC	TIER 2	QLC (200 lancets/month)
GENTLE-LET LANCETS - MISC	TIER 2	QLC (200 lancets/month)
GENULTIMATE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GHT TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GLOBAL EASE INJECT PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
GLOBAL EASY GLIDE INSULIN SYR 5/16" 0.3 ML MISC, 15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC	TIER 2	
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC	TIER 2	
GLOBAL INJECT EASE INSULIN SYR 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GLOBAL INJECT EASE LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
GLOBAL INJECT EASE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GLOBAL INSULIN SYRINGES 1/2" 0.3 ML MISC, 5/16" 0.3 ML MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GLUCO PERFECT 3 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOCARD 01 SENSOR PLUS (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOCARD EXPRESSION TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOCARD SHINE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOCARD VITAL TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOCARD X-SENSOR (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOCOM LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
GLUCOCOM LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GLUCOCOM LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GLUCOCOM TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCONAVII BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOPRO INSULIN SYRINGE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GLUCOSE METER TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GNP CLICKFINE PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	
GNP EASY TOUCH GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GNP INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GNP INSULIN SYRINGES 28GX1/2" /2" /2" ML MISC	TIER 2	
GNP INSULIN SYRINGES 29GX1/2" 0.5 ML MISC, 1 ML MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GNP INSULIN SYRINGES 30G X 5/16" 1 ML MISC	TIER 2	
GNP INSULIN SYRINGES 30GX5/16" 0.3 ML MISC	TIER 2	
GNP INSULIN SYRINGES 31GX5/16" 0.3 ML MISC	TIER 2	
GNP LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
GNP MICRO THIN LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GNP STERILE LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
GNP STERILE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GNP STERILE LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GNP SUPER THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GNP TRUE METRIX GLUCOSE STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 strips/month)
GNP TRUETRACK SMART SYSTEM (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GNP TRUETRACK TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 strips/month)
GNP ULTICARE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC	TIER 2	
GNP ULTIGUARD SAFEPACK NEEDLE 31G 5 MISC, 31G 8 MISC, 32G 4 MISC, 32G 6 MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GNP ULTRA COM INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GOJJI BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GOJJI BLOOD KETONE TEST (<i>ketone blood test</i>) STRIP	TIER 2	
GOJJI BLOOD TEST STRIP/LANCETS (<i>glucose blood</i>) /LANCETS	TIER 3	PA, QLC (200 units/month)
GOJJI STERILE LANCETS MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC	TIER 2	
GOODSENSE COLOR LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 26G UNIV MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 30G UNIV MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 33G UNIV MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE PEN NEEDLE PENFINE PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC	TIER 2	
H-E-B INCONTROL LANCETS 28G --LANCTS MISC	TIER 2	QLC (200 lancets/month)
H-E-B INCONTROL LANCETS 30G --LANCTS MISC	TIER 2	QLC (200 lancets/month)
H-E-B INCONTROL LANCETS 33G --LANCTS MISC	TIER 2	QLC (200 lancets/month)
H-E-B INCONTROL PEN NEEDLES --PN 29G 12MM MISC, --PN 31G 5 MM MISC, --PN 31G 6 MM MISC, --PN 31G 8 MM MISC, --PN 32G 4 MM MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
H-E-B INCONTROL UNIFINE PENTIP -- UNIFINPNTIP 31G 5 MISC, --UNIFINPNTIP 31G 6 MISC, --UNIFINPNTIP 31G 8 MISC, -- UNIFINPNTIP 32G 4 MISC, --UNIFINPNTIP 33G 4 MISC	TIER 2	
HAEMOLANCE LOW FLOW LANCETS F MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS HIGH FLOW MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS LOW FLOW F MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS MAX FLOW MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	TIER 2	QLC (200 lancets/month)
HARMONY BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
HEALTHWISE INSULIN SYR/NEEDLE 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC	TIER 2	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC	TIER 2	
HEALTHWISE PEN NEEDLES 29G X 12MM MISC	TIER 2	
HEALTHWISE SHORT PEN NEEDLES PEN 5 MISC, PEN 8 MISC	TIER 2	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC	TIER 2	
HEALTHY ACCENTS UNIFINE PENTIP 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
HEALTHY ACCENTS UNILET LANCETS MISC	TIER 2	QLC (200 lancets/month)
HM ULTICARE INSULIN SYRINGE 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC	TIER 2	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	TIER 2	
HW EMBRACE PRO GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
HW EMBRACE TALK GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
HY-VEE LANCETS - MISC	TIER 2	QLC (200 lancets/month)
HY-VEE THIN LANCETS - MISC	TIER 2	QLC (200 lancets/month)
IGLUCOSE TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 strips/month)
IN TOUCH BLOOD GLUCOSE TEST (<i>glucose blood</i>) IN STRIP	TIER 3	PA, QLC (200 strips/month)
IN TOUCH STERILE LANCETS 30G IN MISC	TIER 2	QLC (200 lancets/month)
INCONTROL ULTICARE PEN NEEDLES PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
INFINITY BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
INFINITY VOICE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
INPEN 100-BLUE-LILLY-HUMALOG --- DEVICE	TIER 4	PA, QLC (1 pen/year)
INPEN 100-BLUE-NOVOLOG-FIASP --- DEVICE	TIER 4	PA, QLC (1 pen/year)
INPEN 100-GREY-LILLY-HUMALOG --- DEVICE	TIER 4	PA, QLC (1 pen/year)
INPEN 100-GREY-NOVOLOG-FIASP --- DEVICE	TIER 4	PA, QLC (1 pen/year)
INPEN 100-PINK-LILLY-HUMALOG --- DEVICE	TIER 4	PA, QLC (1 pen/year)
INPEN 100-PINK-NOVOLOG-FIASP --- DEVICE	TIER 4	PA, QLC (1 pen/year)
INSPIRACHAMBER/LARGE DEVICE	TIER 2	
INSPIRACHAMBER/MEDIUM DEVICE	TIER 2	
INSPIRACHAMBER/MOUTHPIECE DEVICE	TIER 2	
INSPIRACHAMBER/SMALL DEVICE	TIER 2	
INSPIREASE MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INSULIN SYRINGE 27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1" 0.3 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
INSULIN SYRINGE-NEEDLE U-100 --100 29G 1/2" 0.5 ML MISC, --100 29G 1/2" 1 ML MISC, --100 30G 5/16" 0.3 ML MISC, --100 30G 5/16" 0.5 ML MISC, --100 30G 5/16" 1 ML MISC, --100 31G 1/4" 0.3 ML MISC, --100 31G 1/4" 0.5 ML MISC, --100 31G 1/4" 1 ML MISC, --100 31G 5/16" 0.3 ML MISC, --100 31G 5/16" 0.5 ML MISC, --100 31G 5/16" 1 ML MISC	TIER 2	
INSULIN SYRINGE/NEEDLE 27G 1/2" 0.5 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC	TIER 2	
INSUPEN PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC	TIER 2	
INSUPEN SENSITIVE 6 MISC, 8 MISC	TIER 2	
INSUPEN ULTRAFIN 29G 12MM MISC, 30G 8 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC	TIER 2	
INTRAROSA (<i>prasterone vaginal</i>) 6.5 MG INSERT	TIER 3	PA, QLC (1 insert/day)
KETO-DIASTIX (<i>urine glucose-ketones test</i>) - STRIP	TIER 2	
KETONE TEST (<i>acetone (urine) test</i>) STRIP	TIER 2	
KETOSTIX (<i>acetone (urine) test</i>) STRIP	TIER 2	
KINNEY LANCETS MISC	TIER 2	QLC (200 lancets/month)
KINNEY THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
KINRAY INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
KMART VALU INSULIN SYRINGE 29G VAL-100 0.5 ML MISC, VAL-100 1 ML MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KMART VALU INSULIN SYRINGE 30G VAL-100 0.3 ML MISC, VAL-100 0.5 ML MISC, VAL-100 1 ML MISC	TIER 2	
KROGER BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
KROGER HEALTHPRO GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
KROGER HEALTHPRO LANCET 26G MISC	TIER 2	QLC (200 lancets/month)
KROGER INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
KROGER LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS ULTRATHIN 30G MISC	TIER 2	QLC (200 lancets/month)
KROGER PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC	TIER 2	
KROGER PREMIUM GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
KROGER TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
LANCETS MISC	TIER 2	QLC (200 lancets/month)
LANCETS SUPER THIN 28G MISC	TIER 2	QLC (200 lancets/month)
LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
LANCETS ULTRA FINE MISC	TIER 2	QLC (200 lancets/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
LEADER INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
LEADER UNIFINE PENTIPS 31G 5 MISC, 32G 4 MISC	TIER 2	
LEADER UNIFINE PENTIPS PLUS 31G 5 MISC, 31G 8 MISC, 32G 4 MISC	TIER 2	
LIBERTY MEDICAL LANCETS MISC	TIER 2	QLC (200 lancets/month)
LIBERTY NEXT GENERATION TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
LIBERTY TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
LIFESCAN UNISTIK 2 MISC	TIER 2	QLC (200 lancets/month)
LIFESCAN UNISTIK II LANCETS MISC	TIER 2	QLC (200 lancets/month)
LITE TOUCH LANCETS MISC	TIER 2	QLC (200 lancets/month)
LITEAIRE DEVICE	TIER 2	
LITETOUCH INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
LITETOUCH LANCETS MISC	TIER 2	QLC (200 lancets/month)
LITETOUCH PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
LIVE BETTER LANCET SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
LIVE BETTER LANCET ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	TIER 2	
LONGS LANCETS STANDARD MISC	TIER 2	QLC (200 lancets/month)
LONGS LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LONGS LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
MAGELLAN INSULIN SAFETY SYR 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	TIER 2	
MARATHON MEDICAL PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
MAXI-COMFORT INSULIN SYRINGE -1/2" 0.5 ML MISC, -1/2" 1 ML MISC	TIER 2	
MAXI-COMFORT SAFETY PEN NEEDLE -PEN 5MM MISC, -PEN 8MM MISC	TIER 2	
MAXICOMFORT II PEN NEEDLE MAICOMFORT 31G 6 MM MISC	TIER 2	
MAXICOMFORT SYR 27G X 1/2" MAICOMFORT 0.5 ML MISC, MAICOMFORT 1 ML MISC	TIER 2	
MEDIC INSULIN SYRINGE 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC	TIER 2	
MEDICHOICE SAFETY LANCET EXTRA MISC	TIER 2	QLC (200 lancets/month)
MEDICHOICE SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)
MEDICHOICE SAFETY LANCET NORM MISC	TIER 2	QLC (200 lancets/month)
MEDICINE SHOPPE PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
MEDISENSE THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE EXTRA 21G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE LITE 25G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS EXTRA 21G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS LITE 25G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS SPECIAL 0.8MM MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS SUPERLITE 30G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS UNIVERSAL 21G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE UNIVERSAL 21G MISC	TIER 2	QLC (200 lancets/month)
MEIJER BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MEIJER ESSENTIAL GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
MEIJER LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS UNIVERSAL 21G MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS UNIVERSAL 30G MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS UNIVERSAL 33G MISC	TIER 2	QLC (200 lancets/month)
MEIJER PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
MEIJER PREMIUM GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
MEIJER SUPER THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEIJER TRUETEST TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
MEIJER TRUETRACK TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
<i>methylergonovine maleate tab 0.2 mg</i>	TIER 1	QLC (28 tabs/30 days)
<i>methylergonovine maleate tab 0.2 mg</i> (METHERGINE)	TIER 1	QLC (28 tabs/30 days)
MICROCHAMBER DEVICE, MISC	TIER 2	
MICRODOT PEN NEEDLE PEN 31G 6 MISC, PEN 32G 4 MISC, PEN 33G 4 MISC	TIER 2	
MICRODOT TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 test strips/month)
MICROLET LANCETS MISC	TIER 2	QLC (200 lancets/month)
MICROSPACER MISC	TIER 2	
MICROTAINER SAFETY FLOW LANCET MISC	TIER 2	QLC (200 lancets/month)
MM EASY TOUCH GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
MM INSULIN SYRINGE/NEEDLE 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
MM PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MM TWIST LANCETS MISC	TIER 2	QLC (200 lancets/month)
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC, U-100 1 ML MISC	TIER 2	
MONOJECT ULTRA COMFORT SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC	TIER 2	
MONOLET LANCETS MISC	TIER 2	QLC (200 lancets/month)
MONOLET OPD LANCETS MISC	TIER 2	QLC (200 lancets/month)
MONOLETTOR SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
MPD SAFETY LANCET 21G MISC	TIER 2	QLC (200 lancets/month)
MPD SAFETY LANCET 23G MISC	TIER 2	QLC (200 lancets/month)
MPD SAFETY LANCET 28G MISC	TIER 2	QLC (200 lancets/month)
MPD SAFETY LANCET 30G MISC	TIER 2	QLC (200 lancets/month)
MS INSULIN SYRINGE 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC	TIER 2	
MYGLUCOHEALTH LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
MYGLUCOHEALTH TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
NEUTEK 2TEK TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
NOVA MAX GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
NOVA MAX PLUS KETONE TEST (<i>ketone blood test</i>) STRIP	TIER 2	
NOVA SAFETY LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
NOVA SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
NOVA SUREFLEX LANCETS MISC	TIER 2	QLC (200 lancets/month)
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM MISC	TIER 2	
NOVOFINE PEN NEEDLE 32G X 6 MM MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC	TIER 2	
NOVOPEN ECHO DEVICE	TIER 3	PA, QLC (1 pen/year)
NOVOTWIST PEN NEEDLE 32G X 5 MM MISC	TIER 2	
ODACTRA (<i>dust mite mixed allergen extract</i>) 12 SQ-HDM SL TAB	TIER 3	PA, QLC (1 tab/day)
OMNIFLEX DIAPHRAGM (<i>diaphragms</i>)	TIER 2	ACA (Preventive Health)
OMNIPOD 5 G6 INTRO KIT	TIER 3	PA, QLC (1 kit/2 years)
OMNIPOD 5 G6 PODS (GEN 5) MISC	TIER 3	PA, QLC (1 pod/2 days)
OMNIPOD 5 PACK MISC	TIER 3	PA, QLC (1 pod/2 days)
OMNIPOD DASH 5 PACK PODS MISC	TIER 3	PA, QLC (1 pod/2 days)
OMNIPOD DASH INTRO KIT	TIER 3	PA, QLC (1 kit/2 years)
ON CALL EXPRESS BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ON CALL LANCETS MISC	TIER 2	QLC (200 lancets/month)
ON CALL PLUS BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ON CALL PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
ON CALL VIVID BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ONE DROP TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ONETOUCH CLUB LANCETS FINE PT MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA PLUS LANCET30G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA PLUS LANCET33G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH FINEPOINT LANCETS MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH ULTRA (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ONETOUCH ULTRASOFT LANCETS MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH VERIO (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
OPTICHAMBER ADVANTAGE-LG MASK - MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPTICHAMBER ADVANTAGE-MED MASK - MISC	TIER 2	
OPTICHAMBER ADVANTAGE-SM MASK - MISC	TIER 2	
OPTICHAMBER DIAMOND DEVICE, MISC	TIER 2	
OPTICHAMBER DIAMOND-LG MASK - DEVICE	TIER 2	
OPTICHAMBER DIAMOND-MD MASK - MISC	TIER 2	
OPTICHAMBER DIAMOND-SM MASK - MISC	TIER 2	
OPTICHAMBER FACE MASK-LARGE - MISC	TIER 2	
OPTICHAMBER FACE MASK-MEDIUM - MISC	TIER 2	
OPTICHAMBER FACE MASK-SMALL - MISC	TIER 2	
OPTIHALER DEVICE, MISC	TIER 2	
OPTIUM TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
OPTIUMEZ TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
OPTUMRX BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
OSMOLEX ER (<i>amantadine hcl</i>) 129 & 193 MG TB24 THPK	TIER 3	PA, QLC (2 tabs/day)
PC LANCETS SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
PC UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC	TIER 2	
PEN NEEDLES 1/2" 29G X 12MM MISC	TIER 2	
PEN NEEDLES 3/16" 31G X 5 MM MISC	TIER 2	
PEN NEEDLES 5/16" PEN 30G 8 MISC, PEN 31G 8 MISC	TIER 2	
PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 33G 4 MM MISC	TIER 2	
PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PERFECT LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PERFECT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
PHARMACIST CHOICE AUTOCODE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PHARMACIST CHOICE LANCETS MISC	TIER 2	QLC (200 lancets/month)
PHARMACIST CHOICE NO CODING (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PHARMACY COUNTER LANCETS MISC	TIER 2	QLC (200 lancets/month)
PIP BLOOD GLUCOSE TEST STRIP (<i>glucose blood</i>)	TIER 3	PA, QLC (200 strips/month)
PIP LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PIP LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
PIP PEN NEEDLES 31G X 5MM MISC	TIER 2	
PIP PEN NEEDLES 32G X 4MM MISC	TIER 2	
POCKET CHAMBER DEVICE	TIER 2	
POCKET SPACER DEVICE	TIER 2	
POCKETCHEM EZ TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
POGO AUTOMATIC TEST CARTRIDGES (<i>glucose blood</i>)	TIER 3	PA, QLC (200 tests/month)
PRECISION PCX (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PRECISION PCX PLUS TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PRECISION POINT OF CARE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PRECISION QID TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PRECISION SOF-TACT TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
PRECISION SURE-DOSE SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -29G 1/2" 0.5 ML MISC, -30G 3/8" 0.5 ML MISC, -30G 5/16" 0.3 ML MISC	TIER 2	
PRECISION SUREDOSE PLUS SYR 1/2" 0.3 ML MISC, 1/2" 1 ML MISC	TIER 2	
PRECISION THINS GP LANCETS MISC	TIER 2	QLC (200 lancets/month)
PRECISION XTRA BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRECISION XTRA KETONE (<i>ketone blood test</i>) STRIP	TIER 2	
PREFERRED PLUS INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	TIER 2	
PREFERRED PLUS LANCETS COLORED MISC	TIER 2	QLC (200 lancets/month)
PREFERRED PLUS LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
PREFERRED PLUS UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
PREMIUM BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PRESSURE ACTIVAT SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)
PREVENT DROPSAFE PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	
PREVENT SAFETY PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	
PRIMEAIRE HOLDING CHAMBER DEVICE	TIER 2	
PRO COMFORT INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
PRO COMFORT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
PRO COMFORT LANCETS 31G MISC	TIER 2	QLC (200 lancets/month)
PRO COMFORT PEN NEEDLES PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC	TIER 2	
PRO COMFORT SPACER ADULT MISC	TIER 2	
PRO COMFORT SPACER CHILD MISC	TIER 2	
PRO COMFORT SPACER INFANT DEVICE	TIER 2	
PRO VOICE V8/V9 GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PROCARE SPACER/ADULT MASK DEVICE	TIER 2	
PROCARE SPACER/CHILD MASK DEVICE	TIER 2	
PRODIGY INSULIN SYRINGE 28G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRODIGY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PRODIGY NO CODING BLOOD GLUC (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PRODIGY SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
PRODIGY TWIST TOP LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PSS SELECT GP LANCETS MISC	TIER 2	QLC (200 lancets/month)
PSS SELECT SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
PTS PANELS GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PTS PANELS KETONE TEST (<i>ketone blood test</i>) STRIP	TIER 2	
PTS PANELSEGLU TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
PURE COMFORT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
PURE COMFORT PEN NEEDLE PEN 4 MISC, PEN 5 MISC, PEN 6 MISC, PEN 8 MISC	TIER 2	
PURE COMFORT SPACER CHAMBER DEVICE	TIER 2	
PUSH BUTTON SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PUSH BUTTON SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
PX EXTRA SHORT PEN NEEDLES 31G 6 MM MISC	TIER 2	
PX INSULIN SYRINGE 30G 1/2" 0.5 ML MISC	TIER 2	
PX LANCETS MICROTHIN 33G MISC	TIER 2	QLC (200 lancets/month)
PX LANCETS ULTRA THIN 28G MISC	TIER 2	QLC (200 lancets/month)
PX LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
PX MINI PEN NEEDLES 31G 5 MM MISC	TIER 2	
PX PEN NEEDLE PEN 29G 12MM MISC, PEN 31G 8 MM MISC	TIER 2	
PX SHORTLENGTH PEN NEEDLES 31G 8 MM MISC	TIER 2	
QC LANCETS SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
QC LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
QC PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QC UNIFINE PENTIPS 32G X 4 MM MISC	TIER 2	
QC UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
QC UNILET LANCETS MICRO THIN MISC	TIER 2	QLC (200 lancets/month)
QUICKTEK TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
QUINTET AC BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
QUINTET BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
RA E-ZJECT COLOR LANCETS 33G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS 28G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS THIN 26G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS THIN 28G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS ULTRA THIN -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	TIER 2	
RA PEN NEEDLES PEN 5 MISC, PEN 8 MISC	TIER 2	
RA TRUETEST TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
RAYA SURE PEN NEEDLE PEN 29G 12MM MISC, PEN 31G 4 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
READYLANCE SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
REALITY INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC	TIER 2	
REALITY LANCETS MISC	TIER 2	QLC (200 lancets/month)
REALITY TRIGGER LANCETS MISC	TIER 2	QLC (200 lancets/month)
REFUAH PLUS BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
RELI-ON INSULIN SYRINGE -29G 0.3 ML MISC, -29G 0.5 ML MISC, -29G X 1/2" 1 ML MISC, -30G 0.3 ML MISC, -30G 0.5 ML MISC, -30G 1 ML MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RELION BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
RELION CONFIRM/MICRO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 test strips/month)
RELION INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
RELION KETONE (<i>acetone (urine) test</i>) STRIP	TIER 2	
RELION KETONE TEST (<i>acetone (urine) test</i>) STRIP	TIER 2	
RELION LANCETS MICRO-THIN 33G - MISC	TIER 2	QLC (200 lancets/month)
RELION LANCETS STANDARD 21G MISC	TIER 2	QLC (200 lancets/month)
RELION LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
RELION LANCETS ULTRA-THIN 30G - MISC	TIER 2	QLC (200 lancets/month)
RELION MINI PEN NEEDLES 31G X 6 MM MISC	TIER 2	
RELION PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
RELION PREMIER TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
RELION PRIME TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
RELION SHORT PEN NEEDLES 31G X 8 MM MISC	TIER 2	
RELION TRUE METRIX TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 strips/month)
RELION ULTIMA TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 test strips/month)
RELION ULTRA THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
RELION ULTRA THIN PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
REVEAL BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
REXALL BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REXALL LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
RIGHTEST GL300 LANCETS MISC	TIER 2	QLC (200 lancets/month)
RIGHTEST GS100 BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
RIGHTEST GS300 BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
RIGHTEST GS550 BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
RIGHTEST GT333 BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
RITFLO DEVICE	TIER 2	
RUZURGI (<i>amifampridine</i>) 10 MG TAB	TIER 4	PA, SP, QLC (10 tabs/day)
SAFE-T-LANCE -- MISC	TIER 2	QLC (200 lancets/month)
SAFE-T-LANCE PLUS -- MISC	TIER 2	QLC (200 lancets/month)
SAFESNAP INSULIN SYRINGE 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC	TIER 2	
SAFETY INSULIN SYRINGES 27G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC	TIER 2	
SAFETY LANCET 21G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCET 23G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCET 28G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCET 30G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAFETY LET LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAFETY PEN NEEDLES PEN 5 MISC, PEN 8 MISC	TIER 2	
SAFETY SEAL LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAPS HEALTH PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAPS HEALTH TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAPS TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SAPSCARE TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAXENDA (<i>liraglutide (weight management)</i>) 18 MG/3ML SOLN PEN	TIER 4	PA, QLC (5 pens/month)
SB INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
SB LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
SB LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
SECURESAFE INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	TIER 2	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM MISC	TIER 2	
SHOPKO ON-THE-GO LANCETS 30G -- MISC	TIER 2	QLC (200 lancets/month)
SHOPKO UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
SHOPKO UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
SHOPKO UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SHOPKO UNILET LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
SIDE BUTTON SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)
SINGLE-LET - MISC	TIER 2	QLC (200 lancets/month)
SM LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE COLOR LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE PREMIUM TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
SMART SENSE STANDARD LANCETS MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE SUPER THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE THIN LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE VALUE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
SMARTEST BLOOD GLUCOSE TEST (<i>glucose blood</i>) SMAR STRIP	TIER 3	PA, QLC (200 strips/month)
SMARTEST LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SOLUS V2 LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SOLUS V2 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
SOLUS V2 TWIST LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
STERILANCE TL MISC	TIER 2	QLC (200 lancets/month)
SUPER THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
SUPREME TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
SURE COMFORT INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 1/4" 0.3 ML MISC, 31G 1/4" 0.5 ML MISC, 31G 1/4" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
SURE COMFORT LANCETS 18G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT PEN NEEDLES PEN 29G 12.7MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC	TIER 2	
SURE EDGE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
SURE-FINE PEN NEEDLES -PEN 29G 12.7MM MISC, -PEN 31G 5 MM MISC, -PEN 31G 8 MM MISC	TIER 2	
SURE-JECT INSULIN SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -29G 1/2" 0.3 ML MISC, -29G 1/2" 0.5 ML MISC, -29G 1/2" 1 ML MISC, -30G 5/16" 0.3 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 1 ML MISC, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC	TIER 2	
SURE-LANCE FLAT LANCETS - MISC	TIER 2	QLC (200 lancets/month)
SURE-LANCE LANCETS 26G - MISC	TIER 2	QLC (200 lancets/month)
SURE-LANCE THIN LANCETS 28G - MISC	TIER 2	QLC (200 lancets/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SURE-LANCE ULTRA THIN LANCETS - MISC	TIER 2	QLC (200 lancets/month)
SURE-TEST EASYPLUS MINI TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 strips/month)
SURE-TOUCH LANCETS UNIVERSAL - MISC	TIER 2	QLC (200 lancets/month)
SURECHEK BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
SURELITE LANCETS MISC	TIER 2	QLC (200 lancets/month)
TECHLITE AST LANCETS MISC	TIER 2	QLC (200 lancets/month)
TECHLITE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
TECHLITE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
TECHLITE LANCETS MISC	TIER 2	QLC (200 lancets/month)
TECHLITE PEN NEEDLES PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC	TIER 2	
TELCARE BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
TGT BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
TGT LANCET MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
TGT LANCET THIN 26G MISC	TIER 2	QLC (200 lancets/month)
TGT LANCET ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
THINLETS GP LANCETS MISC	TIER 2	QLC (200 lancets/month)
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC	TIER 2	
TODAYS HEALTH PEN NEEDLES 29G X 12MM MISC	TIER 2	
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM MISC	TIER 2	
TODAYS HEALTH THIN LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TODAYS HEALTH THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
TOPCARE CLICKFINE PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	
TOPCARE LANCETS MICRO-THIN 33G - MISC	TIER 2	QLC (200 lancets/month)
TOPCARE ULTRA COMFORT INS SYR 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
TRAVEL LANCETS ADVANCED 28G MISC	TIER 2	QLC (200 lancets/month)
TRAVEL LANCETS MISC	TIER 2	QLC (200 lancets/month)
TRUE COMFORT INSULIN SYRINGE 5/16" 0.5 ML MISC, 5/16" 1 ML MISC	TIER 2	
TRUE COMFORT PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	TIER 2	
TRUE COMFORT PRO INSULIN SYR 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 0.5 ML MISC, 32G 5/16" 1 ML MISC	TIER 2	
TRUE COMFORT PRO PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC	TIER 2	
TRUE COMFORT TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
TRUE FOCUS BLOOD GLUCOSE STRIP (<i>glucose blood</i>)	TIER 3	PA, QLC (200 strips/month)
TRUE METRIX BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
TRUE METRIX PRO BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
TRUEPLUS 5-BEVEL PEN NEEDLES 5-PEN 29G 12.7MM MISC, 5-PEN 31G 5 MM MISC, 5-PEN 31G 6 MM MISC, 5-PEN 31G 8 MM MISC, 5-PEN 32G 4 MM MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRUEPLUS INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
TRUEPLUS LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
TRUEPLUS SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
TRUETEST TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
TRUETRACK TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ULTICARE INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	TIER 2	
ULTICARE INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 1/4" 0.3 ML MISC, 31G 1/4" 0.5 ML MISC, 31G 1/4" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTICARE MICRO PEN NEEDLES PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
ULTICARE MINI PEN NEEDLES PEN 30G 5 MISC, PEN 31G 6 MISC, PEN 32G 6 MISC	TIER 2	
ULTICARE PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC	TIER 2	
ULTICARE SHORT PEN NEEDLES PEN 30G 8 MISC, PEN 31G 8 MISC	TIER 2	
ULTIGUARD SAFEPAK PEN NEEDLE PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ULTIGUARD SAFEPAK SYR/NEEDLE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTILET CLASSIC LANCETS MISC	TIER 2	QLC (200 lancets/month)
ULTILET INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 1/4" 0.3 ML MISC, 31G 1/4" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTILET INSULIN SYRINGE SHORT 30G 1/2" 0.3 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTILET LANCETS MISC	TIER 2	QLC (200 lancets/month)
ULTILET PEN NEEDLE PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
ULTILET SAFETY LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
ULTILET SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
ULTIMA TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 test strips/month)
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	TIER 2	
ULTRA FLO INSULIN PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC	TIER 2	
ULTRA FLO INSULIN SYR 1/2 UNIT 30G " 0.3 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC	TIER 2	
ULTRA FLO INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTRA THIN LANCETS 31G MISC	TIER 2	QLC (200 lancets/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ULTRA THIN PEN NEEDLES 32G X 4 MM MISC	TIER 2	
ULTRA-CARE LANCETS 30G - MISC	TIER 2	QLC (200 lancets/month)
ULTRA-COMFORT INSULIN SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -29G 1/2" 0.3 ML MISC, -29G 1/2" 0.5 ML MISC, -29G 1/2" 1 ML MISC, -30G 5/16" 0.3 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 1 ML MISC, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC	TIER 2	
ULTRA-THIN II AUTO LANCET - MISC	TIER 2	QLC (200 lancets/month)
ULTRA-THIN II INS SYR SHORT -30G 5/16" 0.3 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 1 ML MISC, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC	TIER 2	
ULTRA-THIN II INSULIN SYRINGE -1/2" 0.5 ML MISC, -1/2" 1 ML MISC	TIER 2	
ULTRA-THIN II LANCETS - MISC	TIER 2	QLC (200 lancets/month)
ULTRA-THIN II MINI PEN NEEDLE -31G X 5 MM MISC	TIER 2	
ULTRA-THIN II PEN NEEDLE SHORT -31G X 8 MM MISC	TIER 2	
ULTRA-THIN II PEN NEEDLES -29G X 12.7MM MISC	TIER 2	
ULTRACARE INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTRACARE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC	TIER 2	
ULTRATRAK PRO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
ULTRATRAK ULTIMATE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
UNIFINE PEN NEEDLES 32G X 4 MM MISC	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
UNIFINE PENTIPS 29G 12MM MISC, 30G 5 MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC, 33G 4 MM MISC	TIER 2	
UNIFINE PENTIPS PLUS 29G 12MM MISC, 30G 5 MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC	TIER 2	
UNIFINE SAFECONTROL PEN NEEDLE PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC	TIER 2	
UNIFINE ULTRA PEN NEEDLE PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
UNILET COMFORTOUCH LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET EXCELITE II MISC	TIER 2	QLC (200 lancets/month)
UNILET EXCELITE MISC	TIER 2	QLC (200 lancets/month)
UNILET G.P. LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET G.P. SUPERLITE LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET GP 28 ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
UNILET LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET MICRO-THIN 33G - MISC	TIER 2	QLC (200 lancets/month)
UNILET SUPER-THIN 30G - MISC	TIER 2	QLC (200 lancets/month)
UNILET SUPERLITE LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET ULTRA-THIN 28G - MISC	TIER 2	QLC (200 lancets/month)
UNISTIK 3 GENTLE MISC	TIER 2	QLC (200 lancets/month)
UNISTIK PRO SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)
UNISTIK SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK SAFETY LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 21G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 23G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 28G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 30G MISC	TIER 2	QLC (200 lancets/month)
UNISTRIP1 GENERIC (<i>glucose blood</i>) UNII	TIER 3	PA, QLC (200 strips/month)
UNIVERSAL 1 LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
UNIVERSAL 1 LANCETS THIN 33G MISC	TIER 2	QLC (200 lancets/month)
UNIVERSAL 1 LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
V-GO 20 - KIT	TIER 3	PA, QLC (1 device/day)
V-GO 30 - KIT	TIER 3	PA, QLC (1 device/day)
V-GO 40 - KIT	TIER 3	PA, QLC (1 device/day)
VALUE HEALTH INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	TIER 2	
VALUE PLUS LANCET STANDARD 21G MISC	TIER 2	QLC (200 lancets/month)
VALUE PLUS LANCETS SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
VALUE PLUS LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
VALUMARK LANCET SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
VALUMARK LANCET ULTRA THIN 28G MISC	TIER 2	QLC (200 lancets/month)
VALUMARK PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
VALVED HOLDING CHAMBER DEVICE	TIER 2	
VANISHPOINT INSULIN SYRINGE 29G 1/2" 1 ML MISC, 29G 5/16" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 3/16" 0.5 ML MISC, 30G 3/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	TIER 2	
VERASENS BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
VIDA MIA UNIFINE PENTIPS 29G 12MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
VIDA MIA UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
VIDA MIA UNILET LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
VISTOGARD (<i>uridine triacetate (emergency treatment)</i>) 10 GM PACKET	TIER 4	SP, QLC (20 packets/month)
VITALET PRO LANCETS MISC	TIER 2	QLC (200 lancets/month)
VITALET PRO PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
VIVAGUARD INO TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 strips/month)
VIVAGUARD LANCETS MISC	TIER 2	QLC (200 lancets/month)
VOCAL POINT BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	TIER 2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	TIER 2	
VORTEX HOLDING CHAMBER/MASK DEVICE	TIER 2	
VORTEX VALVED HOLDING CHAMBER DEVICE	TIER 2	
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	TIER 2	
WALGREENS ADV TRAVEL LANCETS MISC	TIER 2	QLC (200 lancets/month)
WALGREENS LANCETS MICRO THIN MISC	TIER 2	QLC (200 lancets/month)
WALGREENS LANCETS MISC	TIER 2	QLC (200 lancets/month)
WALGREENS LANCETS SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
WALGREENS THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
WALGREENS ULTRA THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
WATCHHALER DEVICE	TIER 2	
WAVESENSE PRESTO (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
WEGMANS UNIFINE PENTIPS PLUS 31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC	TIER 2	
WEGOVIY (<i>semaglutide (weight management)</i>) 0.25 MG/0.5ML SOLN -INJ, 0.5 MG/0.5ML SOLN -INJ, 1.7 MG/0.75ML SOLN -INJ, 2.4 MG/0.75ML SOLN -INJ	TIER 4	PA, QLC (4 pens/month)
WEGOVIY (<i>semaglutide (weight management)</i>) 1 MG/0.5ML SOLN -INJ	TIER 4	PA, QLC (4 pens/28 days)
WIDE-SEAL DIAPHRAGM 60 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 65 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 70 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 75 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 80 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 85 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health), QLC (one diaphragm/300 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WIDE-SEAL DIAPHRAGM 90 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 95 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health), QLC (one diaphragm/300 days)
ZEVX INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC	TIER 2	
ZEVX PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
ZEVX TWIST TOP LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)

OPHTHALMIC AGENTS (Drugs for the Eyes)

OPHTHALMIC AGENTS, OTHER (Other Eye Drops)

ALCAINE (<i>proparacaine hcl</i>) 0.5 % SOLUTION	TIER 3	
ATROPINE SULFATE (<i>atropine sulfate ophthalmic</i>) 1 % SOLUTION	TIER 1	
<i>atropine sulfate ophth soln 1%</i>	TIER 1	
<i>bacitracin-polymyxin b ophth oint</i> (AK-POLY-BAC) <i>acitracin</i>	TIER 1	
<i>bacitracin-polymyxin b ophth oint</i> (POLYCIN) <i>acitracin</i>	TIER 1	
<i>bacitracin-polymyxin b ophth oint acitracin</i>	TIER 1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> (BACITRA-NEOMYCIN-POLYMYXIN-HC)	TIER 1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> (NEO-POLYCIN HC)	TIER 1	
BLEPHAMIDE (<i>sulfacetamide sod-prednisolone</i>) 10-0.2 % SUSPENSION	TIER 2	
BLEPHAMIDE S.O.P. (<i>sulfacetamide sod-prednisolone</i>) 10-0.2 % OINTMENT	TIER 3	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	TIER 2	
CEQUA (<i>cyclosporine (ophth)</i>) 0.09 % SOLUTION	TIER 3	PA, QLC (60 vials/month)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>) 0.2-0.5 % SOLUTION	TIER 3	
CORTISPORIN (<i>neomycin-polymyxin-hc</i>) 3.5-10000-0.5 CREAM	TIER 3	
COSOPT (<i>dorzolamide hcl-timolol maleate</i>) 22.3-6.8 MG/ML SOLUTION	TIER 3	
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>) 2-0.5 % SOLUTION	TIER 3	QLC (2 droperettes/day)
CYCLOGYL (<i>cyclopentolate hcl</i>) 0.5 % SOLUTION, 1 % SOLUTION, 2 % SOLUTION	TIER 3	
CYCLOMYDRIL (<i>cyclopentolate w/ phenylephrine</i>) 0.2-1 % SOLUTION	TIER 3	
<i>cyclopentolate hcl ophth soln 0.5%</i>	TIER 1	
<i>cyclopentolate hcl ophth soln 1%</i>	TIER 1	
<i>cyclopentolate hcl ophth soln 2%</i>	TIER 1	
<i>cyclosporine (ophth) emulsion 0.05%</i>	TIER 3	PA, QLC (2 vials/day)
DORZOLAMIDE HCL-TIMOLOL MAL (<i>dorzolamide hcl-timolol maleate</i>) -22.3-6.8 MG/ML SOLUTION	TIER 1	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF)	TIER 1	QLC (2 droperettes/day)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	TIER 1	
HOMATROPAIRE (<i>homatropine hbr</i>) 5 % SOLUTION	TIER 1	
<i>homatropine hbr ophth soln 5%</i>	TIER 1	
ISOPTO ATROPINE (<i>atropine sulfate (ophthalmic)</i>) 1 % SOLUTION	TIER 3	
LACRISERT (<i>artificial tear insert</i>) 5 MG	TIER 3	
MAXITROL (<i>neomycin-polymy-dexameth</i>) 3.5-10000-0.1 OINTMENT, 3.5-10000-0.1 SUSPENSION	TIER 3	
MYDRIACYL (<i>tropicamide</i>) 1 % SOLUTION	TIER 3	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> (NEO-POLYCIN)	TIER 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> (NEOMYCIN-BACITRACIN ZN-POLYMYX)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	TIER 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	TIER 1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN -- 1.75-10000-.025 SOLUTION	TIER 1	
NEOMYCIN-POLYMYXIN-HC (<i>neomycin-polymyxin-hc (ophth)</i>) --3.5-10000-1 SUSPENSION	TIER 1	
OXERVATE (<i>cenegermin-bkbj</i>) 0.002 % SOLUTION	TIER 4	PA, SP, QLC (28 ml/28 days)
<i>phenylephrine hcl ophth soln 10%</i>	TIER 1	
<i>phenylephrine hcl ophth soln 10%</i> (ALTAFRIN)	TIER 1	
<i>phenylephrine hcl ophth soln 2.5%</i>	TIER 1	
<i>phenylephrine hcl ophth soln 2.5%</i> (ALTAFRIN)	TIER 1	
PRED-G (<i>gentamicin-prednisolone acetate</i>) -0.3-1 % SUSPENSION	TIER 3	
PRED-G S.O.P. (<i>gentamicin-prednisolone acetate</i>) -0.3-0.6 % OINTMENT	TIER 3	
<i>proparacaine hcl ophth soln 0.5%</i>	TIER 1	
RESTASIS (<i>cyclosporine (ophth)</i>) 0.05 % EMULSION	TIER 1	QLC (2 vials/day)
RESTASIS MULTIDOSE (<i>cyclosporine (ophth)</i>) 0.05 % EMULSION	TIER 2	QLC (one 5.5 ml bottle/month)
ROCKLATAN (<i>netarsudil dimesylate-latanoprost</i>) 0.02-0.005 % SOLUTION	TIER 3	PA, QLC (2.5 ml/25 days)
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i> (SULFACETAMIDE-PREDNISOLONE)	TIER 1	
SULFACETAMIDE-PREDNISOLONE (<i>sulfacetamide sod-prednisolone</i>) -10-0.23 % SOLUTION	TIER 1	
TOBRADEX (<i>tobramycin-dexamethasone</i>) 0.3-0.1 % OINTMENT	TIER 2	
TOBRADEX (<i>tobramycin-dexamethasone</i>) 0.3-0.1 % SUSPENSION	TIER 3	
TOBRADEX ST (<i>tobramycin-dexamethasone</i>) 0.3-0.05 % SUSPENSION	TIER 3	QLC (1 bottle/fill)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	TIER 1	
<i>tropicamide ophth soln 0.5%</i>	TIER 1	
<i>tropicamide ophth soln 1%</i>	TIER 1	
TYRVAYA (<i>varenicline tartrate (cholinergic agonist)</i>) 0.03 MG/ACT SOLUTION	TIER 3	PA, QLC (2 bottles (8.4 ml)/30 days)
UPNEEQ (<i>oxymetazoline hcl (blepharoptosis)</i>) 0.1 % SOLUTION	TIER 3	PA, QLC (1 dropperette/day)
VERKAZIA (<i>cyclosporine (ophth)</i>) 0.1 % EMULSION	TIER 4	PA, SP, QLC (4 vials/day)
XIIDRA (<i>lifitegrast</i>) 5 % SOLUTION	TIER 2	QLC (60 vials/month)
ZYLET (<i>loteprednol etabonate-tobramycin</i>) 0.5-0.3 % SUSPENSION	TIER 2	

OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)

ALOCRIIL (<i>nedocromil sodium (ophth)</i>) 2 % SOLUTION	TIER 3	
ALOMIDE (<i>iodoxamide tromethamine</i>) 0.1 % SOLUTION	TIER 3	
<i>azelastine hcl ophth soln 0.05%</i>	TIER 1	
<i>bepotastine besilate ophth soln 1.5%</i>	TIER 2	QLC (5 ml/month)
BEPREVE (<i>bepotastine besilate</i>) 1.5 % SOLUTION	TIER 3	QLC (5 ml/month)
<i>cromolyn sodium ophth soln 4%</i>	TIER 1	
ELESTAT (<i>epinastine hcl (ophth)</i>) 0.05 % SOLUTION	TIER 3	
EMADINE (<i>emedastine difumarate</i>) 0.05 % SOLUTION	TIER 3	ST
<i>epinastine hcl ophth soln 0.05%</i>	TIER 1	
LASTACRAFT (<i>alcaftadine</i>) 0.25 % SOLUTION	TIER 2	QLC (1 bottle/month)
PAZEO (<i>olopatadine hcl</i>) 0.7 % SOLUTION	TIER 2	QLC (1 bottle/month)

OPHTHALMIC ANTI-INFECTIVES (Drugs for Eye Infections)

AZASITE (<i>azithromycin (ophth)</i>) 1 % SOLUTION	TIER 3	
BACITRACIN (<i>bacitracin (ophthalmic)</i>) 500 UNIT/GM OINTMENT	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BLEPH-10 (<i>sulfacetamide sodium (ophth)</i>) -% SOLUTION	TIER 3	
<i>erythromycin ophth oint 5 mg/gm</i>	TIER 1	
<i>gatifloxacin ophth soln 0.5%</i>	TIER 1	QLC (one 2.5 ml bottle/month)
GENTAK (<i>gentamicin sulfatate (ophth)</i>) 0.3 % OINTMENT	TIER 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	TIER 1	
LEVOFLOXACIN (<i>levofloxacin (ophth)</i>) 1.5 % SOLUTION	TIER 1	
<i>levofloxacin ophth soln 0.5%</i>	TIER 1	
MOXEZA (<i>moxifloxacin hcl (ophth)</i>) 0.5 % SOLUTION	TIER 3	
MOXIFLOXACIN HCL (2X DAY) (<i>moxifloxacin hcl (ophth)</i>) 0.5 % SOLUTION	TIER 2	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	TIER 1	
NATACYN (<i>natamycin</i>) 5 % SUSPENSION	TIER 3	
OCUFLOX (<i>ofloxacin (ophth)</i>) 0.3 % SOLUTION	TIER 3	
<i>ofloxacin ophth soln 0.3%</i>	TIER 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	TIER 1	
POLYTRIM (<i>polymyxin b-trimethoprim</i>) 10000-0.1 UNIT/ML-% SOLUTION	TIER 3	
SULFACETAMIDE SODIUM (<i>sulfacetamide sodium (ophth)</i>) 10 % OINTMENT	TIER 1	
<i>sulfacetamide sodium ophth soln 10%</i>	TIER 1	
<i>tobramycin ophth soln 0.3%</i>	TIER 1	
TOBREX (<i>tobramycin (ophth)</i>) 0.3 % OINTMENT	TIER 2	
TOBREX (<i>tobramycin (ophth)</i>) 0.3 % SOLUTION	TIER 3	
VIGAMOX (<i>moxifloxacin hcl (ophth)</i>) 0.5 % SOLUTION	TIER 3	
ZYMAXID (<i>gatifloxacin (ophth)</i>) 0.5 % SOLUTION	TIER 3	QLC (one 2.5 ml bottle/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPHTHALMIC ANTI-INFLAMMATORIES (Drugs for Eye Inflammation)		
ACULAR (<i>ketorolac tromethamine (ophth)</i>) 0.5 % SOLUTION	TIER 3	
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>) 0.4 % SOLUTION	TIER 3	
ACUVAIL (<i>ketorolac tromethamine (ophth)</i>) 0.45 % SOLUTION	TIER 2	QLC (30 vials/30 days)
ALREX (<i>loteprednol etabonate</i>) 0.2 % SUSPENSION	TIER 3	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> (BROMFENAC SODIUM (ONCE-DAILY))	TIER 1	
BROMSITE (<i>bromfenac sodium (ophth)</i>) 0.075 % SOLUTION	TIER 3	PA, QLC (1 bottle/month)
DEXAMETHASONE SODIUM PHOSPHATE (<i>dexamethasone sodium phosphate (ophth)</i>) 0.1 % SOLUTION	TIER 1	
<i>diclofenac sodium ophth soln 0.1%</i>	TIER 1	
<i>difluprednate ophth emulsion 0.05%</i>	TIER 2	
DUREZOL (<i>difluprednate</i>) 0.05 % EMULSION	TIER 3	
EYSUVIS (<i>loteprednol etabonate</i>) 0.25 % SUSPENSION	TIER 3	PA, QLC (1 bottle (8.3 ml)/30 days)
FLAREX (<i>fluorometholone acetate</i>) 0.1 % SUSPENSION	TIER 3	
<i>fluorometholone ophth susp 0.1%</i>	TIER 1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	TIER 1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	TIER 1	
FML (<i>fluorometholone (ophth)</i>) 0.1 % OINTMENT	TIER 3	
FML FORTE (<i>fluorometholone (ophth)</i>) 0.25 % SUSPENSION	TIER 2	
FML LIQUIFILM (<i>fluorometholone (ophth)</i>) 0.1 % SUSPENSION	TIER 3	
ILEVRO (<i>nepafenac</i>) 0.3 % SUSPENSION	TIER 3	QLC (1 bottle/month)
INVELTYS (<i>loteprednol etabonate</i>) 1 % SUSPENSION	TIER 3	PA

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ketorolac tromethamine ophth soln 0.4%</i>	TIER 1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	TIER 1	
LOTEMAX (<i>loteprednol etabonate</i>) 0.5 % GEL, 0.5 % SUSPENSION	TIER 3	
LOTEMAX (<i>loteprednol etabonate</i>) 0.5 % OINTMENT	TIER 3	QLC (1 tube/month)
LOTEMAX SM (<i>loteprednol etabonate</i>) 0.38 % GEL	TIER 3	
<i>loteprednol etabonate ophth gel 0.5%</i>	TIER 1	
<i>loteprednol etabonate ophth susp 0.5%</i>	TIER 1	
MAXIDEX (<i>dexamethasone (ophth)</i>) 0.1 % SUSPENSION	TIER 3	
NEVANAC (<i>nepafenac</i>) 0.1 % SUSPENSION	TIER 3	
OMNIPRED (<i>prednisolone acetate (ophth)</i>) 1 % SUSPENSION	TIER 3	
PRED FORTE (<i>prednisolone acetate (ophth)</i>) 1 % SUSPENSION	TIER 3	
PRED MILD (<i>prednisolone acetate (ophth)</i>) 0.12 % SUSPENSION	TIER 2	
PREDNISOLONE ACETATE (<i>prednisolone acetate (ophth)</i>) 1 % SUSPENSION	TIER 1	
PREDNISOLONE ACETATE P-F (<i>prednisolone acetate (ophth)</i>) REDNISOLONE -1 % SUSPENSION	TIER 1	
PREDNISOLONE SODIUM PHOSPHATE (<i>prednisolone sodium phosphate (ophth)</i>) 1 % SOLUTION	TIER 1	
PROLENSA (<i>bromfenac sodium (ophth)</i>) 0.07 % SOLUTION	TIER 3	QLC (1 bottle/month)

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS (Drugs for Glaucoma)

BETAGAN (<i>levobunolol hcl</i>) 0.5 % SOLUTION	TIER 3	
<i>betaxolol hcl ophth soln 0.5%</i>	TIER 1	
BETIMOL (<i>timolol</i>) 0.25 % SOLUTION, 0.5 % SOLUTION	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BETOPTIC-S (<i>betaxolol hcl (ophth)</i>) -0.25 % UPENION	TIER 2	
CARTEOLOL HCL (<i>carteolol hcl (ophth)</i>) 1 % SOLUTION	TIER 1	
ISTALOL (<i>timolol maleate (ophth)</i>) 0.5 % SOLUTION	TIER 3	
LEVOBUNOLOL HCL 0.5 % SOLUTION	TIER 1	
<i>levobunolol hcl ophth soln 0.5%</i>	TIER 1	
METIPRANOLOL 0.3 % SOLUTION	TIER 1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	TIER 1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	TIER 1	
<i>timolol maleate ophth soln 0.25%</i>	TIER 1	
<i>timolol maleate ophth soln 0.5%</i>	TIER 1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	TIER 1	
<i>timolol maleate preservative free ophth soln 0.25%</i> (TIMOLOL MALEATE PF)	TIER 2	ST
<i>timolol maleate preservative free ophth soln 0.5%</i> (TIMOLOL MALEATE OCUDOSE)	TIER 2	ST
<i>timolol maleate preservative free ophth soln 0.5%</i> (TIMOLOL MALEATE PF)	TIER 2	ST
TIMOPTIC (<i>timolol maleate (ophth)</i>) 0.25 % SOLUTION, 0.5 % SOLUTION	TIER 3	
TIMOPTIC OCUDOSE (<i>timolol maleate (ophth)</i>) 0.25 % SOLUTION, 0.5 % SOLUTION	TIER 3	ST
TIMOPTIC-XE (<i>timolol maleate (ophth)</i>) - 0.25 % GEL F SOLN, -0.5 % GEL F SOLN	TIER 3	

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER (Drugs for Glaucoma)

<i>acetazolamide cap er 12hr 500 mg</i> (ACETAZOLAMIDE ER)	TIER 1	
ALPHAGAN P (<i>brimonidine tartrate</i>) ALHAGAN 0.1 % SOLUTION	TIER 2	
ALPHAGAN P (<i>brimonidine tartrate</i>) ALHAGAN 0.15 % SOLUTION	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	TIER 1	
AZOPT (<i>brinzolamide</i>) 1 % SUSPENSION	TIER 3	ST
<i>brimonidine tartrate ophth soln 0.15%</i>	TIER 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	TIER 1	
<i>brinzolamide ophth susp 1%</i>	TIER 2	ST
DORZOLAMIDE HCL 2 % SOLUTION	TIER 3	
<i>dorzolamide hcl ophth soln 2%</i>	TIER 1	
IOPIDINE (<i>apraclonidine hcl</i>) 0.5 % SOLUTION, 1 % SOLUTION	TIER 3	
ISOPTO CARPINE (<i>pilocarpine hcl</i>) 1 % SOLUTION, 2 % SOLUTION, 4 % SOLUTION	TIER 3	
<i>methazolamide tab 25 mg</i>	TIER 1	
<i>methazolamide tab 50 mg</i>	TIER 1	
PHOSPHOLINE IODIDE (<i>echothiophate iodide</i>) 0.125 % RECON SOLN	TIER 3	
<i>pilocarpine hcl ophth soln 1%</i>	TIER 1	
<i>pilocarpine hcl ophth soln 2%</i>	TIER 1	
<i>pilocarpine hcl ophth soln 4%</i>	TIER 1	
RHOPRESSA (<i>netarsudil dimesylate</i>) 0.02 % SOLUTION	TIER 3	PA, QLC (1 bottle/month)
SIMBRINZA (<i>brinzolamide-brimonidine tartrate</i>) 1-0.2 % SUSPENSION	TIER 2	
TRUSOPT (<i>dorzolamide hcl</i>) 2 % SOLUTION	TIER 3	
VUITY (<i>pilocarpine hcl</i>) 1.25 % SOLUTION	TIER 3	PA, QLC (2.5 ml/30 days)

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)

<i>bimatoprost ophth soln 0.03%</i>	TIER 1	ST, QLC (7.5 ml/month)
LATANOPROST 0.005 % SOLUTION	TIER 1	QLC (5 ml/ month)
<i>latanoprost ophth soln 0.005%</i>	TIER 1	QLC (5 ml/ month)
LUMIGAN (<i>bimatoprost</i>) 0.01 % SOLUTION	TIER 2	ST, QLC (5 ml/month)
TRAVATAN Z (<i>travoprost</i>) 0.004 % SOLUTION	TIER 3	ST, QLC (5 ml/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> (TRAVOPROST (BAK FREE))	TIER 2	ST, QLC (5 ml/month)
VYZULTA (<i>latanoprostene bunod</i>) 0.024 % SOLUTION	TIER 3	PA, QLC (1 bottle/month)
XALATAN (<i>latanoprost</i>) 0.005 % SOLUTION	TIER 3	QLC (5 ml/ month)
XELPROS (<i>latanoprost</i>) 0.005 % EMULSION	TIER 3	ST, QLC (1 bottle/month)
ZIOPTAN (<i>tafluprost</i>) 0.0015 % SOLUTION	TIER 3	PA, QLC (1 dropperette/day)

OTIC AGENTS (Drugs for the Ears)

OTIC AGENTS (Drugs for Ears)

CETRALAX (<i>ciprofloxacin hcl (otic)</i>) 0.2 % SOLUTION	TIER 3	
CIPRO HC (<i>ciprofloxacin-hydrocortisone</i>) 0.2-1 % SUSPENSION	TIER 3	ST
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>) 0.3-0.1 % SUSPENSION	TIER 3	
CIPROFLOXACIN HCL (<i>ciprofloxacin hcl (otic)</i>) 0.2 % SOLUTION	TIER 1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	TIER 1	
CIPROFLOXACIN-FLUOCINOLONE PF (<i>ciprofloxacin-fluocinolone acetamide</i>) - 0.3-0.025 % SOLUTION	TIER 1	QLC (14 vials/7 days)
COLY-MYCIN S (<i>neomycin-colistin-hc-thonzonium</i>) -3.3-3-10-0.5 MG/ML UPENION	TIER 3	
CORTISPORIN-TC (<i>neomycin-colistin-hc-thonzonium</i>) -3.3-3-10-0.5 MG/ML SUSPENSION	TIER 3	
DERMOTIC (<i>fluocinolone acetamide (otic)</i>) 0.01 % OIL	TIER 2	
FLOXIN OTIC (<i>ofloxacin (otic)</i>) 0.3 % SOLUTION	TIER 3	
<i>fluocinolone acetamide (otic) oil 0.01%</i>	TIER 3	
<i>fluocinolone acetamide (otic) oil 0.01%</i> (FLAC)	TIER 3	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> (HYDROCORTISONE-ACETIC ACID)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>neomycin-polymyxin-hc otic soln 1%</i>	TIER 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	TIER 1	
<i>ofloxacin otic soln 0.3%</i>	TIER 1	
OTOVEL (<i>ciprofloxacin-fluocinolone acetamide</i>) 0.3-0.025 % SOLUTION	TIER 3	QLC (14 vials/7 days)

RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS (Drugs for Asthma and COPD)

ALVESCO (<i>ciclesonide</i>) 160 MCG/ACT AERO SOLN	TIER 3	ST, QLC (2 inhalers/month)
ALVESCO (<i>ciclesonide</i>) 80 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 inhaler/month)
ARMONAIR DIGIHALER (<i>fluticasone propionate (inhalation)</i>) 55 MCG/ACT AER POW BA, 113 MCG/ACT AER POW BA, 232 MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
ARMONAIR RESPICLICK 113 (<i>fluticasone propionate (inhalation)</i>) MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
ARMONAIR RESPICLICK 232 (<i>fluticasone propionate (inhalation)</i>) MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
ARMONAIR RESPICLICK 55 (<i>fluticasone propionate (inhalation)</i>) MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
ARNUITY ELLIPTA (<i>fluticasone furoate (inhalation)</i>) 50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
ASMANEX (120 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 220 MCG/ACT AER POW BA	TIER 3	ST, QLC (1 inhaler/month)
ASMANEX (14 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 220 MCG/ACT AER POW BA	TIER 3	ST, QLC (1 inhaler/month)
ASMANEX (30 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA	TIER 3	ST, QLC (1 inhaler/month)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ASMANEX (60 METERED DOSES) <i>(mometasone furoate (inhalation))</i> 220 MCG/ACT AER POW BA	TIER 3	ST, QLC (1 inhaler/month)
ASMANEX (7 METERED DOSES) <i>(mometasone furoate (inhalation))</i> 110 MCG/ACT AER POW BA	TIER 3	ST, QLC (1 inhaler/month)
ASMANEX HFA <i>(mometasone furoate (inhalation))</i> 50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL	TIER 3	ST, QLC (1 inhaler/month)
BECONASE AQ <i>(beclomethasone diprop monohyd)</i> 42 MCG/SPRAY SUSPENSION	TIER 3	ST, QLC (1 bottle/month)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	TIER 1	QLC (4 ml/day)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	TIER 1	QLC (4 ml/day)
<i>budesonide inhalation susp 1 mg/2ml</i>	TIER 1	QLC (2 ml/day)
FLOVENT DISKUS <i>(fluticasone propionate (inhalation))</i> 250 MCG/ACT AER POW BA	TIER 2	QLC (4 inhalers/month)
FLOVENT DISKUS <i>(fluticasone propionate (inhalation))</i> 50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
FLOVENT HFA <i>(fluticasone propionate hfa)</i> 44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	TIER 2	QLC (2 inhalers/month)
<i>flunisolide nasal soln 25 mcg/act (0.025%) (0.0%)</i>	TIER 1	QLC (2 bottles/month)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	TIER 3	PA, QLC (2 inhalers/month)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	TIER 1	QLC (1 bottle/month)
<i>mometasone furoate nasal susp 50 mcg/act</i>	TIER 1	ST, QLC (1 bottle/month)
NASONEX <i>(mometasone furoate (nasal))</i> 50 MCG/ACT SUSPENSION	TIER 3	ST, QLC (1 bottle/month)
OMNARIS <i>(ciclesonide (nasal))</i> 50 MCG/ACT SUSPENSION	TIER 3	ST, QLC (1 bottle/month)
PULMICORT <i>(budesonide (inhalation))</i> 0.25 MG/2ML SUSPENSION, 0.5 MG/2ML SUSPENSION	TIER 3	QLC (4 ml/day)
PULMICORT <i>(budesonide (inhalation))</i> 1 MG/2ML SUSPENSION	TIER 3	QLC (2 ml/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PULMICORT FLEXHALER (<i>budesonide (inhalation)</i>) 90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA	TIER 2	QLC (2 inhalers/month)
QNASL (<i>beclomethasone dipropionate (nasal)</i>) 80 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 bottle (10.6 ml)/month)
QNASL CHILDRENS (<i>beclomethasone dipropionate (nasal)</i>) 40 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 bottle (6.8 ml)/month)
QVAR REDHALER (<i>beclomethasone dipropionate hfa</i>) 40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA	TIER 2	QLC (2 inhalers/month)
RYALTRIS (<i>olopatadine hcl-mometasone furoate</i>) 665-25 MCG/ACT SUSPENSION	TIER 3	ST, QLC (29 gm/30 days)
XHANCE (<i>fluticasone propionate (nasal)</i>) 93 MCG/ACT EXHU	TIER 3	PA, QLC (2 bottles/month)
ZETONNA (<i>ciclesonide (nasal)</i>) 37 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 bottle/month)

ANTI-HISTAMINES (Drugs for Allergies)

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/</i>	TIER 1	QLC (1 bottle/25 days)
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> (AZELASTINE-FLUTICASONE)	TIER 2	QLC (1 bottle/month)
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	TIER 1	
CARBINOXAMINE MALEATE 6 MG TAB	TIER 4	PA, QLC (4 tabs/day)
<i>carbinoxamine maleate soln 4 mg/5ml</i>	TIER 1	
<i>carbinoxamine maleate tab 4 mg</i>	TIER 1	
CLARINEX (<i>desloratadine</i>) 0.5 MG/ML SYRUP	TIER 3	ST
CLARINEX (<i>desloratadine</i>) 5 MG TAB	TIER 3	
CLEMASTINE FUMARATE 0.67 MG/5ML SYRUP	TIER 4	PA, QLC (60 ml/day)
CLEMASTINE FUMARATE 2.68 MG TAB	TIER 2	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	TIER 1	
<i>cyproheptadine hcl tab 4 mg</i>	TIER 1	
DESLORATADINE 2.5 MG TAB DISP, 5 MG TAB DISP	TIER 1	ST

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desloratadine tab 5 mg</i>	TIER 1	
DEXCHLORPHENIRAMINE MALEATE 2 MG/5ML SOLUTION	TIER 4	PA, AL1 (Up to 64 yrs old), QLC (30 ml/day)
DYMISTA (<i>azelastine hcl-fluticasone propionate</i>) 137-50 MCG/ACT SUSPENSION	TIER 3	QLC (1 bottle/month)
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	TIER 1	
<i>hydroxyzine hcl tab 10 mg</i>	TIER 1	
<i>hydroxyzine hcl tab 25 mg</i>	TIER 1	
<i>hydroxyzine hcl tab 50 mg</i>	TIER 1	
HYDROXYZINE PAMOATE 100 MG CAP	TIER 1	
<i>hydroxyzine pamoate cap 25 mg</i>	TIER 1	
<i>hydroxyzine pamoate cap 50 mg</i>	TIER 1	
KARBINAL ER (<i>carbinoxamine maleate</i>) 4 MG/5ML SUSP	TIER 3	PA, QLC (40 ml/day)
<i>olopatadine hcl nasal soln 0.6%</i>	TIER 1	QLC (1 bottle/month)
PATANASE (<i>olopatadine hcl (nasal)</i>) 0.6 % SOLUTION	TIER 3	QLC (1 bottle/month)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	TIER 1	
RYCLORA (<i>dexchlorpheniramine maleate</i>) 2 MG/5ML SOLUTION	TIER 4	PA, AL1 (Up to 64 yrs old), QLC (30 ml/day)
RYVENT (<i>carbinoxamine maleate</i>) 6 MG TAB	TIER 3	PA, QLC (4 tabs/day)
VISTARIL (<i>hydroxyzine pamoate</i>) 25 MG CAP, 50 MG CAP	TIER 3	
ZERVIAE (<i>cetirizine hcl (ophth)</i>) 0.24 % SOLUTION	TIER 3	PA, QLC (2 droperettes/day)

ANTILEUKOTRIENES (Drugs for Asthma)

ACCOLATE (<i>zafirlukast</i>) 10 MG TAB, 20 MG TAB	TIER 3	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	TIER 1	QLC (1 pack/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>montelukast sodium tab 10 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
SINGULAIR (<i>montelukast sodium</i>) 4 MG CHEW TAB, 5 MG CHEW TAB, 10 MG TAB	TIER 3	QLC (1 tab/day)
SINGULAIR (<i>montelukast sodium</i>) 4 MG PACKET	TIER 3	QLC (1 pack/day)
<i>zafirlukast tab 10 mg</i>	TIER 1	
<i>zafirlukast tab 20 mg</i>	TIER 1	
<i>zileuton tab er 12hr 600 mg</i> (ZILEUTON ER)	TIER 4	PA
ZYFLO (<i>zileuton</i>) 600 MG TAB	TIER 4	PA
ZYFLO CR (<i>zileuton</i>) 600 MG TAB ER 12H	TIER 4	PA

BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)

ATROVENT HFA (<i>ipratropium bromide hfa</i>) 17 MCG/ACT AERO SOLN	TIER 2	QLC (2 inhalers/month)
INCRUSE ELLIPTA (<i>umeclidinium bromide</i>) 62.5 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
<i>ipratropium bromide inhal soln 0.02%</i>	TIER 1	QLC (120 doses/month)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	TIER 1	QLC (1 bottle/month)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	TIER 1	QLC (3 bottles/month)
LONHALA MAGNAIR REFILL KIT (<i>glycopyrrolate (inhalation)</i>) 25 MCG/ML SOLUTION	TIER 4	PA, QLC (2 vials/day)
LONHALA MAGNAIR STARTER KIT (<i>glycopyrrolate (inhalation)</i>) 25 MCG/ML SOLUTION	TIER 4	PA, QLC (2 vials/day)
SEEBRI NEOHALER (<i>glycopyrrolate (inhalation)</i>) 15.6 MCG CAP	TIER 3	ST, QLC (1 inhaler[60 caps]/month)
SPIRIVA HANDIHALER (<i>tiotropium bromide monohydrate</i>) 18 MCG CAP	TIER 2	QLC (30 caps/month)
SPIRIVA RESPIMAT (<i>tiotropium bromide monohydrate</i>) 1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN	TIER 2	QLC (1 inhaler/month)
TUDORZA PRESSAIR (<i>aclidinium bromide</i>) 400 MCG/ACT AER POW BA	TIER 3	ST, QLC (1 inhaler/month)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
YUPELRI (<i>revfenacin</i>) 175 MCG/3ML SOLUTION	TIER 4	PA, QLC (3 ml/day)

BRONCHODILATORS, SYMPATHOMIMETIC (Drugs for Asthma and COPD Symptoms)

<i>albuterol hfa (generic proair hfa)</i>	TIER 1	QLC (2 inhalers/month)
<i>albuterol hfa (generic proventil hfa)</i>	TIER 1	QLC (2 inhalers/month)
<i>albuterol hfa (generic ventolin hfa)</i>	TIER 1	QLC (2 inhalers/month)
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	TIER 1	QLC (4 bottles/month)
ALBUTEROL SULFATE ER ER 4 MG TAB ER 12H, ER 8 MG TAB ER 12H	TIER 1	
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> (ALBUTEROL SULFATE HFA)	TIER 1	QLC (2 inhalers/month)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	TIER 1	QLC (375 ml/month)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	TIER 1	QLC (5 boxes (150 ml)/ month)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	TIER 1	QLC (5 boxes (375 ml)/month)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	TIER 1	QLC (5 boxes (375 ml)/month)
<i>albuterol sulfate syrup 2 mg/5ml</i>	TIER 1	
<i>albuterol sulfate tab 2 mg</i>	TIER 1	
<i>albuterol sulfate tab 4 mg</i>	TIER 1	
ARCAPTA NEOHALER (<i>indacaterol maleate</i>) ARTA 75 MCG	TIER 3	ST, QLC (1 cap/day)
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	TIER 1	QLC (120 ml/month)
AUVI-Q (<i>epinephrine (anaphylaxis)</i>) UVI-0.1 MG/0.1ML SOLN -INJ, UVI-0.15 MG/0.15ML SOLN -INJ, UVI-0.3 MG/0.3ML SOLN -INJ	TIER 4	PA, QLC (4 injections/fill; max 6 fills per year)
BROVANA (<i>arformoterol tartrate</i>) 15 MCG/2ML NEBU SOLN	TIER 3	QLC (120 ml/month)
EPINEPHRINE (<i>epinephrine (anaphylaxis)</i>) 0.15 MG/0.15ML SOLN -INJ, 0.3 MG/0.3ML SOLN -INJ	TIER 1	QLC (4 injections/fill; max 6 fills per year)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	TIER 1	QLC (4 injections/fill; max 6 fills per year)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	TIER 1	QLC (4 injections/fill; max 6 fills per year)
EPIPEN 2-PAK (<i>epinephrine (anaphylaxis)</i>) -PK 0.3 MG/0.3ML SOLN -INJ	TIER 2	QLC (4 injections/fill; max 6 fills per year)
EPIPEN JR 2-PAK (<i>epinephrine (anaphylaxis)</i>) -PK 0.15 MG/0.3ML SOLN -INJ	TIER 2	QLC (4 injections/fill; max 6 fills per year)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	TIER 2	QLC (120 ml/month)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	TIER 1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	TIER 1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	TIER 1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	TIER 1	QLC (90 vials/month)
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	TIER 1	QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order)
METAPROTERENOL SULFATE 10 MG TAB, 10 MG/5ML SYRUP, 20 MG TAB	TIER 1	
PERFOROMIST (<i>formoterol fumarate</i>) 20 MCG/2ML NEBU SOLN	TIER 3	QLC (120 ml/month)
PROAIR DIGIHALER (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AER POW BA	TIER 3	PA, QLC (2 inhalers/month)
PROAIR HFA (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AERO SOLN	TIER 3	QLC (2 inhalers/month)
PROAIR RESPICLICK (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AER POW BA	TIER 3	ST, QLC (2 inhalers/month)
PROVENTIL HFA (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AERO SOLN	TIER 3	QLC (2 inhalers/month)
SEREVENT DISKUS (<i>salmeterol xinafoate</i>) 50 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
STRIVERDI RESPIMAT (<i>olodaterol hcl</i>) 2.5 MCG/ACT AERO SOLN	TIER 2	QLC (1 inhaler/month)
SYMJEPI (<i>epinephrine (anaphylaxis)</i>) 0.15 MG/0.3ML SOLN PRSYR, 0.3 MG/0.3ML SOLN PRSYR	TIER 3	PA, QLC (4 injections/fill; max 6 fills/year)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>terbutaline sulfate tab 2.5 mg</i>	TIER 2	
<i>terbutaline sulfate tab 5 mg</i>	TIER 2	
VENTOLIN HFA (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AERO SOLN	TIER 3	QLC (2 inhalers/month)
XOPENEX (<i>levalbuterol hcl</i>) 0.31 MG/3ML NEBU SOLN, 0.63 MG/3ML NEBU SOLN, 1.25 MG/3ML NEBU SOLN	TIER 3	QLC (90 nebs/month)
XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>) 1.25 MG/0.5ML NEBU SOLN	TIER 3	QLC (90 vials/month)
XOPENEX HFA (<i>levalbuterol tartrate</i>) 45 MCG/ACT AEROSOL	TIER 3	QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order)

CYSTIC FIBROSIS AGENTS

BETHKIS (<i>tobramycin</i>) 300 MG/4ML NEBU SOLN	TIER 4	PA, SP, QLC (1 box (224 ml)/2 months)
BRONCHITOL (<i>mannitol (cystic fibrosis)</i>) 40 MG CAP	TIER 4	PA, SP, QLC (20 caps/day)
CAYSTON (<i>aztreonam lysine</i>) 75 MG RECON SOLN	TIER 4	PA, SP, QLC (1 box/2 months)
KALYDECO (<i>ivacaftor</i>) 150 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
KALYDECO (<i>ivacaftor</i>) 25 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
KALYDECO (<i>ivacaftor</i>) 50 MG PACKET, 75 MG PACKET	TIER 4	PA, SP, QLC (2 packs/day)
KITABIS PAK (<i>tobramycin</i>) 300 MG/5ML NEBU SOLN	TIER 4	PA, SP, QLC (1 pack/56 days)
ORKAMBI (<i>lumacaftor-ivacaftor</i>) 100-125 MG PACKET, 150-188 MG PACKET	TIER 4	PA, SP, QLC (2 packs/day)
ORKAMBI (<i>lumacaftor-ivacaftor</i>) 100-125 MG TAB, 200-125 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
ORKAMBI (<i>lumacaftor-ivacaftor</i>) 75-94 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
PULMOZYME (<i>dornase alfa</i>) 2.5 MG/2.5ML SOLUTION	TIER 4	SP, QLC (5 ml/day)
SYMDEKO (<i>tezacaftor-ivacaftor</i>) 50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day)
TOBI (<i>tobramycin</i>) 300 MG/5ML NEBU SOLN	TIER 4	PA, SP, QLC (1 box/2 months)
TOBI PODHALER (<i>tobramycin</i>) 28 MG CAP	TIER 4	PA, SP, QLC (224 caps/2 months)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TOBRAMYCIN 300 MG/5ML NEBU SOLN	TIER 4	PA, SP, QLC (1 pack/56 days)
<i>tobramycin nebu soln 300 mg/4ml</i>	TIER 4	PA, SP, QLC (1 box (224 ml)/2 months)
<i>tobramycin nebu soln 300 mg/5ml</i>	TIER 4	PA, SP, QLC (1 box/2 months)
TRIKAFTA (<i>elexacaftor-tezacaftor-ivacaftor</i>) 50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK	TIER 4	PA, SP, QLC (3 tabs/day)

MAST CELL STABILIZERS (Drugs to Block Mast Cells)

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	TIER 2	QLC (2 boxes/month)
--	--------	---------------------

PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	TIER 1	
DALIRESP (<i>roflumilast</i>) 250 MCG TAB	TIER 3	PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months)
DALIRESP (<i>roflumilast</i>) 500 MCG TAB	TIER 3	PA, QLC (1 tab/day)
ELIXOPHYLLIN (<i>theophylline</i>) 80 MG/15ML ELIXIR	TIER 3	
<i>roflumilast tab 250 mcg</i>	TIER 2	PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months)
<i>roflumilast tab 500 mcg</i>	TIER 2	PA, QLC (1 tab/day)
THEO-24 (<i>theophylline</i>) -24 100 MG CAP ER 24H, -24 200 MG CAP ER 24H, -24 300 MG CAP ER 24H, -24 400 MG CAP ER 24H	TIER 2	
<i>theophylline elixir 80 mg/15ml</i>	TIER 1	
<i>theophylline elixir 80 mg/15ml (ELIXOPHYLLIN)</i>	TIER 1	
<i>theophylline soln 80 mg/15ml</i>	TIER 1	
<i>theophylline tab er 12hr 100 mg (THEOPHYLLINE ER)</i>	TIER 1	
<i>theophylline tab er 12hr 200 mg (THEOPHYLLINE ER)</i>	TIER 1	
<i>theophylline tab er 12hr 300 mg (THEOPHYLLINE ER)</i>	TIER 1	
<i>theophylline tab er 12hr 450 mg (THEOPHYLLINE ER)</i>	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>theophylline tab er 24hr 400 mg</i> (THEOPHYLLINE ER)	TIER 1	
<i>theophylline tab er 24hr 600 mg</i> (THEOPHYLLINE ER)	TIER 1	

PULMONARY ANTIHYPERTENSIVES (Drugs for Pulmonary Hypertension)

ADCIRCA (<i>tadalafil (pulmonary hypertension)</i>) 20 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
ADEMPAS (<i>riociguat</i>) 0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
<i>ambrisentan tab 10 mg</i>	TIER 4	PA, SP, QLC (1 tab/day)
<i>ambrisentan tab 5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day)
<i>bosentan tab 125 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day)
<i>bosentan tab 62.5 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day)
LETAIRIS (<i>ambrisentan</i>) 5 MG TAB, 10 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
OPSUMIT (<i>macitentan</i>) 10 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ORENITRAM (<i>treprostinil diolamine</i>) 0.125 MG TAB ER, 0.25 MG TAB ER	TIER 4	PA, SP, QLC (9 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 1 MG TAB ER	TIER 4	PA, SP, QLC (42 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 2.5 MG TAB ER	TIER 4	PA, SP, QLC (16 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 5 MG TAB ER	TIER 4	PA, SP, QLC (8 tabs/day)
REVATIO (<i>sildenafil citrate (pulmonary hypertension)</i>) 10 MG/ML RECON SUSP	TIER 4	PA, SP, QLC (6 ml/day)
REVATIO (<i>sildenafil citrate (pulmonary hypertension)</i>) 20 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
<i>sildenafil citrate for suspension 10 mg/ml</i>	TIER 4	PA, SP, QLC (6 ml/day)
<i>sildenafil citrate tab 20 mg</i>	TIER 4	PA, SP, QLC (3 tabs/day)
<i>tadalafil tab 20 mg (pah)</i> (ALYQ)	TIER 4	PA, SP, QLC (2 tabs/day)
<i>tadalafil tab 20 mg (pah)</i> (TADALAFIL (PAH))	TIER 4	PA, SP, QLC (2 tabs/day)
TADLIQ (<i>tadalafil (pulmonary hypertension)</i>) 20 MG/5ML SUSPENSION	TIER 4	PA, SP, QLC (10 ml/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRACLEER (<i>bosentan</i>) 32 MG TAB SOL	TIER 4	PA, SP, QLC (4 tabs/day)
TRACLEER (<i>bosentan</i>) 62.5 MG TAB, 125 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
TYVASO DPI MAINTENANCE KIT (<i>treprostinil</i>) 112 X 32MCG & 112 X48MCG POWDER	TIER 4	PA, SP, QLC (8 cartridges/day)
TYVASO DPI MAINTENANCE KIT (<i>treprostinil</i>) KIT 16 MCG POWDER, KIT 32 MCG POWDER, KIT 48 MCG POWDER, KIT 64 MCG POWDER	TIER 4	PA, SP, QLC (4 cartridges/day)
TYVASO DPI TITRATION KIT (<i>treprostinil</i>) 112 X 16MCG & 84 X 32MCG POWDER	TIER 4	PA, SP, QLC (1 kit/6 months)
TYVASO DPI TITRATION KIT (<i>treprostinil</i>) 16 & 32 & 48 MCG POWDER	TIER 4	PA, SP, QLC (1 kit (252 units)/6 months)
UPTRAVI (<i>selexipag</i>) 200 & 800 MCG TAB THPK	TIER 4	PA, SP, QLC (200 tabs/6 months)
UPTRAVI (<i>selexipag</i>) 200 MCG TAB	TIER 4	PA, SP, QLC (pckg size #60= 2 tabs/day; pckg size #140= 140 tabs/6 months)
UPTRAVI (<i>selexipag</i>) 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	TIER 4	PA, SP, QLC (2 tabs/day)

PULMONARY FIBROSIS AGENTS

ESBRIET (<i>pirfenidone</i>) 267 MG CAP	TIER 4	PA, SP, QLC (9 caps/day)
ESBRIET (<i>pirfenidone</i>) 267 MG TAB	TIER 4	PA, SP, QLC (9 tabs/day)
ESBRIET (<i>pirfenidone</i>) 801 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
OFEV (<i>nintedanib esylate</i>) 100 MG CAP, 150 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)
PIRFENIDONE 534 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
<i>pirfenidone tab 267 mg</i>	TIER 4	PA, SP, QLC (9 tabs/day)
<i>pirfenidone tab 801 mg</i>	TIER 4	PA, SP, QLC (3 tabs/day)

RESPIRATORY TRACT AGENTS, OTHER (Drugs for Allergies, Cough, Cold, and Other Conditions)

<i>acetylcysteine inhal soln 10%</i>	TIER 2	
<i>acetylcysteine inhal soln 20%</i>	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADVAIR DISKUS (<i>fluticasone-salmeterol</i>) 100-50 MCG/ACT AER POW BA, 250-50 MCG/ACT AER POW BA, 500-50 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
ADVAIR HFA (<i>fluticasone-salmeterol</i>) 45- 21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL	TIER 2	QLC (1 inhaler/month)
AIRDUO DIGIHALER (<i>fluticasone- salmeterol</i>) 55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
AIRDUO RESPICLICK 113/14 (<i>fluticasone- salmeterol</i>) /-MCG/ACT AER POW BA	TIER 3	QLC (1 inhaler/month)
AIRDUO RESPICLICK 232/14 (<i>fluticasone- salmeterol</i>) /-MCG/ACT AER POW BA	TIER 3	QLC (1 inhaler/month)
AIRDUO RESPICLICK 55/14 (<i>fluticasone- salmeterol</i>) /-MCG/ACT AER POW BA	TIER 3	QLC (1 inhaler/month)
ANORO ELLIPTA (<i>umeclidinium-vilanterol</i>) 62.5-25 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
<i>benzonatate cap 100 mg</i>	TIER 1	
<i>benzonatate cap 150 mg</i>	TIER 1	
<i>benzonatate cap 200 mg</i>	TIER 1	
BEVESPI AEROSPHERE (<i>glycopyrrolate- formoterol fumarate</i>) 9-4.8 MCG/ACT AEROSOL	TIER 3	ST, QLC (1 inhaler/month)
BREO ELLIPTA (<i>fluticasone furoate- vilanterol</i>) 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
BREZTRI AEROSPHERE (<i>budesonide- glycopyrrolate-formoterol fumarate</i>) 160- 9-4.8 MCG/ACT AEROSOL	TIER 3	PA, QLC (1 inhaler/30 days)
BUDESONIDE-FORMOTEROL FUMARATE (<i>budesonide-formoterol fumarate dihydrate</i>) -80-4.5 MCG/ACT AEROSOL, - 160-4.5 MCG/ACT AEROSOL	TIER 3	PA, QLC (1 inhaler/month)
CLARINEX-D 12 HOUR (<i>desloratadine- pseudoephedrine</i>) -2.5-0 MG TAB ER H	TIER 3	ST
COMBIVENT RESPIMAT (<i>ipratropium- albuterol</i>) 20-100 MCG/ACT AERO SOLN	TIER 2	QLC (1 inhaler/month)
DUAKLIR PRESSAIR (<i>aclidinium bromide- formoterol fumarate</i>) 400-12 MCG/ACT AER POW BA	TIER 4	ST, QLC (1 inhaler/30 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DULERA (<i>mometasone furoate-formoterol fumarate dihydrate</i>) 50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL	TIER 3	PA, QLC (1 inhaler/month)
FASENRA PEN (<i>benralizumab</i>) 30 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/56 days)
FLUTICASONE FUROATE-VILANTEROL -100-25 MCG/ACT AER POW BA, -200-25 MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
FLUTICASONE-SALMETEROL -55-14 MCG/ACT AER POW BA, -113-14 MCG/ACT AER POW BA, -232-14 MCG/ACT AER POW BA	TIER 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	TIER 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (WIXELA INHUB)	TIER 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (WIXELA INHUB) -2-	TIER 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act -2-</i>	TIER 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	TIER 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (WIXELA INHUB)	TIER 1	QLC (1 inhaler/month)
GRASTEK (<i>timothy grass pollen allergen extract</i>) 2800 BAU SL TAB	TIER 3	PA, QLC (1 tab/day)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (CHERATUSSIN AC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (G TUSSIN AC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (GUAIIATUSSIN AC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (GUAIFENESIN AC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (MAXI-TUSS AC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (ROBAFEN AC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (VIRTUSSIN A/C)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (VIRTUSSIN AC W/ALC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
HYCODAN (<i>hydrocodone bitartrate-homatropine methylbromide</i>) 5-1.5 MG/5ML SOLUTION	TIER 3	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i> (HYDROCOD POLST-CPM POLST ER)	TIER 1	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> (HYDROCODONE BIT-HOMATROP MBR) -- <i>1.mg/ml</i>	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> (HYDROMET) -- <i>1.mg/ml</i>	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i> (HYDROCODONE BIT-HOMATROP MBR)	TIER 1	AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month)
HYDROCODONE-GUAIFENESIN -2.5-200 MG/5ML SOLUTION	TIER 4	PA, AL1 (At least 18 yrs old), QLC (60 ml/day, max 7 days therapy/month)
HYPERSAL (<i>sodium chloride (inhalant)</i>) 3.5 % NEBU SOLN, 7 % NEBU SOLN	TIER 3	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	TIER 1	QLC (6 boxes [30 doses/box]/month)
NEBUSAL (<i>sodium chloride (inhalant)</i>) 6 % SOLN	TIER 3	
NUCALA (<i>mepolizumab</i>) 100 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (3 syringes/28 days)
NUCALA (<i>mepolizumab</i>) 40 MG/0.4ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
NUCALA (<i>mepolizumab</i>) NUCL100 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (3 auto-injectors/28 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORALAIR (<i>grass mixed pollens allergen extract</i>) ORALA300 SL TAB	TIER 3	PA, SP, QLC (1 tab/day)
ORALAIR ADULT SAMPLE KIT (<i>grass mixed pollens allergen extract</i>) ORALA300 SL TAB	TIER 3	PA, SP, QLC (1 tab/day)
ORALAIR ADULT STARTER PACK (<i>grass mixed pollens allergen extract</i>) ORALA300 SL TAB	TIER 3	PA, SP, QLC (1 tab/day)
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i> (PROMETHAZINE VC) -mg/ml	TIER 1	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i> (PROMETHAZINE-PHENYLEPHRINE) -mg/ml	TIER 1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> (PROMETHAZINE-CODEINE)	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
PROMETHAZINE-DM -6.25-15 MG/5ML SOLUTION	TIER 1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	TIER 1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> (PROMETHAZINE VC/CODEINE) ---mg/ml	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> (PROMETHAZINE-PHENYLEPH-CODEINE) ---mg/ml	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
PSEUDOEPH-CHLORPHEN-HYDROCOD (<i>pseudoephed-cpm w/ hydrocod</i>) --60-4-5 MG/5ML SOLUTION	TIER 1	AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/month)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> (BROMFED DM)	TIER 1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> (PSEUDOEPH-BROMPHEN-DM)	TIER 1	
RAGWITEK (<i>short ragweed pollen allergen extract</i>) RGWITEK 12 MB 1-SL TB	TIER 3	PA, QLC (1 tab/day)
<i>sodium chloride soln nebu 0.9%</i>	TIER 1	
<i>sodium chloride soln nebu 10%</i>	TIER 1	
<i>sodium chloride soln nebu 3%</i>	TIER 1	
<i>sodium chloride soln nebu 3%</i> (NEBUSAL)	TIER 1	
<i>sodium chloride soln nebu 7%</i>	TIER 1	
<i>sodium chloride soln nebu 7%</i> (PULMOSAL)	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STIOLTO RESPIMAT (<i>tiotropium bromide-olodaterol hcl</i>) 2.5-2.5 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 inhaler/month)
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>) 80-4.5 MCG/ACT AEROSOL, 160-4.5 MCG/ACT AEROSOL	TIER 2	QLC (1 inhaler/month)
TESSALON PERLES (<i>benzonatate</i>) 100 MG CAP	TIER 3	
TRELEGY ELLIPTA (<i>fluticasone-umeclidinium-vilanterol</i>) 100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA	TIER 2	QLC (60 blister packs/30 days)
TUSSICAPS (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>) 5-4 MG CAP ER 12H, 10-8 MG CAP ER 12H	TIER 3	PA, AL1 (At least 18 yrs old), QLC (2 caps/day; max 7 days therapy/month)
TUSSIONEX PENNKINETIC ER (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>) 10-8 MG/5ML SUSP	TIER 3	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)
TUXARIN ER (<i>chlorpheniramine w/codeine</i>) 54.3-8 MG TAB 12H	TIER 3	AL1 (At least 18 yrs old), QLC (2 tabs/day; max 14 tabs/30 days)
TUZISTRA XR (<i>codeine polistirex-chlorpheniramine polistirex</i>) 14.7-2.8 MG/5ML SUSP	TIER 3	AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/month)
UTIBRON NEOHALER (<i>indacaterol maleate-glycopyrrolate</i>) 27.5-15.6 MCG CAP	TIER 3	ST, QLC (1 inhaler[60 caps]/month)

SKELETAL MUSCLE RELAXANTS (Drugs for Muscle Tightness)

AMRIX (<i>cyclobenzaprine hcl</i>) 15 MG CAP ER 24H, 30 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 64 yrs old), QLC (1 cap/day)
BACLOFEN 5 MG/5ML SOLUTION	TIER 4	PA, QLC (80 ml/day)
<i>carisoprodol tab 250 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>carisoprodol tab 350 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>carisoprodol tab 350 mg</i> (VANADOM)	TIER 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>carisoprodol w/ aspirin tab 200-325 mg</i> (CARISOPRODOL-ASPIRIN)	TIER 1	AL1 (Up to 64 yrs old), QLC (8 tabs/day)
CARISOPRODOL-ASPIRIN (<i>carisoprodol w/aspirin</i>) -200-325 MG TAB	TIER 1	AL1 (Up to 64 yrs old), QLC (8 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>chlorzoxazone tab 250 mg</i>	TIER 4	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 375 mg</i>	TIER 4	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 375 mg</i> (LORZONE)	TIER 4	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 500 mg</i>	TIER 4	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 750 mg</i>	TIER 4	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 750 mg</i> (LORZONE)	TIER 4	PA, QLC (4 tabs/day)
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i> (CYCLOBENZAPRINE HCL ER)	TIER 2	ST, AL1 (Up to 64 yrs old), QLC (1 cap/day)
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i> (CYCLOBENZAPRINE HCL ER)	TIER 2	ST, AL1 (Up to 64 yrs old), QLC (1 CAP/DAY)
<i>cyclobenzaprine hcl tab 10 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
<i>cyclobenzaprine hcl tab 5 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
<i>cyclobenzaprine hcl tab 7.5 mg</i>	TIER 1	ST, AL1 (Up to 64 yrs old), QLC (3 tabs/day)
<i>cyclobenzaprine hcl tab 7.5 mg</i> (FEXMID)	TIER 1	ST, AL1 (Up to 64 yrs old), QLC (3 tabs/day)
METAXALONE 400 MG TAB	TIER 2	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>metaxalone tab 400 mg</i>	TIER 2	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>metaxalone tab 800 mg</i>	TIER 2	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>metaxalone tab 800 mg</i> (METAXALL)	TIER 2	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
METHOCARBAMOL 1000 MG TAB	TIER 4	PA, QLC (4 tabs/day)
<i>methocarbamol tab 500 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
<i>methocarbamol tab 750 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
NORGESIC FORTE (<i>orphenadrine w/ aspirin & caff</i>) 50-770-60 MG TAB	TIER 4	PA, QLC (4 tabs/day)
<i>orphenadrine citrate tab er 12hr 100 mg</i> (ORPHENADRINE CITRATE ER)	TIER 1	AL1 (Up to 64 yrs old)
<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i> (NORGESIC)	TIER 4	PA, QLC (8 tabs/day)
<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i> (ORPHENADRINE-ASPIRIN-CAFFEINE)	TIER 4	PA, QLC (8 tabs/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg</i> (ORPHENADRINE-ASA-CAFFEINE)	TIER 4	PA, QLC (4 tabs/day)
<i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg</i> (ORPHENGESIC FORTE)	TIER 4	PA, QLC (4 tabs/day)
ORPHENADRINE-ASPIRIN-CAFFEINE (<i>orphenadrine w/ aspirin & caff</i>) --50-770-60 MG TAB	TIER 4	PA, QLC (4 tabs/day)
ORPHENGESIC FORTE (<i>orphenadrine w/ aspirin & caff</i>) 770-60-50 MG TAB	TIER 4	PA, QLC (4 tabs/day)
ROBAXIN (<i>methocarbamol</i>) 500 MG TAB	TIER 3	AL1 (Up to 64 yrs old)
ROBAXIN-750 (<i>methocarbamol</i>) -MG TAB	TIER 3	AL1 (Up to 64 yrs old)
SKELAXIN (<i>metaxalone</i>) 800 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
SOMA (<i>carisoprodol</i>) 250 MG TAB, 350 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (4 tabs/day)

SLEEP DISORDER AGENTS (Drugs for Sleep Problems)

SLEEP PROMOTING AGENTS (Drugs for Insomnia)

AMBIEN (<i>zolpidem tartrate</i>) 10 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
AMBIEN (<i>zolpidem tartrate</i>) 5 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
AMBIEN CR (<i>zolpidem tartrate</i>) 12.5 MG TAB ER	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
AMBIEN CR (<i>zolpidem tartrate</i>) 6.25 MG TAB ER	TIER 3	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
BELSOMRA (<i>suvorexant</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	TIER 3	ST, QLC (1 tab/day)
BUTISOL SODIUM (<i>butobarbital sodium</i>) 30 MG	TIER 3	
DAYVIGO (<i>lemborexant</i>) 5 MG TAB, 10 MG TAB	TIER 3	ST, QLC (1 tab/day)
DORAL (<i>quazepam</i>) 15 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	TIER 2	ST, QLC (1 tab/day)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	TIER 2	ST, QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EDLUAR (<i>zolpidem tartrate</i>) 5 MG SL TAB, 10 MG SL TAB	TIER 3	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>estazolam tab 1 mg</i>	TIER 1	QLC (2 tabs/day)
<i>estazolam tab 2 mg</i>	TIER 1	QLC (1 tab/day)
<i>eszopiclone tab 1 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>eszopiclone tab 2 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>eszopiclone tab 3 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
FLURAZEPAM HCL 15 MG CAP	TIER 1	AL1 (Up to 64 yrs old), QLC (2 caps/day)
FLURAZEPAM HCL 30 MG CAP	TIER 1	AL1 (Up to 64 yrs old), QLC (1 cap/day)
HALCION (<i>triazolam</i>) 0.25 MG TAB	TIER 3	QLC (2 tabs/day)
HETLIOZ (<i>fasimelteon</i>) 20 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
HETLIOZ LQ (<i>fasimelteon</i>) 4 MG/ML SUSPENSION	TIER 4	PA, SP, QLC (5.27 ml/day)
INTERMEZZO (<i>zolpidem tartrate</i>) 1.75 MG SL TAB, 3.5 MG SL TAB	TIER 3	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
LUNESTA (<i>eszopiclone</i>) 1 MG TAB, 2 MG TAB, 3 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
QUAZEPAM 15 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
QUVIVIQ (<i>daridorexant hcl</i>) 25 MG TAB, 50 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>ramelteon tab 8 mg</i>	TIER 1	ST, QLC (1 tab/day)
RESTORIL (<i>temazepam</i>) 15 MG CAP	TIER 3	QLC (2 caps/day)
RESTORIL (<i>temazepam</i>) 22.5 MG CAP, 30 MG CAP	TIER 3	QLC (1 cap/day)
RESTORIL (<i>temazepam</i>) 7.5 MG CAP	TIER 3	QLC (4 caps/day)
ROZEREM (<i>ramelteon</i>) 8 MG TAB	TIER 3	ST, QLC (1 tab/day)
SECONAL (<i>secobarbital sodium</i>) 100 MG CAP	TIER 3	QLC (1 cap/day, not to exceed 14 caps/30 days)
SILENOR (<i>doxepin hcl (sleep)</i>) 3 MG TAB, 6 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>temazepam cap 15 mg</i>	TIER 1	QLC (2 caps/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>temazepam cap 22.5 mg</i>	TIER 1	QLC (1 cap/day)
<i>temazepam cap 30 mg</i>	TIER 1	QLC (1 cap/day)
<i>temazepam cap 7.5 mg</i>	TIER 1	QLC (4 caps/day)
<i>triazolam tab 0.125 mg</i>	TIER 1	QLC (4 tabs/day)
<i>triazolam tab 0.25 mg</i>	TIER 1	QLC (2 tabs/day)
<i>zaleplon cap 10 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (2 caps/day)
<i>zaleplon cap 5 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (4 caps/day)
ZOLPIDEM TARTRATE 1.75 MG SL TAB, 3.5 MG SL TAB	TIER 3	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate sl tab 1.75 mg</i>	TIER 3	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate sl tab 3.5 mg</i>	TIER 3	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate tab 10 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate tab 5 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
<i>zolpidem tartrate tab er 12.5 mg</i> (ZOLPIDEM TARTRATE ER)	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate tab er 6.25 mg</i> (ZOLPIDEM TARTRATE ER)	TIER 1	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
ZOLPIMIST (<i>zolpidem tartrate</i>) 5 MG/ACT SOLUTION	TIER 3	PA, AL1 (Up to 64 yrs old), QLC (1 bottle/month)

WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)

<i>armodafinil tab 150 mg</i>	TIER 3	PA, QLC (1 tab/day)
<i>armodafinil tab 200 mg</i>	TIER 3	PA, QLC (1 tab/day)
<i>armodafinil tab 250 mg</i>	TIER 3	PA, QLC (1 tab/day)
<i>armodafinil tab 50 mg</i>	TIER 3	PA, QLC (2 tabs/day)
<i>modafinil tab 100 mg</i>	TIER 1	QLC (3 tabs/day)
<i>modafinil tab 200 mg</i>	TIER 1	QLC (2 tabs/day)
NUVIGIL (<i>armodafinil</i>) 150 MG TAB, 200 MG TAB, 250 MG TAB	TIER 3	PA, QLC (1 tab/day)

AL1 - Age Limit; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NUVIGIL (<i>armodafinil</i>) 50 MG TAB	TIER 3	PA, QLC (2 tabs/day)
PROVIGIL (<i>modafinil</i>) 100 MG TAB	TIER 3	QLC (3 tabs/day)
PROVIGIL (<i>modafinil</i>) 200 MG TAB	TIER 3	QLC (2 tabs/day)
SUNOSI (<i>solriamfetol hcl</i>) 75 MG TAB, 150 MG TAB	TIER 3	PA, QLC (1 tab/day)
WAKIX (<i>pitolisant hcl</i>) 4.45 MG TAB, 17.8 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
XYREM (<i>sodium oxybate</i>) 500 MG/ML SOLUTION	TIER 4	PA, SP, QLC (3 bottles/month)
XYWAV (<i>calcium, magnesium, potassium, & sodium oxybates</i>) 500 MG/ML SOLUTION	TIER 4	PA, SP, QLC (18 ml/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP – Specialty Pharmacy; ST – Step Therapy

Alphabetical Index of Prescription Drugs

*

*betaine powder for oral solution***	216
*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** (MULTI-VIT/IRON/FLUORIDE)	194
*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** (MULTI-VITAMIN/FLUORIDE/IRON)	195
*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg*** (MULTIVITAMINS/FLUORIDE)	195
*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml*** (MULTI-VITAMIN/FLUORIDE)	195
*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml*** (MULTI-VITAMIN/FLUORIDE)	195
*pediatric vitamins acid w/ fluoride soln 0.25 mg/ml*** (TRI-VITE/FLUORIDE)	195
*pediatric vitamins acid w/ fluoride soln 0.25 mg/ml*** (VITAMINS ACD-FLUORIDE)	195
*pediatric vitamins acid w/ fluoride soln 0.5 mg/ml*** (ADC/F (0.5MG/ML))	195
*pediatric vitamins acid w/ fluoride soln 0.5 mg/ml*** (TRI-VITE/FLUORIDE)	195
*sodium polystyrene sulfonate powder**	194

1

1ST TIER UNIFINE PENTIPS	272
1ST TIER UNIFINE PENTIPS PLUS	272
1ST TIER UNILET COMFORTOUCH	272

A

abacavir sulfate soln 20 mg/ml (base equiv)	96
abacavir sulfate tab 300 mg (base equiv)	97
abacavir sulfate-lamivudine tab 600-300 mg	97
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (ABACAVIR-LAMIVUDINE-ZIDOVUDINE)	97
ABILIFY (aripiprazole)	87
ABILIFY MYCITE (aripiprazole)	87

ABILIFY MYCITE MAINTENANCE KIT (aripiprazole with sensor, strips, & pod)	87
ABILIFY MYCITE STARTER KIT (aripiprazole with sensor, strips, & pod)	87
abiraterone acetate tab 250 mg	68
abiraterone acetate tab 500 mg	68
ABOUTTIME PEN NEEDLE	272
ABSORICA (isotretinoin)	173
ABSORICA LD (isotretinoin micronized)	182
ABSTRAL (fentanyl citrate)	11
acamprosate calcium tab delayed release 333 mg	21
ACANYA (clindamycin phosphate-benzoyl peroxide)	173
acarbose tab 100 mg	106
acarbose tab 25 mg	106
acarbose tab 50 mg	106
ACCOLATE (zafirlukast)	332
ACCRUFER (ferric maltol)	195
ACCU-CHEK AVIVA PLUS (glucose blood)	272
ACCU-CHEK COMPACT PLUS (glucose blood)	272
ACCU-CHEK FASTCLIX LANCETS	272
ACCU-CHEK GUIDE (glucose blood)	272
ACCU-CHEK MULTICLIX LANCETS	272
ACCU-CHEK SAFE-T PRO LANCETS	272
ACCU-CHEK SMARTVIEW (glucose blood)	273
ACCU-CHEK SOFTCLIX LANCETS	273
ACCUPRIL (quinapril hcl)	126
ACCURETIC (quinapril-hydrochlorothiazide)	138
ACCU-TREND GLUCOSE (glucose blood)	273
acebutolol hcl cap 200 mg	130
acebutolol hcl cap 400 mg	130
acetaminophen w/ codeine soln 120-12 mg/5ml (ACETAMINOPHEN-CODEINE)	11
acetaminophen w/ codeine tab 300-15 mg (ACETAMINOPHEN-CODEINE #2)	11
acetaminophen w/ codeine tab 300-15 mg (ACETAMINOPHEN-CODEINE)	11

acetaminophen w/ codeine tab 300-30 mg (ACETAMINOPHEN-CODEINE #3).....	11	ACULAR (ketorolac tromethamine (ophth)).....	324
acetaminophen w/ codeine tab 300-30 mg (ACETAMINOPHEN-CODEINE).....	11	ACULAR LS (ketorolac tromethamine (ophth)).....	324
acetaminophen w/ codeine tab 300-60 mg (ACETAMINOPHEN-CODEINE #4).....	11	ACUVAIL (ketorolac tromethamine (ophth)).....	324
acetaminophen w/ codeine tab 300-60 mg (ACETAMINOPHEN-CODEINE).....	11	acyclovir cap 200 mg.....	102
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg (DVORAH).....	11	acyclovir cream 5%.....	189
acetazolamide cap er 12hr 500 mg (ACETAZOLAMIDE ER).....	326	acyclovir oint 5%.....	189
acetazolamide tab 125 mg.....	138	acyclovir susp 200 mg/5ml.....	102
acetazolamide tab 250 mg.....	138	acyclovir tab 400 mg.....	102
acetic acid otic soln 2%.....	23	acyclovir tab 800 mg.....	102
acetylcysteine inhal soln 10%.....	339	ACZONE (dapsons (topical)).....	189
acetylcysteine inhal soln 20%.....	339	ADALAT CC (nifedipine).....	133
ACIPHEX (rabeprazole sodium).....	214	ADAPALENE.....	173
ACIPHEX SPRINKLE (rabeprazole sodium).....	214	adapalene cream 0.1%.....	173
acitretin cap 10 mg.....	173	adapalene gel 0.3%.....	173
acitretin cap 17.5 mg.....	173	adapalene-benzoyl peroxide gel 0.1-2.5%.....	173
acitretin cap 25 mg.....	173	adapalene-benzoyl peroxide gel 0.3-2.5%.....	173
ACTEMRA (tocilizumab).....	260	ADBRY (tralokinumab-ldrm).....	260
ACTEMRA ACTPEN (tocilizumab).....	260	ADCIRCA (tadalafil (pulmonary hypertension)).....	338
ACTHAR (corticotropin).....	225	ADDERALL (amphetamine-dextroamphetamine).....	157,158
ACTI-LANCE 28G.....	273	ADDERALL XR (amphetamine-dextroamphetamine).....	158
ACTI-LANCE LITE LANCETS 28G.....	273	ADDYI (flibanserin).....	222
ACTI-LANCE SPECIAL LANCETS 17G.....	273	adefovir dipivoxil tab 10 mg.....	92
ACTI-LANCE UNIVERSAL 23G.....	273	ADEMPAS (riociguat).....	338
ACTICLATE (doxycycline hyclate).....	33	ADHANSIA XR (methylphenidate hcl).....	161
ACTIGALL (ursodiol).....	212	ADIPEX-P (phentermine hcl).....	166
ACTIMMUNE (interferon gamma-1b).....	263	ADLARITY (donepezil hydrochloride).....	46
ACTIQ (fentanyl citrate).....	12	ADLYXIN (lixisenatide).....	106
ACTIVELLA (estradiol & norethindrone acetate).....	234	ADLYXIN STARTER PACK (lixisenatide).....	106
ACTONEL (risedronate sodium).....	270	ADMELOG (insulin lispro).....	113
ACTOPLUS MET (pioglitazone hcl-metformin hcl).....	106	ADMELOG SOLOSTAR (insulin lispro).....	113
ACTOPLUS MET XR (pioglitazone hcl-metformin hcl).....	106	ADVAIR DISKUS (fluticasone-salmeterol).....	340
ACTOS (pioglitazone hcl).....	106	ADVAIR HFA (fluticasone-salmeterol).....	340
		ADVANCE INTUITION TEST (glucose blood).....	273
		ADVANCE MICRO-DRAW TEST (glucose blood).....	273

ADVANCED MOBILE LANCET.....	273	AIMOVIG (erenumab-aooe).....	63
ADVOCATE INSULIN PEN NEEDLES.....	273	AIMSCO TWIST LANCETS 32G.....	274
ADVOCATE INSULIN SYRINGE.....	273	AIMSCO TWIST LANCETS 33G.....	274
ADVOCATE LANCETS.....	273	AIRDUO DIGIHALER (fluticasone- salmeterol).....	340
ADVOCATE LANCETS 30G.....	273	AIRDUO RESPICLICK 113/14 (fluticasone- salmeterol).....	340
ADVOCATE REDI-CODE (glucose blood) ..	273	AIRDUO RESPICLICK 232/14 (fluticasone- salmeterol).....	340
ADVOCATE REDI-CODE+ TEST (glucose blood).....	273	AIRDUO RESPICLICK 55/14 (fluticasone- salmeterol).....	340
ADVOCATE SAFETY LANCETS.....	273	AIRIAL CHAMBER.....	274
ADVOCATE SAFETY LANCETS 26G.....	273	AJOVY (fremanezumab-vfrm).....	63
ADVOCATE TEST (glucose blood).....	273	AKLIEF (trifarotene).....	183
ADZENYS ER (amphetamine).....	158	AKTIPAK (benzoyl peroxide-erythromycin) ..	173
ADZENYS XR-ODT (amphetamine).....	158	AKYNZEO (netupitant-palonosetron).....	57
AEMCOLO (rifamycin sodium).....	24	ALA SCALP (hydrocortisone (topical)).....	176
AEROCHAMBER MINI CHAMBER.....	273	albendazole tab 200 mg.....	79
AEROCHAMBER MV.....	273	ALBENZA (albendazole).....	79
AEROCHAMBER PLUS FLO-VU.....	273	albuterol hfa (generic Proair HFA).....	334
AEROCHAMBER PLUS FLO-VU LARGE.....	273	albuterol hfa (generic proventil hfa).....	334
AEROCHAMBER PLUS FLO-VU MEDIUM.....	274	albuterol hfa (generic ventolin hfa).....	334
AEROCHAMBER PLUS FLO-VU SMALL.....	274	ALBUTEROL SULFATE.....	334
AEROCHAMBER PLUS FLO-VU W/MASK.....	274	ALBUTEROL SULFATE ER.....	334
AEROCHAMBER PLUS FLOW VU.....	274	albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (ALBUTEROL SULFATE HFA).....	334
AEROCHAMBER W/FLOWSIGNAL.....	274	albuterol sulfate soln nebu 0.083% (2.5 mg/3ml).....	334
AEROCHAMBER Z-STAT PLUS.....	274	albuterol sulfate soln nebu 0.5% (5 mg/ml) ..	334
AEROCHAMBER Z-STAT PLUS CHAMBR.....	274	albuterol sulfate soln nebu 0.63 mg/3ml (base equiv).....	334
AEROCHAMBER Z-STAT PLUS/LARGE.....	274	albuterol sulfate soln nebu 1.25 mg/3ml (base equiv).....	334
AEROCHAMBER Z-STAT PLUS/MEDIUM.....	274	albuterol sulfate syrup 2 mg/5ml.....	334
AEROCHAMBER Z-STAT PLUS/SMALL.....	274	albuterol sulfate tab 2 mg.....	334
AEROVENT PLUS.....	274	albuterol sulfate tab 4 mg.....	334
AFINITOR (everolimus).....	72	ALCAINE (proparacaine hcl).....	319
AFINITOR DISPERZ (everolimus).....	72	alclometasone dipropionate cream 0.05% ..	225
AFREZZA (insulin regular (human)).....	113	alclometasone dipropionate oint 0.05%....	176
AGAMATRIX AMP TEST (glucose blood)....	274		
AGAMATRIX JAZZ TEST (glucose blood)....	274		
AGAMATRIX KEYNOTE TEST (glucose blood)	274		
AGAMATRIX PRESTO TEST (glucose blood) ..	274		
AGAMATRIX ULTRA-THIN LANCETS.....	274		
AGGRENOLX (aspirin-dipyridamole).....	122		
AGRYLIN (anagrelide hcl).....	120		
AIMOVIG (140 MG DOSE) (erenumab- aooe).....	63		

ALDACTAZIDE (spironolactone & hydrochlorothiazide)	138	alprazolam orally disintegrating tab 2 mg	103
ALDACTONE (spironolactone)	149	alprazolam tab 0.25 mg	103
ALDARA (imiquimod)	183	alprazolam tab 0.5 mg	103
ALECENSA (alectinib hcl)	73	alprazolam tab 1 mg	103
ALENDRONATE SODIUM	270	alprazolam tab 2 mg	103
alendronate sodium oral soln 70 mg/75ml	270	alprazolam tab er 24hr 0.5 mg (ALPRAZOLAM ER)	103
alendronate sodium tab 10 mg	270	alprazolam tab er 24hr 0.5 mg (ALPRAZOLAM XR)	103
alendronate sodium tab 35 mg	270	alprazolam tab er 24hr 1 mg (ALPRAZOLAM ER)	103
alendronate sodium tab 5 mg	270	alprazolam tab er 24hr 1 mg (ALPRAZOLAM XR)	103
alendronate sodium tab 70 mg	270	alprazolam tab er 24hr 2 mg (ALPRAZOLAM ER)	103
alfuzosin hcl tab er 24hr 10 mg (ALFUZOSIN HCL ER)	221	alprazolam tab er 24hr 2 mg (ALPRAZOLAM XR)	103
ALINIA (nitazoxanide)	79	alprazolam tab er 24hr 3 mg (ALPRAZOLAM ER)	103
aliskiren fumarate tab 150 mg (base equivalent)	138	alprazolam tab er 24hr 3 mg (ALPRAZOLAM XR)	103
aliskiren fumarate tab 300 mg (base equivalent)	138	ALREX (loteprednol etabonate)	324
ALKERAN (melphalan)	67	ALTABAX (retapamulin)	24
ALKINDI SPRINKLE (hydrocortisone)	269	ALTACE (ramipril)	126
ALLOPURINOL	61	ALTOPREV (lovastatin)	151
allopurinol tab 100 mg	61	ALTRENO (tretinoin)	173
allopurinol tab 300 mg	61	ALUNBRIG (brigatinib)	73
ALLZITAL (butalbital-acetaminophen)	166	ALVESCO (ciclesonide)	329
almotriptan malate tab 12.5 mg	63	amantadine hcl cap 100 mg	81
almotriptan malate tab 6.25 mg	63	amantadine hcl soln 50 mg/5ml	81
ALOCRI (nedocromil sodium (ophth))	322	amantadine hcl tab 100 mg	81
ALOGLIPTIN BENZOATE	106	AMARYL (glimepiride)	106
ALOGLIPTIN-METFORMIN HCL	106	AMBIEN (zolpidem tartrate)	346
ALOGLIPTIN-PIOGLITAZONE	106	AMBIEN CR (zolpidem tartrate)	346
ALOMIDE (Iodoxamide tromethamine)	322	ambrisentan tab 10 mg	338
ALORA (estradiol)	234	ambrisentan tab 5 mg	338
alosetron hcl tab 0.5 mg (base equiv)	209	AMCINONIDE	177
alosetron hcl tab 1 mg (base equiv)	209	AMERGE (naratriptan hcl)	63
ALPHAGAN P (brimonidine tartrate)	326	AMICAR (aminocaproic acid)	122
ALPRAZOLAM INTENSOL	102	amiloride & hydrochlorothiazide tab 5-50 mg (AMILORIDE-HYDROCHLOROTHIAZIDE)	139
alprazolam orally disintegrating tab 0.25 mg	102		
alprazolam orally disintegrating tab 0.5 mg	103		
alprazolam orally disintegrating tab 1 mg	103		

amiloride hcl tab 5 mg.....	149	amlodipine besylate-atorvastatin calcium tab	5-40 mg (AMLODIPINE-ATORVASTATIN)....	139
aminocaproic acid oral soln 0.25 gm/ml...	122	amlodipine besylate-atorvastatin calcium tab	5-80 mg (AMLODIPINE-ATORVASTATIN)....	139
aminocaproic acid tab 1000 mg.....	122	amlodipine besylate-benazepril hcl cap 10-20	mg (AMLODIPINE BESY-BENAZEPRIL HCL)...	139
aminocaproic acid tab 500 mg.....	122	amlodipine besylate-benazepril hcl cap 10-40	mg (AMLODIPINE BESY-BENAZEPRIL HCL)...	139
amiodarone hcl tab 100 mg.....	128	amlodipine besylate-benazepril hcl cap 2.5-	10 mg (AMLODIPINE BESY-BENAZEPRIL HCL)	139
amiodarone hcl tab 100 mg (PACERONE).	128	amlodipine besylate-benazepril hcl cap 5-10	mg (AMLODIPINE BESY-BENAZEPRIL HCL)...	140
amiodarone hcl tab 200 mg.....	128	amlodipine besylate-benazepril hcl cap 5-20	mg (AMLODIPINE BESY-BENAZEPRIL HCL)...	140
amiodarone hcl tab 200 mg (PACERONE).	128	amlodipine besylate-benazepril hcl cap 5-40	mg (AMLODIPINE BESY-BENAZEPRIL HCL)...	140
amiodarone hcl tab 400 mg.....	128	amlodipine besylate-olmesartan medoxomil	tab 10-20 mg (AMLODIPINE-OLMESARTAN).	140
amiodarone hcl tab 400 mg (PACERONE).	128	amlodipine besylate-olmesartan medoxomil	tab 10-40 mg (AMLODIPINE-OLMESARTAN).	140
AMITIZA (lubiprostone).....	207	amlodipine besylate-olmesartan medoxomil	tab 5-20 mg (AMLODIPINE-OLMESARTAN)...	140
amitriptyline hcl tab 10 mg.....	54	amlodipine besylate-olmesartan medoxomil	tab 5-40 mg (AMLODIPINE-OLMESARTAN)...	140
amitriptyline hcl tab 100 mg.....	54	amlodipine besylate-valsartan tab 10-160	mg.....	140
amitriptyline hcl tab 150 mg.....	54	amlodipine besylate-valsartan tab 10-320	mg.....	140
amitriptyline hcl tab 25 mg.....	54	amlodipine besylate-valsartan tab 5-160	mg.....	140
amitriptyline hcl tab 50 mg.....	54	amlodipine besylate-valsartan tab 5-320	mg.....	140
amitriptyline hcl tab 75 mg.....	54	amlodipine-valsartan-hydrochlorothiazide tab	10-160-12.5 mg (AMLODIPINE-VALSARTAN-	140
amlodipine besylate tab 10 mg (base		amlodipine-valsartan-hydrochlorothiazide tab	10-160-25 mg (AMLODIPINE-VALSARTAN-	140
equivalent).....	133	amlodipine-valsartan-hydrochlorothiazide tab	10-320-25 mg (AMLODIPINE-VALSARTAN-	140
amlodipine besylate tab 2.5 mg (base				
equivalent).....	133			
amlodipine besylate tab 5 mg (base				
equivalent).....	133			
amlodipine besylate-atorvastatin calcium tab	10-10 mg (AMLODIPINE-ATORVASTATIN)....			
amlodipine besylate-atorvastatin calcium tab	10-20 mg (AMLODIPINE-ATORVASTATIN)....			
amlodipine besylate-atorvastatin calcium tab	10-40 mg (AMLODIPINE-ATORVASTATIN)....			
amlodipine besylate-atorvastatin calcium tab	10-80 mg (AMLODIPINE-ATORVASTATIN)....			
amlodipine besylate-atorvastatin calcium tab	2.5-10 mg (AMLODIPINE-ATORVASTATIN)...			
amlodipine besylate-atorvastatin calcium tab	2.5-20 mg (AMLODIPINE-ATORVASTATIN)...			
amlodipine besylate-atorvastatin calcium tab	2.5-40 mg (AMLODIPINE-ATORVASTATIN)...			
amlodipine besylate-atorvastatin calcium tab	5-10 mg (AMLODIPINE-ATORVASTATIN)....			
amlodipine besylate-atorvastatin calcium tab	5-20 mg (AMLODIPINE-ATORVASTATIN)....			

amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (AMLODIPINE-VALSARTAN-HCTZ)	140	AMOXICILLIN-POT CLAVULANATE ER (amoxicillin & pot clavulanate)	29
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (AMLODIPINE-VALSARTAN-HCTZ)	141	AMPHETAMINE ER	158
AMOXAPINE	54	amphetamine sulfate tab 10 mg	158
AMOXICILL-CLARITHRO-LANSOPRAZ (amoxicillin-clarithromycin w/ lansoprazole)	212	amphetamine sulfate tab 5 mg	158
AMOXICILLIN	29	amphetamine-dextroamphetamine cap er 24hr 10 mg (AMPHETAMINE-DEXTROAMPHET ER)	158
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml (AMOXICILLIN-POT CLAVULANATE) .	28	amphetamine-dextroamphetamine cap er 24hr 15 mg (AMPHETAMINE-DEXTROAMPHET ER)	158
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (AMOXICILLIN-POT CLAVULANATE) .	28	amphetamine-dextroamphetamine cap er 24hr 20 mg (AMPHETAMINE-DEXTROAMPHET ER)	158
amoxicillin & k clavulanate for susp 400-57 mg/5ml (AMOXICILLIN-POT CLAVULANATE) .	28	amphetamine-dextroamphetamine cap er 24hr 25 mg (AMPHETAMINE-DEXTROAMPHET ER)	158
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (AMOXICILLIN-POT CLAVULANATE) .	28	amphetamine-dextroamphetamine cap er 24hr 30 mg (AMPHETAMINE-DEXTROAMPHET ER)	158
amoxicillin & k clavulanate tab 250-125 mg (AMOXICILLIN-POT CLAVULANATE)	28	amphetamine-dextroamphetamine cap er 24hr 5 mg (AMPHETAMINE-DEXTROAMPHET ER)	158
amoxicillin & k clavulanate tab 500-125 mg (AMOXICILLIN-POT CLAVULANATE)	28	amphetamine-dextroamphetamine tab 10 mg	158
amoxicillin & k clavulanate tab 875-125 mg (AMOXICILLIN-POT CLAVULANATE)	28	amphetamine-dextroamphetamine tab 12.5 mg	158
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg (AMOXICILLIN-POT CLAVULANATE ER)	28	amphetamine-dextroamphetamine tab 15 mg	159
amoxicillin (trihydrate) cap 250 mg	28	amphetamine-dextroamphetamine tab 20 mg	159
amoxicillin (trihydrate) cap 500 mg	28	amphetamine-dextroamphetamine tab 30 mg	159
amoxicillin (trihydrate) for susp 125 mg/5ml .	28	amphetamine-dextroamphetamine tab 5 mg	159
amoxicillin (trihydrate) for susp 200 mg/5ml .	28	amphetamine-dextroamphetamine tab 7.5 mg	159
amoxicillin (trihydrate) for susp 250 mg/5ml .	29	AMPICILLIN	29
amoxicillin (trihydrate) for susp 400 mg/5ml .	29	AMPYRA (dalfampridine)	170
amoxicillin (trihydrate) tab 500 mg	29	AMRIX (cyclobenzaprine hcl)	344
amoxicillin (trihydrate) tab 875 mg	29		
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack (AMOXICILL-CLARITHRO-LANSOPRAZ)	212		
AMOXICILLIN-POT CLAVULANATE (amoxicillin & pot clavulanate)	29		

AMZEEQ (minocycline hcl micronized (acne)).....	33	aprepitant capsule therapy pack 80 & 125 mg.....	57
ANADROL-50 (oxymetholone).....	232	APRISO (mesalamine).....	268
ANAFRANIL (clomipramine hcl).....	54	APTENSIO XR (methylphenidate hcl).....	161
anagrelide hcl cap 0.5 mg.....	120	APTIOM (eslicarbazepine acetate).....	43
anagrelide hcl cap 1 mg.....	120	APTIVUS (tipranavir).....	99
ANALPRAM-HC (hydrocortisone acetate w/ pramoxine).....	183	AQUALANCE LANCETS 30G.....	274
ANAPROX DS (naproxen sodium).....	1	ARAKODA (tafenoquine succinate).....	79
ANASPAZ (hyoscyamine sulfate).....	209	ARANESP (ALBUMIN FREE) (darbepoetin alfa).....	120
anastrozole tab 1 mg.....	72	ARAVA (leflunomide).....	263
ANCOBON (flucytosine).....	58	ARAZLO (tazarotene (acne)).....	173
ANDRODERM (testosterone).....	233	ARCALYST (rilonacept).....	260
ANDROGEL (testosterone).....	233	ARCAPTA NEOHALER (indacaterol maleate).....	334
ANDROGEL PUMP (testosterone).....	233	arformoterol tartrate soln nebu 15 mcg/2ml (base equiv).....	334
ANDROID (methyltestosterone).....	233	ARICEPT (donepezil hydrochloride).....	46
ANGELIQ (drospirenone-estradiol).....	234	ARIKAYCE (amikacin sulfate liposome).....	23
ANNOVERA (segesterone acetate-ethinyl estradiol).....	235	ARIMIDEX (anastrozole).....	72
ANORO ELLIPTA (umeclidinium-vilanterol).....	340	aripiprazole oral solution 1 mg/ml.....	87
ANTABUSE (disulfiram).....	21	aripiprazole orally disintegrating tab 10 mg.....	88
ANTARA (fenofibrate micronized).....	150	aripiprazole orally disintegrating tab 15 mg.....	88
ANUSOL-HC (hydrocortisone (rectal)).....	177	aripiprazole tab 10 mg.....	88
ANZEMET (dolasetron mesylate).....	57	aripiprazole tab 15 mg.....	88
APADAZ (benzhydrocodone hcl-acetaminophen).....	12	aripiprazole tab 2 mg.....	88
APAP-CAFF-DIHYDROCODEINE (acetaminophen-caff-dihydrocod).....	12	aripiprazole tab 20 mg.....	88
APEXICON E (diflorasone diacetate emollient base).....	177	aripiprazole tab 30 mg.....	88
APIDRA (insulin glulisine).....	113	aripiprazole tab 5 mg.....	88
APIDRA SOLOSTAR (insulin glulisine).....	113	ARIXTRA (fondaparinux sodium).....	117
APLENZIN (bupropion hydrobromide).....	48	armodafinil tab 150 mg.....	348
APO-VARENICLINE (varenicline tartrate).....	23	armodafinil tab 200 mg.....	348
APOKYN (apomorphine hydrochloride).....	82	armodafinil tab 250 mg.....	348
apomorphine hcl soln cartridge 30 mg/3ml.....	82	armodafinil tab 50 mg.....	348
apraclonidine hcl ophth soln 0.5% (base equivalent).....	327	ARMONAIR DIGIHALER (fluticasone propionate (inhalation)).....	329
aprepitant capsule 125 mg.....	57	ARMONAIR RESPICLICK 113 (fluticasone propionate (inhalation)).....	329
aprepitant capsule 40 mg.....	57	ARMONAIR RESPICLICK 232 (fluticasone propionate (inhalation)).....	329
aprepitant capsule 80 mg.....	57		

ARMONAIR RESPICLICK 55 (fluticasone propionate (inhalation))	329	ASSURE II (glucose blood)	275
ARMOUR THYROID	254	ASSURE II CHECK (glucose blood)	275
ARNUITY ELLIPTA (fluticasone furoate (inhalation))	329	ASSURE LANCE LANCETS	275
AROMASIN (exemestane)	72	ASSURE LANCE LANCETS 21G	275
ARTHROTEC (diclofenac w/ misoprostol)	1	ASSURE LANCE PLUS SAFETY 25G	275
ARYMO ER (morphine sulfate)	5,6	ASSURE LANCE PLUS SAFETY 30G	275
ASACOL HD (mesalamine)	268	ASSURE LANCE SAFETY LANCET 28G	275
asenapine maleate sl tab 10 mg (base equiv)	88	ASSURE LANCETS	275
asenapine maleate sl tab 2.5 mg (base equiv)	88	ASSURE PLATINUM (glucose blood)	275
asenapine maleate sl tab 5 mg (base equiv)	88	ASSURE PRISM MULTI TEST (glucose blood)	275
ASMANEX (120 METERED DOSES) (mometasone furoate (inhalation))	329	ASSURE PRO TEST (glucose blood)	275
ASMANEX (14 METERED DOSES) (mometasone furoate (inhalation))	329	ASTAGRAF XL (tacrolimus)	264
ASMANEX (30 METERED DOSES) (mometasone furoate (inhalation))	329	ATABEX EC (prenatal vit w/ docusate-iron carbonyl-folic acid)	195
ASMANEX (60 METERED DOSES) (mometasone furoate (inhalation))	330	ATABEX OB (prenatal vit w/ fe bisglycinate chelate-folic acid)	195
ASMANEX (7 METERED DOSES) (mometasone furoate (inhalation))	330	ATACAND (candesartan cilexetil)	125
ASMANEX HFA (mometasone furoate (inhalation))	330	ATACAND HCT (candesartan cilexetil-hydrochlorothiazide)	141
aspirin-dipyridamole cap er 12hr 25-200 mg (ASPIRIN-DIPYRIDAMOLE ER)	122	atazanavir sulfate cap 150 mg (base equiv)	99
ASPIRIN-OMEPRAZOLE	122	atazanavir sulfate cap 200 mg (base equiv)	99
ASPRUZYO SPRINKLE (ranolazine)	141	atazanavir sulfate cap 300 mg (base equiv)	99
ASSURE 3 TEST (glucose blood)	274	ATELVIA (risedronate sodium)	270
ASSURE 4 TEST (glucose blood)	274	atenolol & chlorthalidone tab 100-25 mg (ATENOLOL-CHLORTHALIDONE)	141
ASSURE COMFORT LANCETS 28G	274	atenolol & chlorthalidone tab 50-25 mg (ATENOLOL-CHLORTHALIDONE)	141
ASSURE HAEMOLANCE PLUS HIGH	274	atenolol tab 100 mg	130
ASSURE HAEMOLANCE PLUS LOW	274	atenolol tab 25 mg	130
ASSURE HAEMOLANCE PLUS MICRO	275	atenolol tab 50 mg	130
ASSURE HAEMOLANCE PLUS NORMAL	275	ATIVAN (lorazepam)	103
ASSURE HAEMOLANCE PLUS PED	275	atomoxetine hcl cap 10 mg (base equiv)	161
ASSURE ID INSULIN SAFETY SYR	275	atomoxetine hcl cap 100 mg (base equiv)	161
ASSURE ID SAFETY PEN NEEDLES	275	atomoxetine hcl cap 18 mg (base equiv)	161
		atomoxetine hcl cap 25 mg (base equiv)	161
		atomoxetine hcl cap 40 mg (base equiv)	161
		atomoxetine hcl cap 60 mg (base equiv)	161
		atomoxetine hcl cap 80 mg (base equiv)	161
		atorvastatin calcium tab 10 mg (base equivalent)	152

atorvastatin calcium tab 20 mg (base equivalent)	152	AVAR-E LS (sulfacetamide sodium w/ sulfur)	183
atorvastatin calcium tab 40 mg (base equivalent)	152	AVC VAGINAL (sulfanilamide vaginal)	32
atorvastatin calcium tab 80 mg (base equivalent)	152	AVELOX (moxifloxacin hcl)	31
atovaquone susp 750 mg/5ml	79	AVODART (dutasteride)	221
atovaquone-proguanil hcl tab 250-100 mg .	79	AVONEX (interferon beta-1a)	170
atovaquone-proguanil hcl tab 62.5-25 mg .	79	AVONEX PEN (interferon beta-1a)	170
ATRALIN (tretinoin)	173	AVONEX PREFILLED (interferon beta-1a) . . .	170
ATRIPLA (efavirenz-emtricitabine-tenofovir disoproxil fumarate)	95	AYGESTIN (norethindrone acetate)	252
ATROPINE SULFATE (atropine sulfate (ophthalmic))	319	AYVAKIT (avapritinib)	70
atropine sulfate ophth soln 1%	319	AZASITE (azithromycin (ophth))	322
ATROVENT HFA (ipratropium bromide hfa) .	333	azathioprine tab 100 mg	264
AUBAGIO (teriflunomide)	170	azathioprine tab 100 mg (AZASAN)	264
AUGMENTIN (amoxicillin & pot clavulanate) 29		azathioprine tab 50 mg	264
AUGMENTIN ES-600 (amoxicillin & pot clavulanate)	29	azathioprine tab 75 mg	264
AUGMENTIN XR (amoxicillin & pot clavulanate)	29	azathioprine tab 75 mg (AZASAN)	264
AUM MINI INSULIN PEN NEEDLE	275	azelaic acid gel 15%	173
AUM READYGARD DUO PEN NEEDLE	275	azelastine hcl nasal spray 0.1% (137 mcg/spray)	331
AUM SAFETY PEN NEEDLE	275	azelastine hcl ophth soln 0.05%	322
AURORA LANCET SUPER THIN 30G	275	azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (AZELASTINE-FLUTICASONE)	331
AURORA LANCET THIN 23G	275	AZELEX (azelaic acid (acne))	173
AURORA PEN NEEDLES	275	AZESCHEW PRENATAL/POSTNATAL (prenatal without a vit w/ fe fumarate-folic acid) . . .	195
AURORA UNIFINE PENTIPS	275	AZESCO (prenatal vit w/ ferrous gluconate-folic acid)	195
AURYXIA (ferric citrate)	193	AZILECT (rasagiline mesylate)	85
AUSTEDO (deutetrabenazine)	166	AZITHROMYCIN	29
AUVELITY (dextromethorphan hydrobromide-bupropion hydrochloride)	48	azithromycin for susp 100 mg/5ml	30
AUVI-Q (epinephrine (anaphylaxis))	334	azithromycin for susp 200 mg/5ml	30
AVALIDE (irbesartan-hydrochlorothiazide) .	141	azithromycin tab 250 mg	30
AVANDIA (rosiglitazone maleate)	106	azithromycin tab 500 mg	30
AVAPRO (irbesartan)	125	azithromycin tab 600 mg	30
AVAR (sulfacetamide sodium w/ sulfur) . . .	183	AZOPT (brinzolamide)	327
AVAR LS (sulfacetamide sodium w/ sulfur) .	183	AZOR (amlodipine besylate-olmesartan medoxomil)	141
AVAR LS CLEANSER (sulfacetamide sodium w/ sulfur)	183	AZSTARYS (serdexmethylphenidate chloride-dexmethylphenidate hcl)	159
		AZULFIDINE (sulfasalazine)	268

AZULFIDINE EN-TABS (sulfasalazine)268

B

BACITRACIN (bacitracin (ophthalmic))322

bacitracin-polymyxin b ophth oint319

bacitracin-polymyxin b ophth oint (AK-POLY-BAC)319

bacitracin-polymyxin b ophth oint (POLYCIN)319

bacitracin-polymyxin-neomycin-hc ophth oint 1% (BACITRA-NEOMYCIN-POLYMYXIN-HC) . 319

bacitracin-polymyxin-neomycin-hc ophth oint 1% (NEO-POLYCIN HC)319

BACLOFEN344

baclofen tab 10 mg91

baclofen tab 20 mg91

baclofen tab 5 mg91

BACTRIM (sulfamethoxazole-trimethoprim) . .32

BACTRIM DS (sulfamethoxazole-trimethoprim)32

BACTROBAN (mupirocin calcium (topical)) 189

BACTROBAN NASAL (mupirocin calcium) . . 189

BAFIERTAM (monomethyl fumarate) 170

BALCOLTRA (levonorgestrel-ethinyl estradiol-ferrous bisglycinate)235

balsalazide disodium cap 750 mg 268

BALVERSA (erdafitinib)73

BANZEL (rufinamide)43

BAQSIMI ONE PACK (glucagon)112

BAQSIMI TWO PACK (glucagon) 112

BARACLUDE (entecavir)92,93

BASAGLAR KWIKPEN (insulin glargine) 113

BAXDELA (delafloxacin meglumine)31

BD AUTOSHIELD276

BD AUTOSHIELD DUO276

BD INSULIN SYR ULTRAFINE II276

BD INSULIN SYRINGE276

BD INSULIN SYRINGE HALF-UNIT276

BD INSULIN SYRINGE MICROFINE276

BD INSULIN SYRINGE U-500276

BD INSULIN SYRINGE U/F276

BD INSULIN SYRINGE U/F 1/2UNIT276

BD INSULIN SYRINGE ULTRAFINE276

BD LANCET ULTRAFINE 30G276

BD LANCET ULTRAFINE 33G276

BD MICROTAINER LANCETS276

BD PEN NEEDLE MICRO U/F276

BD PEN NEEDLE MINI U/F276

BD PEN NEEDLE NANO 2ND GEN276

BD PEN NEEDLE NANO U/F276

BD PEN NEEDLE ORIGINAL U/F276

BD PEN NEEDLE SHORT U/F277

BD SAFETY-LOK INSULIN SYRINGE277

BD SAFETYGLIDE INSULIN SYRINGE277

BD VEO INSULIN SYR U/F 1/2UNIT277

BD VEO INSULIN SYRINGE U/F277

BECONASE AQ (beclomethasone diprop monohyd)330

BELBUCA (buprenorphine hcl)6

BELSOMRA (suvorexant)346

benazepril & hydrochlorothiazide tab 10-12.5 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE) .141

benazepril & hydrochlorothiazide tab 20-12.5 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE) .141

benazepril & hydrochlorothiazide tab 20-25 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE) .141

benazepril & hydrochlorothiazide tab 5-6.25 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE) .141

benazepril hcl tab 10 mg126

benazepril hcl tab 20 mg126

benazepril hcl tab 40 mg126

benazepril hcl tab 5 mg127

BENICAR (olmesartan medoxomil)125

BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide)141

BENLYSTA (belimumab)260

BENTYL (dicyclomine hcl)209

BENZACLIN (clindamycin phosphate-benzoyl peroxide)173

BENZACLIN WITH PUMP (clindamycin phosphate-benzoyl peroxide)174

BENZAMYCIN (benzoyl peroxide-erythromycin)	174	BETAPACE AF (sotalol hcl (afib/afll))	128
BENZHYDROCODONE-ACETAMINOPHEN (benzhydrocodone hcl-acetaminophen)	12	BETASERON (interferon beta-1b)	170
BENZNIDAZOLE	79	betaxolol hcl ophth soln 0.5%	325
benzonatate cap 100 mg	340	betaxolol hcl tab 10 mg	130
benzonatate cap 150 mg	340	betaxolol hcl tab 20 mg	130
benzonatate cap 200 mg	340	bethanechol chloride tab 10 mg	222
benzoyl peroxide-erythromycin gel 5-3%	174	bethanechol chloride tab 25 mg	222
BENZPHETAMINE HCL	166	bethanechol chloride tab 5 mg	222
benzphetamine hcl tab 50 mg	166	bethanechol chloride tab 50 mg	222
benztropine mesylate tab 0.5 mg	80	BETHKIS (tobramycin)	336
benztropine mesylate tab 1 mg	80	BETIMOL (timolol)	325
benztropine mesylate tab 2 mg	80	BETOPTIC-S (betaxolol hcl (ophth))	326
bepotastine besilate ophth soln 1.5%	322	BEVESPI AEROSPHERE (glycopyrrolate-formoterol fumarate)	340
BEPREVE (bepotastine besilate)	322	BEVYXXA (betrixaban maleate)	117
BESIVANCE (besifloxacin hcl)	31	bexarotene cap 75 mg	78
BESREMI (ropeginterferon alfa-2b-njft)	70	bexarotene gel 1%	78
BETAGAN (levobunolol hcl)	325	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)	235
BETAMETHASONE DIPROPIONATE AUG (betamethasone dipropionate augmented)	177	bicalutamide tab 50 mg	68
betamethasone dipropionate augmented cream 0.05%	225	BIDIL (isosorbide dinitrate-hydralazine hcl)	141
betamethasone dipropionate augmented lotion 0.05%	225	BIJUVA (estradiol-progesterone)	235
betamethasone dipropionate augmented oint 0.05%	177	BIKTARVY (bictegravir-emtricitabine-tenofovir alafenamide fumarate)	94
betamethasone dipropionate cream 0.05%	177	BILTRICIDE (praziquantel)	79
betamethasone dipropionate lotion 0.05%	177	bimatoprost ophth soln 0.03%	327
betamethasone dipropionate oint 0.05%	225	BINOSTO (alendronate sodium)	270
betamethasone valerate aerosol foam 0.12%	177	BIOSCANNER GLUCOSE TEST (glucose blood)	277
betamethasone valerate cream 0.1% (base equivalent)	177	bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit (GAVILYTE-H)	207
betamethasone valerate lotion 0.1% (base equivalent)	177	bisoprolol & hydrochlorothiazide tab 10-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE)	141
betamethasone valerate oint 0.1% (base equivalent)	177	bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE)	142
BETAPACE (sotalol hcl)	128	bisoprolol & hydrochlorothiazide tab 5-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE)	142
		bisoprolol fumarate tab 10 mg	130

bisoprolol fumarate tab 5 mg.....	130	BRISDELLE (paroxetine mesylate (vasomotor)).....	50
BLEPH-10 (sulfacetamide sodium (ophth)) .	323	BRIVIACT (brivaracetam).....	36
BLEPHAMIDE (sulfacetamide sod- prednisolone).....	319	bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) (BROMFENAC SODIUM (ONCE-DAILY)).....	324
BLEPHAMIDE S.O.P. (sulfacetamide sod- prednisolone).....	319	bromocriptine mesylate cap 5 mg (base equivalent).....	82
BLOOD GLUCOSE TEST (glucose blood) . . .	277	bromocriptine mesylate tab 2.5 mg (base equivalent).....	82
BLULINK GLUCOSE TEST (glucose blood) . . .	277	BROMSITE (bromfenac sodium (ophth)) . . .	324
BONIVA (ibandronate sodium).....	270	BRONCHITOL (mannitol (cystic fibrosis)) . . .	336
BONJESTA (doxylamine-pyridoxine).....	55	BROVANA (arformoterol tartrate).....	334
bosentan tab 125 mg.....	338	BRUKINSA (zanubrutinib).....	70
bosentan tab 62.5 mg.....	338	BRYHALI (halobetasol propionate).....	177
BOSULIF (bosutinib).....	73	budesonide delayed release particles cap 3 mg.....	269
BRAFTOVI (encorafenib).....	73	budesonide inhalation susp 0.25 mg/2ml..	330
BREATHE COMFORT CHAMBER/ADULT.....	277	budesonide inhalation susp 0.5 mg/2ml...	330
BREATHE COMFORT CHAMBER/CHILD.....	277	budesonide inhalation susp 1 mg/2ml.....	330
BREATHE EASE LARGE.....	277	budesonide tab er 24hr 9 mg (BUDESONIDE ER).....	269
BREATHE EASE MEDIUM.....	277	BUDESONIDE-FORMOTEROL FUMARATE (budesonide-formoterol fumarate dihydrate).....	340
BREATHE EASE SMALL.....	277	BULLSEYE MINI SAFETY LANCETS.....	278
BREATHERITE.....	277	BULLSEYE SAFETY LANCETS.....	278
BREATHERITE COLL SPACER ADULT.....	277	bumetanide tab 0.5 mg.....	148
BREATHERITE COLL SPACER CHILD.....	277	bumetanide tab 1 mg.....	148
BREATHERITE COLL SPACER INFANT.....	277	bumetanide tab 2 mg.....	148
BREATHERITE RIGID SPACER/MASK.....	277	BUMEX (bumetanide).....	148
BREATHERITE SPACER NEONATE.....	277	BUNAVAIL (buprenorphine hcl-naloxone hcl dihydrate).....	21
BREATHERITE SPACER SMALL CHILD.....	277	BUPHENYL (sodium phenylbutyrate).....	216
BREATHERITE VALVED MDI CHAMBER.....	277	buprenorphine hcl sl tab 2 mg (base equiv) .21	
BREATHERITE/LARGE MASK.....	277	buprenorphine hcl sl tab 8 mg (base equiv) .21	
BREATHERITE/MEDIUM MASK.....	278	buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv).....	21
BREATHERITE/SMALL MASK.....	278	buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv).....	21
BREO ELLIPTA (fluticasone furoate- vilanterol).....	340		
BREXAFEMME (ibrexafungerp citrate).....	58		
BREZTRI AEROSPHERE (budesonide- glycopyrrolate-formoterol fumarate).....	340		
BRILINTA (ticagrelor).....	123		
brimonidine tartrate ophth soln 0.15%.....	327		
brimonidine tartrate ophth soln 0.2%.....	327		
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%.....	319		
brinzolamide ophth susp 1%.....	327		

buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	21	butalbital-acetaminophen tab 50-325 mg (BUTALBITAL-APAP)	166
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	21	butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (BUTALBITAL-APAP-CAFF-COD)	12
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	22	butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg (BUTALBITAL-APAP-CAFF-COD)	12
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	22	butalbital-acetaminophen-caffeine cap 50-300-40 mg (BUTALBITAL-APAP-CAFFEINE) . . .	167
buprenorphine td patch weekly 10 mcg/hr. . .	6	butalbital-acetaminophen-caffeine cap 50-300-40 mg (PHRENILIN FORTE)	167
buprenorphine td patch weekly 15 mcg/hr. . .	6	butalbital-acetaminophen-caffeine cap 50-325-40 mg (BUTALBITAL-APAP-CAFFEINE) . . .	167
buprenorphine td patch weekly 20 mcg/hr. . .	6	butalbital-acetaminophen-caffeine cap 50-325-40 mg (ESGIC)	167
buprenorphine td patch weekly 5 mcg/hr. . .	6	butalbital-acetaminophen-caffeine cap 50-325-40 mg (ZEBUTAL)	167
buprenorphine td patch weekly 7.5 mcg/hr. .	6	butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml (VANATOL LQ)	167
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (BUPROPION HCL ER (SMOKING DET))	23	butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml (VANATOL S)	167
BUPROPION HCL ER (XL)	48	butalbital-acetaminophen-caffeine tab 50-325-40 mg (BAC)	167
bupropion hcl tab 100 mg	48	butalbital-acetaminophen-caffeine tab 50-325-40 mg (BUTALBITAL-APAP-CAFFEINE) . . .	167
bupropion hcl tab 75 mg	48	butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (ASCOMP-CODEINE)	12
bupropion hcl tab er 12hr 100 mg (BUPROPION HCL ER (SR))	48	butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (BUTALBITAL-ASA-CAFF-CODEINE) .	12
bupropion hcl tab er 12hr 150 mg (BUPROPION HCL ER (SR))	48	BUTALBITAL-ASPIRIN-CAFFEINE	1
bupropion hcl tab er 12hr 200 mg (BUPROPION HCL ER (SR))	48	butalbital-aspirin-caffeine cap 50-325-40 mg.1	
bupropion hcl tab er 24hr 150 mg (BUPROPION HCL ER (XL))	48	BUTISOL SODIUM (butabarbital sodium)	346
bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL))	48	butorphanol tartrate nasal soln 10 mg/ml . .	12
bupirone hcl tab 10 mg	102	BUTRANS (buprenorphine)	6
bupirone hcl tab 15 mg	102	BYDUREON (exenatide)	106
bupirone hcl tab 30 mg	102	BYDUREON BCISE (exenatide)	106
bupirone hcl tab 5 mg	102	BYETTA 10 MCG PEN (exenatide)	106
bupirone hcl tab 7.5 mg	102	BYETTA 5 MCG PEN (exenatide)	106
BUTALBITAL-ACETAMINOPHEN	166	BYLVAY (odevixibat)	216
butalbital-acetaminophen cap 50-300 mg	166	BYLVAY (PELLETS) (odevixibat)	216
butalbital-acetaminophen tab 50-300 mg	166		
butalbital-acetaminophen tab 50-300 mg (BUPAP)	166		
butalbital-acetaminophen tab 50-325 mg	166		

BYNFEZIA PEN (octreotide acetate) 258
 BYSTOLIC (nebivolol hcl) 130
 BYVALSON (nebivolol-valsartan) 142

C

C-NATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids) 195
 cabergoline tab 0.5 mg 258
 CABLIVI (caplacizumab-yhdp) 123
 CABOMETYX (cabozantinib s-malate) 73
 CADEAU DHA (prenatal vit w/ ferrous fumarate-l methylfolate-fa-dha) 195
 CADUET (amlodipine besylate-atorvastatin calcium) 142
 CAFERGOT (ergotamine w/ caffeine) 62
 caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) 337
 CALAN (verapamil hcl) 134
 CALAN SR (verapamil hcl) 134
 CALCIPOTRIENE 183
 calcipotriene cream 0.005% 183
 calcipotriene oint 0.005% 183
 calcipotriene oint 0.005% (CALCITRENE) 183
 calcipotriene soln 0.005% (50 mcg/ml) 183
 calcipotriene-betamethasone dipropionate oint 0.005-0.064% (CALCIPOTRIENE-BETAMETH DIPROP) 183
 calcipotriene-betamethasone dipropionate susp 0.005-0.064% (CALCIPOTRIENE-BETAMETH DIPROP) 183
 calcitonin (salmon) inj 200 unit/ml 270
 calcitonin (salmon) nasal soln 200 unit/act . 270
 CALCITRIOL (calcitriol (topical)) 183
 calcitriol cap 0.25 mcg 270
 calcitriol cap 0.5 mcg 271
 calcitriol oral soln 1 mcg/ml 271
 calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (CALCIUM ACETATE (PHOS BINDER)) 193
 CALQUENCE (acalabrutinib maleate) 73
 CALQUENCE (acalabrutinib) 73

CAMBIA (diclofenac potassium (migraine)) . . 1
 CAMZYOS (mavacamten) 142
 CANASA (mesalamine) 268
 candesartan cilexetil tab 16 mg 125
 candesartan cilexetil tab 32 mg 125
 candesartan cilexetil tab 4 mg 125
 candesartan cilexetil tab 8 mg 125
 candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (CANDESARTAN CILEXETIL-HCTZ) 142
 candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (CANDESARTAN CILEXETIL-HCTZ) 142
 candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (CANDESARTAN CILEXETIL-HCTZ) . 142
 capecitabine tab 150 mg 69
 capecitabine tab 500 mg 69
 CAPEX (fluocinolone acetonide) 177
 CAPLYTA (lumateperone tosylate) 88
 CAPRELSA (vandetanib) 73
 captopril tab 100 mg 127
 captopril tab 12.5 mg 127
 captopril tab 25 mg 127
 captopril tab 50 mg 127
 CAPTOPRIL-HYDROCHLOROTHIAZIDE (captopril & hydrochlorothiazide) 142
 CARAC (fluorouracil (topical)) 183
 CARAFATE (sucralfate) 214
 CARBAGLU (carglumic acid) 190
 carbamazepine cap er 12hr 100 mg (CARBAMAZEPINE ER) 43
 carbamazepine cap er 12hr 200 mg (CARBAMAZEPINE ER) 43
 carbamazepine cap er 12hr 300 mg (CARBAMAZEPINE ER) 43
 carbamazepine chew tab 100 mg 43
 carbamazepine susp 100 mg/5ml 43
 carbamazepine tab 200 mg 44
 carbamazepine tab 200 mg (EPITOL) 44
 carbamazepine tab er 12hr 100 mg (CARBAMAZEPINE ER) 44

carbamazepine tab er 12hr 200 mg (CARBAMAZEPINE ER)	44	CARDIZEM CD (diltiazem hcl coated beads)	134
carbamazepine tab er 12hr 400 mg (CARBAMAZEPINE ER)	44	CARDIZEM LA (diltiazem hcl coated beads)	135
CARBATROL (carbamazepine)	44	CARDURA (doxazosin mesylate)	124
carbidopa & levodopa orally disintegrating tab 10-100 mg (CARBIDOPA-LEVODOPA)	84	CARDURA XL (doxazosin mesylate (bph))	221
carbidopa & levodopa orally disintegrating tab 25-100 mg (CARBIDOPA-LEVODOPA)	84	CAREFINE PEN NEEDLES	278
carbidopa & levodopa orally disintegrating tab 25-250 mg (CARBIDOPA-LEVODOPA)	84	CAREONE BLOOD GLUCOSE TEST (glucose blood)	278
carbidopa & levodopa tab 10-100 mg (CARBIDOPA-LEVODOPA)	84	CAREONE INSULIN SYRINGE	278
carbidopa & levodopa tab 25-100 mg (CARBIDOPA-LEVODOPA)	84	CAREONE LANCET SUPER THIN 30G	278
carbidopa & levodopa tab 25-250 mg (CARBIDOPA-LEVODOPA)	85	CAREONE LANCET THIN 23G	278
carbidopa & levodopa tab er 25-100 mg (CARBIDOPA-LEVODOPA ER)	85	CAREONE UNIFINE PENTIPS	278
carbidopa & levodopa tab er 50-200 mg (CARBIDOPA-LEVODOPA ER)	85	CAREONE UNIFINE PENTIPS PLUS	278
carbidopa tab 25 mg	85	CARESENS LANCETS	278
CARBIDOPA-LEVODOPA	85	CARESENS N GLUCOSE TEST (glucose blood)	278
CARBIDOPA-LEVODOPA-ENTACAPONE	81	CARETOUCH INSULIN SYRINGE	278
carbidopa-levodopa-entacapone tabs 12.5- 50-200 mg	81	CARETOUCH PEN NEEDLES	278
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	81	CARETOUCH SAFETY LANCETS	278
carbidopa-levodopa-entacapone tabs 25- 100-200 mg	81	CARETOUCH SAFETY LANCETS 26G	278
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	81	CARETOUCH TEST (glucose blood)	278
carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg	81	CARETOUCH TWIST LANCETS 28G	279
carbidopa-levodopa-entacapone tabs 50- 200-200 mg	81	CARETOUCH TWIST LANCETS 30G	279
CARBINOXAMINE MALEATE	331	CARETOUCH TWIST LANCETS 33G	279
carbinoxamine maleate soln 4 mg/5ml	331	CARETOUCH TWIST MC LANCETS 30G	279
carbinoxamine maleate tab 4 mg	331	carglumic acid soluble tab 200 mg	191
CARDIZEM (diltiazem hcl)	134	carisoprodol tab 250 mg	344
		carisoprodol tab 350 mg	344
		carisoprodol tab 350 mg (VANADOM)	344
		carisoprodol w/ aspirin & codeine tab 200- 325-16 mg (CARISOPRODOL-ASPIRIN- CODEINE)	12
		carisoprodol w/ aspirin tab 200-325 mg (CARISOPRODOL-ASPIRIN)	344
		CARISOPRODOL-ASPIRIN (carisoprodol w/ aspirin)	344
		CARISOPRODOL-ASPIRIN-CODEINE (carisoprodol w/ aspirin & codeine)	12
		CARNITOR (levocarnitine (metabolic modifiers))	195

CARNITOR SF (levocarnitine (metabolic modifiers))	195	cefixime for susp 200 mg/5ml	27
CAROSPIR (spironolactone)	149	cefpodoxime proxetil for susp 100 mg/5ml	27
CARTEOLOL HCL (carteolol hcl (ophth))	326	cefpodoxime proxetil for susp 50 mg/5ml	27
carvedilol phosphate cap er 24hr 10 mg (CARVEDILOL PHOSPHATE ER)	130	cefpodoxime proxetil tab 100 mg	27
carvedilol phosphate cap er 24hr 20 mg (CARVEDILOL PHOSPHATE ER)	130	cefpodoxime proxetil tab 200 mg	27
carvedilol phosphate cap er 24hr 40 mg (CARVEDILOL PHOSPHATE ER)	130	cefprozil for susp 125 mg/5ml	27
carvedilol phosphate cap er 24hr 80 mg (CARVEDILOL PHOSPHATE ER)	130	cefprozil for susp 250 mg/5ml	27
carvedilol tab 12.5 mg	130	cefprozil tab 250 mg	27
carvedilol tab 25 mg	131	cefprozil tab 500 mg	27
carvedilol tab 3.125 mg	131	cefuroxime axetil tab 250 mg	27
carvedilol tab 6.25 mg	131	cefuroxime axetil tab 500 mg	27
CASODEX (bicalutamide)	68	CELEBREX (celecoxib)	1
CATAPRES (clonidine hcl)	123	celecoxib cap 100 mg	1
CATAPRES-TTS-1 (clonidine)	123	celecoxib cap 200 mg	1
CATAPRES-TTS-2 (clonidine)	123	celecoxib cap 400 mg	1
CATAPRES-TTS-3 (clonidine)	123	celecoxib cap 50 mg	1
CAVERJECT (alprostadil (vasodilator))	222	CELEXA (citalopram hydrobromide)	50
CAVERJECT IMPULSE (alprostadil (vasodilator))	222	CELLCEPT (mycophenolate mofetil)	264
CAYA (diaphragm arc-spring)	279	CELONTIN (methsuximide)	41
CAYSTON (aztreonam lysine)	336	CENTANY (mupirocin)	189
CEFACLOR	27	CEPHALEXIN	27
cefaclor cap 250 mg	27	cephalexin cap 250 mg	28
cefaclor cap 500 mg	27	cephalexin cap 500 mg	28
CEFACLOR ER (cefaclor monohydrate)	27	cephalexin cap 750 mg	28
CEFADROXIL	27	cephalexin for susp 125 mg/5ml	28
cefadroxil cap 500 mg	27	cephalexin for susp 250 mg/5ml	28
cefadroxil for susp 250 mg/5ml	27	CEQUA (cyclosporine (ophth))	319
cefadroxil for susp 500 mg/5ml	27	CEQUR SIMPLICITY 2U	279
cefadroxil tab 1 gm	27	CERDELGA (eliglustat tartrate)	216
cefdinir cap 300 mg	27	CESAMET (nabilone)	57
cefdinir for susp 125 mg/5ml	27	CETRAXAL (ciprofloxacin hcl (otic))	328
cefdinir for susp 250 mg/5ml	27	CETROTIDE (cetrotorelix acetate)	258
CEFDITOREN PIVOXIL	27	cevimeline hcl cap 30 mg	172
cefixime cap 400 mg	27	CHANTIX (varenicline tartrate)	23
cefixime for susp 100 mg/5ml	27	CHANTIX CONTINUING MONTH PAK (varenicline tartrate)	23
		CHANTIX STARTING MONTH PAK (varenicline tartrate)	23
		CHEMET (succimer)	192
		CHEMSTRIP K (acetone (urine) test)	279

CHEMSTRIP UGK (urine glucose-ketones test).....	279	choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....	150
CHENODAL (chenodiol).....	212	CHORIONIC GONADOTROPIN.....	230
chlordiazepoxide hcl cap 10 mg.....	103	CIALIS (tadalafil).....	221
chlordiazepoxide hcl cap 25 mg.....	103	CIBINQO (abrocitinib).....	183
chlordiazepoxide hcl cap 5 mg.....	103	ciclopirox gel 0.77%.....	189
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg (CHLORDIAZEPOXIDE-CLIDINIUM).....	209	ciclopirox olamine cream 0.77% (base equiv).....	58
CHLORDIAZEPOXIDE-AMITRIPTYLINE.....	48	ciclopirox olamine cream 0.77% (base equiv) (CICLODAN).....	58
chloroquine phosphate tab 250 mg.....	79	ciclopirox olamine susp 0.77% (base equiv).....	58
chloroquine phosphate tab 500 mg.....	79	ciclopirox shampoo 1%.....	189
CHLOROTHIAZIDE.....	150	ciclopirox solution 8%.....	189
chlorothiazide tab 500 mg.....	150	ciclopirox solution 8% (CICLODAN).....	189
CHLORPROMAZINE HCL.....	86	cilostazol tab 100 mg.....	123
chlorpromazine hcl tab 10 mg.....	86	cilostazol tab 50 mg.....	123
chlorpromazine hcl tab 100 mg.....	86	CILOXAN (ciprofloxacin hcl (ophth)).....	31
chlorpromazine hcl tab 200 mg.....	86	CIMDUO (lamivudine-tenofovir disoproxil fumarate).....	97
chlorpromazine hcl tab 25 mg.....	86	CIMETIDINE HCL.....	213
chlorpromazine hcl tab 50 mg.....	86	cimetidine hcl soln 300 mg/5ml.....	213
CHLORPROPAMIDE.....	107	cimetidine tab 300 mg.....	213
chlorthalidone tab 25 mg.....	150	cimetidine tab 400 mg.....	213
chlorthalidone tab 50 mg.....	150	cimetidine tab 800 mg.....	213
chlorzoxazone tab 250 mg.....	345	CIMZIA PREFILLED (certolizumab pegol).....	264
chlorzoxazone tab 375 mg.....	345	CIMZIA STARTER KIT (certolizumab pegol).....	264
chlorzoxazone tab 375 mg (LORZONE).....	345	cinacalcet hcl tab 30 mg (base equiv).....	271
chlorzoxazone tab 500 mg.....	345	cinacalcet hcl tab 60 mg (base equiv).....	271
chlorzoxazone tab 750 mg.....	345	cinacalcet hcl tab 90 mg (base equiv).....	271
chlorzoxazone tab 750 mg (LORZONE).....	345	CIPRO (ciprofloxacin hcl).....	31
CHOLBAM (cholic acid).....	216	CIPRO (ciprofloxacin).....	31,32
cholestyramine light powder 4 gm/dose.....	153	CIPRO HC (ciprofloxacin-hydrocortisone).....	328
cholestyramine light powder 4 gm/dose (PREVALITE).....	153	CIPRODEX (ciprofloxacin-dexamethasone).....	328
cholestyramine light powder packets 4 gm.....	153	ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml).....	32
cholestyramine light powder packets 4 gm (PREVALITE).....	153	CIPROFLOXACIN HCL.....	32
cholestyramine powder 4 gm/dose.....	153	CIPROFLOXACIN HCL (ciprofloxacin hcl (otic)).....	328
cholestyramine powder packets 4 gm.....	153	ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	32
choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....	150		

ciprofloxacin hcl tab 250 mg (base equiv) ..	32	CLEOCIN-T (clindamycin phosphate (topical))	24,189
ciprofloxacin hcl tab 500 mg (base equiv) ..	32	CLEVER CHEK AUTO-CODE TEST (glucose blood)	279
ciprofloxacin hcl tab 750 mg (base equiv) ..	32	CLEVER CHEK AUTO-CODE VOICE (glucose blood)	279
CIPROFLOXACIN-CIPROFLOX HCL ER (ciprofloxacin-ciprofloxacin hcl)	32	CLEVER CHEK LANCETS	279
ciprofloxacin-dexamethasone otic susp 0.3- 0.1%	328	CLEVER CHEK TEST (glucose blood)	279
CIPROFLOXACIN-FLUOCINOLONE PF (ciprofloxacin-fluocinolone acetonide)	328	CLEVER CHOICE AUTO-CODE TEST (glucose blood)	279
CITALOPRAM HYDROBROMIDE	50	CLEVER CHOICE COMFORT EZ	279
citalopram hydrobromide oral soln 10 mg/5ml	50	CLEVER CHOICE HOLDING CHAMBER	279
citalopram hydrobromide tab 10 mg (base equiv)	50	CLEVER CHOICE LANCETS 21G	279
citalopram hydrobromide tab 20 mg (base equiv)	50	CLEVER CHOICE LANCETS 23G	279
citalopram hydrobromide tab 40 mg (base equiv)	50	CLEVER CHOICE LANCETS 28G	279
CITRANATAL HARMONY (prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha)	196	CLEVER CHOICE MICRO TEST (glucose blood)	279
CITRANATAL MEDLEY (prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha)	196	CLEVER CHOICE NO CODING (glucose blood)	279
CITRANATAL RX (prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa)	196	CLEVER CHOICE TALK SYSTEM (glucose blood)	279
CLARINEX (desloratadine)	331	CLICKFINE PEN NEEDLES	279
CLARINEX-D 12 HOUR (desloratadine- pseudoephedrine)	340	CLIMARA (estradiol)	235
CLARITHROMYCIN	30	CLIMARA PRO (estradiol-levonorgestrel) ..	235
clarithromycin tab 250 mg	30	CLINDAGEL (clindamycin phosphate (topical))	190
clarithromycin tab 500 mg	30	clindamycin hcl cap 150 mg	24
clarithromycin tab er 24hr 500 mg (CLARITHROMYCIN ER)	30	clindamycin hcl cap 300 mg	24
CLEANLET LANCETS 28G	279	clindamycin hcl cap 75 mg	24
CLEMASTINE FUMARATE	331	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	24
CLENPIQ (sodium picosulfate-magnesium oxide-anhydrous citric acid)	207	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	174
CLEOCIN (clindamycin hcl)	24	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (NEUAC)	174
CLEOCIN (clindamycin palmitate hydrochloride)	24	clindamycin phosphate foam 1%	190
CLEOCIN (clindamycin phosphate vaginal) ..	24	clindamycin phosphate gel 1%	190
		clindamycin phosphate lotion 1%	190
		clindamycin phosphate soln 1%	190
		clindamycin phosphate swab 1%	24

clindamycin phosphate swab 1% (CLINDACIN ETZ)	24	CLOCORTOLONE PIVALATE PUMP	225
clindamycin phosphate swab 1% (CLINDACIN-P)	24	CLODERM (clocortolone pivalate)	225
clindamycin phosphate vaginal cream 2%	24	CLODERM PUMP (clocortolone pivalate) ..	225
clindamycin phosphate-benzoyl peroxide gel 1-5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	174	CLOMID (clomiphene citrate)	253
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	174	CLOMIPHENE CITRATE	253
clindamycin phosphate-tretinoin gel 1.2-0.025% (CLINDAMYCIN-TRETINOIN)	174	clomipramine hcl cap 25 mg	54
CLINDESSE (clindamycin phosphate (one dose))	24	clomipramine hcl cap 50 mg	54
clobazam suspension 2.5 mg/ml	41	clomipramine hcl cap 75 mg	54
clobazam tab 10 mg	41	clonazepam orally disintegrating tab 0.125 mg	103
clobazam tab 20 mg	41	clonazepam orally disintegrating tab 0.25 mg	103
clobetasol propionate cream 0.05%	177	clonazepam orally disintegrating tab 0.5 mg	103
clobetasol propionate emollient base cream 0.05%	225	clonazepam orally disintegrating tab 1 mg ..	104
clobetasol propionate emollient base cream 0.05% (CLOBETASOL PROP EMOLLIENT BASE)	177,225	clonazepam orally disintegrating tab 2 mg ..	104
clobetasol propionate emulsion foam 0.05%	177	clonazepam tab 0.5 mg	104
clobetasol propionate emulsion foam 0.05% (TOVET)	177	clonazepam tab 1 mg	104
clobetasol propionate foam 0.05%	177	clonazepam tab 2 mg	104
clobetasol propionate gel 0.05%	177	CLONIDINE HCL ER	124
clobetasol propionate lotion 0.05%	177	clonidine hcl tab 0.1 mg	124
clobetasol propionate oint 0.05%	177	clonidine hcl tab 0.2 mg	124
clobetasol propionate shampoo 0.05%	178	clonidine hcl tab 0.3 mg	124
clobetasol propionate shampoo 0.05% (CLODAN)	178	clonidine hcl tab er 12hr 0.1 mg (CLONIDINE HCL ER)	161
clobetasol propionate soln 0.05%	178	clonidine td patch weekly 0.1 mg/24hr	124
clobetasol propionate spray 0.05%	178	clonidine td patch weekly 0.2 mg/24hr	124
CLOBEX (clobetasol propionate)	178	clonidine td patch weekly 0.3 mg/24hr	124
CLOBEX SPRAY (clobetasol propionate)	178	clopidogrel bisulfate tab 75 mg (base equiv)	123
CLOCORTOLONE PIVALATE	225	clorazepate dipotassium tab 15 mg	104
clocortolone pivalate cream 0.1%	225	clorazepate dipotassium tab 3.75 mg	104
		clorazepate dipotassium tab 7.5 mg	104
		clotrimazole troche 10 mg	59
		clotrimazole w/ betamethasone cream 1-0.05% (CLOTRIMAZOLE-BETAMETHASONE) ..	183
		clotrimazole w/ betamethasone lotion 1-0.05% (CLOTRIMAZOLE-BETAMETHASONE) ..	183
		CLOZAPINE	91
		clozapine orally disintegrating tab 100 mg ..	91
		clozapine orally disintegrating tab 25 mg ..	91

clozapine tab 100 mg	91	COMETRIQ (60 MG DAILY DOSE)	
clozapine tab 200 mg	91	(cabozantinib s-malate)	73
clozapine tab 25 mg	91	COMFORT ASSIST INSULIN SYRINGE	280
clozapine tab 50 mg	91	COMFORT ASSURED LANCETS 28G	280
CLOZARIL (clozapine)	91	COMFORT ASSURED LANCETS 33G	280
CO-NATAL FA (prenatal vit w/ ferrous fumarate-folic acid)	196	COMFORT EZ INSULIN SYRINGE	280
COAGUCHEK LANCETS	280	COMFORT EZ MICRO PEN NEEDLES	280
COARTEM (artemether-lumefantrine)	79	COMFORT EZ PEN NEEDLES	280
CODEINE SULFATE	13	COMFORT EZ SHORT PEN NEEDLES	280
codeine sulfate tab 30 mg	13	COMFORT LANCETS	280
codeine sulfate tab 60 mg	13	COMFORT TOUCH INSULIN PEN NEED	280
COLAZAL (balsalazide disodium)	268	COMFORT TOUCH LANCETS 31G	280
COLCHICINE	61	COMFORT TOUCH PLUS LANCETS 30G	280
colchicine tab 0.6 mg	62	COMPACT SPACE CHAMBER	280
colchicine w/ probenecid tab 0.5-500 mg (COLCHICINE-PROBENECID)	62	COMPACT SPACE CHAMBER/LG MASK	280
COLCRYS (colchicine)	62	COMPACT SPACE CHAMBER/MED MASK	280
colesevelam hcl packet for susp 3.75 gm	153	COMPACT SPACE CHAMBER/SM MASK	281
colesevelam hcl tab 625 mg	153	COMPLERA (emtricitabine- rilpivirine-tenofovir disoproxil fumarate)	95
COLESTID (colestipol hcl)	153	COMPLETENATE (prenatal vit w/ ferrous fumarate-folic acid)	196
COLESTID FLAVORED (colestipol hcl)	153	COMTAN (entacapone)	81
colestipol hcl granule packets 5 gm	154	CONCEPT DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	196
colestipol hcl granules 5 gm	154	CONCEPT OB (prenatal without a vit w/ fe fum-iron polysacch complex -fa)	196
colestipol hcl tab 1 gm	154	CONCERTA (methylphenidate hcl)	161
COLY-MYCIN S (neomycin-colistin-hc-thonzonium)	328	CONDYLOX (podofilox)	183
COLYTE WITH FLAVOR PACKS (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	212	CONJUPRI (levamlodipine maleate)	133
COMBIGAN (brimonidine tartrate-timolol maleate)	320	CONSENSI (amlodipine besylate-celecoxib)	142
COMBIPATCH (estradiol & norethindrone acetate)	235	CONTOUR NEXT TEST (glucose blood)	281
COMBIVENT RESPIMAT (ipratropium-albuterol)	340	CONTOUR TEST (glucose blood)	281
COMBIVIR (lamivudine-zidovudine)	97	CONTRAVE (naltrexone hcl-bupropion hcl)	167
COMETRIQ (100 MG DAILY DOSE)		CONZIP (tramadol hcl)	6
(cabozantinib s-malate)	73	COOL BLOOD GLUCOSE TEST STRIPS (glucose blood)	281
COMETRIQ (140 MG DAILY DOSE)		COPAXONE (glatiramer acetate)	170
(cabozantinib s-malate)	73	COPIKTRA (duvelisib)	73
		CORDRAN (flurandrenolide)	178
		COREG (carvedilol)	131

COREG CR (carvedilol phosphate).....	131	CUVPOSA (glycopyrrolate).....	210
CORGARD (nadolol).....	131	CVS ADVANCED GLUCOSE TEST (glucose blood).....	281
CORLANOR (ivabradine hcl).....	142	CVS GLUCOSE METER TEST STRIPS (glucose blood).....	281
CORTEF (hydrocortisone).....	269	CVS KETONE CARE (urine glucose-ketones test).....	281
CORTENEMA (hydrocortisone (intrarectal))	269	CVS LANCETS 21G.....	281
CORTIFOAM (hydrocortisone acetate (intrarectal)).....	269	CVS LANCETS MICRO THIN 33G.....	281
CORTISONE ACETATE.....	225	CVS LANCETS ORIGINAL.....	281
CORTISPORIN (bacitracin-polymyxin- neomycin hc).....	183	CVS LANCETS THIN 26G.....	281
CORTISPORIN (neomycin-polymyxin-hc)...	320	CVS LANCETS ULTRA THIN 30G.....	281
CORTISPORIN-TC (neomycin-colistin-hc- thonzonium).....	328	CVS LANCETS ULTRA-THIN 30G.....	281
CORTROPHIN (corticotropin).....	225	CVS ULTRA THIN LANCETS.....	281
CORZIDE (nadolol & bendroflumethiazide)	142	cyanocobalamin inj 1000 mcg/ml.....	196
COSENTYX (300 MG DOSE) (secukinumab)	260	cyanocobalamin inj 1000 mcg/ml (DODEX).....	196
COSENTYX (secukinumab).....	261	cyclobenzaprine hcl cap er 24hr 15 mg (CYCLOBENZAPRINE HCL ER).....	345
COSENTYX SENSOREADY (300 MG) (secukinumab).....	261	cyclobenzaprine hcl cap er 24hr 30 mg (CYCLOBENZAPRINE HCL ER).....	345
COSENTYX SENSOREADY PEN (secukinumab).....	261	cyclobenzaprine hcl tab 10 mg.....	345
COSOPT (dorzolamide hcl-timolol maleate).....	320	cyclobenzaprine hcl tab 5 mg.....	345
COSOPT PF (dorzolamide hcl-timolol maleate).....	320	cyclobenzaprine hcl tab 7.5 mg.....	345
COTELLIC (cobimetinib fumarate).....	73	cyclobenzaprine hcl tab 7.5 mg (FEXMID)	345
COTEMPLA XR-ODT (methylphenidate)....	161	CYCLOGYL (cyclopentolate hcl).....	320
COUMADIN (warfarin sodium).....	117	CYCLOMYDRIL (cyclopentolate w/ phenylephrine).....	320
COZAAR (losartan potassium).....	125	cyclopentolate hcl ophth soln 0.5%.....	320
CREON (pancrelipase (lipase-protease- amylase)).....	216	cyclopentolate hcl ophth soln 1%.....	320
CRESEMBA (isavuconazonium sulfate).....	59	cyclopentolate hcl ophth soln 2%.....	320
CRESTOR (rosuvastatin calcium).....	152	CYCLOPHOSPHAMIDE.....	67
CRINONE (progesterone (vaginal)).....	252	cyclophosphamide cap 25 mg.....	67
CRIXIVAN (indinavir sulfate).....	99	cyclophosphamide cap 50 mg.....	67
cromolyn sodium ophth soln 4%.....	322	CYCLOSERINE.....	66
cromolyn sodium oral conc 100 mg/5ml...	216	cycloserine cap 250 mg.....	66
cromolyn sodium soln nebu 20 mg/2ml....	337	CYCLOSET (bromocriptine mesylate (diabetes)).....	107
CROTAN (crotamiton).....	188	cyclosporine (ophth) emulsion 0.05%.....	320
CUPRIMINE (penicillamine).....	222	cyclosporine cap 100 mg.....	264
CUTIVATE (fluticasone propionate).....	178	cyclosporine cap 25 mg.....	264

cyclosporine modified cap 100 mg.....264
cyclosporine modified cap 100 mg
(GENGRAF) 264
cyclosporine modified cap 25 mg..... 264
cyclosporine modified cap 25 mg
(GENGRAF) 264
cyclosporine modified cap 50 mg..... 264
cyclosporine modified oral soln 100 mg/ml 264
cyclosporine modified oral soln 100 mg/ml
(GENGRAF) 264
CYMBALTA (duloxetine hcl) 169
cyproheptadine hcl syrup 2 mg/5ml..... 331
cyproheptadine hcl tab 4 mg 331
CYSTADANE (betaine)..... 217
CYSTADROPS (cysteamine hcl) 217
CYSTAGON (cysteamine bitartrate)..... 217
CYSTARAN (cysteamine hcl)..... 217
CYTOMEL (lithyronine sodium) 254
CYTOTEC (misoprostol) 214
CYTRA K CRYSTALS (potassium citrate-citric
acid)..... 222
CYTRA-3 (pot & sod citrates w/citric ac) ... 222

D

D-CARE BLOOD GLUCOSE (glucose blood) 281
D-PENAMINE (penicillamine) 222
D.H.E. 45 (dihydroergotamine mesylate) ... 62
dabigatran etexilate mesylate cap 150 mg
(etexilate base eq) 117
dabigatran etexilate mesylate cap 75 mg
(etexilate base eq) 117
DAKLINZA (daclatasvir dihydrochloride).... 93
dalfampridine tab er 12hr 10 mg
(DALFAMPRIDINE ER) 170
DALIRESP (roflumilast) 337
danazol cap 100 mg 233
danazol cap 200 mg 233
danazol cap 50 mg 233
DANTRIUM (dantrolene sodium) 92
dantrolene sodium cap 100 mg 92
dantrolene sodium cap 25 mg 92

dantrolene sodium cap 50 mg 92
dapsona gel 5% 190
dapsona gel 7.5% 190
dapsona tab 100 mg 66
dapsona tab 25 mg 66
DARAPRIM (pyrimethamine) 79
darifenacin hydrobromide tab er 24hr 15 mg
(base equiv) (DARIFENACIN HYDROBROMIDE
ER) 219
darifenacin hydrobromide tab er 24hr 7.5 mg
(base equiv) (DARIFENACIN HYDROBROMIDE
ER) 219
DARTISLA ODT (glycopyrrolate) 210
DAURISMO (glasdegib maleate) 73
DAYPRO (oxaprozin) 1
DAYTRANA (methylphenidate) 161
DAYVIGO (lemborexant) 346
DDAVP (desmopressin acetate spray) 230
DDAVP (desmopressin acetate) 230
DDAVP RHINAL TUBE (desmopressin acetate
refrigerated) 230
deferasirox granules packet 180 mg 192
deferasirox granules packet 360 mg 192
deferasirox granules packet 90 mg 192
deferasirox tab 180 mg 192
deferasirox tab 360 mg 192
deferasirox tab 90 mg 192
deferasirox tab for oral susp 125 mg 192
deferasirox tab for oral susp 250 mg 192
deferasirox tab for oral susp 500 mg 192
deferiprone tab 1000 mg 192
deferiprone tab 500 mg 192
DELESTROGEN (estradiol valerate) 235
DELSTRIGO (doravirine-lamivudine-tenofovir
disoproxil fumarate) 95
DELZICOL (mesalamine) 268
DEMADEX (torsemide) 148
demeclocycline hcl tab 150 mg 33
demeclocycline hcl tab 300 mg 33
DEMEROL (meperidine hcl) 13
DEMSEK (metyrosine) 142

DENAVIR (penciclovir)	190	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (DESOGESTREL-ETHINYL ESTRADIOL)	235
DEPAKENE (valproate sodium)	36	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (KARIVA)	235
DEPAKENE (valproic acid)	36	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (PIMTREA)	235
DEPAKOTE (divalproex sodium)	36	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (SIMLIYA)	235
DEPAKOTE ER (divalproex sodium)	36	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (VIORELE)	235
DEPEN TITRATABS (penicillamine)	222	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (VOLNEA)	235
DEPO-ESTRADIOL (estradiol cypionate)	235	desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (CAZIAN)	236
DEPO-TESTOSTERONE (testosterone cypionate)	233	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (APRI)	236
DERMA-SMOOTH/FS BODY (fluocinolone acetonide)	178	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CYRED EQ)	236
DERMA-SMOOTH/FS SCALP (fluocinolone acetonide)	178	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CYRED)	236
DERMACINRX PRETRATE (prenatal multivit-min w/fe-fa)	196	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (DESOGESTREL-ETHINYL ESTRADIOL)	236
DERMOTIC (fluocinolone acetonide (otic))	328	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (EMOQUETTE)	236
DESCOVY (emtricitabine-tenofovir alafenamide fumarate)	97	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ENSKYCE)	236
desipramine hcl tab 10 mg	54	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ISIBLOOM)	236
desipramine hcl tab 100 mg	54	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (JULEBER)	236
desipramine hcl tab 150 mg	54	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (KALLIGA)	236
desipramine hcl tab 25 mg	54	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (RECLIPSEN)	236
desipramine hcl tab 50 mg	54	DESONATE (desonide)	178
desipramine hcl tab 75 mg	54	desonide cream 0.05%	178
DESLORATADINE	331	desonide gel 0.05%	178
desloratadine tab 5 mg	332	desonide gel 0.05% (DESRX)	178
DESMOPRESSIN ACETATE	230	desonide lotion 0.05%	225
desmopressin acetate nasal spray soln 0.01% (DESMOPRESSIN ACETATE SPRAY)	230	desonide oint 0.05%	178
desmopressin acetate nasal spray soln 0.01% (refrigerated) (DESMOPRESSIN ACE SPRAY REFRIG)	230		
desmopressin acetate tab 0.1 mg	230		
desmopressin acetate tab 0.2 mg	230		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (AZURETTE)	235		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (BEKYREE)	235		

DESOWEN (desonide).....	178,225	dexamethasone tab therapy pack 1.5 mg (21).....	226
desoximetasone cream 0.05%.....	178	dexamethasone tab therapy pack 1.5 mg (21) (DEXPAK 6 DAY).....	226
desoximetasone cream 0.25%.....	178	dexamethasone tab therapy pack 1.5 mg (21) (HIDEX 6-DAY).....	226
desoximetasone gel 0.05%.....	178	dexamethasone tab therapy pack 1.5 mg (21) (TAPERDEX 6-DAY).....	226
desoximetasone oint 0.05%.....	178	dexamethasone tab therapy pack 1.5 mg (35) (DEXPAK 10 DAY).....	226
desoximetasone oint 0.25%.....	178	dexamethasone tab therapy pack 1.5 mg (51) (DEXPAK 13 DAY).....	226
desoximetasone spray 0.25%.....	178	DEXCHLORPHENIRAMINE MALEATE.....	332
DESOXYN (methamphetamine hcl).....	159	DEXEDRINE (dextroamphetamine sulfate) ..	159
DESVENLAFAXINE ER.....	50	DEXILANT (dexlansoprazole).....	214
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER).....	50	DEXLANSOPRAZOLE.....	214
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER).....	50	dexmethylphenidate hcl cap er 24 hr 10 mg (DEXMETHYLPHENIDATE HCL ER).....	161
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER).....	50	dexmethylphenidate hcl cap er 24 hr 15 mg (DEXMETHYLPHENIDATE HCL ER).....	161
DETROL (tolterodine tartrate).....	220	dexmethylphenidate hcl cap er 24 hr 20 mg (DEXMETHYLPHENIDATE HCL ER).....	162
DETROL LA (tolterodine tartrate).....	220	dexmethylphenidate hcl cap er 24 hr 25 mg (DEXMETHYLPHENIDATE HCL ER).....	162
DEXABLISS (dexamethasone).....	226	dexmethylphenidate hcl cap er 24 hr 30 mg (DEXMETHYLPHENIDATE HCL ER).....	162
DEXAMETHASONE.....	226	dexmethylphenidate hcl cap er 24 hr 35 mg (DEXMETHYLPHENIDATE HCL ER).....	162
dexamethasone elixir 0.5 mg/5ml.....	226	dexmethylphenidate hcl cap er 24 hr 40 mg (DEXMETHYLPHENIDATE HCL ER).....	162
dexamethasone elixir 0.5 mg/5ml (DECADRON).....	226	dexmethylphenidate hcl cap er 24 hr 5 mg (DEXMETHYLPHENIDATE HCL ER).....	162
DEXAMETHASONE INTENSOL.....	226	dexmethylphenidate hcl cap er 24 hr 10 mg.....	162
DEXAMETHASONE SODIUM PHOSPHATE (dexamethasone sodium phosphate (ophth)).....	324	dexmethylphenidate hcl tab 2.5 mg.....	162
dexamethasone tab 0.5 mg.....	226	dexmethylphenidate hcl tab 5 mg.....	162
dexamethasone tab 0.5 mg (DECADRON).....	226	dextroamphetamine sulfate cap er 24hr 10 mg (DEXTROAMPHETAMINE SULFATE ER) ..	159
dexamethasone tab 0.75 mg.....	226	dextroamphetamine sulfate cap er 24hr 15 mg (DEXTROAMPHETAMINE SULFATE ER) ..	159
dexamethasone tab 0.75 mg (DECADRON).....	226	dextroamphetamine sulfate cap er 24hr 5 mg (DEXTROAMPHETAMINE SULFATE ER).....	159
dexamethasone tab 1.5 mg.....	226		
dexamethasone tab 2 mg.....	226		
dexamethasone tab 4 mg.....	226		
dexamethasone tab 4 mg (DECADRON) ..	226		
dexamethasone tab 6 mg.....	226		
dexamethasone tab 6 mg (DECADRON) ..	226		

dextroamphetamine sulfate oral solution 5 mg/5ml.....	159	diazoxide susp 50 mg/ml.....	112
dextroamphetamine sulfate oral solution 5 mg/5ml (PROCENTRA).....	159	DIBENZYLIN (phenoxybenzamine hcl).....	124
dextroamphetamine sulfate tab 10 mg.....	159	DICLEGIS (doxylamine-pyridoxine).....	56
dextroamphetamine sulfate tab 10 mg (ZENZEDI).....	159	DICLOFENAC.....	1
dextroamphetamine sulfate tab 15 mg.....	159	DICLOFENAC EPOLAMINE.....	1
dextroamphetamine sulfate tab 15 mg (ZENZEDI).....	159	diclofenac potassium cap 25 mg.....	1
dextroamphetamine sulfate tab 20 mg.....	160	diclofenac potassium tab 25 mg.....	1
dextroamphetamine sulfate tab 20 mg (ZENZEDI).....	160	diclofenac potassium tab 50 mg.....	1
dextroamphetamine sulfate tab 30 mg.....	160	diclofenac potassium tab 50 mg (CATAFLAM).....	1
dextroamphetamine sulfate tab 30 mg (ZENZEDI).....	160	diclofenac sodium (actinic keratoses) gel 3%.....	184
dextroamphetamine sulfate tab 5 mg.....	160	diclofenac sodium ophth soln 0.1%.....	324
dextroamphetamine sulfate tab 5 mg (ZENZEDI).....	160	diclofenac sodium soln 1.5%.....	1
DIACOMIT (stiripentol).....	36	diclofenac sodium soln 1.5% (KLOFENSAID II).....	1
DIASTAT ACUDIAL (diazepam (anticonvulsant)).....	42	diclofenac sodium soln 2%.....	1
DIASTAT PEDIATRIC (diazepam (anticonvulsant)).....	42	diclofenac sodium tab delayed release 25 mg.....	1
DIATHRIVE BLOOD GLUCOSE TEST (glucose blood).....	281	diclofenac sodium tab delayed release 50 mg.....	2
DIATHRIVE GLUCOSE TEST (glucose blood).....	281	diclofenac sodium tab delayed release 75 mg.....	2
DIATHRIVE LANCET ULTRA THIN 30.....	281	diclofenac sodium tab er 24hr 100 mg (DICLOFENAC SODIUM ER).....	2
DIATHRIVE LANCETS.....	281	diclofenac w/ misoprostol tab delayed release 50-0.2 mg (DICLOFENAC-MISOPROSTOL).....	2
DIATHRIVE PEN NEEDLE.....	281	diclofenac w/ misoprostol tab delayed release 75-0.2 mg (DICLOFENAC-MISOPROSTOL).....	2
DIATHRIVE+ GLUCOSE TEST (glucose blood).....	281	dicloxacillin sodium cap 250 mg.....	29
DIATRUE PLUS TEST (glucose blood).....	281	dicloxacillin sodium cap 500 mg.....	29
DIAZEPAM (diazepam (anticonvulsant)).....	42	dicyclomine hcl cap 10 mg.....	210
diazepam conc 5 mg/ml.....	104	dicyclomine hcl oral soln 10 mg/5ml.....	210
diazepam conc 5 mg/ml (DIAZEPAM INTENSOL).....	104	dicyclomine hcl tab 20 mg.....	210
diazepam oral soln 1 mg/ml.....	104	DIDANOSINE.....	97
diazepam tab 10 mg.....	104	DIETHYLPROPION HCL ER.....	167
diazepam tab 2 mg.....	104	diethylpropion hcl tab 25 mg.....	167
diazepam tab 5 mg.....	104	DIFFERIN (adapalene).....	174
		DIFICID (fidaxomicin).....	30
		DIFLORASONE DIACETATE.....	178

diflorasone diacetate oint 0.05%.....	178	diltiazem hcl coated beads cap er 24hr 180 mg (DILTIAZEM HCL ER COATED BEADS)....	135
DIFLUCAN (fluconazole).....	59	diltiazem hcl coated beads cap er 24hr 240 mg (CARTIA XT).....	135
diflunisal tab 500 mg.....	2	diltiazem hcl coated beads cap er 24hr 240 mg (DILTIAZEM HCL ER COATED BEADS)....	135
difluprednate ophth emulsion 0.05%.....	324	diltiazem hcl coated beads cap er 24hr 300 mg (CARTIA XT).....	135
DIGOXIN.....	142	diltiazem hcl coated beads cap er 24hr 300 mg (DILTIAZEM HCL ER COATED BEADS)....	135
digoxin oral soln 0.05 mg/ml.....	142	diltiazem hcl coated beads cap er 24hr 360 mg (DILTIAZEM HCL ER COATED BEADS)....	136
digoxin tab 125 mcg (0.125 mg).....	143	diltiazem hcl coated beads tab er 24hr 180 mg (DILTIAZEM HCL ER COATED BEADS)....	136
digoxin tab 125 mcg (0.125 mg) (DIGITEK).....	143	diltiazem hcl coated beads tab er 24hr 180 mg (MATZIM LA).....	136
digoxin tab 250 mcg (0.25 mg).....	143	diltiazem hcl coated beads tab er 24hr 240 mg (DILTIAZEM HCL ER COATED BEADS)....	136
digoxin tab 250 mcg (0.25 mg) (DIGITEK).....	143	diltiazem hcl coated beads tab er 24hr 240 mg (MATZIM LA).....	136
digoxin tab 62.5 mcg (0.0625 mg).....	143	diltiazem hcl coated beads tab er 24hr 300 mg (DILTIAZEM HCL ER COATED BEADS)....	136
dihydroergotamine mesylate inj 1 mg/ml....	62	diltiazem hcl coated beads tab er 24hr 300 mg (MATZIM LA).....	136
dihydroergotamine mesylate nasal spray 4 mg/ml.....	62	diltiazem hcl coated beads tab er 24hr 360 mg (DILTIAZEM HCL ER COATED BEADS)....	136
DILANTIN (phenytoin sodium extended)....	44	diltiazem hcl coated beads tab er 24hr 420 mg (DILTIAZEM HCL ER COATED BEADS)....	136
DILANTIN (phenytoin).....	44	diltiazem hcl coated beads tab er 24hr 420 mg (MATZIM LA).....	136
DILANTIN INFATABS (phenytoin).....	44	diltiazem hcl extended release beads cap er 24hr 120 mg (DILTIAZEM HCL ER BEADS)....	136
DILATRATE-SR (isosorbide dinitrate).....	156	diltiazem hcl extended release beads cap er 24hr 120 mg (TAZTIA XT).....	136
DILAUDID (hydromorphone hcl).....	13	diltiazem hcl extended release beads cap er 24hr 120 mg (TIADYLT ER).....	136
diltiazem hcl cap er 12hr 120 mg (DILTIAZEM HCL ER).....	135	diltiazem hcl extended release beads cap er 24hr 180 mg (DILTIAZEM HCL ER BEADS)....	136
diltiazem hcl cap er 12hr 60 mg (DILTIAZEM HCL ER).....	135		
diltiazem hcl cap er 12hr 90 mg (DILTIAZEM HCL ER).....	135		
diltiazem hcl cap er 24hr 120 mg (DILT-XR).....	135		
diltiazem hcl cap er 24hr 120 mg (DILTIAZEM HCL ER).....	135		
diltiazem hcl cap er 24hr 180 mg (DILT-XR).....	135		
diltiazem hcl cap er 24hr 180 mg (DILTIAZEM HCL ER).....	135		
diltiazem hcl cap er 24hr 240 mg (DILT-XR).....	135		
diltiazem hcl cap er 24hr 240 mg (DILTIAZEM HCL ER).....	135		
diltiazem hcl coated beads cap er 24hr 120 mg (CARTIA XT).....	135		
diltiazem hcl coated beads cap er 24hr 120 mg (DILTIAZEM HCL ER COATED BEADS)....	135		
diltiazem hcl coated beads cap er 24hr 180 mg (CARTIA XT).....	135		

diltiazem hcl extended release beads cap er 24hr 180 mg (TAZTIA XT)	136	diphenoxylate w/ atropine tab 2.5-0.025 mg (DIPHENOXYLATE-ATROPINE)	209
diltiazem hcl extended release beads cap er 24hr 180 mg (TIADYLT ER)	136	DIPHENOXYLATE-ATROPINE (diphenoxylate w/ atropine)	209
diltiazem hcl extended release beads cap er 24hr 240 mg (DILTIAZEM HCL ER BEADS)	137	DIPROLENE (betamethasone dipropionate augmented)	178
diltiazem hcl extended release beads cap er 24hr 240 mg (TAZTIA XT)	137	DIPROLENE AF (betamethasone dipropionate augmented)	226
diltiazem hcl extended release beads cap er 24hr 240 mg (TIADYLT ER)	137	dipyridamole tab 25 mg	123
diltiazem hcl extended release beads cap er 24hr 300 mg (DILTIAZEM HCL ER BEADS)	137	dipyridamole tab 50 mg	123
diltiazem hcl extended release beads cap er 24hr 300 mg (TAZTIA XT)	137	dipyridamole tab 75 mg	123
diltiazem hcl extended release beads cap er 24hr 300 mg (TIADYLT ER)	137	disopyramide phosphate cap 100 mg	128
diltiazem hcl extended release beads cap er 24hr 360 mg (DILTIAZEM HCL ER BEADS)	137	disopyramide phosphate cap 150 mg	128
diltiazem hcl extended release beads cap er 24hr 360 mg (TAZTIA XT)	137	disulfiram tab 250 mg	21
diltiazem hcl extended release beads cap er 24hr 360 mg (TIADYLT ER)	137	disulfiram tab 500 mg	21
diltiazem hcl extended release beads cap er 24hr 420 mg (DILTIAZEM HCL ER BEADS)	137	DITROPAN XL (oxybutynin chloride)	220
diltiazem hcl extended release beads cap er 24hr 420 mg (TIADYLT ER)	137	DIURIL (chlorothiazide)	150
diltiazem hcl tab 120 mg	137	divalproex sodium cap delayed release sprinkle 125 mg	36
diltiazem hcl tab 30 mg	137	divalproex sodium tab delayed release 125 mg	37
diltiazem hcl tab 60 mg	137	divalproex sodium tab delayed release 250 mg	37
diltiazem hcl tab 90 mg	137	divalproex sodium tab delayed release 500 mg	37
dimethyl fumarate capsule delayed release 120 mg	170	divalproex sodium tab er 24 hr 250 mg (DIVALPROEX SODIUM ER)	37
dimethyl fumarate capsule delayed release 240 mg	170	divalproex sodium tab er 24 hr 500 mg (DIVALPROEX SODIUM ER)	37
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (DIMETHYL FUMARATE STARTER PACK)	170	DIVIGEL (estradiol)	236
DIOVAN (valsartan)	125,126	dofetilide cap 125 mcg (0.125 mg)	128
DIOVAN HCT (valsartan-hydrochlorothiazide)	143	dofetilide cap 250 mcg (0.25 mg)	128
DIPENTUM (olsalazine sodium)	268	dofetilide cap 500 mcg (0.5 mg)	128
		DOJOLVI (trihexanoin)	196
		DOLOPHINE (methadone hcl)	6
		donepezil hydrochloride orally disintegrating tab 10 mg (DONEPEZIL HCL)	46
		donepezil hydrochloride orally disintegrating tab 5 mg (DONEPEZIL HCL)	46
		donepezil hydrochloride tab 10 mg (DONEPEZIL HCL)	46

donepezil hydrochloride tab 23 mg (DONEPEZIL HCL)	46	DOXYCYCLINE HYCLATE	33
donepezil hydrochloride tab 5 mg (DONEPEZIL HCL)	46	doxycycline hyclate cap 100 mg	33
DONNATAL (phenobarbital-hyoscyamine- atropine-scopolamine)	210	doxycycline hyclate cap 100 mg (MORGIDOX)	33
DOPTelet (avatrombopag maleate)	123	doxycycline hyclate cap 50 mg	33
DORAL (quazepam)	346	doxycycline hyclate cap 50 mg (MORGIDOX)	33
DORYX (doxycycline hyclate)	33	doxycycline hyclate tab 100 mg	33
DORYX MPC (doxycycline hyclate)	33	doxycycline hyclate tab 100 mg (LYMEPAK)	33
DORZOLAMIDE HCL	327	doxycycline hyclate tab 150 mg	33
dorzolamide hcl ophth soln 2%	327	doxycycline hyclate tab 20 mg	34
DORZOLAMIDE HCL-TIMOLOL MAL (dorzolamide hcl-timolol maleate)	320	doxycycline hyclate tab 50 mg	34
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (DORZOLAMIDE HCL- TIMOLOL MAL PF)	320	doxycycline hyclate tab 50 mg (TARGADOX)	34
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	320	doxycycline hyclate tab 75 mg	34
DOTHELLE DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	196	doxycycline hyclate tab delayed release 100 mg	34
DOVATO (dolutegravir sodium-lamivudine)	94	doxycycline hyclate tab delayed release 150 mg	34
DOVONEX (calcipotriene)	184	doxycycline hyclate tab delayed release 200 mg	34
doxazosin mesylate tab 1 mg	124	doxycycline hyclate tab delayed release 50 mg	34
doxazosin mesylate tab 2 mg	124	doxycycline hyclate tab delayed release 75 mg	34
doxazosin mesylate tab 4 mg	124	doxycycline monohydrate cap 100 mg	34
doxazosin mesylate tab 8 mg	124	doxycycline monohydrate cap 100 mg (MONDOXYNE NL)	34
DOXEPIN HCL (doxepin hcl (antipruritic))	179	doxycycline monohydrate cap 150 mg	34
doxepin hcl (sleep) tab 3 mg (base equiv)	346	doxycycline monohydrate cap 50 mg	34
doxepin hcl (sleep) tab 6 mg (base equiv)	346	doxycycline monohydrate cap 50 mg (MONDOXYNE NL)	34
doxepin hcl cap 10 mg	54	doxycycline monohydrate cap 75 mg	34
doxepin hcl cap 100 mg	54	doxycycline monohydrate cap 75 mg (MONDOXYNE NL)	34
doxepin hcl cap 150 mg	54	doxycycline monohydrate cap 75 mg (OKEBO)	34
doxepin hcl cap 25 mg	54	doxycycline monohydrate for susp 25 mg/5ml	34
doxepin hcl cap 50 mg	55	doxycycline monohydrate tab 100 mg	34
doxepin hcl cap 75 mg	55		
doxepin hcl conc 10 mg/ml	55		
doxercalciferol cap 0.5 mcg	271		
doxercalciferol cap 1 mcg	271		
doxercalciferol cap 2.5 mcg	271		
DOXYCYCLINE (doxycycline (rosacea))	33		

doxycycline monohydrate tab 100 mg (AVIDOXY).....	34	drospirenone-ethinyl estradiol tab 3-0.02 mg (VESTURA).....	237
doxycycline monohydrate tab 150 mg.....	34	drospirenone-ethinyl estradiol tab 3-0.03 mg.....	237
doxycycline monohydrate tab 50 mg.....	34	drospirenone-ethinyl estradiol tab 3-0.03 mg (OCELLA).....	237
doxycycline monohydrate tab 75 mg.....	34	drospirenone-ethinyl estradiol tab 3-0.03 mg (SYEDA).....	237
doxylamine-pyridoxine tab delayed release 10-10 mg.....	56	drospirenone-ethinyl estradiol tab 3-0.03 mg (ZARAH).....	237
DRISDOL (ergocalciferol).....	271	drospirenone-ethinyl estradiol tab 3-0.03 mg (ZUMANDIMINE).....	237
DRIZALMA SPRINKLE (duloxetine hcl).....	169	DROXIA (hydroxyurea (sickle cell disease))..	69
dronabinol cap 10 mg.....	57	droxidopa cap 100 mg.....	124
dronabinol cap 2.5 mg.....	57	droxidopa cap 200 mg.....	124
dronabinol cap 5 mg.....	57	droxidopa cap 300 mg.....	124
DROPLET INSULIN SYRINGE.....	282	DRUG MART LANCETS THIN 26G.....	282
DROPLET LANCETS ULTRA THIN 30G.....	282	DRUG MART ON-THE-GO LANCET 30G.....	282
DROPLET MICRON.....	282	DRUG MART UNIFINE PENTIPS.....	282
DROPLET PEN NEEDLES.....	282	DRUG MART UNIFINE PENTIPS PLUS.....	282
DROPLET PERSONAL LANCETS 30G.....	282	DRUG MART UNILET LANCETS 28G.....	282
DROPSAFE SAFETY PEN NEEDLES.....	282	DRUG MART UNILET LANCETS 30G.....	282
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (DROSPIREN-ETH ESTRAD-LEVOMEFOL).....	236	DRUG MART UNILET LANCETS 33G.....	282
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (RAJANI).....	236	DUAC (clindamycin phosphate-benzoyl peroxide (refrigerate)).....	174
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (DROSPIREN-ETH ESTRAD-LEVOMEFOL).....	236	DUAKLIR PRESSAIR (acridinium bromide-formoterol fumarate).....	340
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (TYDEMY).....	236	DUAVEE (conjugated estrogens-bazedoxifene).....	254
drospirenone-ethinyl estradiol tab 3-0.02 mg.....	236	DUETACT (pioglitazone hcl-glimepiride).....	107
drospirenone-ethinyl estradiol tab 3-0.02 mg (GIANVI).....	237	DUEXIS (ibuprofen-famotidine).....	2
drospirenone-ethinyl estradiol tab 3-0.02 mg (JASMIEL).....	237	DULERA (mometasone furoate-formoterol fumarate dihydrate).....	341
drospirenone-ethinyl estradiol tab 3-0.02 mg (LO-ZUMANDIMINE).....	237	duloxetine hcl enteric coated pellets cap 20 mg (base eq).....	169
drospirenone-ethinyl estradiol tab 3-0.02 mg (LORYNA).....	237	duloxetine hcl enteric coated pellets cap 30 mg (base eq).....	169
drospirenone-ethinyl estradiol tab 3-0.02 mg (NIKKI).....	237	duloxetine hcl enteric coated pellets cap 40 mg (base eq).....	169
		duloxetine hcl enteric coated pellets cap 60 mg (base eq).....	169

DUO-CARE TEST (glucose blood)	282	EASY COMFORT PEN NEEDLES	283
DUOBRII (halobetasol propionate-tazarotene)	184	EASY GLIDE PEN NEEDLES	283
DUPIXENT (dupilumab)	261	EASY PLUS II GLUCOSE TEST (glucose blood)	283
DURAGESIC-100 (fentanyl)	6	EASY STEP TEST (glucose blood)	283
DURAGESIC-12 (fentanyl)	6	EASY TALK BLOOD GLUCOSE TEST (glucose blood)	283
DURAGESIC-25 (fentanyl)	6	EASY TALK PLUS II TEST STRIPS (glucose blood)	283
DURAGESIC-50 (fentanyl)	6	EASY TOUCH FLIPLOCK INSULIN SYR	283
DURAGESIC-75 (fentanyl)	6	EASY TOUCH HEALTHPRO GLUCOSE (glucose blood)	283
DUREZOL (difluprednate)	324	EASY TOUCH INSULIN SAFETY SYR	283
DURLAZA (aspirin (platelet aggregation inhibitor))	123	EASY TOUCH INSULIN SYRINGE	284
dutasteride cap 0.5 mg	221	EASY TOUCH LANCETS 21G	284
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	221	EASY TOUCH LANCETS 23G	284
DUTOPROL (metoprolol & hydrochlorothiazide)	143	EASY TOUCH LANCETS 26G	284
DUZALLO (lesinurad-allopurinol)	62	EASY TOUCH LANCETS 28G	284
DXEVO 11-DAY (dexamethasone)	227	EASY TOUCH LANCETS 28G/TWIST	284
DYANAVEL XR (amphetamine)	160	EASY TOUCH LANCETS 30G	284
DYAZIDE (triamterene & hydrochlorothiazide)	143	EASY TOUCH LANCETS 30G/TWIST	284
DYMISTA (azelastine hcl-fluticasone propionate)	332	EASY TOUCH LANCETS 32G	284
DYRENIUM (triamterene)	149	EASY TOUCH LANCETS 32G/TWIST	284
E		EASY TOUCH LANCETS 33G/TWIST	284
E-Z JECT LANCET MICRO-THIN 33G	282	EASY TOUCH PEN NEEDLES	284
E-Z JECT LANCET SUPER THIN 30G	282	EASY TOUCH SAFETY LANCETS 21G	284
E-Z JECT LANCETS	282	EASY TOUCH SAFETY LANCETS 23G	284
E-Z JECT LANCETS 21G	282	EASY TOUCH SAFETY LANCETS 26G	284
E-Z JECT LANCETS THIN 26G	283	EASY TOUCH SAFETY LANCETS 28G	284
E.E.S. 400 (erythromycin ethylsuccinate)	30	EASY TOUCH SAFETY PEN NEEDLES	284
E.E.S. GRANULES (erythromycin ethylsuccinate)	30	EASY TOUCH SHEATHLOCK SYRINGE	284
EASIVENT	283	EASY TOUCH TEST (glucose blood)	284
EASIVENT MASK LARGE	283	EASY TRAK BLOOD GLUCOSE TEST (glucose blood)	284
EASIVENT MASK MEDIUM	283	EASY TRAK II GLUCOSE TEST (glucose blood)	285
EASIVENT MASK SMALL	283	EASY TWIST & CAP LANCETS	285
EASY COMFORT INSULIN SYRINGE	283	EASYGLUCO (glucose blood)	285
EASY COMFORT LANCETS	283	EASYGLUCO PLUS (glucose blood)	285
EASY COMFORT LANCETS TWIST TOP	283	EASYMAX 15 TEST (glucose blood)	285
		EASYMAX TEST (glucose blood)	285

EASYPRO BLOOD GLUCOSE TEST (glucose blood).....	285	ELIQUIS (apixaban).....	117
EASYPRO PLUS (glucose blood).....	285	ELIQUIS DVT/PE STARTER PACK (apixaban) .	117
EC-NAPROSYN (naproxen).....	2	ELITE-OB (prenatal vit w/ iron carbonyl-folic acid).....	196
econazole nitrate cream 1%.....	59	ELITE-THIN INSULIN SYRINGE.....	285
ECOZA (econazole nitrate).....	59	ELIXOPHYLLIN (theophylline).....	337
EDARBI (azilsartan medoxomil).....	126	ELLA (ulipristal acetate).....	252
EDARBYCLOR (azilsartan medoxomil-chlorthalidone).....	143	ELMIRON (pentosan polysulfate sodium) . .	222
EDECRIN (ethacrynic acid).....	149	ELOCON (mometasone furoate).....	227
EDEX (alprostadil (vasodilator)).....	222	ELYXYB (celecoxib (migraine)).....	2
EDLUAR (zolpidem tartrate).....	347	EMADINE (emedastine difumarate).....	322
EDURANT (rilpivirine hcl).....	95	EMBEDA (morphine-naltrexone).....	13
efavirenz cap 200 mg.....	95	EMBRACE BLOOD GLUCOSE TEST (glucose blood).....	285
efavirenz cap 50 mg.....	95	EMBRACE EVO BLOOD GLUCOSE TEST (glucose blood).....	285
efavirenz tab 600 mg.....	95	EMBRACE LANCETS ULTRA THIN 30G.....	285
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (EFAVIRENZ-EMTRICITAB-TENOFO DF).....	95	EMBRACE PRESSURE ACTIVATED 21G.....	285
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (EFAVIRENZ-EMTRICITAB-TENOFO DF).....	95	EMBRACE PRESSURE ACTIVATED 28G.....	285
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....	95	EMBRACE PRO GLUCOSE TEST (glucose blood).....	285
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....	96	EMBRACE TALK GLUCOSE TEST (glucose blood).....	285
EFFER-K (potassium bicarbonate-citric acid).....	196	EMCYT (estramustine phosphate sodium) . .	69
EFFEXOR XR (venlafaxine hcl).....	50	EMEND (aprepitant).....	57
EFFIENT (prasugrel hcl).....	123	EMEND TRI-PACK (aprepitant).....	57
EFUDEX (fluorouracil (topical)).....	184	EMFLAZA (deflazacort).....	227
EGRIFTA (tesamorelin acetate).....	230	EMGALITY (300 MG DOSE) (galcanezumab-gnlm).....	63
EGRIFTA SV (tesamorelin acetate).....	230	EMGALITY (galcanezumab-gnlm).....	63
ELEMENT COMPACT TEST (glucose blood) .	285	EMPAVELI (pegcetacoplan).....	261
ELEMENT TEST (glucose blood).....	285	EMSAM (selegiline).....	49
ELEPSIA XR (levetiracetam).....	37	emtricitabine caps 200 mg.....	97
ELESTAT (epinastine hcl (ophth)).....	322	emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (EMTRICITABINE-TENOFOVIR DF).....	97
ELESTRIN (estradiol).....	237	emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (EMTRICITABINE-TENOFOVIR DF).....	97
eletriptan hydrobromide tab 20 mg (base equivalent).....	63		
eletriptan hydrobromide tab 40 mg (base equivalent).....	63		
ELIDEL (pimecrolimus).....	179		
ELIMITE (permethrin).....	189		

emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (EMTRICITABINE-TENOFOVIR DF).....	97	enoxaparin sodium inj soln pref syr 80 mg/0.8ml.....	118
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (EMTRICITABINE-TENOFOVIR DF).....	97	ENSPRYNG (satralizumab-mwge).....	261
EMTRIVA (emtricitabine).....	97	ENSTILAR (calcipotriene-betamethasone dipropionate).....	184
EMVERM (mebendazole).....	79	entacapone tab 200 mg.....	81
ENABLEX (darifenacin hydrobromide).....	220	ENTADFI (finasteride-tadalafil).....	221
enalapril maleate & hydrochlorothiazide tab 10-25 mg (ENALAPRIL- HYDROCHLOROTHIAZIDE).....	143	entecavir tab 0.5 mg.....	93
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg (ENALAPRIL- HYDROCHLOROTHIAZIDE).....	143	entecavir tab 1 mg.....	93
enalapril maleate oral soln 1 mg/ml.....	127	ENTOCORT EC (budesonide).....	269
enalapril maleate tab 10 mg.....	127	ENTRESTO (sacubitril-valsartan).....	143
enalapril maleate tab 2.5 mg.....	127	ENVARSUS XR (tacrolimus).....	265
enalapril maleate tab 20 mg.....	127	EPANED (enalapril maleate).....	127
enalapril maleate tab 5 mg.....	127	EPCLUSA (sofosbuvir-velpatasvir).....	93
ENBRACE HR (prenatal vit w/ fe glycine cysteinat e-fa-omega 3 fatty acids).....	196	EPIDIOLEX (cannabidiol).....	37
ENBREL (etanercept).....	264	EPIDUO (adapalene-benzoyl peroxide)....	174
ENBREL MINI (etanercept).....	264	EPIDUO FORTE (adapalene-benzoyl peroxide).....	174
ENBREL SURECLICK (etanercept).....	264	EPIFOAM (pramoxine-hc).....	184
ENDARI (glutamine (sickle cell)).....	217	epinastine hcl ophth soln 0.05%.....	322
ENDOMETRIN (progesterone (vaginal))....	252	EPINEPHRINE (epinephrine (anaphylaxis))..	334
enoxaparin sodium inj 300 mg/3ml.....	117	epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	335
enoxaparin sodium inj soln pref syr 100 mg/ml.....	118	epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....	335
enoxaparin sodium inj soln pref syr 120 mg/0.8ml.....	118	EPIPEN 2-PAK (epinephrine (anaphylaxis)).	335
enoxaparin sodium inj soln pref syr 150 mg/ml.....	118	EPIPEN JR 2-PAK (epinephrine (anaphylaxis)).....	335
enoxaparin sodium inj soln pref syr 30 mg/0.3ml.....	118	EPIVIR (lamivudine).....	97
enoxaparin sodium inj soln pref syr 40 mg/0.4ml.....	118	EPIVIR HBV (lamivudine (hbv)).....	93
enoxaparin sodium inj soln pref syr 60 mg/0.6ml.....	118	eplerenone tab 25 mg.....	149
		eplerenone tab 50 mg.....	149
		EPOGEN (epoetin alfa).....	120
		EPRONTIA (topiramate).....	37
		EPROSARTAN MESYLATE.....	126
		EPSOLAY (benzoyl peroxide).....	184
		EPZICOM (abacavir sulfate-lamivudine)....	97
		EQ BLOOD GLUCOSE TEST (glucose blood)	285
		EQ SPACE CHAMBER ANTI-STATIC.....	285
		EQ SPACE CHAMBER ANTI-STATIC L.....	285
		EQ SPACE CHAMBER ANTI-STATIC M.....	286

EQ SPACE CHAMBER ANTI-STATIC S.....	286	erythromycin tab delayed release 250 mg ..	30
EQL COLOR LANCETS 21G.....	286	erythromycin tab delayed release 250 mg	
EQL COLOR LANCETS MICRO 33G.....	286	(ERY-TAB).....	31
EQL INSULIN SYRINGE.....	286	erythromycin tab delayed release 250 mg	
EQL SUPER THIN LANCETS 30G.....	286	(ERYTHROMYCIN BASE).....	31
EQL THIN LANCETS 26G.....	286	erythromycin tab delayed release 333 mg ..	31
EQUETRO (carbamazepine		erythromycin tab delayed release 333 mg	
(antipsychotic)).....	105	(ERY-TAB).....	31
ergocalciferol cap 1.25 mg (50000 unit)...	271	erythromycin tab delayed release 333 mg	
ergocalciferol cap 1.25 mg (50000 unit)		(ERYTHROMYCIN BASE).....	31
(VITAMIN D (ERGOCALCIFEROL)).....	271	erythromycin tab delayed release 500 mg ..	31
ERGOLOID MESYLATES.....	45	erythromycin tab delayed release 500 mg	
ERGOMAR (ergotamine tartrate).....	62	(ERY-TAB).....	31
ergotamine w/ caffeine tab 1-100 mg		erythromycin tab delayed release 500 mg	
(ERGOTAMINE-CAFFEINE).....	63	(ERYTHROMYCIN BASE).....	31
ERIVEDGE (vismodegib).....	73	erythromycin w/ delayed release particles	
ERLEADA (apalutamide).....	68	cap 250 mg (ERYTHROMYCIN BASE).....	31
erlotinib hcl tab 100 mg (base equivalent) ..	73	ESBRIET (pirfenidone).....	339
erlotinib hcl tab 150 mg (base equivalent) ..	73	ESCAVITE (ped multivitamins w/fl & iron) ...	196
erlotinib hcl tab 25 mg (base equivalent) ...	74	ESCAVITE D (ped multivitamins w/fl & iron) .	196
ERTACZO (sertaconazole nitrate).....	59	ESCAVITE LQ (ped multivitamins w/fl &	
ERY (erythromycin (acne aid)).....	190	iron).....	196
ERYGEL (erythromycin (acne aid)).....	190	escitalopram oxalate soln 5 mg/5ml (base	
ERYPED 200 (erythromycin ethylsuccinate) ..	30	equiv).....	51
ERYPED 400 (erythromycin ethylsuccinate) ..	30	escitalopram oxalate tab 10 mg (base	
ERYTHROCIN STEARATE (erythromycin		equiv).....	51
stearate).....	30	escitalopram oxalate tab 20 mg (base	
ERYTHROMYCIN BASE.....	30	equiv).....	51
ERYTHROMYCIN ETHYLSUCCINATE.....	30	escitalopram oxalate tab 5 mg (base	
erythromycin ethylsuccinate for susp 200		equiv).....	51
mg/5ml.....	30	ESGIC (butalbital-acetaminophen-	
erythromycin ethylsuccinate for susp 400		caffeine).....	167
mg/5ml.....	30	esomeprazole magnesium cap delayed	
erythromycin gel 2%.....	190	release 40 mg (base eq).....	214
erythromycin ophth oint 5 mg/gm.....	323	esomeprazole magnesium for delayed	
erythromycin pads 2%.....	190	release susp packet 10 mg.....	214
erythromycin soln 2%.....	190	esomeprazole magnesium for delayed	
erythromycin tab 250 mg (ERYTHROMYCIN		release susp packet 20 mg.....	214
BASE).....	30	esomeprazole magnesium for delayed	
erythromycin tab 500 mg (ERYTHROMYCIN		release susp packet 40 mg.....	215
BASE).....	30	ESOMEPRAZOLE STRONTIUM.....	215

estazolam tab 1 mg.....	347	estradiol tab 2 mg.....	238
estazolam tab 2 mg.....	347	estradiol td gel 0.25 mg/0.25gm (0.1%)....	238
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (COVARYX HS).....	237	estradiol td gel 0.5 mg/0.5gm (0.1%).....	238
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EEMT HS).....	237	estradiol td gel 0.75 mg/0.75gm (0.1%)....	238
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST HS).....	237	estradiol td gel 1 mg/gm (0.1%).....	238
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS- METHYLTEST).....	237	estradiol td gel 1.25 mg/1.25gm (0.1%)....	238
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (COVARYX).....	237	estradiol td patch twice weekly 0.025 mg/24hr.....	238
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EEMT).....	237	estradiol td patch twice weekly 0.025 mg/24hr (DOTTI).....	239
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST DS).....	238	estradiol td patch twice weekly 0.025 mg/24hr (LYLLANA).....	239
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST) ..	238	estradiol td patch twice weekly 0.0375 mg/24hr.....	239
ESTRACE (estradiol vaginal).....	238	estradiol td patch twice weekly 0.0375 mg/24hr (DOTTI).....	239
ESTRACE (estradiol).....	238	estradiol td patch twice weekly 0.0375 mg/24hr (LYLLANA).....	239
estradiol & norethindrone acetate tab 0.5-0.1 mg (AMABELZ).....	238	estradiol td patch twice weekly 0.05 mg/24hr.....	239
estradiol & norethindrone acetate tab 0.5-0.1 mg (ESTRADIOL-NORETHINDRONE ACET) ...	238	estradiol td patch twice weekly 0.05 mg/24hr (DOTTI).....	239
estradiol & norethindrone acetate tab 0.5-0.1 mg (LOPREEZA).....	238	estradiol td patch twice weekly 0.05 mg/24hr (LYLLANA).....	239
estradiol & norethindrone acetate tab 0.5-0.1 mg (MIMVEY LO).....	238	estradiol td patch twice weekly 0.075 mg/24hr.....	239
estradiol & norethindrone acetate tab 1-0.5 mg (AMABELZ).....	238	estradiol td patch twice weekly 0.075 mg/24hr (DOTTI).....	239
estradiol & norethindrone acetate tab 1-0.5 mg (ESTRADIOL-NORETHINDRONE ACET) ...	238	estradiol td patch twice weekly 0.075 mg/24hr (LYLLANA).....	239
estradiol & norethindrone acetate tab 1-0.5 mg (LOPREEZA).....	238	estradiol td patch weekly 0.025 mg/24hr...	239
estradiol & norethindrone acetate tab 1-0.5 mg (MIMVEY).....	238	estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....	239
estradiol tab 0.5 mg.....	238	estradiol td patch weekly 0.05 mg/24hr...	239
estradiol tab 1 mg.....	238	estradiol td patch weekly 0.06 mg/24hr...	239

estradiol td patch weekly 0.075 mg/24hr..	239	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr.....	240
estradiol td patch weekly 0.1 mg/24hr.....	239	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (ELURYNG).....	240
estradiol vaginal cream 0.1 mg/gm.....	239	ETOPOSIDE.....	72
estradiol vaginal tab 10 mcg.....	239	etravirine tab 100 mg.....	96
estradiol vaginal tab 10 mcg (YUVAFEM)..	240	etravirine tab 200 mg.....	96
estradiol valerate im in oil 20 mg/ml.....	240	EUCRISA (crisaborole).....	179
estradiol valerate im in oil 40 mg/ml.....	240	EULEXIN (flutamide).....	68
ESTRING (estradiol vaginal).....	240	EURAX (crotamiton).....	189
ESTROGEL (estradiol).....	240	EVAMIST (estradiol).....	240
ESTROSTEP FE (norethindrone acetate-ethinyl estradiol-fe).....	240	EVEKEO (amphetamine sulfate).....	160
eszopiclone tab 1 mg.....	347	EVEKEO ODT (amphetamine sulfate).....	160
eszopiclone tab 2 mg.....	347	EVENCARE + BLOOD GLUCOSE TEST (glucose blood).....	286
eszopiclone tab 3 mg.....	347	EVENCARE BLOOD GLUCOSE TEST (glucose blood).....	286
ethacrynic acid tab 25 mg.....	149	EVENCARE G2 TEST (glucose blood).....	286
ethambutol hcl tab 100 mg.....	66	EVENCARE G3 TEST (glucose blood).....	286
ethambutol hcl tab 400 mg.....	66	EVENCARE MINI GLUCOSE TEST (glucose blood).....	286
ethosuximide cap 250 mg.....	41	EVENCARE PROVIEW GLUCOSE TEST (glucose blood).....	286
ethosuximide soln 250 mg/5ml.....	41	everolimus tab 0.25 mg.....	265
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (ETHYNODIOL DIAC-ETH ESTRADIOL).....	240	everolimus tab 0.5 mg.....	265
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (KELNOR 1/35).....	240	everolimus tab 0.75 mg.....	265
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (ZOVIA 1/35 (28)).....	240	everolimus tab 1 mg.....	265
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (ZOVIA 1/35E (28)).....	240	everolimus tab 10 mg.....	74
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (ETHYNODIOL DIAC-ETH ESTRADIOL).....	240	everolimus tab 2.5 mg.....	74
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (KELNOR 1/50).....	240	everolimus tab 5 mg.....	74
ETIDRONATE DISODIUM.....	271	everolimus tab 7.5 mg.....	74
etodolac cap 200 mg.....	2	everolimus tab for oral susp 2 mg.....	74
etodolac cap 300 mg.....	2	everolimus tab for oral susp 3 mg.....	74
etodolac tab 400 mg.....	2	everolimus tab for oral susp 5 mg.....	74
etodolac tab 500 mg.....	2	EVISTA (raloxifene hcl).....	254
etodolac tab er 24hr 400 mg (ETODOLAC ER)2		EVOCLIN (clindamycin phosphate (topical)).....	190
etodolac tab er 24hr 500 mg (ETODOLAC ER)2		EVOLUTION AUTOCODE (glucose blood)..	286
etodolac tab er 24hr 600 mg (ETODOLAC ER)2		EVOTAZ (atazanavir sulfate-cobicistat).....	99
		EVOXAC (cevimeline hcl).....	172
		EVRYSDI (risdiplam).....	286

EVZIO (naloxone hcl)	22	famotidine for susp 40 mg/5ml	213
EXACTECH R-S-G TEST (glucose blood)	286	famotidine tab 40 mg	214
EXACTECH TEST (glucose blood)	286	FANAPT (iloperidone)	88
EXALGO (hydromorphone hcl)	6	FANAPT TITRATION PACK (iloperidone)	88
EXEL COMFORT POINT INSULIN SYR	286	FARESTON (toremifene citrate)	69
EXEL COMFORT POINT PEN NEEDLE	286	FARXIGA (dapagliflozin propanediol)	107
EXELDERM (sulconazole nitrate)	59	FARYDAK (panobinostat lactate)	74
EXELON (rivastigmine)	46	FASENRA PEN (benralizumab)	341
exemestane tab 25 mg	72	FAZACLO (clozapine)	91
EXFORGE (amlodipine besylate-valsartan)	143	febuxostat tab 40 mg	62
EXFORGE HCT (amlodipine-valsartan- hydrochlorothiazide)	143	febuxostat tab 80 mg	62
EXJADE (deferiasirox)	192	felbamate susp 600 mg/5ml	37
EXKIVITY (mobocertinib succinate)	70	felbamate tab 400 mg	37
EXSERVAN (riluzole)	167	felbamate tab 600 mg	37
EXTAVIA (interferon beta-1b)	171	FELBATOL (felbamate)	37
EXTINA (ketoconazole (topical))	59	FELDENE (piroxicam)	2
EYSUVIS (loteprednol etabonate)	324	felodipine tab er 24hr 10 mg (FELODIPINE ER)	133
EZ SMART BLOOD GLUCOSE LANCETS	287	felodipine tab er 24hr 2.5 mg (FELODIPINE ER)	133
EZ SMART BLOOD GLUCOSE TEST (glucose blood)	287	felodipine tab er 24hr 5 mg (FELODIPINE ER)	133
EZ SMART PLUS GLUCOSE TEST (glucose blood)	287	FEMARA (letrozole)	72
EZ-LETS LANCETS 21G	287	FEMCAP (cervical caps)	287
EZ-LETS LANCETS 26G	287	FEMHRT (norethindrone acetate-ethinyl estradiol)	240
EZ-LETS LANCETS 28G	287	FEMRING (estradiol acetate vaginal)	240
EZ-LETS LANCETS 30G	287	FENOFIBRATE	150
EZALLOR SPRINKLE (rosuvastatin calcium)	152	FENOFIBRATE MICRONIZED	151
ezetimibe tab 10 mg	154	fenofibrate micronized cap 130 mg	151
EZETIMIBE-ROSUVASTATIN (ezetimibe- rosuvastatin calcium)	154	fenofibrate micronized cap 134 mg	151
ezetimibe-simvastatin tab 10-10 mg	154	fenofibrate micronized cap 200 mg	151
ezetimibe-simvastatin tab 10-20 mg	154	fenofibrate micronized cap 43 mg	151
ezetimibe-simvastatin tab 10-40 mg	154	fenofibrate micronized cap 67 mg	151
ezetimibe-simvastatin tab 10-80 mg	154	fenofibrate tab 120 mg	151
		fenofibrate tab 145 mg	151
F		fenofibrate tab 160 mg	151
FABIOR (tazarotene (acne))	174	fenofibrate tab 40 mg	151
famciclovir tab 125 mg	102	fenofibrate tab 48 mg	151
famciclovir tab 250 mg	102	fenofibrate tab 54 mg	151
famciclovir tab 500 mg	102	FENOFIBRIC ACID	151

FENOGLIDE (fenofibrate).....	151	FIASP PENFILL (insulin aspart (with niacinamide)).....	113
FENOPROFEN CALCIUM.....	2	FIBRICOR (fenofibric acid).....	151
fenoprofen calcium cap 400 mg.....	2	FIFTY50 GLUCOSE TEST 2.0 (glucose blood).....	287
fenoprofen calcium tab 600 mg.....	2	FIFTY50 PEN NEEDLES.....	287
fenoprofen calcium tab 600 mg (PROFENO).....	2	FIFTY50 SAFETY SEAL LANCETS.....	287
FENORTHO (fenoprofen calcium).....	3	FIFTY50 SUPERIOR COMFORT SYR.....	287
FENTANYL CITRATE.....	13	FIFTY50 UNILET LANCETS 33G.....	287
fentanyl citrate lozenge on a handle 1200 mcg.....	13	FINACEA (azelaic acid).....	174
fentanyl citrate lozenge on a handle 1600 mcg.....	14	finasteride tab 5 mg.....	221
fentanyl citrate lozenge on a handle 200 mcg.....	14	FINE 30.....	287
fentanyl citrate lozenge on a handle 400 mcg.....	14	FINGERSTIX LANCETS.....	287
fentanyl citrate lozenge on a handle 600 mcg.....	14	ingolimod hcl cap 0.5 mg (base equiv).....	171
fentanyl citrate lozenge on a handle 800 mcg.....	14	FINTEPLA (fenfluramine hcl (anticonvulsant)).....	37
fentanyl td patch 72hr 100 mcg/hr.....	6	FIORICET (butalbital-acetaminophen-caffeine).....	167
fentanyl td patch 72hr 12 mcg/hr.....	7	FIORICET/CODEINE (butalbital-acetaminophen-caffeine w/ codeine).....	14
fentanyl td patch 72hr 25 mcg/hr.....	7	FIORINAL (butalbital-aspirin-caffeine).....	3
fentanyl td patch 72hr 37.5 mcg/hr.....	7	FIORINAL/CODEINE #3 (butalbital-aspirin-caffeine w/cod).....	14
fentanyl td patch 72hr 50 mcg/hr.....	7	FIRAZYR (icatibant acetate).....	260
fentanyl td patch 72hr 62.5 mcg/hr.....	7	FIRDAPSE (amifampridine phosphate).....	167
fentanyl td patch 72hr 75 mcg/hr.....	7	FIRVANQ (vancomycin hcl).....	24
fentanyl td patch 72hr 87.5 mcg/hr.....	7	FLAGYL (metronidazole).....	24
FENTORA (fentanyl citrate).....	14	FLAREX (fluorometholone acetate).....	324
FENTORA (fentanyl citrate).....	14	flavoxate hcl tab 100 mg.....	220
FERRIPROX (deferiprone).....	193	flecainide acetate tab 100 mg.....	128
FERRIPROX TWICE-A-DAY (deferiprone).....	193	flecainide acetate tab 150 mg.....	129
fesoterodine fumarate tab er 24hr 4 mg (FESOTERODINE FUMARATE ER).....	220	flecainide acetate tab 50 mg.....	129
fesoterodine fumarate tab er 24hr 8 mg (FESOTERODINE FUMARATE ER).....	220	FLECTOR (diclofenac epolamine).....	3
FETZIMA (levomilnacipran hcl).....	51	FLEQSUVY (baclofen).....	171
FETZIMA TITRATION (levomilnacipran hcl).....	51	FLEXICHAMBER.....	287
FIASP (insulin aspart (with niacinamide)).....	113	FLEXICHAMBER ADULT MASK/SMALL.....	287
FIASP FLEXTOUCH (insulin aspart (with niacinamide)).....	113	FLEXICHAMBER CHILD MASK/LARGE.....	287
		FLEXICHAMBER CHILD MASK/SMALL.....	287
		FLOLIPID (simvastatin).....	152
		FLOMAX (tamsulosin hcl).....	221
		FLORIVA (pediatric multiple vitamins & minerals w/ fluoride).....	197
		FLORIVA (sodium fluoride-vitamin d).....	197

FLORIVA PLUS (pediatric multivitamins w/fl)	197	fluoxetine hcl cap 40 mg	.51
FLOVENT DISKUS (fluticasone propionate (inhalation))	330	fluoxetine hcl solution 20 mg/5ml	.51
FLOVENT HFA (fluticasone propionate hfa)	330	fluoxetine hcl tab 10 mg	.51
FLOXIN OTIC (ofloxacin (otic))	328	fluoxetine hcl tab 20 mg	.51
fluconazole for susp 10 mg/ml	.59	fluoxetine hcl tab 60 mg	.51
fluconazole for susp 40 mg/ml	.59	FLUPHENAZINE HCL	.86
fluconazole tab 100 mg	.59	fluphenazine hcl tab 1 mg	.86
fluconazole tab 150 mg	.59	fluphenazine hcl tab 10 mg	.86
fluconazole tab 200 mg	.59	fluphenazine hcl tab 2.5 mg	.86
fluconazole tab 50 mg	.59	fluphenazine hcl tab 5 mg	.86
flucytosine cap 250 mg	.59	flurandrenolide cream 0.05%	.179
flucytosine cap 500 mg	.59	flurandrenolide cream 0.05% (NOLIX)	.179
fludrocortisone acetate tab 0.1 mg	.227	flurandrenolide lotion 0.05%	.179
FLUMADINE (rimantadine hydrochloride)	.101	flurandrenolide lotion 0.05% (NOLIX)	.179
flunisolide nasal soln 25 mcg/act (0.025%)	.330	flurandrenolide oint 0.05%	.179
fluocinolone acetonide (otic) oil 0.01%	.328	FLURAZEPAM HCL	.347
fluocinolone acetonide (otic) oil 0.01% (FLAC)	.328	FLURBIPROFEN	.3
fluocinolone acetonide cream 0.01%	.179	FLURBIPROFEN SODIUM	.324
fluocinolone acetonide cream 0.025%	.179	flurbiprofen sodium ophth soln 0.03%	.324
fluocinolone acetonide oil 0.01% (body oil) (FLUOCINOLONE ACETONIDE BODY)	.179	flurbiprofen tab 100 mg	.3
fluocinolone acetonide oil 0.01% (scalp oil) (FLUOCINOLONE ACETONIDE SCALP)	.179	flurbiprofen tab 50 mg	.3
fluocinolone acetonide oint 0.025%	.179	FLUTAMIDE	.68
fluocinolone acetonide soln 0.01%	.179	flutamide cap 125 mg	.68
fluocinonide cream 0.05%	.179	FLUTICASONE FUROATE-VILANTEROL	.341
fluocinonide cream 0.1%	.179	fluticasone propionate cream 0.05%	.179
fluocinonide emulsified base cream 0.05%	.179	FLUTICASONE PROPIONATE HFA	.330
fluocinonide gel 0.05%	.179	fluticasone propionate lotion 0.05%	.179
fluocinonide oint 0.05%	.179	fluticasone propionate lotion 0.05% (BESER)	.179
fluocinonide soln 0.05%	.179	fluticasone propionate nasal susp 50 mcg/act	.330
fluorometholone ophth susp 0.1%	.324	fluticasone propionate oint 0.005%	.179
FLUOROPLEX (fluorouracil (topical))	.184	FLUTICASONE-SALMETEROL	.341
FLUOROURACIL (fluorouracil (topical))	.184	fluticasone-salmeterol aer powder ba 100-50 mcg/act	.341
fluorouracil cream 5%	.184	fluticasone-salmeterol aer powder ba 100-50 mcg/act (WIXELA INHUB)	.341
FLUOXETINE HCL	.51	fluticasone-salmeterol aer powder ba 250-50 mcg/act	.341
FLUOXETINE HCL (PMDD)	.51	fluticasone-salmeterol aer powder ba 250-50 mcg/act (WIXELA INHUB)	.341
fluoxetine hcl cap 10 mg	.51		
fluoxetine hcl cap 20 mg	.51		

fluticasone-salmeterol aer powder ba 500-50 mcg/act.....	341	FORA D15G BLOOD GLUCOSE TEST (glucose blood).....	287
fluticasone-salmeterol aer powder ba 500-50 mcg/act (WIXELA INHUB).....	341	FORA D20 BLOOD GLUCOSE TEST (glucose blood).....	287
fluvastatin sodium cap 20 mg (base equivalent).....	152	FORA D40/G31 BLOOD GLUCOSE (glucose blood).....	287
fluvastatin sodium cap 40 mg (base equivalent).....	152	FORA G20 BLOOD GLUCOSE TEST (glucose blood).....	288
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (FLUVASTATIN SODIUM ER).....	152	FORA G30/PREM V10 GLUCOSE TEST (glucose blood).....	288
fluvoxamine maleate cap er 24hr 100 mg (FLUVOXAMINE MALEATE ER).....	51	FORA GD20 TEST (glucose blood).....	288
fluvoxamine maleate cap er 24hr 150 mg (FLUVOXAMINE MALEATE ER).....	51	FORA GD50 BLOOD GLUCOSE TEST (glucose blood).....	288
fluvoxamine maleate tab 100 mg.....	51	FORA GTEL BLOOD GLUCOSE TEST (glucose blood).....	288
fluvoxamine maleate tab 25 mg.....	51	FORA GTEL BLOOD KETONE TEST (ketone blood test).....	288
fluvoxamine maleate tab 50 mg.....	51	FORA LANCETS.....	288
FML (fluorometholone (ophth)).....	324	FORA TN'G ADVANCE PRO (glucose blood).....	288
FML FORTE (fluorometholone (ophth)).....	324	FORA TN'G/TN'G VOICE (glucose blood).....	288
FML LIQUIFILM (fluorometholone (ophth)).....	324	FORA V10 BLOOD GLUCOSE TEST (glucose blood).....	288
FOCALIN (dexmethylphenidate hcl).....	162	FORA V12 BLOOD GLUCOSE TEST (glucose blood).....	288
FOCALIN XR (dexmethylphenidate hcl).....	162	FORA V20 BLOOD GLUCOSE TEST (glucose blood).....	288
FOLET ONE (prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha).....	197	FORA V30A BLOOD GLUCOSE TEST (glucose blood).....	288
folic acid tab 1 mg.....	197	FORACARE GD40 TEST (glucose blood).....	288
folic acid tab 1 mg (KP FOLIC ACID).....	197	FORACARE PREMIUM V10 TEST (glucose blood).....	288
FOLIVANE-OB (prenatal without a vit w/ fe fum-iron polysacch complex -fa).....	197	FORACARE TEST N GO TEST (glucose blood).....	288
FOLLISTIM AQ (follitropin beta).....	230	FORFIVO XL (bupropion hcl).....	48
fondaparinux sodium subcutaneous inj 10 mg/0.8ml.....	118	formoterol fumarate soln nebu 20 mcg/2ml.....	335
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml.....	118	FORTAMET (metformin hcl).....	107
fondaparinux sodium subcutaneous inj 5 mg/0.4ml.....	118	FORTEO (teriparatide (recombinant)).....	271
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml.....	118	FORTESTA (testosterone).....	233
FORA 6 CONNECT (glucose blood).....	287	FORTISCARE G1 TEST STRIP (glucose blood).....	288
FORA BLOOD GLUCOSE TEST (glucose blood).....	287		

FORTISCARE TEST (glucose blood)	288
FOSAMAX (alendronate sodium)	271
FOSAMAX PLUS D (alendronate sodium- cholecalciferol)	271
fosamprenavir calcium tab 700 mg (base equiv)	99
fosfomycin tromethamine powd pack 3 gm (base equivalent)	24
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg (FOSINOPRIL SODIUM-HCTZ)	144
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg (FOSINOPRIL SODIUM-HCTZ)	144
fosinopril sodium tab 10 mg	127
fosinopril sodium tab 20 mg	127
fosinopril sodium tab 40 mg	127
FOSRENOL (lanthanum carbonate)	193
FOTIVDA (tivozanib hcl)	70
FRAGMIN (dalteparin sodium)	118
FREDS PHARMACY UNIFINE PENTIP+	288
FREDS PHARMACY UNIFINE PENTIPS	288
FREDS PHARMACY UNILET LANC 28G	288
FREDS PHARMACY UNILET LANC 30G	288
FREESTYLE INSULINX TEST (glucose blood) . . .	289
FREESTYLE LANCETS	289
FREESTYLE LITE TEST (glucose blood)	289
FREESTYLE PRECISION INS SYR	289
FREESTYLE PRECISION NEO TEST (glucose blood)	289
FREESTYLE TEST (glucose blood)	289
FREESTYLE UNISTICK II LANCETS	289
FROVA (frovatriptan succinate)	64
frovatriptan succinate tab 2.5 mg (base equivalent)	64
FULPHILA (pegfilgrastim-jmdb)	120
FURADANTIN (nitrofurantoin)	24
FUROSCIX (furosemide)	270
FUROSEMIDE	149
furosemide oral soln 10 mg/ml	149
furosemide tab 20 mg	149
furosemide tab 40 mg	149
furosemide tab 80 mg	149

FUZEON (enfuvirtide)	99
FYCOMPA (perampanel)	37
FYLNETRA (pegfilgrastim-pbbk)	120

G

gabapentin cap 100 mg	42
gabapentin cap 300 mg	42
gabapentin cap 400 mg	42
gabapentin oral soln 250 mg/5ml	42
gabapentin tab 600 mg	42
gabapentin tab 800 mg	42
GABITRIL (tiagabine hcl)	42
GALAFOLD (migalastat hcl)	217
GALANTAMINE HYDROBROMIDE	46
galantamine hydrobromide cap er 24hr 16 mg (GALANTAMINE HYDROBROMIDE ER)	46
galantamine hydrobromide cap er 24hr 24 mg (GALANTAMINE HYDROBROMIDE ER)	46
galantamine hydrobromide cap er 24hr 8 mg (GALANTAMINE HYDROBROMIDE ER)	46
galantamine hydrobromide tab 12 mg	46
galantamine hydrobromide tab 4 mg	46
galantamine hydrobromide tab 8 mg	46
GALZIN (zinc acetate (oral))	197
GANIRELIX ACETATE	258
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	258
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (FYREMADEL)	258
GASTROCROM (cromolyn sodium (mastocytosis))	217
gatifloxacin ophth soln 0.5%	323
GATTEX (teduglutide (rdna))	212
GAVILYTE-C (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	212
GAVRETO (pralsetinib)	72
GE100 BLOOD GLUCOSE TEST (glucose blood)	289
GELNIQUE (oxybutynin chloride)	220
GELNIQUE PUMP (oxybutynin chloride)	220
gemfibrozil tab 600 mg	151

GEMTESA (vibegron)	220	glipizide-metformin hcl tab 2.5-250 mg	107
GENERESS FE (norethindrone & ethinyl estradiol-fe)	240	glipizide-metformin hcl tab 2.5-500 mg	107
GENOTROPIN (somatropin)	230	glipizide-metformin hcl tab 5-500 mg	107
GENOTROPIN MINIQUICK (somatropin)	231	GLOBAL EASE INJECT PEN NEEDLES	289
GENTAK (gentamicin sulfate (ophth))	323	GLOBAL EASY GLIDE INSULIN SYR	289
gentamicin sulfate cream 0.1%	23	GLOBAL EASY GLIDE PEN NEEDLES	289
gentamicin sulfate oint 0.1%	23	GLOBAL INJECT EASE INSULIN SYR	289
gentamicin sulfate ophth soln 0.3%	323	GLOBAL INJECT EASE LANCETS 28G	289
GENTEEL BUTTERFLY TOUCH LANCET	289	GLOBAL INJECT EASE LANCETS 30G	289
GENTLE-LET GP LANCETS	289	GLOBAL INSULIN SYRINGES	289
GENTLE-LET LANCETS	289	GLOPERBA (colchicine)	62
GENULTIMATE TEST (glucose blood)	289	GLUCAGEN HYPOKIT (glucagon hcl (rdna))	112
GENVOYA (elvitegravir-cobicistat- emtricitabine-tenofovir alafenamide)	95	glucagon (rdna) for inj kit 1 mg (GLUCAGON EMERGENCY)	112
GEODON (ziprasidone hcl)	88	GLUCAGON EMERGENCY (glucagon (rdna))	112
GHT TEST (glucose blood)	289	GLUCAGON EMERGENCY (glucagon hcl)	112
GILENYA (fingolimod hcl)	171	GLUCO PERFECT 3 TEST (glucose blood)	290
GILOTRIF (afatinib dimaleate)	74	GLUCOCARD 01 SENSOR PLUS (glucose blood)	290
GIMOTI (metoclopramide hcl)	56	GLUCOCARD EXPRESSION TEST (glucose blood)	290
glatiramer acetate soln prefilled syringe 20 mg/ml	171	GLUCOCARD SHINE TEST (glucose blood)	290
glatiramer acetate soln prefilled syringe 20 mg/ml (GLATOPA)	171	GLUCOCARD VITAL TEST (glucose blood)	290
glatiramer acetate soln prefilled syringe 40 mg/ml	171	GLUCOCARD X-SENSOR (glucose blood)	290
glatiramer acetate soln prefilled syringe 40 mg/ml (GLATOPA)	171	GLUCOCOM LANCETS 28G	290
GLEEVEC (imatinib mesylate)	74	GLUCOCOM LANCETS 30G	290
GLEOSTINE (lomustine)	67	GLUCOCOM LANCETS 33G	290
glimepiride tab 1 mg	107	GLUCOCOM TEST (glucose blood)	290
glimepiride tab 2 mg	107	GLUCONAVII BLOOD GLUCOSE TEST (glucose blood)	290
glimepiride tab 4 mg	107	GLUCOPHAGE (metformin hcl)	107
glipizide tab 10 mg	107	GLUCOPHAGE XR (metformin hcl)	107
glipizide tab 5 mg	107	GLUCOPRO INSULIN SYRINGE	290
glipizide tab er 24hr 10 mg (GLIPIZIDE ER)	107	GLUCOSE METER TEST (glucose blood)	290
glipizide tab er 24hr 10 mg (GLIPIZIDE XL)	107	GLUCOTROL (glipizide)	107
glipizide tab er 24hr 2.5 mg (GLIPIZIDE ER)	107	GLUCOTROL XL (glipizide)	107
glipizide tab er 24hr 2.5 mg (GLIPIZIDE XL)	107	GLUMETZA (metformin hcl)	107
glipizide tab er 24hr 5 mg (GLIPIZIDE ER)	107	glyburide micronized tab 1.5 mg	108
glipizide tab er 24hr 5 mg (GLIPIZIDE XL)	107	glyburide micronized tab 3 mg	108

glyburide micronized tab 6 mg	108	GNP ULTICARE PEN NEEDLES	291
glyburide tab 1.25 mg	108	GNP ULTIGUARD SAFEPACK NEEDLE	291
glyburide tab 2.5 mg	108	GNP ULTRA COM INSULIN SYRINGE	292
glyburide tab 5 mg	108	GOCOVRI (amantadine hcl)	81
glyburide-metformin tab 1.25-250 mg	108	GOJJI BLOOD GLUCOSE TEST (glucose blood)	292
glyburide-metformin tab 2.5-500 mg	108	GOJJI BLOOD KETONE TEST (ketone blood test)	292
GLYCATE (glycopyrrolate)	210	GOJJI BLOOD TEST STRIP/LANCETS (glucose blood)	292
GLYCOPYRROLATE	210	GOJJI STERILE LANCETS	292
glycopyrrolate oral soln 1 mg/5ml	210	GOLYTELY (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	212
glycopyrrolate tab 1 mg	210	GONAL-F (follitropin alfa)	231
glycopyrrolate tab 2 mg	210	GONAL-F RFF (follitropin alfa)	231
GLYNASE (glyburide micronized)	108	GONAL-F RFF REDIJECT (follitropin alfa)	231
GLYSET (miglitol)	108	GONITRO (nitroglycerin)	156
GLYXAMBI (empagliflozin-linagliptin)	108	GOODSENSE BLOOD GLUCOSE (glucose blood)	292
GNP CLICKFINE PEN NEEDLES	290	GOODSENSE CLICKFINE PEN NEEDLE	292
GNP EASY TOUCH GLUCOSE TEST (glucose blood)	290	GOODSENSE COLOR LANCETS 33G	292
GNP INSULIN SYRINGE	290	GOODSENSE LANCETS 26G UNIV	292
GNP INSULIN SYRINGES	291	GOODSENSE LANCETS 30G	292
GNP INSULIN SYRINGES 28GX1/2"	290	GOODSENSE LANCETS 30G UNIV	292
GNP INSULIN SYRINGES 29GX1/2"	290	GOODSENSE LANCETS 33G	292
GNP INSULIN SYRINGES 30GX5/16"	291	GOODSENSE LANCETS 33G UNIV	292
GNP INSULIN SYRINGES 31GX5/16"	291	GOODSENSE PEN NEEDLE PENFINE	292
GNP LANCETS	291	GRALISE (gabapentin (once-daily))	167
GNP LANCETS 21G	291	granisetron hcl tab 1 mg	58
GNP LANCETS MICRO THIN 33G	291	GRANIX (tbo-filgrastim)	120
GNP LANCETS SUPER THIN 30G	291	GRASTEK (timothy grass pollen allergen extract)	341
GNP LANCETS THIN	291	griseofulvin microsize susp 125 mg/5ml	59
GNP LANCETS THIN 26G	291	griseofulvin microsize tab 500 mg	59
GNP MICRO THIN LANCETS 33G	291	griseofulvin ultramicrosize tab 125 mg	59
GNP STERILE LANCETS 28G	291	griseofulvin ultramicrosize tab 250 mg	59
GNP STERILE LANCETS 30G	291	guaifenesin-codeine soln 100-10 mg/5ml	341
GNP STERILE LANCETS 33G	291	guaifenesin-codeine soln 100-10 mg/5ml (CHERATUSSIN AC)	341
GNP SUPER THIN LANCETS 30G	291	guaifenesin-codeine soln 100-10 mg/5ml (G TUSSIN AC)	341
GNP TRUE METRIX GLUCOSE STRIPS (glucose blood)	291		
GNP TRUETRACK SMART SYSTEM (glucose blood)	291		
GNP TRUETRACK TEST STRIPS (glucose blood)	291		

guaifenesin-codeine soln 100-10 mg/5ml (GUAIA TUSSIN AC)	341	HAEMOLANCE PLUS HIGH FLOW	293
guaifenesin-codeine soln 100-10 mg/5ml (GUAIFENESIN AC)	341	HAEMOLANCE PLUS LOW FLOW	293
guaifenesin-codeine soln 100-10 mg/5ml (MAXI-TUSS AC)	342	HAEMOLANCE PLUS MAX FLOW	293
guaifenesin-codeine soln 100-10 mg/5ml (ROBAFEN AC)	342	HAEMOLANCE PLUS PEDIATRIC FLOW	293
guaifenesin-codeine soln 100-10 mg/5ml (VIRTUSSIN A/C)	342	halcinonide cream 0.1%	179
guaifenesin-codeine soln 100-10 mg/5ml (VIRTUSSIN AC W/ALC)	342	HALCION (triazolam)	347
guanfacine hcl tab 1 mg	124	HALOBETASOL PROPIONATE	179
guanfacine hcl tab 2 mg	124	halobetasol propionate cream 0.05%	179
guanfacine hcl tab er 24hr 1 mg (base equiv) (GUANFACINE HCL ER)	162	halobetasol propionate oint 0.05%	179
guanfacine hcl tab er 24hr 2 mg (base equiv) (GUANFACINE HCL ER)	162	HALOG (halcinonide)	179,184
guanfacine hcl tab er 24hr 3 mg (base equiv) (GUANFACINE HCL ER)	162	haloperidol lactate oral conc 2 mg/ml	86
guanfacine hcl tab er 24hr 4 mg (base equiv) (GUANFACINE HCL ER)	162	haloperidol tab 0.5 mg	86
GUANIDINE HCL	66	haloperidol tab 1 mg	86
GVOKE HYPOPEN 1-PACK (glucagon)	112	haloperidol tab 10 mg	86
GVOKE HYPOPEN 2-PACK (glucagon)	113	haloperidol tab 2 mg	86
GVOKE KIT (glucagon)	113	haloperidol tab 20 mg	86
GVOKE PFS (glucagon)	113	haloperidol tab 5 mg	86
GYNAZOLE-1 (butoconazole nitrate (one dose))	59	HARMONY BLOOD GLUCOSE TEST (glucose blood)	293
H		HARVONI (ledipasvir-sofosbuvir)	93
H-E-B INCONTROL LANCETS 28G	292	HEALTHWISE INSULIN SYR/NEEDLE	293
H-E-B INCONTROL LANCETS 30G	292	HEALTHWISE MICRON PEN NEEDLES	293
H-E-B INCONTROL LANCETS 33G	292	HEALTHWISE MINI PEN NEEDLES	293
H-E-B INCONTROL PEN NEEDLES	292	HEALTHWISE PEN NEEDLES	293
H-E-B INCONTROL UNIFINE PENTIP	293	HEALTHWISE SHORT PEN NEEDLES	293
HAEGARDA (c1 esterase inhibitor (human))	260	HEALTHWISE UNIFINE PENTIPS	293
HAEMOLANCE	293	HEALTHY ACCENTS UNIFINE PENTIP	293
HAEMOLANCE LOW FLOW LANCETS	293	HEALTHY ACCENTS UNILET LANCETS	293
HAEMOLANCE PLUS	293	HELIDAC THERAPY (metronidazole- tetracycline w/ bismuth subsalicylate)	212
		HEMADY (dexamethasone)	227
		HEMANGEOL (propranolol hcl)	131
		HEMENATAL OB (prenatal vit w/ fe polysacch complex-fe heme polypeptide-fa)	197
		HEPARIN SODIUM (PORCINE)	118
		heparin sodium (porcine) inj 1000 unit/ml	118
		heparin sodium (porcine) inj 10000 unit/ml	118
		heparin sodium (porcine) inj 20000 unit/ml	119
		heparin sodium (porcine) inj 5000 unit/ml	119
		HEPARIN SODIUM (PORCINE) PF	119

heparin sodium (porcine) pf inj 5000 unit/0.5ml.....	119	HUMULIN N (insulin nph (human) (isophane)).....	114
HEPSERA (adefovir dipivoxil).....	93	HUMULIN N KWIKPEN (insulin nph (human) (isophane)).....	114
HETLIOZ (tasimelteon).....	347	HUMULIN R (insulin regular (human)).....	114
HETLIOZ LQ (tasimelteon).....	347	HUMULIN R U-500 (CONCENTRATED) (insulin regular (human)).....	114
HIPREX (methenamine hippurate).....	24	HUMULIN R U-500 KWIKPEN (insulin regular (human)).....	114
HM ULTICARE INSULIN SYRINGE.....	293	HW EMBRACE PRO GLUCOSE TEST (glucose blood).....	294
HM ULTICARE MINI PEN NEEDLES.....	293	HW EMBRACE TALK GLUCOSE TEST (glucose blood).....	294
HM ULTICARE SHORT PEN NEEDLES.....	294	HY-VEE LANCETS.....	294
HOMATROPAIRE (homatropine hbr).....	320	HY-VEE THIN LANCETS.....	294
homatropine hbr ophth soln 5%.....	320	HYCAMTIN (topotecan hcl).....	72
HORIZANT (gabapentin enacarbil).....	167	HYCODAN (hydrocodone bitartrate- homatropine methylbromide).....	342
HUMALOG (insulin lispro).....	113	hydralazine hcl tab 10 mg.....	155
HUMALOG JUNIOR KWIKPEN (insulin lispro).....	113	hydralazine hcl tab 100 mg.....	155
HUMALOG KWIKPEN (insulin lispro).....	113	hydralazine hcl tab 25 mg.....	155
HUMALOG MIX 50/50 (insulin lispro protamine & lispro).....	114	hydralazine hcl tab 50 mg.....	155
HUMALOG MIX 50/50 KWIKPEN (insulin lispro protamine & lispro).....	114	HYDREA (hydroxyurea).....	69
HUMALOG MIX 75/25 (insulin lispro protamine & lispro).....	114	hydrochlorothiazide cap 12.5 mg.....	150
HUMALOG MIX 75/25 KWIKPEN (insulin lispro protamine & lispro).....	114	hydrochlorothiazide tab 12.5 mg.....	150
HUMATIN (paromomycin sulfate).....	23	hydrochlorothiazide tab 25 mg.....	150
HUMATROPE (somatropin).....	231	hydrochlorothiazide tab 50 mg.....	150
HUMIRA (adalimumab).....	265	hydrocod polst-chlorphen polst er susp 10-8 mg/5ml (HYDROCOD POLST-CPM POLST ER).....	342
HUMIRA PEDIATRIC CROHNS START (adalimumab).....	265	hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (HYDROCODONE BIT- HOMATROP MBR).....	342
HUMIRA PEN (adalimumab).....	265	hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (HYDROMET).....	342
HUMIRA PEN-CD/UC/HS STARTER (adalimumab).....	265	hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (HYDROCODONE BIT-HOMATROP MBR)....	342
HUMIRA PEN-PEDIATRIC UC START (adalimumab).....	265	hydrocodone bitartrate cap er 12hr 10 mg (HYDROCODONE BITARTRATE ER).....	7
HUMIRA PEN-PS/UV/ADOL HS START (adalimumab).....	265		
HUMIRA PEN-PSOR/UEVIT STARTER (adalimumab).....	265		
HUMULIN 70/30 (insulin nph isophane & reg (human)).....	114		
HUMULIN 70/30 KWIKPEN (insulin nph isophane & reg (human)).....	114		

hydrocodone bitartrate cap er 12hr 15 mg (HYDROCODONE BITARTRATE ER).....7	hydrocodone-acetaminophen tab 5-325 mg (LORCET).....15
hydrocodone bitartrate cap er 12hr 30 mg (HYDROCODONE BITARTRATE ER).....7	hydrocodone-acetaminophen tab 7.5-300 mg.....15
hydrocodone bitartrate cap er 12hr 40 mg (HYDROCODONE BITARTRATE ER).....7	hydrocodone-acetaminophen tab 7.5-325 mg.....15
hydrocodone bitartrate cap er 12hr 50 mg (HYDROCODONE BITARTRATE ER).....7	hydrocodone-acetaminophen tab 7.5-325 mg (LORCET PLUS).....15
HYDROCODONE BITARTRATE ER.....7	HYDROCODONE-GUAIFENESIN.....342
hydrocodone bitartrate tab er 24hr deter 100 mg (HYDROCODONE BITARTRATE ER).....7	HYDROCODONE-IBUPROFEN.....15
hydrocodone bitartrate tab er 24hr deter 120 mg (HYDROCODONE BITARTRATE ER).....7	hydrocodone-ibuprofen tab 10-200 mg.....15
hydrocodone bitartrate tab er 24hr deter 20 mg (HYDROCODONE BITARTRATE ER).....7	hydrocodone-ibuprofen tab 5-200 mg.....15
hydrocodone bitartrate tab er 24hr deter 30 mg (HYDROCODONE BITARTRATE ER).....7	hydrocodone-ibuprofen tab 5-200 mg (IBUDONE).....15
hydrocodone bitartrate tab er 24hr deter 40 mg (HYDROCODONE BITARTRATE ER).....7	hydrocodone-ibuprofen tab 7.5-200 mg.....15
hydrocodone bitartrate tab er 24hr deter 60 mg (HYDROCODONE BITARTRATE ER).....7	hydrocortisone acetate suppos 25 mg.....227
hydrocodone bitartrate tab er 24hr deter 80 mg (HYDROCODONE BITARTRATE ER).....7	hydrocortisone acetate suppos 25 mg (ANUCORT-HC).....227
HYDROCODONE-ACETAMINOPHEN.....14	hydrocortisone acetate suppos 25 mg (ANUSOL-HC).....227
hydrocodone-acetaminophen soln 10-325 mg/15ml.....14	hydrocortisone acetate suppos 25 mg (HEMMOREX-HC).....227
hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....14	hydrocortisone acetate w/ pramoxine perianal cream 1-1% (HYDROCORTISONE ACE-PRAMOXINE).....184
hydrocodone-acetaminophen tab 10-300 mg.....14	HYDROCORTISONE BUTYRATE.....180
hydrocodone-acetaminophen tab 10-300 mg (VICODIN HP).....14	hydrocortisone butyrate cream 0.1%.....180
hydrocodone-acetaminophen tab 10-325 mg.....14	hydrocortisone butyrate hydrophilic lipo base cream 0.1% (HYDROCORTISONE BUTYR LIPO BASE).....180
hydrocodone-acetaminophen tab 10-325 mg (LORCET HD).....14	hydrocortisone butyrate lotion 0.1%.....180
hydrocodone-acetaminophen tab 5-300 mg.....15	hydrocortisone butyrate oint 0.1%.....227
hydrocodone-acetaminophen tab 5-325 mg.....15	hydrocortisone butyrate soln 0.1%.....180
	hydrocortisone cream 2.5%.....180
	hydrocortisone cream 2.5% (ALA-CORT) ... 180
	hydrocortisone enema 100 mg/60ml.....269
	hydrocortisone enema 100 mg/60ml (COLOCORT).....269
	hydrocortisone lotion 2% (ALA SCALP).....180
	hydrocortisone lotion 2.5%.....180
	hydrocortisone oint 2.5%.....180

hydrocortisone perianal cream 1% (HYDROCORTISONE (PERIANAL))	180	HYDROXYZINE PAMOATE	332
hydrocortisone perianal cream 1% (PROCTO-PAK)	180	hydroxyzine pamoate cap 25 mg	332
hydrocortisone perianal cream 2.5% (HYDROCORTISONE (PERIANAL))	180	hydroxyzine pamoate cap 50 mg	332
hydrocortisone perianal cream 2.5% (PROCTO-MED HC)	180	HYFTOR (sirolimus (topical))	266
hydrocortisone perianal cream 2.5% (PROCTOSOL HC)	180	hyoscyamine sulfate elixir 0.125 mg/5ml	210
hydrocortisone perianal cream 2.5% (PROCTOZONE-HC)	180	hyoscyamine sulfate elixir 0.125 mg/5ml (HYOSYNE)	210
hydrocortisone tab 10 mg	269	hyoscyamine sulfate sl tab 0.125 mg	210
hydrocortisone tab 20 mg	269	hyoscyamine sulfate sl tab 0.125 mg (OSCIMIN)	210
hydrocortisone tab 5 mg	269	hyoscyamine sulfate sl tab 0.125 mg (SYMAX-SL)	210
hydrocortisone valerate cream 0.2%	180	hyoscyamine sulfate soln 0.125 mg/ml	210
hydrocortisone valerate oint 0.2%	227	hyoscyamine sulfate soln 0.125 mg/ml (HYOSYNE)	210
hydrocortisone w/ acetic acid otic soln 1-2% (HYDROCORTISONE-ACETIC ACID)	328	hyoscyamine sulfate tab 0.125 mg	210
HYDROMORPHONE HCL	15	hyoscyamine sulfate tab 0.125 mg (OSCIMIN)	210
hydromorphone hcl liqd 1 mg/ml	15	hyoscyamine sulfate tab disint 0.125 mg	210
hydromorphone hcl tab 2 mg	15	hyoscyamine sulfate tab disint 0.125 mg (ED-SPAZ)	210
hydromorphone hcl tab 4 mg	15	hyoscyamine sulfate tab disint 0.125 mg (NULEV)	210
hydromorphone hcl tab 8 mg	15	hyoscyamine sulfate tab disint 0.125 mg (OSCIMIN)	211
hydromorphone hcl tab er 24hr 12 mg (HYDROMORPHONE HCL ER)	7	hyoscyamine sulfate tab er 12hr 0.375 mg (HYOSCYAMINE SULFATE ER)	211
hydromorphone hcl tab er 24hr 16 mg (HYDROMORPHONE HCL ER)	8	hyoscyamine sulfate tab er 12hr 0.375 mg (OSCIMIN SR)	211
hydromorphone hcl tab er 24hr 32 mg (HYDROMORPHONE HCL ER)	8	hyoscyamine sulfate tab er 12hr 0.375 mg (SYMAX-SR)	211
hydromorphone hcl tab er 24hr 8 mg (HYDROMORPHONE HCL ER)	8	HYPERSAL (sodium chloride (inhalant))	342
HYDROXYCHLOROQUINE SULFATE	79,80	HYSINGLA ER (hydrocodone bitartrate)	8
hydroxychloroquine sulfate tab 200 mg	80	HYZAAR (losartan potassium & hydrochlorothiazide)	144
hydroxyprogesterone caproate im in oil 250 mg/ml	252		
hydroxyurea cap 500 mg	69	ibandronate sodium tab 150 mg (base equivalent)	271
hydroxyzine hcl syrup 10 mg/5ml	332	IBRANCE (palbociclib)	74
hydroxyzine hcl tab 10 mg	332	IBSRELA (tenapanor hcl)	212
hydroxyzine hcl tab 25 mg	332		
hydroxyzine hcl tab 50 mg	332		

IBUDONE (hydrocodone-ibuprofen)	15	IMURAN (azathioprine)	266
ibuprofen tab 400 mg	3	IMVEXXY MAINTENANCE PACK (estradiol vaginal)	240
ibuprofen tab 600 mg	3	IMVEXXY STARTER PACK (estradiol vaginal)	241
ibuprofen tab 800 mg	3	IN TOUCH BLOOD GLUCOSE TEST (glucose blood)	294
ibuprofen-famotidine tab 800-26.6 mg	3	IN TOUCH STERILE LANCETS 30G	294
icatibant acetate inj 30 mg/3ml (base equivalent)	260	INATAL GT (prenatal vit w/ docusate-iron carbonyl-folic acid)	197
icatibant acetate inj 30 mg/3ml (base equivalent) (SAJAZIR)	260	INBRIJA (levodopa)	85
ICLUSIG (ponatinib hcl)	74	INCONTROL ULTICARE PEN NEEDLES	294
icosapent ethyl cap 0.5 gm	154	INCRELEX (mecasermin)	231
icosapent ethyl cap 1 gm	154	INCRUSE ELLIPTA (umeclidinium bromide)	333
IDHIFA (enasidenib mesylate)	70	indapamide tab 1.25 mg	150
IGLUCOSE TEST STRIPS (glucose blood)	294	indapamide tab 2.5 mg	150
ILEVRO (nepafenac)	324	INDERAL LA (propranolol hcl)	131
imatinib mesylate tab 100 mg (base equivalent)	74	INDERAL XL (propranolol hcl sustained-release beads)	131
imatinib mesylate tab 400 mg (base equivalent)	74	INDOCIN (indomethacin)	3
IMBRUVICA (ibrutinib)	74	INDOMETHACIN	3
IMCIVREE (setmelanotide acetate)	212	indomethacin cap 25 mg	3
imipramine hcl tab 10 mg	55	indomethacin cap 50 mg	3
imipramine hcl tab 25 mg	55	indomethacin cap er 75 mg (INDOMETHACIN ER)	3
imipramine hcl tab 50 mg	55	INFINITY BLOOD GLUCOSE TEST (glucose blood)	294
imipramine pamoate cap 100 mg	55	INFINITY VOICE (glucose blood)	294
imipramine pamoate cap 125 mg	55	INGREZZA (valbenazine tosylate)	167,168
imipramine pamoate cap 150 mg	55	INLYTA (axitinib)	74
imipramine pamoate cap 75 mg	55	INNOPRAN XL (propranolol hcl sustained-release beads)	131
imiquimod cream 3.75%	184	INPEN 100-BLUE-LILLY-HUMALOG	294
imiquimod cream 3.75% (IMIQUIMOD PUMP)	184	INPEN 100-BLUE-NOVOLOG-FIASP	294
imiquimod cream 5%	184	INPEN 100-GREY-LILLY-HUMALOG	294
IMITREX (sumatriptan succinate)	64	INPEN 100-GREY-NOVOLOG-FIASP	294
IMITREX (sumatriptan)	64	INPEN 100-PINK-LILLY-HUMALOG	294
IMITREX STATDOSE REFILL (sumatriptan succinate)	64	INPEN 100-PINK-NOVOLOG-FIASP	294
IMITREX STATDOSE SYSTEM (sumatriptan succinate)	64	INQOVI (decitabine-cedazuridine)	69
IMPAVIDO (miltefosine)	80	INREBIC (fedratinib hcl)	70
IMPEKLO (clobetasol propionate)	180	INSPIRACHAMBER/LARGE	294
IMPOYZ (clobetasol propionate)	180	INSPIRACHAMBER/MEDIUM	294

INSPIRACHAMBER/MOUTHPIECE.....	294	ipratropium bromide nasal soln 0.03% (21	
INSPIRACHAMBER/SMALL.....	294	mcg/spray).....	333
INSPIREASE.....	294	ipratropium bromide nasal soln 0.06% (42	
INSPIRA (eplerenone).....	149	mcg/spray).....	333
INSULIN ASP PROT & ASP FLEXPEN (insulin		ipratropium-albuterol nebu soln 0.5-2.5(3)	
aspart protamine & aspart (human)).....	114	mg/3ml.....	342
INSULIN ASPART.....	114	irbesartan tab 150 mg.....	126
INSULIN ASPART FLEXPEN.....	114	irbesartan tab 300 mg.....	126
INSULIN ASPART PENFILL.....	114	irbesartan tab 75 mg.....	126
INSULIN ASPART PROT & ASPART (insulin aspart		irbesartan-hydrochlorothiazide tab 150-12.5	
protamine & aspart (human)).....	114	mg.....	144
INSULIN DEGLUDEC.....	114	irbesartan-hydrochlorothiazide tab 300-12.5	
INSULIN DEGLUDEC FLEXTOUCH.....	115	mg.....	144
INSULIN GLARGINE.....	115	IRESSA (gefitinib).....	74
INSULIN GLARGINE SOLOSTAR.....	115	ISENTRESS (raltegravir potassium).....	95
INSULIN GLARGINE-YFGN.....	115	ISENTRESS HD (raltegravir potassium).....	95
INSULIN LISPRO.....	115	ISONIAZID.....	66
INSULIN LISPRO (1 UNIT DIAL).....	115	isoniazid tab 100 mg.....	66
INSULIN LISPRO JUNIOR KWIKPEN.....	115	isoniazid tab 300 mg.....	67
INSULIN LISPRO PROT & LISPRO (insulin lispro		ISOPTO ATROPINE (atropine sulfate	
protamine & lispro).....	115	(ophthalmic)).....	320
INSULIN SYRINGE.....	295	ISOPTO CARPINE (pilocarpine hcl).....	327
INSULIN SYRINGE-NEEDLE U-100.....	295	ISORDIL TITRADOSE (isosorbide dinitrate)...	156
INSULIN SYRINGE/NEEDLE.....	295	ISOSORBIDE DINITRATE ER.....	156
INSUPEN PEN NEEDLES.....	295	isosorbide dinitrate tab 10 mg.....	156
INSUPEN SENSITIVE.....	295	isosorbide dinitrate tab 20 mg.....	156
INSUPEN ULTRAFIN.....	295	isosorbide dinitrate tab 30 mg.....	156
INTELENCE (etravirine).....	96	isosorbide dinitrate tab 40 mg.....	156
INTERMEZZO (zolpidem tartrate).....	347	isosorbide dinitrate tab 5 mg.....	156
INTRAROSA (prasterone vaginal).....	295	isosorbide dinitrate-hydralazine hcl tab 20-	
INTRON A (interferon alfa-2b).....	263	37.5 mg (ISOSORB DINITRATE-	
INTUNIV (guanfacine hcl (adhd)).....	162	HYDRALAZINE).....	144
INVEGA (paliperidone).....	88	ISOSORBIDE MONONITRATE.....	156
INVELTYS (loteprednol etabonate).....	324	isosorbide mononitrate tab 10 mg.....	156
INVIRASE (saquinavir mesylate).....	100	isosorbide mononitrate tab 20 mg.....	156
INVOKAMET (canagliflozin-metformin hcl).....	108	isosorbide mononitrate tab er 24hr 120 mg	
INVOKAMET XR (canagliflozin-metformin		(ISOSORBIDE MONONITRATE ER).....	156
hcl).....	108	isosorbide mononitrate tab er 24hr 30 mg	
INVOKANA (canagliflozin).....	108	(ISOSORBIDE MONONITRATE ER).....	156
IOPIDINE (apraclonidine hcl).....	327	isosorbide mononitrate tab er 24hr 60 mg	
ipratropium bromide inhal soln 0.02%.....	333	(ISOSORBIDE MONONITRATE ER).....	156

isotretinoin cap 10 mg	174
isotretinoin cap 10 mg (AC CUTANE)	174
isotretinoin cap 10 mg (AMNESTEEM)	174
isotretinoin cap 10 mg (CLARAVIS)	174
isotretinoin cap 10 mg (MYORISAN)	174
isotretinoin cap 10 mg (ZENATANE)	174
isotretinoin cap 20 mg	174
isotretinoin cap 20 mg (AC CUTANE)	174
isotretinoin cap 20 mg (AMNESTEEM)	175
isotretinoin cap 20 mg (CLARAVIS)	175
isotretinoin cap 20 mg (MYORISAN)	175
isotretinoin cap 20 mg (ZENATANE)	175
isotretinoin cap 25 mg	175
isotretinoin cap 30 mg	175
isotretinoin cap 30 mg (AC CUTANE)	175
isotretinoin cap 30 mg (CLARAVIS)	175
isotretinoin cap 30 mg (MYORISAN)	175
isotretinoin cap 30 mg (ZENATANE)	175
isotretinoin cap 35 mg	175
isotretinoin cap 40 mg	175
isotretinoin cap 40 mg (AC CUTANE)	175
isotretinoin cap 40 mg (AMNESTEEM)	175
isotretinoin cap 40 mg (CLARAVIS)	175
isotretinoin cap 40 mg (MYORISAN)	175
isotretinoin cap 40 mg (ZENATANE)	175
isradipine cap 2.5 mg	133
isradipine cap 5 mg	133
ISTALOL (timolol maleate (ophth))	326
ISTURISA (osilodrostat phosphate)	227
itraconazole cap 100 mg	59
itraconazole oral soln 10 mg/ml	59
IVERMECTIN (ivermectin (pediculicide))	189
IVERMECTIN (ivermectin (rosacea))	189
ivermectin cream 1%	189
ivermectin tab 3 mg	79
J	
JADENU (deferasirox)	193
JADENU SPRINKLE (deferasirox)	193
JAKAFI (ruxolitinib phosphate)	75
JALYN (dutasteride-tamsulosin hcl)	221

JANUMET (sitagliptin-metformin hcl)	108
JANUMET XR (sitagliptin-metformin hcl)	108
JANUVIA (sitagliptin phosphate)	108
JARDIANCE (empagliflozin)	108
JATENZO (testosterone undecanoate)	233
JENLIVA PRENATAL/POSTNATAL (prenatal multivit-min w/fe-fa)	197
JENTADUETO (linagliptin-metformin hcl)	109
JENTADUETO XR (linagliptin-metformin hcl)	109
JORNAY PM (methylphenidate hcl)	162
JUBLIA (efinaconazole)	59
JULUCA (dolutegravir sodium-rilpivirine hcl)	95
JUXTAPID (lomitapide mesylate)	154
JYNARQUE (tolvaptan)	193

K

K-PHOS (potassium phosphate monobasic)	222
K-PHOS NO 2 (potassium & sodium acid phosphates)	223
K-PHOS-NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	223
K-TAB (potassium chloride)	191
KADIAN (morphine sulfate)	8
KALETRA (lopinavir-ritonavir)	100
KALYDECO (ivacaftor)	336
KAPSPARGO SPRINKLE (metoprolol succinate)	131
KAPVAY (clonidine hcl (adhd))	162
KARBINAL ER (carbinoxamine maleate)	332
KATERZIA (amlodipine benzoate)	133
KAZANO (alogliptin-metformin hcl)	109
KEFLEX (cephalexin)	28
KENALOG (triamcinolone acetonide (topical))	180
KEPPRA (levetiracetam)	37
KEPPRA XR (levetiracetam)	37
KERENDIA (finerenone)	109
KERYDIN (tavaborole)	59
KESIMPTA (ofatumumab (ms))	171
KETO-DIASTIX (urine glucose-ketones test)	295

ketoconazole cream 2%.....	59	KORLYM (mifepristone (hyperglycemia))...227
ketoconazole foam 2%.....	60	KOSELUGO (selumetinib sulfate).....70
ketoconazole foam 2% (KETODAN).....	60	KOSHER PRENATAL PLUS IRON (prenatal vit w/ iron carbonyl-folic acid).....197
ketoconazole shampoo 2%.....	60	KRINTAFEL (tafenoquine succinate).....80
ketoconazole tab 200 mg.....	60	KRISTALOSE (lactulose).....207
KETONE TEST (acetone (urine) test).....	295	KROGER BLOOD GLUCOSE TEST (glucose blood).....296
KETOPROFEN.....	3	KROGER HEALTHPRO GLUCOSE TEST (glucose blood).....296
KETOPROFEN ER.....	3	KROGER HEALTHPRO LANCET 26G.....296
KETOROLAC TROMETHAMINE.....	3	KROGER INSULIN SYRINGE.....296
ketorolac tromethamine ophth soln 0.4%..	325	KROGER LANCETS.....296
ketorolac tromethamine ophth soln 0.5%..	325	KROGER LANCETS 21G.....296
ketorolac tromethamine tab 10 mg.....	3	KROGER LANCETS MICRO THIN 33G.....296
KETOSTIX (acetone (urine) test).....	295	KROGER LANCETS SUPER THIN.....296
KEVEYIS (dichlorphenamide).....	217	KROGER LANCETS THIN.....296
KEVZARA (sarilumab).....	261	KROGER LANCETS THIN 26G.....296
KHEDEZLA (desvenlafaxine).....	51	KROGER LANCETS ULTRATHIN 30G.....296
KINERET (anakinra).....	261	KROGER PEN NEEDLES.....296
KINNEY LANCETS.....	295	KROGER PREMIUM GLUCOSE TEST (glucose blood).....296
KINNEY THIN LANCETS.....	295	KROGER TEST (glucose blood).....296
KINRAY INSULIN SYRINGE.....	295	KUVAN (sapropterin dihydrochloride).....217
KISQALI (200 MG DOSE) (ribociclib succinate).....	75	KYNMOBI (apomorphine hydrochloride)....82
KISQALI (400 MG DOSE) (ribociclib succinate).....	75	KYZATREX (testosterone undecanoate)....233
KISQALI (600 MG DOSE) (ribociclib succinate).....	75	
KISQALI FEMARA (400 MG DOSE) (ribociclib succinate-letrozole).....	70	L
KISQALI FEMARA (600 MG DOSE) (ribociclib succinate-letrozole).....	70	labetalol hcl tab 100 mg.....131
KISQALI FEMARA(200 MG DOSE) (ribociclib succinate-letrozole).....	70	labetalol hcl tab 200 mg.....131
KITABIS PAK (tobramycin).....	336	labetalol hcl tab 300 mg.....131
KLARON (sulfacetamide sodium (acne))....	32	lacosamide oral solution 10 mg/ml.....44
KLISYRI (tirbanibulin).....	184	lacosamide tab 100 mg.....44
KLONOPIN (clonazepam).....	104	lacosamide tab 150 mg.....44
KLOXXADO (naloxone hcl).....	22	lacosamide tab 200 mg.....44
KMART VALU INSULIN SYRINGE 29G.....	295	lacosamide tab 50 mg.....44
KMART VALU INSULIN SYRINGE 30G.....	296	LACRISERT (artificial tear insert).....320
KOMBIGLYZE XR (saxagliptin-metformin hcl).....	109	LACTULOSE.....207
		lactulose (encephalopathy) solution 10 gm/15ml (ENULOSE).....207

lactulose (encephalopathy) solution 10 gm/15ml (GENERLAC).....	207	lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (SUBVENITE STARTER KIT-GREEN) ...	39
lactulose (encephalopathy) solution 10 gm/15ml (LACTULOSE ENCEPHALOPATHY) .	207	lamotrigine tab chewable dispersible 25 mg.....	39
lactulose solution 10 gm/15ml.....	207	lamotrigine tab chewable dispersible 5 mg.	39
lactulose solution 10 gm/15ml (CONSTULOSE).....	207	lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit.....	39
LAMICTAL (lamotrigine).....	37	lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit.....	39
LAMICTAL ODT (lamotrigine).....	38	lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit.....	39
LAMICTAL STARTER (lamotrigine).....	38	lamotrigine tab er 24hr 100 mg (LAMOTRIGINE ER).....	39
LAMICTAL XR (lamotrigine).....	38	lamotrigine tab er 24hr 200 mg (LAMOTRIGINE ER).....	39
lamivudine oral soln 10 mg/ml.....	97	lamotrigine tab er 24hr 25 mg (LAMOTRIGINE ER).....	39
lamivudine tab 100 mg (hbv).....	93	lamotrigine tab er 24hr 250 mg (LAMOTRIGINE ER).....	39
lamivudine tab 150 mg.....	98	lamotrigine tab er 24hr 300 mg (LAMOTRIGINE ER).....	39
lamivudine tab 300 mg.....	98	lamotrigine tab er 24hr 50 mg (LAMOTRIGINE ER).....	39
lamivudine-zidovudine tab 150-300 mg.....	98	LAMPIT (nifurtimox).....	80
lamotrigine orally disintegrating tab 100 mg	38	LANCETS.....	296
lamotrigine orally disintegrating tab 200 mg	38	LANCETS 28G.....	296
lamotrigine orally disintegrating tab 25 mg .	38	LANCETS 30G.....	296
lamotrigine orally disintegrating tab 50 mg .	38	LANCETS 33G.....	296
lamotrigine tab 100 mg.....	38	LANCETS MICRO THIN 33G.....	296
lamotrigine tab 100 mg (SUBVENITE).....	38	LANCETS SUPER THIN 28G.....	296
lamotrigine tab 150 mg.....	38	LANCETS THIN.....	296
lamotrigine tab 150 mg (SUBVENITE).....	38	LANCETS ULTRA FINE.....	296
lamotrigine tab 200 mg.....	38	LANCETS ULTRA THIN.....	297
lamotrigine tab 200 mg (SUBVENITE).....	38	LANCETS ULTRA THIN 30G.....	297
lamotrigine tab 25 mg.....	38	LANOXIN (digoxin).....	144
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (LAMOTRIGINE STARTER KIT-ORANGE).....	38	lansoprazole cap delayed release 30 mg .	215
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (SUBVENITE STARTER KIT-ORANGE) .	38	lansoprazole tab delayed release orally disintegrating 30 mg.....	215
lamotrigine tab 25 mg (SUBVENITE).....	38	lanthanum carbonate chew tab 1000 mg (elemental).....	193
lamotrigine tab 35 x 25 mg starter kit (LAMOTRIGINE STARTER KIT-BLUE).....	39		
lamotrigine tab 35 x 25 mg starter kit (SUBVENITE STARTER KIT-BLUE).....	39		
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (LAMOTRIGINE STARTER KIT-GREEN).....	39		

lanthanum carbonate chew tab 500 mg (elemental)	193	LENVIMA (8 MG DAILY DOSE) (lenvatinib mesylate)	75
lanthanum carbonate chew tab 750 mg (elemental)	194	LESCOL XL (fluvastatin sodium)	152
LANTUS (insulin glargine)	115	LETAIRIS (ambrisentan)	338
LANTUS SOLOSTAR (insulin glargine)	115	letrozole tab 2.5 mg	72
lapatinib ditosylate tab 250 mg (base equiv)	75	leucovorin calcium tab 10 mg	70
LASIX (furosemide)	149	leucovorin calcium tab 15 mg	70
LASTACAFT (alcaftadine)	322	leucovorin calcium tab 25 mg	70
LATANOPROST	327	leucovorin calcium tab 5 mg	70
latanoprost ophth soln 0.005%	327	LEUKERAN (chlorambucil)	67
LATUDA (lurasidone hcl)	88	LEUKINE (sargramostim)	120
LAZANDA (fentanyl citrate)	15	leuprolide acetate inj kit 5 mg/ml	258
LEADER INSULIN SYRINGE	297	levabuterol hcl soln nebu 0.31 mg/3ml (base equiv)	335
LEADER UNIFINE PENTIPS	297	levabuterol hcl soln nebu 0.63 mg/3ml (base equiv)	335
LEADER UNIFINE PENTIPS PLUS	297	levabuterol hcl soln nebu 1.25 mg/3ml (base equiv)	335
LEDIPASVIR-SOFOSBUVIR	93	levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	335
leflunomide tab 10 mg	266	LEVALBUTEROL TARTRATE	335
leflunomide tab 20 mg	266	LEVAMLODIPINE MALEATE	133
lenalidomide cap 10 mg	68	LEVAQUIN (levofloxacin)	32
lenalidomide cap 15 mg	68	LEVBID (hyoscyamine sulfate)	211
lenalidomide cap 20 mg	68	LEVEMIR (insulin detemir)	115
lenalidomide cap 25 mg	69	LEVEMIR FLEXTOUCH (insulin detemir)	115
lenalidomide cap 5 mg	69	levetiracetam oral soln 100 mg/ml	39
lenalidomide caps 2.5 mg	69	levetiracetam tab 1000 mg	39
LENVIMA (10 MG DAILY DOSE) (lenvatinib mesylate)	75	levetiracetam tab 1000 mg (ROWEEPRA)	39
LENVIMA (12 MG DAILY DOSE) (lenvatinib mesylate)	75	levetiracetam tab 250 mg	39
LENVIMA (14 MG DAILY DOSE) (lenvatinib mesylate)	75	levetiracetam tab 500 mg	39
LENVIMA (18 MG DAILY DOSE) (lenvatinib mesylate)	75	levetiracetam tab 500 mg (ROWEEPRA)	39
LENVIMA (20 MG DAILY DOSE) (lenvatinib mesylate)	75	levetiracetam tab 750 mg	39
LENVIMA (24 MG DAILY DOSE) (lenvatinib mesylate)	75	levetiracetam tab 750 mg (ROWEEPRA)	40
LENVIMA (4 MG DAILY DOSE) (lenvatinib mesylate)	75	levetiracetam tab er 24hr 500 mg (LEVETIRACETAM ER)	40
		levetiracetam tab er 24hr 500 mg (ROWEEPRA XR)	40
		levetiracetam tab er 24hr 750 mg (LEVETIRACETAM ER)	40

levetiracetam tab er 24hr 750 mg (ROWEEPRA XR).....	40	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (LEVONORGEST-ETH ESTRAD 91-DAY).....	241
LEVITRA (vardenafil hcl).....	223	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (SIMPESE).....	241
LEVOBUNOLOL HCL.....	326	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (ICLEVIA).....	241
levobunolol hcl ophth soln 0.5%.....	326	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (INTROVALE).....	241
levocarnitine oral soln 1 gm/10ml (10%)....	197	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (JOLESSA).....	241
levocarnitine oral soln 1 gm/10ml (10%) (LEVOCARNITINE SF).....	197	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (LEVONORGEST-ETH ESTRAD 91-DAY).....	242
levocarnitine tab 330 mg.....	197	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (QUASENSE).....	242
LEVOFLOXACIN (levofloxacin (ophth))....	323	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (SETLAKIN).....	242
levofloxacin ophth soln 0.5%.....	323	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AFIRMELLE).....	242
levofloxacin oral soln 25 mg/ml.....	32	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AUBRA EQ).....	242
levofloxacin tab 250 mg.....	32	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AUBRA).....	242
levofloxacin tab 500 mg.....	32	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AVIANE).....	242
levofloxacin tab 750 mg.....	32	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (DELYLA).....	242
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (FAYOSIM).....	241	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (FALMINA).....	242
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (LEVONORGEST-ETH EST & ETH EST).....	241	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LARISSIA).....	242
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (RIVELSA).....	241	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LESSINA).....	242
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (AMETHIA LO).....	241	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LEVONORGESTREL-ETHINYL ESTRAD).....	242
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (CAMRESE LO).....	241	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LUTERA).....	242
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (LEVONORGEST-ETH ESTRAD 91-DAY).....	241	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (ORSYTHIA).....	242
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (LOJAIMIESS).....	241		
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (AMETHIA).....	241		
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (ASHLYNA).....	241		
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (CAMRESE).....	241		
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (DAYSEE).....	241		
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (JAIMIESS).....	241		

levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (SRONYX).....	242	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (DOLISHALE).....	243
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (VIENVA).....	242	levorphanol tartrate tab 2 mg.....	8
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ALTAVERA).....	242	levorphanol tartrate tab 3 mg.....	8
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (AYUNA).....	242	LEVOTHYROXINE SODIUM.....	254
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CHATEAL EQ).....	242	levothyroxine sodium tab 100 mcg.....	254
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CHATEAL).....	243	levothyroxine sodium tab 100 mcg (EUTHYROX).....	254
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (KURVELO).....	243	levothyroxine sodium tab 100 mcg (LEVO-T).....	254
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (LEVONORGESTREL-ETHINYL ESTRAD).....	243	levothyroxine sodium tab 100 mcg (LEVOXYL).....	254
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (LEVORA 0.15/30 (28)).....	243	levothyroxine sodium tab 100 mcg (UNITHROID).....	254
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (LILLOW).....	243	levothyroxine sodium tab 112 mcg.....	254
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (MARLISSA).....	243	levothyroxine sodium tab 112 mcg (EUTHYROX).....	254
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (PORTIA-28).....	243	levothyroxine sodium tab 112 mcg (LEVO-T).....	254
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (ENPRESSE-28).....	243	levothyroxine sodium tab 112 mcg (LEVOXYL).....	254
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (LEVONEST).....	243	levothyroxine sodium tab 112 mcg (UNITHROID).....	255
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (LEVONORG-ETH ESTRAD TRIPHASIC).....	243	levothyroxine sodium tab 125 mcg.....	255
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (MYZILRA).....	243	levothyroxine sodium tab 125 mcg (EUTHYROX).....	255
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (TRIVORA (28)).....	243	levothyroxine sodium tab 125 mcg (LEVO-T).....	255
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	243	levothyroxine sodium tab 125 mcg (LEVOXYL).....	255
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (AMETHYST).....	243	levothyroxine sodium tab 125 mcg (UNITHROID).....	255
		levothyroxine sodium tab 137 mcg.....	255
		levothyroxine sodium tab 137 mcg (EUTHYROX).....	255
		levothyroxine sodium tab 137 mcg (LEVO-T).....	255
		levothyroxine sodium tab 137 mcg (LEVOXYL).....	255
		levothyroxine sodium tab 137 mcg (UNITHROID).....	255

levothyroxine sodium tab 150 mcg	255	levothyroxine sodium tab 50 mcg	
levothyroxine sodium tab 150 mcg		(EUTHYROX)	256
(EUTHYROX)	255	levothyroxine sodium tab 50 mcg (LEVO-T)	256
levothyroxine sodium tab 150 mcg (LEVO-T)	255	levothyroxine sodium tab 50 mcg	
levothyroxine sodium tab 150 mcg		(LEVOXYL)	256
(LEVOXYL)	255	levothyroxine sodium tab 50 mcg	
levothyroxine sodium tab 150 mcg		(UNITHROID)	256
(UNITHROID)	255	levothyroxine sodium tab 75 mcg	256
levothyroxine sodium tab 175 mcg	255	levothyroxine sodium tab 75 mcg	
levothyroxine sodium tab 175 mcg		(EUTHYROX)	256
(EUTHYROX)	255	levothyroxine sodium tab 75 mcg (LEVO-T)	256
levothyroxine sodium tab 175 mcg (LEVO-T)	255	levothyroxine sodium tab 75 mcg	
levothyroxine sodium tab 175 mcg		(LEVOXYL)	256
(LEVOXYL)	255	levothyroxine sodium tab 75 mcg	
levothyroxine sodium tab 175 mcg		(UNITHROID)	257
(UNITHROID)	255	levothyroxine sodium tab 88 mcg	257
levothyroxine sodium tab 200 mcg	256	levothyroxine sodium tab 88 mcg	
levothyroxine sodium tab 200 mcg		(EUTHYROX)	257
(EUTHYROX)	256	levothyroxine sodium tab 88 mcg (LEVO-T)	257
levothyroxine sodium tab 200 mcg (LEVO-T)	256	levothyroxine sodium tab 88 mcg	
levothyroxine sodium tab 200 mcg		(LEVOXYL)	257
(LEVOXYL)	256	levothyroxine sodium tab 88 mcg	
levothyroxine sodium tab 200 mcg		(UNITHROID)	257
(UNITHROID)	256	LEVSIN (hyoscyamine sulfate)	211
levothyroxine sodium tab 25 mcg	256	LEVSIN/SL (hyoscyamine sulfate)	211
levothyroxine sodium tab 25 mcg		LEXAPRO (escitalopram oxalate)	51,52
(EUTHYROX)	256	LEXETTE (halobetasol propionate)	180
levothyroxine sodium tab 25 mcg (LEVO-T)	256	LEXIVA (fosamprenavir calcium)	100
levothyroxine sodium tab 25 mcg		LIALDA (mesalamine)	268
(LEVOXYL)	256	LIBERTY MEDICAL LANCETS	297
levothyroxine sodium tab 25 mcg		LIBERTY NEXT GENERATION TEST (glucose	
(UNITHROID)	256	blood)	297
levothyroxine sodium tab 300 mcg	256	LIBERTY TEST (glucose blood)	297
levothyroxine sodium tab 300 mcg (LEVO-T)	256	LIBRAX (chlordiazepoxide hcl-clidinium	
levothyroxine sodium tab 300 mcg		bromide)	211
(UNITHROID)	256	LICART (diclofenac epolamine)	3
levothyroxine sodium tab 50 mcg	256	lidocaine hcl soln 4%	20
		LIDOCAINE HCL URETHRAL/MUCOSAL	20
		lidocaine hcl urethral/mucosal gel 2%	20
		lidocaine hcl urethral/mucosal gel prefilled	
		syringe 2%	20

lidocaine hcl urethral/mucosal gel prefilled syringe 2% (GLYDO).....	20	lithium carbonate cap 300 mg.....	105
lidocaine hcl viscous soln 2% (LIDOCAINE VISCOUS HCL).....	20	lithium carbonate cap 600 mg.....	105
lidocaine oint 5%.....	20	lithium carbonate tab 300 mg.....	105
lidocaine oint 5% (LIDOCAINE PAK).....	20	lithium carbonate tab er 300 mg (LITHIUM CARBONATE ER).....	105
lidocaine oint 5% (PREMIUM LIDOCAINE).....	20	lithium carbonate tab er 450 mg (LITHIUM CARBONATE ER).....	105
lidocaine patch 5%.....	20	LITHOBID (lithium carbonate).....	105
lidocaine-prilocaine cream 2.5-2.5%.....	21	LITHOSTAT (acetohydroxamic acid).....	223
LIDODERM (lidocaine).....	21	LIVALO (pitavastatin calcium).....	152
LIFESCAN UNISTIK 2.....	297	LIVE BETTER LANCET SUPER THIN.....	297
LIFESCAN UNISTIK II LANCETS.....	297	LIVE BETTER LANCET ULTRA THIN.....	297
LINDANE.....	189	LIVMARLI (maralixibat chloride).....	217
linezolid for susp 100 mg/5ml.....	25	LIVTENCITY (maribavir).....	92
linezolid tab 600 mg.....	25	LO LOESTRIN FE (norethindrone acetate-ethinyl estradiol-fe fum (biphasic)).....	243
LINZESS (linaclotide).....	207	LOCOID (hydrocortisone butyrate)....	180,181
liothyronine sodium tab 25 mcg.....	257	LOCOID LIPOCREAM (hydrocortisone butyrate hydrophilic lipo base).....	181
liothyronine sodium tab 5 mcg.....	257	LODINE (etodolac).....	3
liothyronine sodium tab 50 mcg.....	257	LODOSYN (carbidopa).....	85
LIPITOR (atorvastatin calcium).....	152	LOKELMA (sodium zirconium cyclosilicate).....	194
LIPOFEN (fenofibrate).....	151	LOMAIRA (phentermine hcl).....	168
lisinopril & hydrochlorothiazide tab 10-12.5 mg (LISINOPRIL-HYDROCHLOROTHIAZIDE).....	144	LOMOTIL (diphenoxylate w/ atropine).....	209
lisinopril & hydrochlorothiazide tab 20-12.5 mg (LISINOPRIL-HYDROCHLOROTHIAZIDE).....	144	LONGS INSULIN SYRINGE.....	297
lisinopril & hydrochlorothiazide tab 20-25 mg (LISINOPRIL-HYDROCHLOROTHIAZIDE).....	144	LONGS LANCETS STANDARD.....	297
lisinopril tab 10 mg.....	127	LONGS LANCETS THIN.....	297
lisinopril tab 2.5 mg.....	127	LONGS LANCETS ULTRA THIN.....	298
lisinopril tab 20 mg.....	127	LONHALA MAGNAIR REFILL KIT (glycopyrrolate (inhalation)).....	333
lisinopril tab 30 mg.....	127	LONHALA MAGNAIR STARTER KIT (glycopyrrolate (inhalation)).....	333
lisinopril tab 40 mg.....	127	LONSURF (trifluridine-tipiracil).....	71
lisinopril tab 5 mg.....	127	LOPID (gemfibrozil).....	151
LITE TOUCH LANCETS.....	297	lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	100
LITEAIRE.....	297	lopinavir-ritonavir tab 100-25 mg.....	100
LITETOUCH INSULIN SYRINGE.....	297	lopinavir-ritonavir tab 200-50 mg.....	100
LITETOUCH LANCETS.....	297	LOPRESSOR (metoprolol tartrate).....	131
LITETOUCH PEN NEEDLES.....	297	LOPRESSOR HCT (metoprolol & hydrochlorothiazide).....	144
LITHIUM.....	105		
LITHIUM CARBONATE.....	105		
lithium carbonate cap 150 mg.....	105		

LOPROX (ciclopirox olamine).....	60	loxapine succinate cap 5 mg.....	86
LOPROX (ciclopirox).....	190	loxapine succinate cap 50 mg.....	86
lorazepam conc 2 mg/ml.....	104	LUBIPROSTONE.....	208
lorazepam conc 2 mg/ml (LORAZEPAM INTENSOL).....	104	LUCEMYRA (lofexidine hcl).....	22
lorazepam tab 0.5 mg.....	104	LULICONAZOLE.....	60
lorazepam tab 1 mg.....	104	LUMAKRAS (sotorasib).....	71
lorazepam tab 2 mg.....	104	LUMIGAN (bimatoprost).....	327
LORBRENA (lorlatinib).....	75	LUNESTA (eszopiclone).....	347
LOREEV XR (lorazepam).....	104	LUPKYNIS (voclosporin).....	266
LORTAB (hydrocodone-acetaminophen)...	15	LUXIQ (betamethasone valerate).....	181
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (LOSARTAN POTASSIUM-HCTZ).....	144	LUZU (luliconazole).....	60
losartan potassium & hydrochlorothiazide tab 100-25 mg (LOSARTAN POTASSIUM-HCTZ) ..	144	LYBALVI (olanzapine-samidorpham I- malate).....	48
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (LOSARTAN POTASSIUM-HCTZ) ..	144	LYNPARZA (olaparib).....	75
losartan potassium tab 100 mg.....	126	LYRICA (pregabalin).....	169
losartan potassium tab 25 mg.....	126	LYRICA CR (pregabalin (once-daily)).....	169
losartan potassium tab 50 mg.....	126	LYSODREN (mitotane).....	71
LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day)).....	243	LYSTEDA (tranexamic acid).....	122
LOTEMAX (loteprednol etabonate).....	325	LYTGOBI (12 MG DAILY DOSE) (futibatinib) ..	75
LOTEMAX SM (loteprednol etabonate).....	325	LYTGOBI (16 MG DAILY DOSE) (futibatinib) ..	75
LOTENSIN (benazepril hcl).....	127	LYTGOBI (20 MG DAILY DOSE) (futibatinib) ..	75
LOTENSIN HCT (benazepril & hydrochlorothiazide).....	145	LYUMJEV (insulin lispro-aabc).....	115
loteprednol etabonate ophth gel 0.5%....	325	LYUMJEV KWIKPEN (insulin lispro-aabc).....	115
loteprednol etabonate ophth susp 0.5%....	325	LYVISPAH (baclofen).....	92
LOTREL (amlodipine besylate-benazepril hcl).....	145		
LOTRISONE (clotrimazole w/ betamethasone).....	184	M	
LOTRONEX (alosetron hcl).....	209	M-NATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid).....	197
lovastatin tab 10 mg.....	152	MACROBID (nitrofurantoin monohyd macro).....	25
lovastatin tab 20 mg.....	152	MACRODANTIN (nitrofurantoin macrocrystal).....	25
lovastatin tab 40 mg.....	152	mafenide acetate packet for topical soln 5% (50 gm).....	190
LOVAZA (omega-3-acid ethyl esters).....	154	MAGELLAN INSULIN SAFETY SYR.....	298
LOVENOX (enoxaparin sodium).....	119	MAKENA (hydroxyprogesterone caproate).....	252
loxapine succinate cap 10 mg.....	86	MALARONE (atovaquone-proguanil hcl)....	80
loxapine succinate cap 25 mg.....	86	malathion lotion 0.5%.....	189
		MAPROTILINE HCL.....	48
		MARATHON MEDICAL PENTIPS.....	298
		maraviroc tab 150 mg.....	99

maraviroc tab 300 mg.....	99	MEDICINE SHOPPE PEN NEEDLES.....	298
MARINOL (dronabinol).....	58	MEDISENSE THIN LANCETS.....	298
MARNATAL-F (prenatal without vit a w/ iron polysaccharide complex-fa).....	197	MEDLANCE EXTRA 21G.....	298
MARPLAN (isocarboxazid).....	49	MEDLANCE LITE 25G.....	298
MATULANE (procarbazine hcl).....	67	MEDLANCE PLUS EXTRA 21G.....	298
MAVENCLAD (10 TABS) (cladribine (multiple sclerosis)).....	171	MEDLANCE PLUS LANCETS.....	298
MAVENCLAD (4 TABS) (cladribine (multiple sclerosis)).....	171	MEDLANCE PLUS LITE 25G.....	298
MAVENCLAD (5 TABS) (cladribine (multiple sclerosis)).....	171	MEDLANCE PLUS SPECIAL 0.8MM.....	298
MAVENCLAD (6 TABS) (cladribine (multiple sclerosis)).....	171	MEDLANCE PLUS SUPERLITE 30G.....	298
MAVENCLAD (7 TABS) (cladribine (multiple sclerosis)).....	171	MEDLANCE PLUS UNIVERSAL 21G.....	298
MAVENCLAD (8 TABS) (cladribine (multiple sclerosis)).....	171	MEDLANCE UNIVERSAL 21G.....	298
MAVENCLAD (9 TABS) (cladribine (multiple sclerosis)).....	171	MEDROL (methylprednisolone).....	227
MAVYRET (glecaprevir-pibrentasvir).....	93	medroxyprogesterone acetate tab 10 mg.....	252
MAXALT (rizatriptan benzoate).....	64	medroxyprogesterone acetate tab 2.5 mg.....	252
MAXALT-MLT (rizatriptan benzoate).....	64	medroxyprogesterone acetate tab 5 mg.....	252
MAXI-COMFORT INSULIN SYRINGE.....	298	mefenamic acid cap 250 mg.....	3
MAXI-COMFORT SAFETY PEN NEEDLE.....	298	mefloquine hcl tab 250 mg.....	80
MAXICOMFORT II PEN NEEDLE.....	298	MEGACE ES (megestrol acetate (appetite)).....	252
MAXICOMFORT SYR 27G X 1/2".....	298	megestrol acetate susp 40 mg/ml.....	252
MAXIDEX (dexamethasone (ophth)).....	325	megestrol acetate susp 625 mg/5ml.....	252
MAXITROL (neomycin-polymy-dexameth).....	320	megestrol acetate tab 20 mg.....	252
MAXZIDE (triamterene & hydrochlorothiazide).....	145	megestrol acetate tab 40 mg.....	253
MAXZIDE-25 (triamterene & hydrochlorothiazide).....	145	MEIJER BLOOD GLUCOSE TEST (glucose blood).....	298
MAYZENT (siponimod fumarate).....	171	MEIJER ESSENTIAL GLUCOSE TEST (glucose blood).....	299
MAYZENT STARTER PACK (siponimod fumarate).....	171	MEIJER LANCETS.....	299
MECLOFENAMATE SODIUM.....	3	MEIJER LANCETS THIN.....	299
MEDIC INSULIN SYRINGE.....	298	MEIJER LANCETS UNIVERSAL 21G.....	299
MEDICHOICE SAFETY LANCET.....	298	MEIJER LANCETS UNIVERSAL 30G.....	299
MEDICHOICE SAFETY LANCET EXTRA.....	298	MEIJER LANCETS UNIVERSAL 33G.....	299
MEDICHOICE SAFETY LANCET NORM.....	298	MEIJER PEN NEEDLES.....	299
		MEIJER PREMIUM GLUCOSE TEST (glucose blood).....	299
		MEIJER SUPER THIN LANCETS.....	299
		MEIJER TRUETEST TEST (glucose blood).....	299
		MEIJER TRUETRACK TEST (glucose blood).....	299
		MEKINIST (trametinib dimethyl sulfoxide).....	75,76
		MEKTOVI (binimetinib).....	76
		MELOXICAM.....	3

meloxicam cap 10 mg.....	3	METAXALONE.....	345
meloxicam cap 5 mg.....	4	metaxalone tab 400 mg.....	345
meloxicam tab 15 mg.....	4	metaxalone tab 800 mg.....	345
meloxicam tab 7.5 mg.....	4	metaxalone tab 800 mg (METAXALL).....	345
melphalan tab 2 mg.....	67	METFORMIN HCL.....	109
memantine hcl cap er 24hr 14 mg (MEMANTINE HCL ER).....	47	metformin hcl oral soln 500 mg/5ml.....	109
memantine hcl cap er 24hr 21 mg (MEMANTINE HCL ER).....	47	metformin hcl tab 1000 mg.....	109
memantine hcl cap er 24hr 28 mg (MEMANTINE HCL ER).....	47	metformin hcl tab 500 mg.....	109
memantine hcl cap er 24hr 7 mg (MEMANTINE HCL ER).....	47	metformin hcl tab 850 mg.....	109
memantine hcl oral solution 2 mg/ml.....	47	metformin hcl tab er 24hr 500 mg (METFORMIN HCL ER).....	109
memantine hcl tab 10 mg.....	47	metformin hcl tab er 24hr 750 mg (METFORMIN HCL ER).....	109
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....	47	metformin hcl tab er 24hr modified release 1000 mg (METFORMIN HCL ER (MOD)).....	109
memantine hcl tab 5 mg.....	47	metformin hcl tab er 24hr modified release 500 mg (METFORMIN HCL ER (MOD)).....	109
MENEST (esterified estrogens).....	243	metformin hcl tab er 24hr osmotic 1000 mg (METFORMIN HCL ER (OSM)).....	109
MENOPUR (menotropins).....	231	metformin hcl tab er 24hr osmotic 500 mg (METFORMIN HCL ER (OSM)).....	109
MENOSTAR (estradiol).....	243	METHADONE HCL.....	8
MEPERIDINE HCL.....	16	methadone hcl conc 10 mg/ml.....	8
meperidine hcl tab 100 mg.....	16	methadone hcl conc 10 mg/ml (METHADONE HCL INTENSOL).....	8
meperidine hcl tab 50 mg.....	16	methadone hcl soln 10 mg/5ml.....	8
MEPHYTON (phytonadione).....	122	methadone hcl soln 5 mg/5ml.....	8
meprobamate tab 200 mg.....	102	methadone hcl tab 10 mg.....	8
meprobamate tab 400 mg.....	102	methadone hcl tab 5 mg.....	8
MEPRON (atovaquone).....	80	methadone hcl tab for oral susp 40 mg.....	8
mercaptapurine tab 50 mg.....	69	methadone hcl tab for oral susp 40 mg (METHADOSE).....	8
mesalamine cap dr 400 mg.....	268	METHADOSE (methadone hcl).....	8
mesalamine cap er 24hr 0.375 gm (MESALAMINE ER).....	268	METHADOSE SUGAR-FREE (methadone hcl).....	9
mesalamine cap er 500 mg (MESALAMINE ER).....	268	methamphetamine hcl tab 5 mg.....	160
mesalamine enema 4 gm.....	268	methazolamide tab 25 mg.....	327
mesalamine suppos 1000 mg.....	269	methazolamide tab 50 mg.....	327
mesalamine tab delayed release 1.2 gm.....	269	methenamine hippurate tab 1 gm.....	25
mesalamine tab delayed release 800 mg.....	269	methimazole tab 10 mg.....	259
MESNEX (mesna).....	78	methimazole tab 5 mg.....	259
MESTINON (pyridostigmine bromide).....	66	METHITEST (methyltestosterone).....	233
METAPROTERENOL SULFATE.....	335		

METHOCARBAMOL.....	345	methylphenidate hcl cap er 24hr 20 mg (xr)	
methocarbamol tab 500 mg.....	345	(METHYLPHENIDATE HCL ER (XR)).....	163
methocarbamol tab 750 mg.....	345	methylphenidate hcl cap er 24hr 30 mg (la)	
METHOTREXATE SODIUM.....	266	(METHYLPHENIDATE HCL ER (LA)).....	163
methotrexate sodium inj 50 mg/2ml (25		methylphenidate hcl cap er 24hr 30 mg (xr)	
mg/ml).....	266	(METHYLPHENIDATE HCL ER (XR)).....	163
methotrexate sodium inj pf 1000 mg/40ml (25		methylphenidate hcl cap er 24hr 40 mg (la)	
mg/ml) (METHOTREXATE SODIUM (PF)).....	266	(METHYLPHENIDATE HCL ER (LA)).....	163
methotrexate sodium inj pf 250 mg/10ml (25		methylphenidate hcl cap er 24hr 40 mg (xr)	
mg/ml) (METHOTREXATE SODIUM (PF)).....	266	(METHYLPHENIDATE HCL ER (XR)).....	163
methotrexate sodium inj pf 50 mg/2ml (25		methylphenidate hcl cap er 24hr 50 mg (xr)	
mg/ml) (METHOTREXATE SODIUM (PF)).....	266	(METHYLPHENIDATE HCL ER (XR)).....	163
methotrexate sodium tab 2.5 mg (base		methylphenidate hcl cap er 24hr 60 mg (la)	
equiv).....	266	(METHYLPHENIDATE HCL ER (LA)).....	163
METHOXSALEN RAPID.....	184	methylphenidate hcl cap er 24hr 60 mg (xr)	
methoxsalen rapid cap 10 mg.....	184	(METHYLPHENIDATE HCL ER (XR)).....	163
methscopolamine bromide tab 2.5 mg.....	211	methylphenidate hcl cap er 30 mg (cd)	
methscopolamine bromide tab 5 mg.....	211	(METHYLPHENIDATE HCL ER (CD)).....	163
METHYLCLOTHIAZIDE.....	150	methylphenidate hcl cap er 40 mg (cd)	
METHYLDOPA.....	124	(METHYLPHENIDATE HCL ER (CD)).....	163
methyldopa tab 250 mg.....	124	methylphenidate hcl cap er 50 mg (cd)	
methyldopa tab 500 mg.....	124	(METHYLPHENIDATE HCL ER (CD)).....	163
METHYLDOPA-HYDROCHLOROTHIAZIDE		methylphenidate hcl cap er 60 mg (cd)	
(methyldopa & hydrochlorothiazide).....	145	(METHYLPHENIDATE HCL ER (CD)).....	163
methylergonovine maleate tab 0.2 mg.....	299	methylphenidate hcl chew tab 10 mg.....	164
methylergonovine maleate tab 0.2 mg		methylphenidate hcl chew tab 2.5 mg.....	164
(METHERGINE).....	299	methylphenidate hcl chew tab 5 mg.....	164
METHYLIN (methylphenidate hcl).....	163	METHYLPHENIDATE HCL ER.....	164
methylphenidate hcl cap er 10 mg (cd)		methylphenidate hcl soln 10 mg/5ml.....	164
(METHYLPHENIDATE HCL ER (CD)).....	163	methylphenidate hcl soln 5 mg/5ml.....	164
methylphenidate hcl cap er 20 mg (cd)		methylphenidate hcl tab 10 mg.....	164
(METHYLPHENIDATE HCL ER (CD)).....	163	methylphenidate hcl tab 20 mg.....	164
methylphenidate hcl cap er 24hr 10 mg (la)		methylphenidate hcl tab 5 mg.....	164
(METHYLPHENIDATE HCL ER (LA)).....	163	methylphenidate hcl tab er 10 mg	
methylphenidate hcl cap er 24hr 10 mg (xr)		(METHYLPHENIDATE HCL ER).....	164
(METHYLPHENIDATE HCL ER (XR)).....	163	methylphenidate hcl tab er 20 mg	
methylphenidate hcl cap er 24hr 15 mg (xr)		(METADATE ER).....	164
(METHYLPHENIDATE HCL ER (XR)).....	163	methylphenidate hcl tab er 20 mg	
methylphenidate hcl cap er 24hr 20 mg (la)		(METHYLPHENIDATE HCL ER).....	164
(METHYLPHENIDATE HCL ER (LA)).....	163	methylphenidate hcl tab er 24hr 27 mg	
		(METHYLPHENIDATE HCL ER).....	164

methylphenidate hcl tab er 24hr 36 mg (METHYLPHENIDATE HCL ER)	164	metoclopramide hcl tab 5 mg (base equivalent)	56
methylphenidate hcl tab er 24hr 54 mg (METHYLPHENIDATE HCL ER)	164	metolazone tab 10 mg	150
methylphenidate hcl tab er osmotic release (osm) 18 mg (METHYLPHENIDATE HCL ER (OSM))	164	metolazone tab 2.5 mg	150
methylphenidate hcl tab er osmotic release (osm) 18 mg (METHYLPHENIDATE HCL ER) . .	164	metolazone tab 5 mg	150
methylphenidate hcl tab er osmotic release (osm) 27 mg (METHYLPHENIDATE HCL ER (OSM))	165	metoprolol & hydrochlorothiazide tab 100-25 mg (METOPROLOL- HYDROCHLOROTHIAZIDE)	145
methylphenidate hcl tab er osmotic release (osm) 27 mg (METHYLPHENIDATE HCL ER) . .	165	metoprolol & hydrochlorothiazide tab 100-50 mg (METOPROLOL- HYDROCHLOROTHIAZIDE)	145
methylphenidate hcl tab er osmotic release (osm) 36 mg (METHYLPHENIDATE HCL ER (OSM))	165	metoprolol & hydrochlorothiazide tab 50-25 mg (METOPROLOL- HYDROCHLOROTHIAZIDE)	145
methylphenidate hcl tab er osmotic release (osm) 36 mg (METHYLPHENIDATE HCL ER) . .	165	metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)	131
methylphenidate hcl tab er osmotic release (osm) 54 mg (METHYLPHENIDATE HCL ER (OSM))	165	metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)	131
methylphenidate hcl tab er osmotic release (osm) 54 mg (METHYLPHENIDATE HCL ER) . .	165	metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)	131
methylphenidate td patch 10 mg/9hr	165	metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)	131
methylphenidate td patch 15 mg/9hr	165	metoprolol tartrate tab 100 mg	132
methylphenidate td patch 20 mg/9hr	165	metoprolol tartrate tab 25 mg	132
methylphenidate td patch 30 mg/9hr	165	metoprolol tartrate tab 37.5 mg	132
methylprednisolone tab 16 mg	227	metoprolol tartrate tab 50 mg	132
methylprednisolone tab 32 mg	227	metoprolol tartrate tab 75 mg	132
methylprednisolone tab 4 mg	227	METOPROLOL-HCTZ ER (metoprolol & hydrochlorothiazide)	145
methylprednisolone tab 8 mg	227	METROCREAM (metronidazole (topical))	25
methylprednisolone tab therapy pack 4 mg (21)	228	METROGEL (metronidazole (topical))	25
methyltestosterone cap 10 mg	233	METROGEL-VAGINAL (metronidazole vaginal)	25
METIPRANOLOL	326	METROLOTION (metronidazole (topical))	25
METOCLOPRAMIDE HCL	56	metronidazole cap 375 mg	25
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	56	metronidazole cream 0.75%	25
metoclopramide hcl tab 10 mg (base equivalent)	56	metronidazole cream 0.75% (ROSADAN)	25

metronidazole gel 0.75%.....	25	MILLIPRED DP 12-DAY (prednisolone).....	228
metronidazole gel 0.75% (ROSADAN).....	25	MINASTRIN 24 FE (norethin acet & estrad- fe).....	244
metronidazole gel 1%.....	25	MINIPRESS (prazosin hcl).....	125
metronidazole lotion 0.75%.....	25	MINIVELLE (estradiol).....	244
metronidazole tab 250 mg.....	25	MINOCIN (minocycline hcl).....	34
metronidazole tab 500 mg.....	25	minocycline hcl cap 100 mg.....	35
metronidazole vaginal gel 0.75%.....	25	minocycline hcl cap 50 mg.....	35
metyrosine cap 250 mg.....	145	minocycline hcl cap 75 mg.....	35
mexiletine hcl cap 150 mg.....	129	MINOCYCLINE HCL ER.....	35
mexiletine hcl cap 200 mg.....	129	minocycline hcl tab 100 mg.....	35
mexiletine hcl cap 250 mg.....	129	minocycline hcl tab 50 mg.....	35
MIACALCIN (calcitonin (salmon)).....	271	minocycline hcl tab 75 mg.....	35
MICARDIS (telmisartan).....	126	minocycline hcl tab er 24hr 105 mg (MINOCYCLINE HCL ER).....	35
MICARDIS HCT (telmisartan- hydrochlorothiazide).....	145	minocycline hcl tab er 24hr 115 mg (MINOCYCLINE HCL ER).....	35
MICONAZOLE 3 (miconazole nitrate vaginal).....	60	minocycline hcl tab er 24hr 135 mg (COREMINO).....	35
MICONAZOLE-ZINC OXIDE-PETROLAT (miconazole-zinc oxide-white petrolatum) ..	60	minocycline hcl tab er 24hr 135 mg (MINOCYCLINE HCL ER).....	35
MICORT-HC (hydrocortisone acetate (topical)).....	228	minocycline hcl tab er 24hr 45 mg (COREMINO).....	35
MICROCHAMBER.....	299	minocycline hcl tab er 24hr 45 mg (MINOCYCLINE HCL ER).....	35
MICRODOT PEN NEEDLE.....	299	minocycline hcl tab er 24hr 55 mg (MINOCYCLINE HCL ER).....	35
MICRODOT TEST (glucose blood).....	299	minocycline hcl tab er 24hr 65 mg (MINOCYCLINE HCL ER).....	35
MICROLET LANCETS.....	299	minocycline hcl tab er 24hr 80 mg (MINOCYCLINE HCL ER).....	35
MICROSPACER.....	299	minocycline hcl tab er 24hr 90 mg (COREMINO).....	35
MICROTAINER SAFETY FLOW LANCET.....	299	minocycline hcl tab er 24hr 90 mg (MINOCYCLINE HCL ER).....	35
MICROZIDE (hydrochlorothiazide).....	150	MINOLIRA (minocycline hcl).....	35
midodrine hcl tab 10 mg.....	124	minoxidil tab 10 mg.....	155
midodrine hcl tab 2.5 mg.....	124	minoxidil tab 2.5 mg.....	155
midodrine hcl tab 5 mg.....	124	MIRAPEX (pramipexole dihydrochloride)....	82
MIGERGOT (ergotamine w/ caffeine).....	63	MIRAPEX ER (pramipexole dihydrochloride) .	82
miglitol tab 100 mg.....	109		
miglitol tab 25 mg.....	109		
miglitol tab 50 mg.....	109		
miglustat cap 100 mg.....	217		
MIGRANAL (dihydroergotamine mesylate) ..	63		
MILLIPRED (prednisolone sodium phosphate).....	228		
MILLIPRED (prednisolone).....	228		
MILLIPRED DP (prednisolone).....	228		

MIRCERA (methoxy polyethylene glycol-epoetin beta)	121	montelukast sodium chew tab 5 mg (base equiv)	332
MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	244	montelukast sodium oral granules packet 4 mg (base equiv)	332
mirtazapine orally disintegrating tab 15 mg . 48		montelukast sodium tab 10 mg (base equiv)	333
mirtazapine orally disintegrating tab 30 mg . 48		MONUROL (fosfomycin tromethamine)	25
mirtazapine orally disintegrating tab 45 mg . 48		MORPHABOND ER (morphine sulfate)	9
mirtazapine tab 15 mg	48	MORPHINE SULFATE	16
mirtazapine tab 30 mg	49	morphine sulfate cap er 24hr 10 mg (MORPHINE SULFATE ER)	9
mirtazapine tab 45 mg	49	morphine sulfate cap er 24hr 100 mg (MORPHINE SULFATE ER)	9
mirtazapine tab 7.5 mg	49	morphine sulfate cap er 24hr 20 mg (MORPHINE SULFATE ER)	9
MIRVASO (brimonidine tartrate (topical)) . . 175		morphine sulfate cap er 24hr 30 mg (MORPHINE SULFATE ER)	9
misoprostol tab 100 mcg	214	morphine sulfate cap er 24hr 50 mg (MORPHINE SULFATE ER)	9
misoprostol tab 200 mcg	214	morphine sulfate cap er 24hr 60 mg (MORPHINE SULFATE ER)	9
MITIGARE (colchicine)	62	morphine sulfate cap er 24hr 80 mg (MORPHINE SULFATE ER)	9
MM EASY TOUCH GLUCOSE (glucose blood)	299	MORPHINE SULFATE ER	9
MM INSULIN SYRINGE/NEEDLE	299	MORPHINE SULFATE ER BEADS (morphine sulfate beads)	9
MM PEN NEEDLES	299	morphine sulfate oral soln 10 mg/5ml	16
MM TWIST LANCETS	300	morphine sulfate oral soln 100 mg/5ml (20 mg/ml) (MORPHINE SULFATE (CONCENTRATE))	16
MOBIC (meloxicam)	4	morphine sulfate oral soln 20 mg/5ml	16
modafinil tab 100 mg	348	morphine sulfate tab 15 mg	16
modafinil tab 200 mg	348	morphine sulfate tab 30 mg	16
MODERIBA (1200 MG PACK) (ribavirin (hepatitis c))	93	morphine sulfate tab er 100 mg (MORPHINE SULFATE ER)	9
moexipril hcl tab 15 mg	127	morphine sulfate tab er 15 mg (MORPHINE SULFATE ER)	9
moexipril hcl tab 7.5 mg	127	morphine sulfate tab er 200 mg (MORPHINE SULFATE ER)	9
MOLINDONE HCL	86	morphine sulfate tab er 30 mg (MORPHINE SULFATE ER)	9
mometasone furoate cream 0.1%	228		
mometasone furoate nasal susp 50 mcg/act	330		
mometasone furoate oint 0.1%	228		
mometasone furoate solution 0.1% (lotion) . 181			
MONOJECT INSULIN SYRINGE	300		
MONOJECT ULTRA COMFORT SYRINGE	300		
MONOLET LANCETS	300		
MONOLET OPD LANCETS	300		
MONOLETTOR SAFETY LANCETS	300		
montelukast sodium chew tab 4 mg (base equiv)	332		

morphine sulfate tab er 60 mg (MORPHINE SULFATE ER)	10	mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	266
MOTEGRITY (prucalopride succinate)	208	mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	266
MOTOFEN (difenoxin w/ atropine)	212	MYDAYIS (amphetamine-dextroamphetamine)	160
MOUNJARO (tirzepatide)	110	MYDRIACYL (tropicamide)	320
MOVANTIK (naloxegol oxalate)	208	MYFEMBREE (relugolix-estradiol-norethindrone acetate)	231
MOVIPREP (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	208	MYFORTIC (mycophenolate sodium)	266
MOXATAG (amoxicillin)	29	MYGLUCOHEALTH LANCETS 30G	300
MOXEZA (moxifloxacin hcl (ophth))	323	MYGLUCOHEALTH TEST (glucose blood)	300
MOXIFLOXACIN HCL (2X DAY) (moxifloxacin hcl (ophth))	323	MYLERAN (busulfan)	67
moxifloxacin hcl ophth soln 0.5% (base equiv)	323	MYNATAL (prenatal multivit-min w/fe-fa)	198
moxifloxacin hcl tab 400 mg (base equiv) ..	32	MYNATAL (prenatal vit w/ docusate-iron carbonyl-folic acid)	198
MOZOBIL (plerixafor)	121	MYNATAL ADVANCE (prenatal vit w/ docusate-iron carbonyl-folic acid)	198
MPD SAFETY LANCET 21G	300	MYNATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid)	198
MPD SAFETY LANCET 23G	300	MYNATAL-Z (prenatal vit w/ ferrous fumarate-folic acid)	198
MPD SAFETY LANCET 28G	300	MYNATE 90 PLUS (prenatal vit w/ docusate-fe fumarate-folic acid)	198
MPD SAFETY LANCET 30G	300	MYRBETRIQ (mirabegron)	220
MS CONTIN (morphine sulfate)	10	MYSOLINE (primidone)	42
MS INSULIN SYRINGE	300	MYTESI (crofelemer)	209
MULPLETA (lusutrombopag)	121		
MULTAQ (dronedarone hcl)	129	N	
MULTI-MAC (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid)	197	nabumetone tab 500 mg	4
MULTI-VIT-FLOR (pediatric multivitamins w/fl)	197,198	nabumetone tab 500 mg (RELAFEN)	4
MULTIVITAMIN/FLUORIDE (pediatric multivitamins w/fl)	191,198	nabumetone tab 750 mg	4
mupirocin calcium cream 2%	190	nabumetone tab 750 mg (RELAFEN)	4
mupirocin oint 2%	190	nadolol tab 20 mg	132
MUSE (alprostadil (vasodilator))	223	nadolol tab 40 mg	132
MYALEPT (metreleptin)	212	nadolol tab 80 mg	132
MYAMBUTOL (ethambutol hcl)	67	NADOLOL-BENDROFLUMETHIAZIDE (nadolol & bendroflumethiazide)	145
MYCAPSSA (octreotide acetate)	259	NAFTIFINE HCL	60
MYCOBUTIN (rifabutin)	66	naftifine hcl cream 1%	60
mycophenolate mofetil cap 250 mg	266	naftifine hcl cream 2%	60
mycophenolate mofetil for oral susp 200 mg/ml	266		
mycophenolate mofetil tab 500 mg	266		

naftifine hcl gel 1%.....	60	NARCAN (naloxone hcl).....	22
NAFTIN (naftifine hcl).....	60	NARDIL (phenelzine sulfate).....	49
NALFON (fenoprofen calcium).....	4	NASCOBAL (cyanocobalamin).....	198
NALOCET (oxycodone w/ acetaminophen)	16	NASONEX (mometasone furoate (nasal))..	330
NALOXONE HCL.....	22	NATACHEW (prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid).....	198
naloxone hcl inj 0.4 mg/ml.....	22	NATACYN (natamycin).....	323
naloxone hcl inj 4 mg/10ml.....	22	NATALVIT (prenatal vit w/ ferrous fumarate- folic acid).....	198
naloxone hcl nasal spray 4 mg/0.1ml.....	22	NATAZIA (estradiol valerate-dienogest)....	244
naloxone hcl soln prefilled syringe 2 mg/2ml	22	nateglinide tab 120 mg.....	110
naltrexone hcl tab 50 mg.....	22	nateglinide tab 60 mg.....	110
NAMENDA (memantine hcl).....	47	NATELLE ONE (prenatal without vit a w/ fe fum-fa-omega fatty acids).....	198
NAMENDA TITRATION PAK (memantine hcl)	47	NATESTO (testosterone).....	233
NAMENDA XR (memantine hcl).....	47	NATPARA (parathyroid hormone (recombinant)).....	271
NAMENDA XR TITRATION PACK (memantine hcl).....	47	NATROBA (spinosad).....	189
NAMZARIC (memantine hcl-donepezil hcl).....	45,46	NATURE-THROID (thyroid).....	257
NAPRELAN (naproxen sodium).....	4	NAYZILAM (midazolam (anticonvulsant))...	21
NAPROSYN (naproxen).....	4	nebivolol hcl tab 10 mg (base equivalent) .	132
naproxen sodium tab 275 mg.....	4	nebivolol hcl tab 2.5 mg (base equivalent)	132
naproxen sodium tab 550 mg.....	4	nebivolol hcl tab 20 mg (base equivalent) .	132
naproxen sodium tab er 24hr 375 mg (base equiv) (NAPROXEN SODIUM ER).....	4	nebivolol hcl tab 5 mg (base equivalent) .	132
naproxen sodium tab er 24hr 500 mg (base equiv) (NAPROXEN SODIUM ER).....	4	NEBUSAL (sodium chloride (inhalant)).....	342
naproxen sodium tab er 24hr 750 mg (base equiv) (NAPROXEN SODIUM ER).....	4	NEEVO DHA (prenatal without vit a w/ fe fumarate-l methylfolate-omegas).....	198
naproxen susp 125 mg/5ml.....	4	NEFAZODONE HCL.....	52
naproxen tab 250 mg.....	4	NEO-SYNALAR (neomycin sulfate-fluocinolone acetamide).....	184
naproxen tab 375 mg.....	4	neomycin sulfate tab 500 mg.....	23
naproxen tab 500 mg.....	4	neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin (NEO-POLYCIN)...	320
naproxen tab ec 375 mg.....	4	neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin (NEOMYCIN- BACITRACIN ZN-POLYMYX).....	320
naproxen tab ec 375 mg (EC-NAPROXEN)...	4	NEOMYCIN-POLYMYXIN B GU (neomycin/polymyxin b gu).....	25
naproxen tab ec 500 mg.....	4	neomycin-polymyxin b gu irrigation soln....	25
naproxen tab ec 500 mg (EC-NAPROXEN)...	5	neomycin-polymyxin-dexamethasone ophth oint 0.1%.....	321
naproxen-esomeprazole magnesium tab dr 375-20 mg (NAPROXEN-ESOMEPRAZOLE MG)	5		
naproxen-esomeprazole magnesium tab dr 500-20 mg (NAPROXEN-ESOMEPRAZOLE MG)	5		
naratriptan hcl tab 1 mg (base equiv).....	64		
naratriptan hcl tab 2.5 mg (base equiv)....	64		

neomycin-polymyxin-dexamethasone ophth susp 0.1%.....	321	NEXLETOL (bempedoic acid).....	145
NEOMYCIN-POLYMYXIN-GRAMICIDIN.....	321	NEXLIZET (bempedoic acid-ezetimibe).....	154
NEOMYCIN-POLYMYXIN-HC (neomycin- polymyxin-hc (ophth)).....	321	NEXTSTELLIS (drospirenone-estetrol).....	244
neomycin-polymyxin-hc otic soln 1%.....	329	NIACIN (ANTHYPERLIPIDEMIC).....	154
neomycin-polymyxin-hc otic susp 3.5 mg/ml- 10000 unit/ml-1%.....	329	niacin tab er 1000 mg (antihyperlipidemic) (NIACIN ER (ANTHYPERLIPIDEMIC)).....	154
NEONATAL 19 (prenatal vitamin-folic acid)	198	niacin tab er 500 mg (antihyperlipidemic) (NIACIN ER (ANTHYPERLIPIDEMIC)).....	154
NEONATAL COMPLETE (prenatal vit w/ ferrous fumarate-folic acid).....	198	niacin tab er 750 mg (antihyperlipidemic) (NIACIN ER (ANTHYPERLIPIDEMIC)).....	154
NEONATAL FE (prenatal multivitamins w/ iron- folic acid).....	198	NIACOR (niacin (antihyperlipidemic)).....	154
NEONATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid).....	198	NIASPAN (niacin (antihyperlipidemic)).....	154
NEORAL (cyclosporine modified (for microemulsion)).....	266	nicardipine hcl cap 20 mg.....	133
NERLYNX (neratinib maleate).....	76	nicardipine hcl cap 30 mg.....	133
NESINA (alogliptin benzoate).....	110	NICOTROL (nicotine).....	23
NESTABS (prenatal vit without vit a w/ fe bisglycinate-folic acid).....	198	NICOTROL NS (nicotine).....	23
NESTABS ONE (prenatal w/o a w/fe carbonyl- fe bisglyc-l methylfol-dha).....	199	nifedipine cap 10 mg.....	133
NEULASTA (pegfilgrastim).....	121	nifedipine cap 20 mg.....	133
NEUPOGEN (filgrastim).....	121	nifedipine tab er 24hr 30 mg (NIFEDIPINE ER).....	133
NEUPRO (rotigotine).....	82	nifedipine tab er 24hr 60 mg (NIFEDIPINE ER).....	133
NEURONTIN (gabapentin).....	42	nifedipine tab er 24hr 90 mg (NIFEDIPINE ER).....	133
NEUTEK 2TEK TEST (glucose blood).....	300	nifedipine tab er 24hr osmotic release 30 mg (NIFEDIPINE ER OSMOTIC RELEASE).....	133
NEVANAC (nepafenac).....	325	nifedipine tab er 24hr osmotic release 60 mg (NIFEDIPINE ER OSMOTIC RELEASE).....	134
NEVIRAPINE.....	96	nifedipine tab er 24hr osmotic release 90 mg (NIFEDIPINE ER OSMOTIC RELEASE).....	134
NEVIRAPINE ER.....	96	NILANDRON (nilutamide).....	68
nevirapine tab 200 mg.....	96	nilutamide tab 150 mg.....	68
nevirapine tab er 24hr 100 mg (NEVIRAPINE ER).....	96	nimodipine cap 30 mg.....	134
nevirapine tab er 24hr 400 mg (NEVIRAPINE ER).....	96	NINLARO (ixazomib citrate).....	71
NEXA PLUS (prenatal w/o vit a w/fe fumarate- docusate ca-folic acid-dha).....	199	NISOLDIPINE ER.....	134
NEXAVAR (sorafenib tosylate).....	76	nisoldipine tab er 24hr 17 mg (NISOLDIPINE ER).....	134
NEXICLON XR (clonidine hcl).....	124	nisoldipine tab er 24hr 34 mg (NISOLDIPINE ER).....	134
NEXIUM (esomeprazole magnesium).....	215	nisoldipine tab er 24hr 8.5 mg (NISOLDIPINE ER).....	134

nitazoxanide tab 500 mg.....	80	NIVA-PLUS (prenatal vit w/ ferrous fumarate-folic acid).....	199
nitisinone cap 10 mg.....	217	NIVESTYM (filgrastim-aafi).....	121
nitisinone cap 2 mg.....	217	NIZATIDINE.....	214
nitisinone cap 5 mg.....	217	nizatidine cap 150 mg.....	214
NITRO-BID (nitroglycerin).....	156	nizatidine cap 300 mg.....	214
NITRO-DUR (nitroglycerin).....	156	NIZORAL (ketoconazole (topical)).....	60
NITRO-TIME (nitroglycerin).....	156	NOCDURNA (desmopressin acetate).....	231
nitrofurantoin macrocrystalline cap 100 mg.....	25	NOCTIVA (desmopressin acetate).....	231
nitrofurantoin macrocrystalline cap 25 mg.....	25	NORCO (hydrocodone-acetaminophen).....	16,17
nitrofurantoin macrocrystalline cap 50 mg.....	25	NORDITROPIN FLEXPRO (somatropin).....	231
nitrofurantoin monohydrate macrocrystalline cap 100 mg (NITROFURANTOIN MONOHYD MACRO).....	26	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (XULANE).....	244
nitrofurantoin susp 25 mg/5ml.....	26	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (ZAFEMY).....	244
nitroglycerin cap er 2.5 mg (NITROGLYCERIN ER).....	156	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (BALZIVA).....	244
nitroglycerin cap er 6.5 mg (NITROGLYCERIN ER).....	156	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (BRIELLYN).....	244
nitroglycerin cap er 9 mg (NITROGLYCERIN ER).....	157	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (PHILITH).....	244
nitroglycerin sl tab 0.3 mg.....	157	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (VYFEMLA).....	244
nitroglycerin sl tab 0.4 mg.....	157	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (ZENCHENT).....	244
nitroglycerin sl tab 0.6 mg.....	157	norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (NECON 0.5/35 (28)).....	244
nitroglycerin td patch 24hr 0.1 mg/hr.....	157	norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (NORTREL 0.5/35 (28)).....	244
nitroglycerin td patch 24hr 0.1 mg/hr (MINITRAN).....	157	norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (WERA).....	244
nitroglycerin td patch 24hr 0.2 mg/hr.....	157	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (ALYACEN 1/35).....	244
nitroglycerin td patch 24hr 0.2 mg/hr (MINITRAN).....	157	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (CYCLAFEM 1/35).....	244
nitroglycerin td patch 24hr 0.4 mg/hr.....	157	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (DASETTA 1/35).....	244
nitroglycerin td patch 24hr 0.4 mg/hr (MINITRAN).....	157	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (NORTREL 1/35 (21)).....	244
nitroglycerin td patch 24hr 0.6 mg/hr.....	157		
nitroglycerin td patch 24hr 0.6 mg/hr (MINITRAN).....	157		
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....	157		
NITROLINGUAL (nitroglycerin).....	157		
NITROMIST (nitroglycerin).....	157		
NITROSTAT (nitroglycerin).....	157		
NITYR (nitisinone).....	217		

norethindrone & ethinyl estradiol tab 1 mg-35 mcg (NORTREL 1/35 (28))	245	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (HAILEY 1.5/30)	246
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (NYLIA 1/35)	245	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (JUNEL 1.5/30)	246
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (PIRMELLA 1/35)	245	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (LARIN 1.5/30)	246
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (NORETHIN-ETH ESTRADIOL-FE)	245	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (LOESTRIN 1.5/30 (21))	246
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (WYMZYA FE)	245	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (MICROGESTIN 1.5/30)	246
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (KAITLIB FE)	245	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (NORETHINDRONE ACET-ETHINYL EST)	246
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (LAYOLIS FE)	245	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (AUROVELA FE 1/20)	246
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (NORETHIN-ETH ESTRADIOL-FE)	245	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (BLISOVI FE 1/20)	246
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (NORETHINDRON-ETHINYL ESTRAD-FE)	245	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (HAILEY FE 1/20)	246
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (TILIA FE)	245	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (JUNEL FE 1/20)	246
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (TRI-LEGEST FE)	245	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (LARIN FE 1/20)	246
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (AUROVELA 1/20)	245	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (LOESTRIN FE 1/20)	246
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (JUNEL 1/20)	245	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (MICROGESTIN FE 1/20)	246
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (LARIN 1/20)	245	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (NORETHIN ACE-ETH ESTRAD-FE)	246
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (LOESTRIN 1/20 (21))	245	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (TARINA FE 1/20 EQ)	246
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (MICROGESTIN 1/20)	245	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (TARINA FE 1/20)	246
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (NORETHINDRONE ACET-ETHINYL EST)	245	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (AUROVELA FE 1.5/30)	246
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (AUROVELA 1.5/30)	245	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (BLISOVI FE 1.5/30)	246
		norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (HAILEY FE 1.5/30)	246

norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (JUNEL FE 1.5/30).....	247	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (JUNEL FE 24).....	248
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (LARIN FE 1.5/30).....	247	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (LARIN 24 FE).....	248
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (LOESTRIN FE 1.5/30).....	247	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (MICROGESTIN 24 FE).....	248
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (MICROGESTIN FE 1.5/30)..	247	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD- FE).....	248
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (NORETHIN ACE-ETH ESTRAD- FE).....	247	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (TARINA 24 FE).....	248
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (CHARLOTTE 24 FE).....	247	norethindrone acetate tab 5 mg.....	253
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (FINZALA).....	247	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (FYAVOLV).....	248
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (MELODETTA 24 FE).....	247	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (JEVANTIQUE LO).....	248
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (MIBELAS 24 FE).....	247	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (NORETHINDRONE-ETH ESTRADIOL).....	248
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD-FE).....	247	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (FYAVOLV).....	248
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (NORETHINDRONE ACET- ETHINYL EST).....	247	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (JINTELI).....	248
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (GEMMILY).....	247	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (NORETHINDRONE-ETH ESTRADIOL).....	248
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (MERZEE).....	247	norethindrone tab 0.35 mg.....	253
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD- FE).....	247	norethindrone tab 0.35 mg (CAMILA).....	253
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYSOFY).....	247	norethindrone tab 0.35 mg (DEBLITANE)...	253
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (AUROVELA 24 FE).....	247	norethindrone tab 0.35 mg (ERRIN).....	253
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (BLISOVI 24 FE).....	247	norethindrone tab 0.35 mg (HEATHER).....	253
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (HAILEY 24 FE).....	247	norethindrone tab 0.35 mg (INCASSIA)....	253
		norethindrone tab 0.35 mg (JENCYCLA)...	253
		norethindrone tab 0.35 mg (JOLIVETTE)....	253
		norethindrone tab 0.35 mg (LYLEQ).....	253
		norethindrone tab 0.35 mg (LYZA).....	253
		norethindrone tab 0.35 mg (NORA-BE)....	253
		norethindrone tab 0.35 mg (NORLYDA)....	253
		norethindrone tab 0.35 mg (NORLYROC)..	253
		norethindrone tab 0.35 mg (SHAROBEL)...	253
		norethindrone tab 0.35 mg (TULANA).....	253

norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (ALYACEN 7/7/7)	248	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-ESTARYLLA)	249
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (CYCLAFEM 7/7/7)	248	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-MARZIA)	249
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (DASETTA 7/7/7)	248	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-MILI)	249
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (NORTREL 7/7/7)	248	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-SPRINTEC)	249
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (NYLIA 7/7/7)	248	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-VYLIBRA LO)	250
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (PIRMELLA 7/7/7)	248	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (NORGESTIM-ETH ESTRAD TRIPHASIC)	250
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (ARANELLE)	249	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI FEMYNOR)	250
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (LEENA)	249	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-ESTARYLLA)	250
NORGESIC FORTE (orphenadrine w/ aspirin & caff)	345	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-LINYAH)	250
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (ESTARYLLA)	249	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-MILI)	250
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (FEMYNOR)	249	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-NYMYO)	250
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MILI)	249	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-PREVIFEM)	250
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MONO-LINYAH)	249	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-SPRINTEC)	250
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MONONESSA)	249	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-VYLIBRA)	250
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (NORGESTIMATE-ETH ESTRADIOL)	249	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (CRYSELLE-28)	250
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (NYMYO)	249	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (ELINEST)	250
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (PREVIFEM)	249	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (LOW-OGESTREL)	250
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (SPRINTEC 28)	249	NORITATE (metronidazole (topical))	26
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (VYLIBRA)	249	NORLIQVA (amlodipine besylate)	134
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (NORGESTIM-ETH ESTRAD TRIPHASIC)	249	NORPACE (disopyramide phosphate)	129
		NORPACE CR (disopyramide phosphate)	129
		NORPRAMIN (desipramine hcl)	55
		NORTHERA (droxidopa)	124

NORTRIPTYLINE HCL.....	55	NOVOLIN R RELION (insulin regular (human)).....	116
nortriptyline hcl cap 10 mg.....	55	NOVOLOG (insulin aspart).....	116
nortriptyline hcl cap 25 mg.....	55	NOVOLOG 70/30 FLEXPEN RELION (insulin aspart protamine & aspart (human)).....	116
nortriptyline hcl cap 50 mg.....	55	NOVOLOG FLEXPEN (insulin aspart).....	116
nortriptyline hcl cap 75 mg.....	55	NOVOLOG FLEXPEN RELION (insulin aspart).....	116
NORVASC (amlodipine besylate).....	134	NOVOLOG MIX 70/30 (insulin aspart protamine & aspart (human)).....	116
NORVIR (ritonavir).....	100	NOVOLOG MIX 70/30 FLEXPEN (insulin aspart protamine & aspart (human)).....	116
NOURIANZ (istradefylline).....	81	NOVOLOG MIX 70/30 RELION (insulin aspart protamine & aspart (human)).....	116
NOVA MAX GLUCOSE TEST (glucose blood).....	300	NOVOLOG PENFILL (insulin aspart).....	116
NOVA MAX PLUS KETONE TEST (ketone blood test).....	300	NOVOLOG RELION (insulin aspart).....	116
NOVA SAFETY LANCETS 23G.....	300	NOVOPEN ECHO.....	301
NOVA SAFETY LANCETS 28G.....	300	NOVOTWIST PEN NEEDLE.....	301
NOVA SUREFLEX LANCETS.....	300	NOXAFIL (posaconazole).....	60
NOVAREL (chorionic gonadotropin).....	231	NP THYROID.....	257
NOVOFINE AUTOCOVER PEN NEEDLE.....	300	NUBEQA (darolutamide).....	68
NOVOFINE PEN NEEDLE.....	300	NUCALA (mepolizumab).....	342
NOVOFINE PLUS PEN NEEDLE.....	301	NUCYNTA (tapentadol hcl).....	17
NOVOLIN 70/30 (insulin nph isophane & reg (human)).....	115	NUCYNTA ER (tapentadol hcl).....	10
NOVOLIN 70/30 FLEXPEN (insulin nph isophane & reg (human)).....	115	NUEDEXTA (dextromethorphan hbr-quinidine sulfate).....	168
NOVOLIN 70/30 FLEXPEN RELION (insulin nph isophane & reg (human)).....	115	NULYTELY LEMON-LIME (peg 3350-potassium chloride-sod bicarbonate-sod chloride)...	208
NOVOLIN 70/30 RELION (insulin nph isophane & reg (human)).....	116	NULYTELY WITH FLAVOR PACKS (peg 3350-potassium chloride-sod bicarbonate-sod chloride).....	208
NOVOLIN N (insulin nph (human) (isophane)).....	116	NUPLAZID (pimavanserin tartrate).....	88
NOVOLIN N FLEXPEN (insulin nph (human) (isophane)).....	116	NURTEC (rimegepant sulfate).....	62
NOVOLIN N FLEXPEN RELION (insulin nph (human) (isophane)).....	116	NUTROPIN AQ NUSPIN 10 (somatotropin).....	231
NOVOLIN N RELION (insulin nph (human) (isophane)).....	116	NUTROPIN AQ NUSPIN 20 (somatotropin).....	231
NOVOLIN R (insulin regular (human)).....	116	NUTROPIN AQ NUSPIN 5 (somatotropin).....	231
NOVOLIN R FLEXPEN (insulin regular (human)).....	116	NUVARING (etonogestrel-ethinyl estradiol).....	250
NOVOLIN R FLEXPEN RELION (insulin regular (human)).....	116	NUVESSA (metronidazole vaginal).....	26
		NUVIGIL (armodafinil).....	348,349
		NUZYRA (omadacycline tosylate).....	35
		NYMALIZE (nimodipine).....	134
		nystatin cream 100000 unit/gm.....	60

nystatin oint 100000 unit/gm.....	60
nystatin susp 100000 unit/ml.....	60
nystatin tab 500000 unit.....	60
nystatin topical powder 100000 unit/gm....	60
nystatin topical powder 100000 unit/gm (NYAMYC).....	60
nystatin topical powder 100000 unit/gm (NYSTOP).....	60
nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....	184
nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....	185
NYVEPRIA (pegfilgrastim-apgf).....	121

O

O-CAL FA (prenatal vit w/ ferrous fumarate- folic acid).....	199
O-CAL PRENATAL (prenatal vit w/ ferrous fumarate-folic acid).....	199
OB COMPLETE (prenatal vit w/ iron carbonyl- folic acid).....	199
OB COMPLETE ONE (prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil).....	199
OB COMPLETE PETITE (prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3).....	199
OB COMPLETE PREMIER (prenatal vit w/ iron carbonyl-fe aspart glycinate-fa).....	199
OB COMPLETE/DHA (prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid).....	199
OBSTETRIX EC (prenatal vit w/ docusate-iron carbonyl-folic acid).....	199
OBSTETRIX ONE (prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha)....	199
OICALIVA (obeticholic acid).....	212
OCTREOTIDE ACETATE.....	259
octreotide acetate inj 100 mcg/ml (0.1 mg/ml).....	259
octreotide acetate inj 1000 mcg/ml (1 mg/ml).....	259
octreotide acetate inj 200 mcg/ml (0.2 mg/ml).....	259

octreotide acetate inj 50 mcg/ml (0.05 mg/ml).....	259
octreotide acetate inj 500 mcg/ml (0.5 mg/ml).....	259
OCUFLOX (ofloxacin (ophth)).....	323
ODACTRA (dust mite mixed allergen extract).....	301
ODEFSEY (emtricitabine-rilpivirine-tenofovir alafenamide fumarate).....	96
ODOMZO (sonidegib phosphate).....	76
OFEV (nintedanib esylate).....	339
OFLOXACIN.....	32
ofloxacin ophth soln 0.3%.....	323
ofloxacin otic soln 0.3%.....	329
ofloxacin tab 400 mg.....	32
OGESTREL (norgestrel & ethinyl estradiol) ..	250
olanzapine orally disintegrating tab 10 mg ..	89
olanzapine orally disintegrating tab 15 mg ..	89
olanzapine orally disintegrating tab 20 mg ..	89
olanzapine orally disintegrating tab 5 mg ...	89
olanzapine tab 10 mg.....	89
olanzapine tab 15 mg.....	89
olanzapine tab 2.5 mg.....	89
olanzapine tab 20 mg.....	89
olanzapine tab 5 mg.....	89
olanzapine tab 7.5 mg.....	89
olanzapine-fluoxetine hcl cap 12-25 mg	49
olanzapine-fluoxetine hcl cap 12-50 mg	49
olanzapine-fluoxetine hcl cap 3-25 mg	49
olanzapine-fluoxetine hcl cap 6-25 mg	49
olanzapine-fluoxetine hcl cap 6-50 mg	49
olmesartan medoxomil tab 20 mg.....	126
olmesartan medoxomil tab 40 mg.....	126
olmesartan medoxomil tab 5 mg.....	126
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (OLMESARTAN MEDOXOMIL- HCTZ).....	145
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (OLMESARTAN MEDOXOMIL- HCTZ).....	146

olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (OLMESARTAN MEDOXOMIL- HCTZ)	146	OMNIPOD DASH 5 PACK PODS	301
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (OLMESARTAN-AMLODIPINE- HCTZ)	146	OMNIPOD DASH INTRO KIT	301
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (OLMESARTAN- AMLODIPINE-HCTZ)	146	OMNIPRED (prednisolone acetate (ophth))	325
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (OLMESARTAN-AMLODIPINE- HCTZ)	146	OMNITROPE (somatropin)	232
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (OLMESARTAN-AMLODIPINE- HCTZ)	146	ON CALL EXPRESS BLOOD GLUCOSE (glucose blood)	301
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (OLMESARTAN-AMLODIPINE- HCTZ)	146	ON CALL LANCETS	301
olopatadine hcl nasal soln 0.6%	332	ON CALL PLUS BLOOD GLUCOSE (glucose blood)	301
OLUMIANT (baricitinib)	261	ON CALL PLUS LANCETS	301
OLUX (clobetasol propionate)	181	ON CALL VIVID BLOOD GLUCOSE (glucose blood)	301
OLUX-E (clobetasol propionate emulsion)	181	ONDANSETRON HCL	58
OMECLAMOX-PAK (amoxicillin-clarithromycin w/ omeprazole)	212	ondansetron hcl oral soln 4 mg/5ml	58
omega-3-acid ethyl esters cap 1 gm	154	ondansetron hcl tab 24 mg	58
omeprazole cap delayed release 10 mg	215	ondansetron hcl tab 4 mg	58
omeprazole cap delayed release 20 mg	215	ondansetron hcl tab 8 mg	58
omeprazole cap delayed release 40 mg	215	ondansetron orally disintegrating tab 4 mg	58
omeprazole-sodium bicarbonate cap 40-1100 mg	215	ondansetron orally disintegrating tab 8 mg	58
omeprazole-sodium bicarbonate cap 40-1100 mg (OMEPLI)	215	ONE DROP TEST (glucose blood)	301
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	215	ONE VITE WOMENS PLUS (prenatal vit w/ ferrous fumarate-folic acid)	199
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	215	ONETOUCH CLUB LANCETS FINE PT	301
OMNARIS (ciclesonide (nasal))	330	ONETOUCH DELICA LANCETS 30G	301
OMNIFLEX DIAPHRAGM (diaphragms)	301	ONETOUCH DELICA LANCETS 33G	301
OMNIPOD 5 G6 INTRO KIT	301	ONETOUCH DELICA PLUS LANCET30G	301
OMNIPOD 5 G6 PODS (GEN 5)	301	ONETOUCH DELICA PLUS LANCET33G	301
OMNIPOD 5 PACK	301	ONETOUCH FINEPOINT LANCETS	301
		ONETOUCH ULTRA (glucose blood)	301
		ONETOUCH ULTRASOFT LANCETS	301
		ONETOUCH VERIO (glucose blood)	301
		ONEXTON (clindamycin phosphate-benzoyl peroxide)	175
		ONFI (clobazam)	42
		ONGENTYS (opicapone)	81
		ONGLYZA (saxagliptin hcl)	110
		ONUREG (azacitidine)	71
		ONZETRA XSAIL (sumatriptan succinate)	64
		OPANA (oxymorphone hcl)	17
		OPSUMIT (macitentan)	338

OPTICHAMBER ADVANTAGE-LG MASK.....	301	orphenadrine w/ aspirin & caffeine tab 25-385-30 mg (NORGESIC).....	345
OPTICHAMBER ADVANTAGE-MED MASK...	302	orphenadrine w/ aspirin & caffeine tab 25-385-30 mg (ORPHENADRINE-ASPIRIN-CAFFEINE).....	345
OPTICHAMBER ADVANTAGE-SM MASK.....	302	orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (ORPHENADRINE-ASA-CAFFEINE).....	346
OPTICHAMBER DIAMOND.....	302	orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (ORPHENGESIC FORTE).....	346
OPTICHAMBER DIAMOND-LG MASK.....	302	ORPHENADRINE-ASPIRIN-CAFFEINE (orphenadrine w/ aspirin & caff).....	346
OPTICHAMBER DIAMOND-MD MASK.....	302	ORPHENGESIC FORTE (orphenadrine w/ aspirin & caff).....	346
OPTICHAMBER DIAMOND-SM MASK.....	302	ORTHO MICRONOR (norethindrone (contraceptive)).....	253
OPTICHAMBER FACE MASK-LARGE.....	302	ORTHO TRI-CYCLEN (28) (norgestimate-ethinyl estradiol (triphasic)).....	251
OPTICHAMBER FACE MASK-MEDIUM.....	302	ORTHO TRI-CYCLEN LO (norgestimate-ethinyl estradiol (triphasic)).....	251
OPTICHAMBER FACE MASK-SMALL.....	302	ORTHO-CYCLEN (28) (norgestimate-ethinyl estradiol).....	251
OPTIHALER.....	302	ORTHO-NOVUM 1/35 (28) (norethindrone & eth estradiol).....	251
OPTIUM TEST (glucose blood).....	302	ORTHO-NOVUM 7/7/7 (28) (norethindrone-eth estradiol (triphasic)).....	251
OPTIUMEZ TEST (glucose blood).....	302	ORTIKOS (budesonide).....	269
OPTUMRX BLOOD GLUCOSE TEST (glucose blood).....	302	oseltamivir phosphate cap 30 mg (base equiv).....	101
OPZELURA (ruxolitinib phosphate (topical))	185	oseltamivir phosphate cap 45 mg (base equiv).....	101
ORACEA (doxycycline (rosacea)).....	35	oseltamivir phosphate cap 75 mg (base equiv).....	101
ORACIT (sodium citrate & citric acid).....	223	oseltamivir phosphate for susp 6 mg/ml (base equiv).....	101
ORALAIR (grass mixed pollens allergen extract).....	343	OSENI (alogliptin-pioglitazone).....	110
ORALAIR ADULT SAMPLE KIT (grass mixed pollens allergen extract).....	343	OSMOLEX ER (amantadine hcl).....	81,302
ORALAIR ADULT STARTER PACK (grass mixed pollens allergen extract).....	343	OSMOPREP (sodium phosphate monobasic-sodium phosphate dibasic).....	208
ORAP (pimozide).....	86	OSPHERA (ospemifene).....	254
ORAPRED ODT (prednisolone sodium phosphate).....	228	OTEZLA (apremilast).....	185,261
ORAVIG (miconazole (mouth-throat)).....	60		
ORENCIA (abatacept).....	261		
ORENCIA CLICKJECT (abatacept).....	261		
ORENITRAM (treprostinil diolamine).....	338		
ORFADIN (nitisinone).....	217		
ORGOVYX (relugolix).....	259		
ORIAHNN (elagolix sodium-estradiol-norethindrone acetate).....	232		
ORILISSA (elagolix sodium).....	259		
ORKAMBI (lumacaftor-ivacaftor).....	336		
ORLADEYO (berotralstat hcl).....	260		
ORLISTAT.....	212		
orphenadrine citrate tab er 12hr 100 mg (ORPHENADRINE CITRATE ER).....	345		

OTOVEL (ciprofloxacin-fluocinolone acetamide)	329	oxycodone hcl tab 15 mg	17
OTREXUP (methotrexate (antirheumatic))	266	oxycodone hcl tab 20 mg	17
OVACE PLUS (sulfacetamide sodium)	185	oxycodone hcl tab 30 mg	17
OVACE PLUS WASH (sulfacetamide sodium)	185	oxycodone hcl tab 5 mg	17
OVACE WASH (sulfacetamide sodium)	185	oxycodone w/ acetaminophen tab 10-325 mg (ENDOCET)	17
OVIDE (malathion)	189	oxycodone w/ acetaminophen tab 10-325 mg (OXYCODONE-ACETAMINOPHEN)	17
OVIDREL (choriogonadotropin alfa)	232	oxycodone w/ acetaminophen tab 2.5-325 mg (ENDOCET)	17
oxandrolone tab 10 mg	232	oxycodone w/ acetaminophen tab 2.5-325 mg (OXYCODONE-ACETAMINOPHEN)	17
oxandrolone tab 2.5 mg	232	oxycodone w/ acetaminophen tab 5-325 mg (ENDOCET)	17
oxaprozin tab 600 mg	5	oxycodone w/ acetaminophen tab 5-325 mg (OXYCODONE-ACETAMINOPHEN)	18
OXAYDO (oxycodone hcl)	17	oxycodone w/ acetaminophen tab 7.5-325 mg (ENDOCET)	18
oxazepam cap 10 mg	105	oxycodone w/ acetaminophen tab 7.5-325 mg (OXYCODONE-ACETAMINOPHEN)	18
oxazepam cap 15 mg	105	OXYCODONE-ACETAMINOPHEN (oxycodone w/ acetaminophen)	18
oxazepam cap 30 mg	105	OXYCODONE-ASPIRIN	18
OXBRYTA (voxelotor)	123	oxycodone-aspirin tab 4.8355-325 mg	18
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	44	OXYCODONE-IBUPROFEN	18
oxcarbazepine tab 150 mg	44	OXYCONTIN (oxycodone hcl)	10
oxcarbazepine tab 300 mg	44	OXYMORPHONE HCL ER	10
oxcarbazepine tab 600 mg	44	oxymorphone hcl tab 10 mg	18
OXERVATE (cenegermin-bkbfj)	321	oxymorphone hcl tab 5 mg	18
oxiconazole nitrate cream 1%	61	OXYTROL (oxybutynin)	220
OXISTAT (oxiconazole nitrate)	61	OZEMPIC (0.25 OR 0.5 MG/DOSE) (semaglutide)	110
OXSORALEN ULTRA (methoxsalen rapid)	185	OZEMPIC (1 MG/DOSE) (semaglutide)	110
OXTELLAR XR (oxcarbazepine)	44	OZEMPIC (2 MG/DOSE) (semaglutide)	110
oxybutynin chloride syrup 5 mg/5ml	220	OZOBAX (baclofen)	92
oxybutynin chloride tab 5 mg	220		
oxybutynin chloride tab er 24hr 10 mg (OXYBUTYNIN CHLORIDE ER)	220	P	
oxybutynin chloride tab er 24hr 15 mg (OXYBUTYNIN CHLORIDE ER)	220	PALFORZIA (12 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder-dnfp)	261
oxybutynin chloride tab er 24hr 5 mg (OXYBUTYNIN CHLORIDE ER)	220		
oxycodone hcl cap 5 mg	17		
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	17		
OXYCODONE HCL ER	10		
oxycodone hcl soln 5 mg/5ml	17		
oxycodone hcl tab 10 mg	17		

PALFORZIA (120 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder-dnfp).....	262	PALYNZIQ (pegvaliase-pqpz).....	218
PALFORZIA (160 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder-dnfp).....	262	PAMELOR (nortriptyline hcl).....	55
PALFORZIA (20 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder-dnfp).....	262	PANCREAZE (pancrelipase (lipase-protease-amylase)).....	218
PALFORZIA (200 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder-dnfp).....	262	PANDEL (hydrocortisone probutate).....	181
PALFORZIA (240 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder-dnfp).....	262	PANRETIN (alitretinoin).....	78
PALFORZIA (3 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder-dnfp).....	262	pantoprazole sodium ec tab 20 mg (base equiv).....	215
PALFORZIA (300 MG MAINTENANCE) (peanut (arachis hypogaea) allergen powder-dnfp).....	262	pantoprazole sodium ec tab 40 mg (base equiv).....	215
PALFORZIA (300 MG TITRATION) (peanut (arachis hypogaea) allergen powder-dnfp).....	262	pantoprazole sodium for delayed release susp packet 40 mg.....	215
PALFORZIA (40 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder-dnfp).....	262	paricalcitol cap 1 mcg.....	271
PALFORZIA (6 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder-dnfp).....	262	paricalcitol cap 2 mcg.....	271
PALFORZIA (80 MG DAILY DOSE) (peanut (arachis hypogaea) allergen powder-dnfp).....	262	paricalcitol cap 4 mcg.....	271
paliperidone tab er 24hr 1.5 mg (PALIPERIDONE ER).....	89	PARLODEL (bromocriptine mesylate).....	83
paliperidone tab er 24hr 3 mg (PALIPERIDONE ER).....	89	PARNATE (tranylcypromine sulfate).....	49
paliperidone tab er 24hr 6 mg (PALIPERIDONE ER).....	89	paromomycin sulfate cap 250 mg.....	23
paliperidone tab er 24hr 9 mg (PALIPERIDONE ER).....	89	paroxetine hcl oral susp 10 mg/5ml (base equiv).....	52
		paroxetine hcl tab 10 mg.....	52
		paroxetine hcl tab 20 mg.....	52
		paroxetine hcl tab 30 mg.....	52
		paroxetine hcl tab 40 mg.....	52
		paroxetine hcl tab er 24hr 12.5 mg (PAROXETINE HCL ER).....	52
		paroxetine hcl tab er 24hr 25 mg (PAROXETINE HCL ER).....	52
		paroxetine hcl tab er 24hr 37.5 mg (PAROXETINE HCL ER).....	52
		paroxetine mesylate cap 7.5 mg (base equiv).....	52
		PASER (aminosalicylic acid).....	67
		PATANASE (olopatadine hcl (nasal)).....	332
		PAXIL (paroxetine hcl).....	52
		PAXIL CR (paroxetine hcl).....	52
		PAZEO (olopatadine hcl).....	322
		pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (PB-HYOSCY-ATROPINE-SCOPOLAMINE).....	211

pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (PHENOBARBITAL-BELLADONNA ALK).....	211	PEGINTRON (peginterferon alfa-2b).....	93
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (PHENOHYTRO).....	211	PEMAZYRE (pemigatinib).....	76
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (PB-HYOSCY-ATROPINE-SCOPOLAMINE).....	211	PEN NEEDLES.....	302
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (PHENOBARBITAL-BELLADONNA ALK).....	211	PEN NEEDLES 1/2".....	302
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (PHENOHYTRO).....	211	PEN NEEDLES 3/16".....	302
PC LANCETS SUPER THIN 30G.....	302	PEN NEEDLES 5/16".....	302
PC UNIFINE PENTIPS.....	302	penicillamine cap 250 mg.....	223
PEDIAPRED (prednisolone sodium phosphate).....	228	penicillamine tab 250 mg.....	223
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (GAVILYTE-G).....	212	PENICILLIN V POTASSIUM.....	29
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (PEG-3350/ELECTROLYTES).....	213	penicillin v potassium tab 250 mg.....	29
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (PEG 3350/ELECTROLYTES).....	213	penicillin v potassium tab 500 mg.....	29
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (PEG-3350/ELECTROLYTES/ASCORBAT).....	208	PENLAC (ciclopirox).....	190
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (PEG-KCL-NACL-NASULF-NA ASC-C).....	208	PENNSAID (diclofenac sodium (topical)).....	5
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (GAVILYTE-N WITH FLAVOR PACK).....	208	PENTASA (mesalamine).....	269
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (PEG 3350-KCL-NA BICARB-NACL).....	208	pentazocine w/ naloxone tab 50-0.5 mg (PENTAZOCINE-NALOXONE HCL).....	18
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (TRILYTE).....	208	PENTIPS.....	302
PEG-PREP (bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride).....	208	pentoxifylline tab er 400 mg (PENTOXIFYLLINE ER).....	146
PEGANONE (ethotoin).....	44	PEPCID (famotidine).....	214
PEGASYS (peginterferon alfa-2a).....	263	PERCOCET (oxycodone w/ acetaminophen).....	18,19
PEGASYS PROCLICK (peginterferon alfa-2a).....	263	PERFECT LANCETS 28G.....	303
		PERFECT LANCETS 30G.....	303
		PERFOROMIST (formoterol fumarate).....	335
		perindopril erbumine tab 2 mg.....	127
		perindopril erbumine tab 4 mg.....	127
		perindopril erbumine tab 8 mg.....	127
		permethrin cream 5%.....	189
		perphenazine tab 16 mg.....	56
		perphenazine tab 2 mg.....	56
		perphenazine tab 4 mg.....	56
		perphenazine tab 8 mg.....	56
		PERPHENAZINE-AMITRIPTYLINE.....	49
		PERTZYE (pancrelipase (lipase-protease-amylase)).....	218
		PEXEVA (paroxetine mesylate).....	52
		PHARMACIST CHOICE AUTOCODE (glucose blood).....	303
		PHARMACIST CHOICE LANCETS.....	303

PHARMACIST CHOICE NO CODING (glucose blood).....	303	PHOSLYRA (calcium acetate (phosphate binder)).....	194
PHARMACY COUNTER LANCETS.....	303	PHOSPHOLINE IODIDE (echothiophate iodide).....	327
PHEBURANE (sodium phenylbutyrate).....	218	phytonadione tab 5 mg.....	122
phenazopyridine hcl tab 100 mg.....	223	PICATO (ingenol mebutate).....	185
phenazopyridine hcl tab 200 mg.....	223	PIFELTRO (doravirine).....	96
PHENDIMETRAZINE TARTRATE ER.....	168	pilocarpine hcl ophth soln 1%.....	327
phendimetrazine tartrate tab 35 mg.....	168	pilocarpine hcl ophth soln 2%.....	327
PHENELZINE SULFATE.....	50	pilocarpine hcl ophth soln 4%.....	327
phenelzine sulfate tab 15 mg.....	50	pilocarpine hcl tab 5 mg.....	172
phenobarbital elixir 20 mg/5ml.....	42	pilocarpine hcl tab 7.5 mg.....	173
phenobarbital tab 100 mg.....	42	pimecrolimus cream 1%.....	181
phenobarbital tab 15 mg.....	42	PIMOZIDE.....	87
phenobarbital tab 16.2 mg.....	42	pindolol tab 10 mg.....	132
phenobarbital tab 30 mg.....	42	pindolol tab 5 mg.....	132
phenobarbital tab 32.4 mg.....	42	pioglitazone hcl tab 15 mg (base equiv)...	110
phenobarbital tab 60 mg.....	42	pioglitazone hcl tab 30 mg (base equiv)...	110
phenobarbital tab 64.8 mg.....	42	pioglitazone hcl tab 45 mg (base equiv)...	110
phenobarbital tab 97.2 mg.....	42	pioglitazone hcl-glimepiride tab 30-2 mg..	110
phenoxybenzamine hcl cap 10 mg.....	125	pioglitazone hcl-glimepiride tab 30-4 mg..	110
phentermine hcl cap 15 mg.....	168	pioglitazone hcl-metformin hcl tab 15-500 mg.....	110
phentermine hcl cap 30 mg.....	168	pioglitazone hcl-metformin hcl tab 15-850 mg.....	110
phentermine hcl cap 37.5 mg.....	168	PIP BLOOD GLUCOSE TEST STRIP (glucose blood).....	303
phentermine hcl tab 37.5 mg.....	168	PIP LANCETS 28G.....	303
phenylephrine hcl ophth soln 10%.....	321	PIP LANCETS 30G.....	303
phenylephrine hcl ophth soln 10% (ALTAFRIN).....	321	PIP PEN NEEDLES 31G X 5MM.....	303
phenylephrine hcl ophth soln 2.5%.....	321	PIP PEN NEEDLES 32G X 4MM.....	303
phenylephrine hcl ophth soln 2.5% (ALTAFRIN).....	321	PIQRAY (200 MG DAILY DOSE) (alpelisib)...	76
PHENYTEK (phenytoin sodium extended)...	44	PIQRAY (250 MG DAILY DOSE) (alpelisib)...	76
phenytoin chew tab 50 mg.....	44	PIQRAY (300 MG DAILY DOSE) (alpelisib)...	76
phenytoin chew tab 50 mg (PHENYTOIN INFATABS).....	44	PIRFENIDONE.....	339
phenytoin sodium extended cap 100 mg...	45	pirfenidone tab 267 mg.....	339
phenytoin sodium extended cap 200 mg...	45	pirfenidone tab 801 mg.....	339
phenytoin sodium extended cap 300 mg...	45	piroxicam cap 10 mg.....	5
phenytoin susp 125 mg/5ml.....	45	piroxicam cap 20 mg.....	5
PHEXXI (lactic acid-citric acid-potassium bitartrate).....	253	PLAQUENIL (hydroxychloroquine sulfate)...	80
		PLAVIX (clopidogrel bisulfate).....	123

PLEGRIDY (peginterferon beta-1a)	171,172	pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (TRICITRATES)	223
PLEGRIDY STARTER PACK (peginterferon beta- 1a)	172	POT BICARB-POT CHLORIDE (potassium bicarb & chloride)	200
PLENVU (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	208	pot bicarbonate & chloride effer tab 25 meq (EFFERVESCENT POT CHLORIDE)	200
PLEXION (sulfacetamide sodium w/ sulfur) .	185	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (PHOSPHA 250 NEUTRAL)	223
PLEXION CLEANSER (sulfacetamide sodium w/ sulfur)	185	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (PHOSPHO-TRIN 250 NEUTRAL)	223
PLEXION CLEANSING CLOTH (sulfacetamide sodium w/ sulfur)	185	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (PHOSPHOROUS)	223
PNV TABS 29-1 (prenatal vit w/ iron carbonyl- folic acid)	199	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (VIRT-PHOS 250 NEUTRAL)	223
PNV-DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	199	potassium bicarbonate effer tab 25 meq .	200
PNV-DHA+DOCUSATE (prenatal w/o vit a w/ fe fumarate-dss-fa-dha)	199	potassium bicarbonate effer tab 25 meq (EFFER-K)	200
PNV-OMEGA (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3)	200	potassium bicarbonate effer tab 25 meq (K- EFFERVESCENT)	200
PNV-SELECT (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid)	200	potassium bicarbonate effer tab 25 meq (K- PRIME)	200
POCKET CHAMBER	303	potassium bicarbonate effer tab 25 meq (K- VESCENT)	200
POCKET SPACER	303	potassium bicarbonate effer tab 25 meq (KLOR-CON/EF)	200
POCKETCHEM EZ TEST (glucose blood)	303	potassium chloride cap er 10 meq (KLOR- CON SPRINKLE)	191
podofilox soln 0.5%	185	potassium chloride cap er 10 meq (POTASSIUM CHLORIDE ER)	191
POGO AUTOMATIC TEST CARTRIDGES (glucose blood)	303	potassium chloride cap er 8 meq (KLOR-CON SPRINKLE)	191
POLY-VI-FLOR (pediatric multivitamins w/fl) 200		potassium chloride cap er 8 meq (POTASSIUM CHLORIDE ER)	191
POLY-VI-FLOR FS (pediatric multivitamins w/fl)	200	POTASSIUM CHLORIDE ER	191
POLY-VI-FLOR/IRON (ped multivitamins w/fl & iron)	200	potassium chloride microencapsulated crys er tab 10 meq (KLOR-CON M10)	191
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	323		
POLYTRIM (polymyxin b-trimethoprim)	323		
POMALYST (pomalidomide)	69		
PONVORY (ponesimod)	172		
PONVORY STARTER PACK (ponesimod)	172		
posaconazole tab delayed release 100 mg .61			
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (POT & SOD CIT-CIT AC)	223		

potassium chloride microencapsulated crystal tab 10 meq (POTASSIUM CHLORIDE CRYSTAL ER).....	191	potassium citrate tablet 5 meq (540 mg) (POTASSIUM CITRATE ER).....	192
potassium chloride microencapsulated crystal tab 15 meq (KLOR-CON M15).....	191	potassium phosphate monobasic tablet 500 mg (PHOSPHO-TRIN K500).....	224
potassium chloride microencapsulated crystal tab 15 meq (POTASSIUM CHLORIDE CRYSTAL ER).....	191	PRADAXA (dabigatran etexilate mesylate)	119
potassium chloride microencapsulated crystal tab 20 meq (KLOR-CON M20).....	191	PRALUENT (alirocumab).....	154
potassium chloride microencapsulated crystal tab 20 meq (POTASSIUM CHLORIDE CRYSTAL ER).....	191	Praluent 150 mg/ml pen (NDC 00024).....	155
potassium chloride oral solution 10% (20 meq/15ml).....	191	PRALUENT 150 MG/ML PEN (NDC 72733)...	155
potassium chloride oral solution 20% (40 meq/15ml).....	191	PRALUENT 75 MG/ML PEN (NDC 00024)....	155
potassium chloride powder packet 20 meq.....	191	PRALUENT 75 MG/ML PEN (NDC 72733)....	155
potassium chloride powder packet 20 meq (KLOR-CON).....	191	pramipexole dihydrochloride tablet 0.125 mg.	83
potassium chloride tablet 10 meq (KLOR-CON 10).....	191	pramipexole dihydrochloride tablet 0.25 mg..	83
potassium chloride tablet 10 meq (POTASSIUM CHLORIDE ER).....	192	pramipexole dihydrochloride tablet 0.5 mg...	83
potassium chloride tablet 20 meq (1500 mg) (POTASSIUM CHLORIDE ER).....	192	pramipexole dihydrochloride tablet 0.75 mg..	83
potassium chloride tablet 8 meq (600 mg) (KLOR-CON).....	192	pramipexole dihydrochloride tablet 1 mg.....	83
potassium chloride tablet 8 meq (600 mg) (POTASSIUM CHLORIDE ER).....	192	pramipexole dihydrochloride tablet 1.5 mg...	83
potassium citrate & citric acid powder pack 3300-1002 mg (TARON-CRYSTALS).....	223	pramipexole dihydrochloride tablet 24hr 0.375 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER) .	83
potassium citrate & citric acid solution 1100-334 mg/5ml (CYTRA-K).....	223	pramipexole dihydrochloride tablet 24hr 0.75 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER) .	83
potassium citrate & citric acid solution 1100-334 mg/5ml (POTASSIUM CITRATE-CITRIC ACID)	224	pramipexole dihydrochloride tablet 24hr 1.5 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER) .	83
potassium citrate tablet 10 meq (1080 mg) (POTASSIUM CITRATE ER).....	192	pramipexole dihydrochloride tablet 24hr 2.25 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER) .	83
potassium citrate tablet 15 meq (1620 mg) (POTASSIUM CITRATE ER).....	192	pramipexole dihydrochloride tablet 24hr 3 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER).....	83
		pramipexole dihydrochloride tablet 24hr 3.75 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER) .	83
		pramipexole dihydrochloride tablet 24hr 4.5 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER) .	83
		PRAMOSONE (pramoxine-hc).....	185
		PRANDIN (repaglinide).....	110
		prasugrel hcl tablet 10 mg (base equiv).....	123
		prasugrel hcl tablet 5 mg (base equiv).....	123
		PRAVACHOL (pravastatin sodium).....	152
		pravastatin sodium tablet 10 mg.....	152
		pravastatin sodium tablet 20 mg.....	152
		pravastatin sodium tablet 40 mg.....	152
		pravastatin sodium tablet 80 mg.....	153
		praziquantel tablet 600 mg.....	79
		prazosin hcl cap 1 mg.....	125

prazosin hcl cap 2 mg.....	125	prednisolone sod phosphate oral soln 10 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE).....	228
prazosin hcl cap 5 mg.....	125	prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE).....	228
PRECISION PCX (glucose blood).....	303	prednisolone sod phosphate oral soln 20 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE).....	229
PRECISION PCX PLUS TEST (glucose blood).....	303	PREDNISOLONE SODIUM PHOSPHATE.....	229
PRECISION POINT OF CARE TEST (glucose blood).....	303	PREDNISOLONE SODIUM PHOSPHATE (prednisolone sodium phosphate (ophth)).....	325
PRECISION QID TEST (glucose blood).....	303	prednisolone soln 15 mg/5ml.....	229
PRECISION SOF-TACT TEST (glucose blood).....	303	PREDNISOLONE.....	229
PRECISION SURE-DOSE SYRINGE.....	303	PREDNISOLONE INTENSOL.....	229
PRECISION SUREDOSE PLUS SYR.....	303	prednisone tab 1 mg.....	229
PRECISION THINS GP LANCETS.....	303	prednisone tab 10 mg.....	229
PRECISION XTRA BLOOD GLUCOSE (glucose blood).....	303	prednisone tab 2.5 mg.....	229
PRECISION XTRA KETONE (ketone blood test).....	304	prednisone tab 20 mg.....	229
PRECOSE (acarbose).....	110	prednisone tab 5 mg.....	229
PRED FORTE (prednisolone acetate (ophth)).....	325	prednisone tab 50 mg.....	229
PRED MILD (prednisolone acetate (ophth)).....	325	prednisone tab therapy pack 10 mg (21).....	229
PRED-G (gentamicin-prednisolone acetate).....	321	prednisone tab therapy pack 10 mg (48).....	229
PRED-G S.O.P. (gentamicin-prednisolone acetate).....	321	prednisone tab therapy pack 5 mg (21).....	229
PREDNICARBATE.....	228	prednisone tab therapy pack 5 mg (48).....	229
PREDNISOLONE ACETATE (prednisolone acetate (ophth)).....	325	PREFERRED PLUS INSULIN SYRINGE.....	304
PREDNISOLONE ACETATE P-F (prednisolone acetate (ophth)).....	325	PREFERRED PLUS LANCETS COLORED.....	304
prednisolone sod phos orally disintegr tab 10 mg (base eq) (PREDNISOLONE SODIUM PHOSPHATE).....	228	PREFERRED PLUS LANCETS THIN.....	304
prednisolone sod phos orally disintegr tab 15 mg (base eq) (PREDNISOLONE SODIUM PHOSPHATE).....	228	PREFERRED PLUS UNIFINE PENTIPS.....	304
prednisolone sod phos orally disintegr tab 30 mg (base eq) (PREDNISOLONE SODIUM PHOSPHATE).....	228	PREFEST (estradiol-norgestimate).....	251
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (PREDNISOLONE SODIUM PHOSPHATE).....	228	pregabalin cap 100 mg.....	169
		pregabalin cap 150 mg.....	169
		pregabalin cap 200 mg.....	169
		pregabalin cap 225 mg.....	169
		pregabalin cap 25 mg.....	169
		pregabalin cap 300 mg.....	169
		pregabalin cap 50 mg.....	169
		pregabalin cap 75 mg.....	169
		pregabalin soln 20 mg/ml.....	170
		pregabalin tab er 24hr 165 mg (PREGABALIN ER).....	170

pregabalin tab er 24hr 330 mg (PREGABALIN ER).....	170	PRENATAL PLUS IRON (prenatal vit w/ iron carbonyl-folic acid).....	201
pregabalin tab er 24hr 82.5 mg (PREGABALIN ER).....	170	PRENATAL PLUS VITAMIN/MINERAL (prenatal vit w/ ferrous fumarate-folic acid).....	201
PREGEN DHA (prenatal mv & min w/fe carbonyl-fa-dha).....	200	PRENATAL VITAMIN PLUS LOW IRON (prenatal vit w/ ferrous fumarate-folic acid).....	201
PREGNYL (chorionic gonadotropin).....	232	PRENATAL-U (prenatal without a vit w/ fe fumarate-folic acid).....	201
PREMARIN (estrogens, conjugated vaginal).....	251	PRENATE (prenatal multivitamins & minerals w/ l-methylfolate-fa).....	201
PREMARIN (estrogens, conjugated).....	251	PRENATE AM (prenatal w/ calcium-vit b6-vit b12-folic acid-ginger).....	201
PREMESISRX (prenatal w/ calcium-vit b6-vit b12-folic acid-ginger).....	200	PRENATE DHA (prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha).....	201
PREMIUM BLOOD GLUCOSE TEST (glucose blood).....	304	PRENATE ELITE (prenatal w/ fe asparto glycinate-l methylfolate-folic acid).....	202
PREMPHASE (conjugated estrogens-medroxyprogesterone acetate).....	251	PRENATE ENHANCE (prenatal without a w/ fe fumarate-l methylfolate-fa-dha).....	202
PREMPRO (conjugated estrogens-medroxyprogesterone acetate).....	251	PRENATE ESSENTIAL (prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha).....	202
PRENA1 (prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid).....	200	PRENATE MINI (prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha).....	202
PRENA1 PEARL (prenatal without a w/ fe fumarate-sod feredetate-fa-dha).....	201	PRENATE PIXIE (prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha).....	202
PRENAISSANCE (prenatal w/o vit a w/ fe fumarate-dss-fa-dha).....	201	PRENATE RESTORE (prenatal without a w/ fe fumarate-l methylfolate-fa-dha).....	202
PRENAISSANCE PLUS (prenatal w/o vit a w/ fe carbonyl-dss-fa-dha).....	201	PRENATRIX (prenatal vit w/ ferrous fumarate-folic acid).....	202
PRENARA (prenatal vit w/ ferrous fumarate-folic acid).....	201	PRENATRYL (prenatal vit w/ ferrous fumarate-folic acid).....	202
PRENATABS FA (prenatal vit w/ ferrous fumarate-folic acid).....	201	PRENATVITE COMPLETE (prenatal multivit-min w/fe-fa).....	202
PRENATABS RX (prenatal vit w/ iron carbonyl-folic acid).....	201	PRENATVITE PLUS (prenatal multivit-min w/fe-fa).....	202
PRENATAL (prenatal vit w/ ferrous fumarate-folic acid).....	201	PREPLUS (prenatal vit w/ ferrous fumarate-folic acid).....	202
PRENATAL 19 (prenatal vit w/ docusate-fe fumarate-folic acid).....	201	PREPOPIK (sodium picosulfate-magnesium oxide-anhydrous citric acid).....	208
PRENATAL 19 (prenatal vit w/ ferrous fumarate-folic acid).....	201	PRESSURE ACTIVAT SAFETY LANCET.....	304
PRENATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid).....	201	PRESTALIA (perindopril arginine-amlodipine besylate).....	146

PRETAB (prenatal vit w/ ferrous fumarate-folic acid).....	202	PROCARE SPACER/CHILD MASK.....	304
PRETOMANID.....	67	prochlorperazine maleate tab 10 mg (base equivalent).....	56
PREVACID (lansoprazole).....	215	prochlorperazine maleate tab 5 mg (base equivalent).....	56
PREVACID SOLUTAB (lansoprazole).....	215	prochlorperazine suppos 25 mg.....	56
PREVENT DROPSAFE PEN NEEDLES.....	304	prochlorperazine suppos 25 mg (COMPRO).....	56
PREVENT SAFETY PEN NEEDLES.....	304	PROCRT (epoetin alfa).....	121
PREVYMIS (Ietermovir).....	92	PROCTOCORT (hydrocortisone (rectal))... ..	181
PREZCOBIX (darunavir-cobicistat).....	100	PROCTOFOAM HC (hydrocortisone acetate w/ pramoxine).....	185
PREZISTA (darunavir ethanolate).....	100	PROCYSBI (cysteamine bitartrate).....	218
PREZISTA (darunavir).....	100	PRODIGY INSULIN SYRINGE.....	304
PRIFTIN (rifapentine).....	67	PRODIGY LANCETS 28G.....	305
PRILOSEC (omeprazole magnesium).....	215	PRODIGY NO CODING BLOOD GLUC (glucose blood).....	305
PRIMACARE (prenatal without a w/ fe asp glyc-I methylfolate-fa-omega 3).....	202	PRODIGY SAFETY LANCETS 26G.....	305
PRIMAQUINE PHOSPHATE.....	80	PRODIGY TWIST TOP LANCETS 28G.....	305
primaquine phosphate tab 26.3 mg (15 mg base).....	80	progesterone cap 100 mg.....	253
PRIMEAIRE HOLDING CHAMBER.....	304	progesterone cap 200 mg.....	253
primidone tab 250 mg.....	42	progesterone im in oil 50 mg/ml.....	253
primidone tab 50 mg.....	42	PROGLYCEM (diazoxide).....	113
PRIMLEV (oxycodone w/ acetaminophen) ..	19	PROGRAF (tacrolimus).....	266
PRIMSOL (trimethoprim hcl).....	26	PROLATE (oxycodone w/ acetaminophen) ..	19
PRINIVIL (lisinopril).....	127	PROLENSA (bromfenac sodium (ophth))... ..	325
PRISTIQ (desvenlafaxine succinate).....	52	PROMACTA (eltrombopag olamine).....	121
PRO COMFORT INSULIN SYRINGE.....	304	promethazine & phenylephrine syrup 6.25-5 mg/5ml (PROMETHAZINE VC).....	343
PRO COMFORT LANCETS 30G.....	304	promethazine & phenylephrine syrup 6.25-5 mg/5ml (PROMETHAZINE-PHENYLEPHRINE) ..	343
PRO COMFORT LANCETS 31G.....	304	promethazine hcl suppos 12.5 mg.....	56
PRO COMFORT PEN NEEDLES.....	304	promethazine hcl suppos 12.5 mg (PHENADOZ).....	56
PRO COMFORT SPACER ADULT.....	304	promethazine hcl suppos 12.5 mg (PROMETHEGAN).....	56
PRO COMFORT SPACER CHILD.....	304	promethazine hcl suppos 25 mg.....	56
PRO COMFORT SPACER INFANT.....	304	promethazine hcl suppos 25 mg (PHENADOZ).....	56
PRO VOICE V8/V9 GLUCOSE (glucose blood).....	304	promethazine hcl suppos 25 mg (PROMETHEGAN).....	56
PROAIR DIGIHALER (albuterol sulfate).....	335	promethazine hcl suppos 50 mg.....	56
PROAIR HFA (albuterol sulfate).....	335		
PROAIR RESPICLICK (albuterol sulfate).....	335		
probenecid tab 500 mg.....	62		
PROCARDIA (nifedipine).....	134		
PROCARDIA XL (nifedipine).....	134		
PROCARE SPACER/ADULT MASK.....	304		

promethazine hcl syrup 6.25 mg/5ml.....	332	propranolol hcl tab 80 mg.....	132
promethazine hcl tab 12.5 mg.....	56	PROPRANOLOL-HCTZ (propranolol & hydrochlorothiazide).....	146
promethazine hcl tab 25 mg.....	57	propylthiouracil tab 50 mg.....	259
promethazine hcl tab 50 mg.....	57	PROSCAR (finasteride).....	221
promethazine w/ codeine syrup 6.25-10 mg/5ml (PROMETHAZINE-CODEINE).....	343	PROTONIX (pantoprazole sodium).....	216
PROMETHAZINE-DM.....	343	PROTOPIC (tacrolimus (topical)).....	181
promethazine-dm syrup 6.25-15 mg/5ml...	343	protriptyline hcl tab 10 mg.....	55
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (PROMETHAZINE VC/CODEINE).....	343	protriptyline hcl tab 5 mg.....	55
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (PROMETHAZINE- PHENYLEPH-CODEINE).....	343	PROVENTIL HFA (albuterol sulfate).....	335
PROMETHEGAN (promethazine hcl).....	57	PROVERA (medroxyprogesterone acetate).....	253
PROMETRIUM (progesterone).....	253	PROVIDA DHA (prenatal without a w/fe fum- fe polysacch complex-fa-dha).....	202
propafenone hcl cap er 12hr 225 mg (PROPAFENONE HCL ER).....	129	PROVIDA OB (prenatal without a vit w/ fe fum-iron polysacch complex -fa).....	202
propafenone hcl cap er 12hr 325 mg (PROPAFENONE HCL ER).....	129	PROVIGIL (modafinil).....	349
propafenone hcl cap er 12hr 425 mg (PROPAFENONE HCL ER).....	129	PROZAC (fluoxetine hcl).....	52
propafenone hcl tab 150 mg.....	129	PRUDOXIN (doxepin hcl (antipruritic)).....	181
propafenone hcl tab 225 mg.....	129	PSEUDOEPH-CHLORPHEN-HYDROCOD (pseudoephed-cpm w/ hydrocod).....	343
propafenone hcl tab 300 mg.....	129	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (BROMFED DM).....	343
PROPANTHELINE BROMIDE.....	211	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (PSEUDOEPH-BROMPHEN-DM)....	343
proparacaine hcl ophth soln 0.5%.....	321	PSORCON (diflorasone diacetate).....	181
PROPRANOLOL HCL.....	132	PSS SELECT GP LANCETS.....	305
propranolol hcl cap er 24hr 120 mg (PROPRANOLOL HCL ER).....	132	PSS SELECT SAFETY LANCETS.....	305
propranolol hcl cap er 24hr 160 mg (PROPRANOLOL HCL ER).....	132	PTS PANELS GLUCOSE TEST (glucose blood)	305
propranolol hcl cap er 24hr 60 mg (PROPRANOLOL HCL ER).....	132	PTS PANELS KETONE TEST (ketone blood test).....	305
propranolol hcl cap er 24hr 80 mg (PROPRANOLOL HCL ER).....	132	PTS PANELSEGLU TEST (glucose blood)....	305
propranolol hcl oral soln 20 mg/5ml.....	132	PULMICORT (budesonide (inhalation)).....	330
propranolol hcl tab 10 mg.....	132	PULMICORT FLEXHALER (budesonide (inhalation)).....	331
propranolol hcl tab 20 mg.....	132	PULMOZYME (dornase alfa).....	336
propranolol hcl tab 40 mg.....	132	PURE COMFORT LANCETS 30G.....	305
propranolol hcl tab 60 mg.....	132	PURE COMFORT PEN NEEDLE.....	305
		PURE COMFORT SPACER CHAMBER.....	305
		PUREFE OB PLUS (prenatal without a vit w/ fe fum-iron polysacch complex -fa).....	202

PURIXAN (mercaptopurine).....	70
PUSH BUTTON SAFETY LANCETS.....	305
PUSH BUTTON SAFETY LANCETS 28G.....	305
PX EXTRA SHORT PEN NEEDLES.....	305
PX INSULIN SYRINGE.....	305
PX LANCETS MICROTHIN 33G.....	305
PX LANCETS ULTRA THIN.....	305
PX LANCETS ULTRA THIN 28G.....	305
PX MINI PEN NEEDLES.....	305
PX PEN NEEDLE.....	305
PX SHORTLENGTH PEN NEEDLES.....	305
PYLERA (bismuth subcitrate potassium- metronidazole-tetracycline).....	213
pyrazinamide tab 500 mg.....	67
PYRIDIUM (phenazopyridine hcl).....	224
PYRIDOSTIGMINE BROMIDE.....	66
pyridostigmine bromide oral soln 60 mg/5ml	66
pyridostigmine bromide tab 60 mg.....	66
pyridostigmine bromide tab er 180 mg (PYRIDOSTIGMINE BROMIDE ER).....	66
pyrimethamine tab 25 mg.....	80
PYRUKYND (mitapivat sulfate).....	121
PYRUKYND TAPER PACK (mitapivat sulfate).....	121,122

Q

QBRELIS (lisinopril).....	127
QBREXZA (glycopyrronium tosylate).....	185
QC LANCETS SUPER THIN 30G.....	305
QC LANCETS ULTRA THIN.....	305
QC PEN NEEDLES.....	305
QC UNIFINE PENTIPS.....	306
QC UNILET LANCETS 28G.....	306
QC UNILET LANCETS MICRO THIN.....	306
QDOLO (tramadol hcl).....	19
QELBREE (viloxazine hcl (adhd)).....	165
QINLOCK (ripretinib).....	71
QMIIZ ODT (meloxicam).....	5
QNASL (beclomethasone dipropionate (nasal)).....	331
QNASL CHILDRENS (beclomethasone dipropionate (nasal)).....	331
QSYMIA (phentermine hcl-topiramate)....	168
QTERN (dapagliflozin-saxagliptin).....	110
QUALAQUIN (quinine sulfate).....	80
QUARTETTE (levonorgestrel-ethinyl estradiol (91-day)).....	251
QUAZEPAM.....	347
QUDEXY XR (topiramate).....	40
QUESTRAN (cholestyramine).....	155
QUESTRAN LIGHT (cholestyramine light)....	155
QUETIAPINE FUMARATE.....	89
quetiapine fumarate tab 100 mg.....	89
quetiapine fumarate tab 200 mg.....	89
quetiapine fumarate tab 25 mg.....	89
quetiapine fumarate tab 300 mg.....	89
quetiapine fumarate tab 400 mg.....	89
quetiapine fumarate tab 50 mg.....	89
quetiapine fumarate tab er 24hr 150 mg (QUETIAPINE FUMARATE ER).....	89
quetiapine fumarate tab er 24hr 200 mg (QUETIAPINE FUMARATE ER).....	89
quetiapine fumarate tab er 24hr 300 mg (QUETIAPINE FUMARATE ER).....	89
quetiapine fumarate tab er 24hr 400 mg (QUETIAPINE FUMARATE ER).....	89
quetiapine fumarate tab er 24hr 50 mg (QUETIAPINE FUMARATE ER).....	89
QUFLORA FE (multiple vitamins w/minerals & fluoride-iron-folic acid).....	203
QUFLORA FE PEDIATRIC (ped multivitamins w/fl & iron).....	203
QUFLORA GUMMIES (pediatric multivitamins w/fl).....	203
QUFLORA PEDIATRIC (pediatric multivitamins w/fl).....	203
QUICKTEK TEST (glucose blood).....	306
QUILLICHEW ER (methylphenidate hcl)....	165
QUILLIVANT XR (methylphenidate hcl)....	165
quinapril hcl tab 10 mg.....	128
quinapril hcl tab 20 mg.....	128

quinapril hcl tab 40 mg	128
quinapril hcl tab 5 mg	128
quinapril-hydrochlorothiazide tab 10-12.5 mg	146
quinapril-hydrochlorothiazide tab 20-12.5 mg	146
quinapril-hydrochlorothiazide tab 20-25 mg	146
quinidine gluconate tab er 324 mg (QUINIDINE GLUCONATE ER)	129
QUINIDINE SULFATE	129
quinidine sulfate tab 200 mg	129
quinidine sulfate tab 300 mg	129
quinine sulfate cap 324 mg	80
QUINTET AC BLOOD GLUCOSE TEST (glucose blood)	306
QUINTET BLOOD GLUCOSE TEST (glucose blood)	306
QULIPTA (atogepant)	62
QUVIVIQ (daridorexant hcl)	347
QVAR REDHALER (beclomethasone dipropionate hfa)	331

R

R-NATAL OB (prenatal w/o vit a w/ fe carbonyl-folic acid-dha)	203
RA E-ZJECT COLOR LANCETS 33G	306
RA E-ZJECT LANCETS 28G	306
RA E-ZJECT LANCETS THIN 26G	306
RA E-ZJECT LANCETS THIN 28G	306
RA E-ZJECT LANCETS ULTRA THIN	306
RA INSULIN SYRINGE	306
RA PEN NEEDLES	306
RA TRUETEST TEST (glucose blood)	306
RABEPRAZOLE SODIUM	216
rabeprazole sodium ec tab 20 mg	216
RADICAVA ORS (edaravone)	168
RADICAVA ORS STARTER KIT (edaravone)	168
RADIOGARDASE (prussian blue insoluble (ferric hexacyanoferrate ii))	203

RAGWITEK (short ragweed pollen allergen extract)	343
raloxifene hcl tab 60 mg	254
ramelteon tab 8 mg	347
ramipril cap 1.25 mg	128
ramipril cap 10 mg	128
ramipril cap 2.5 mg	128
ramipril cap 5 mg	128
RANEXA (ranolazine)	146
ranitidine hcl cap 150 mg	214
ranitidine hcl cap 300 mg	214
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	214
ranitidine hcl tab 300 mg	214
ranolazine tab er 12hr 1000 mg (RANOLAZINE ER)	146
ranolazine tab er 12hr 500 mg (RANOLAZINE ER)	146
RAPAFLO (silodosin)	221
RAPAMUNE (sirolimus)	267
rasagiline mesylate tab 0.5 mg (base equiv)	85
rasagiline mesylate tab 1 mg (base equiv)	85
RASUVO (methotrexate (antirheumatic))	267
RAVICTI (glycerol phenylbutyrate)	218
RAYA SURE PEN NEEDLE	306
RAYALDEE (calcifediol)	271
RAYOS (prednisone)	229
RAZADYNE (galantamine hydrobromide)	46
RAZADYNE ER (galantamine hydrobromide)	47
READYLANCE SAFETY LANCETS	306
REALITY INSULIN SYRINGE	306
REALITY LANCETS	306
REALITY TRIGGER LANCETS	306
REBETOL (ribavirin (hepatitis c))	93,94
REBIF (interferon beta-1a)	172
REBIF REBIDOSE (interferon beta-1a)	172
REBIF REBIDOSE TITRATION PACK (interferon beta-1a)	172
REBIF TITRATION PACK (interferon beta-1a)	172
RECORLEV (levoketoconazole)	229
RECTIV (nitroglycerin (intra-anal))	157
REDITREX (methotrexate (antirheumatic))	267

REFUAH PLUS BLOOD GLUCOSE TEST (glucose blood).....	306	RENACIDIN (citric acid-gluconolactone-magnesium carbonate).....	224
REGIMEX (benzphetamine hcl).....	168	RENAGEL (sevelamer hcl).....	194
REGLAN (metoclopramide hcl).....	57	REVELA (sevelamer carbonate).....	194
REGRANEX (becaplermin).....	185	repaglinide tab 0.5 mg.....	110
RELAFEN DS (nabumetone).....	5	repaglinide tab 1 mg.....	111
RELENZA DISKHALER (zanamivir).....	101	repaglinide tab 2 mg.....	111
RELEUKO (filgrastim-ayow).....	122	REPAGLINIDE-METFORMIN HCL.....	111
RELEXII (methylphenidate hcl).....	165	REPATHA (evolocumab).....	155
RELI-ON INSULIN SYRINGE.....	306	REPATHA PUSHTRONEX SYSTEM (evolocumab).....	155
RELION BLOOD GLUCOSE TEST (glucose blood).....	307	REPATHA SURECLICK (evolocumab).....	155
RELION CONFIRM/MICRO TEST (glucose blood).....	307	REQUIP (ropinirole hydrochloride).....	83
RELION INSULIN SYRINGE.....	307	REQUIP XL (ropinirole hydrochloride).....	83
RELION KETONE (acetone (urine) test).....	307	RESCRIPTOR (delavirdine mesylate).....	96
RELION KETONE TEST (acetone (urine) test).....	307	RESTASIS (cyclosporine (ophth)).....	321
RELION LANCETS MICRO-THIN 33G.....	307	RESTASIS MULTIDOSE (cyclosporine (ophth)).....	321
RELION LANCETS STANDARD 21G.....	307	RESTORIL (temazepam).....	347
RELION LANCETS THIN 26G.....	307	RETACRIT (epoetin alfa-epbx).....	122
RELION LANCETS ULTRA-THIN 30G.....	307	RETEVMO (selpercatinib).....	71
RELION MINI PEN NEEDLES.....	307	RETIN-A (tretinoin).....	175
RELION PEN NEEDLES.....	307	RETIN-A MICRO (tretinoin microsphere).....	175
RELION PREMIER TEST (glucose blood).....	307	RETIN-A MICRO PUMP (tretinoin microsphere).....	175
RELION PRIME TEST (glucose blood).....	307	RETROVIR (zidovudine).....	98
RELION SHORT PEN NEEDLES.....	307	REVATIO (sildenafil citrate (pulmonary hypertension)).....	338
RELION TRUE METRIX TEST STRIPS (glucose blood).....	307	REVEAL BLOOD GLUCOSE TEST (glucose blood).....	307
RELION ULTIMA TEST (glucose blood).....	307	REVLIMID (lenalidomide).....	69
RELION ULTRA THIN LANCETS 30G.....	307	REXALL BLOOD GLUCOSE TEST (glucose blood).....	307
RELION ULTRA THIN PLUS LANCETS.....	307	REXALL LANCETS ULTRA THIN 30G.....	308
RELISTOR (methylnaltrexone bromide).....	208,209	REXULTI (brexpiprazole).....	90
RELNATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids).....	203	REYATAZ (atazanavir sulfate).....	100
RELPAK (eletriptan hydrobromide).....	64	REYVOW (lasmiditan succinate).....	64
RELTONE (ursodiol).....	213	REZUROCK (belumosudil mesylate).....	267
RELYVRIO (sodium phenylbutyrate-taurursodiol).....	168	RHOFADE (oxymetazoline hcl (topical)).....	175
REMERON (mirtazapine).....	49	RHOPRESSA (netarsudil dimesylate).....	327
REMERON SOLTAB (mirtazapine).....	49	RIBASPHERE (ribavirin (hepatitis c)).....	94

RIBASPHERE RIBAPAK (1000 PACK) (ribavirin (hepatitis c))	94	risedronate sodium tab delayed release 35 mg	272
RIBASPHERE RIBAPAK (1200 PACK) (ribavirin (hepatitis c))	94	RISPERDAL (risperidone)	90
RIBASPHERE RIBAPAK (600 PACK) (ribavirin (hepatitis c))	94	RISPERIDONE	90
RIBASPHERE RIBAPAK (800 PACK) (ribavirin (hepatitis c))	94	risperidone orally disintegrating tab 0.5 mg	90
ribavirin cap 200 mg	94	risperidone orally disintegrating tab 0.5 mg (RISPERIDONE M-TAB)	90
ribavirin cap 200 mg (RIBASPHERE)	94	risperidone orally disintegrating tab 1 mg	90
ribavirin tab 200 mg	94	risperidone orally disintegrating tab 1 mg (RISPERIDONE M-TAB)	90
ribavirin tab 200 mg (MODERIBA)	94	risperidone orally disintegrating tab 2 mg	90
ribavirin tab 200 mg (RIBASPHERE)	94	risperidone orally disintegrating tab 2 mg (RISPERIDONE M-TAB)	90
RIDAURA (auranofin)	262	risperidone orally disintegrating tab 3 mg	90
rifabutin cap 150 mg	66	risperidone orally disintegrating tab 4 mg	90
RIFADIN (rifampin)	67	risperidone soln 1 mg/ml	90
RIFAMATE (isoniazid & rifampin)	67	risperidone tab 0.25 mg	90
rifampin cap 150 mg	67	risperidone tab 0.5 mg	90
rifampin cap 300 mg	67	risperidone tab 1 mg	90
RIFATER (isoniazid-rifampin w/ pyrazinamide)	67	risperidone tab 2 mg	90
RIGHTEST GL300 LANCETS	308	risperidone tab 3 mg	90
RIGHTEST GS100 BLOOD GLUCOSE (glucose blood)	308	risperidone tab 4 mg	90
RIGHTEST GS300 BLOOD GLUCOSE (glucose blood)	308	RITALIN (methylphenidate hcl)	165,166
RIGHTEST GS550 BLOOD GLUCOSE (glucose blood)	308	RITALIN LA (methylphenidate hcl)	166
RIGHTEST GT333 BLOOD GLUCOSE (glucose blood)	308	RITEFLO	308
RILUTEK (riluzole)	168	ritonavir tab 100 mg	100
riluzole tab 50 mg	168	rivastigmine tartrate cap 1.5 mg (base equivalent)	47
RIMANTADINE HCL (rimantadine hydrochloride)	101	rivastigmine tartrate cap 3 mg (base equivalent)	47
RINVOQ (upadacitinib)	267	rivastigmine tartrate cap 4.5 mg (base equivalent)	47
RIOMET (metformin hcl)	111	rivastigmine tartrate cap 6 mg (base equivalent)	47
RIOMET ER (metformin hcl)	111	rivastigmine td patch 24hr 13.3 mg/24hr	47
risedronate sodium tab 150 mg	271	rivastigmine td patch 24hr 4.6 mg/24hr	47
risedronate sodium tab 30 mg	271	rivastigmine td patch 24hr 9.5 mg/24hr	47
risedronate sodium tab 35 mg	272	rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	64
risedronate sodium tab 5 mg	272	rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	64

rizatriptan benzoate tab 10 mg (base equivalent).....	64	ROSZET (ezetimibe-rosuvastatin calcium)...	155
rizatriptan benzoate tab 5 mg (base equivalent).....	64	ROXICODONE (oxycodone hcl).....	19
ROBAXIN (methocarbamol).....	346	ROXYBOND (oxycodone hcl).....	19
ROBAXIN-750 (methocarbamol).....	346	ROZEREM (ramelteon).....	347
ROBINUL (glycopyrrolate).....	211	ROZLYTREK (entrectinib).....	71
ROBINUL-FORTE (glycopyrrolate).....	211	RUBRACA (rucaparib camsylate).....	76
ROCALTROL (calcitriol).....	272	rufinamide susp 40 mg/ml.....	45
ROCKLATAN (netarsudil dimesylate-latanoprost).....	321	rufinamide tab 200 mg.....	45
roflumilast tab 250 mcg.....	337	rufinamide tab 400 mg.....	45
roflumilast tab 500 mcg.....	337	RUKOBIA (fostemsavir tromethamine).....	99
ropinirole hydrochloride tab 0.25 mg (ROPINIROLE HCL).....	84	RUZURGI (amifampridine).....	308
ropinirole hydrochloride tab 0.5 mg (ROPINIROLE HCL).....	84	RYALTRIS (olopatadine hcl-mometasone furoate).....	331
ropinirole hydrochloride tab 1 mg (ROPINIROLE HCL).....	84	RYBELSUS (semaglutide).....	111
ropinirole hydrochloride tab 2 mg (ROPINIROLE HCL).....	84	RYCLORA (dexchlorpheniramine maleate).....	332
ropinirole hydrochloride tab 3 mg (ROPINIROLE HCL).....	84	RYDAPT (midostaurin).....	76
ropinirole hydrochloride tab 4 mg (ROPINIROLE HCL).....	84	RYTARY (carbidopa-levodopa).....	85
ropinirole hydrochloride tab 5 mg (ROPINIROLE HCL).....	84	RYTHMOL SR (propafenone hcl).....	129
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (ROPINIROLE HCL ER).....	84	RYVENT (carbinoxamine maleate).....	332
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (ROPINIROLE HCL ER).....	84	S	
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (ROPINIROLE HCL ER).....	84	SABRIL (vigabatrin).....	42,43
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (ROPINIROLE HCL ER).....	84	SAFE-T-LANCE.....	308
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (ROPINIROLE HCL ER).....	84	SAFE-T-LANCE PLUS.....	308
rosuvastatin calcium tab 10 mg.....	153	SAFESNAP INSULIN SYRINGE.....	308
rosuvastatin calcium tab 20 mg.....	153	SAFETY INSULIN SYRINGES.....	308
rosuvastatin calcium tab 40 mg.....	153	SAFETY LANCET 21G/PRESSURE ACT.....	308
rosuvastatin calcium tab 5 mg.....	153	SAFETY LANCET 23G/PRESSURE ACT.....	308
		SAFETY LANCET 28G/PRESSURE ACT.....	308
		SAFETY LANCET 30G/PRESSURE ACT.....	308
		SAFETY LANCETS.....	308
		SAFETY LANCETS 21G.....	308
		SAFETY LANCETS 28G.....	308
		SAFETY LET LANCETS.....	308
		SAFETY PEN NEEDLES.....	308
		SAFETY SEAL LANCETS.....	308
		SAFYRAL (drospirenone-ethinyl estradiol-levomefolate calcium).....	251
		SAIZEN (somatropin (non-refrigerated)).....	232
		SAIZENPREP (somatropin (non-refrigerated)).....	232

SALAGEN (pilocarpine hcl (oral))	173	SAXENDA (liraglutide (weight management))	309
SALEX (salicylic acid)	185	SB INSULIN SYRINGE	309
SALICYLIC ACID	185,186	SB LANCETS THIN	309
salicylic acid film forming liquid 27.5%	186	SB LANCETS ULTRA THIN	309
salicylic acid film forming liquid 27.5% (SALICYLIC ACID WART REMOVER)	186	SCEMBLIX (asciminib hcl)	76
salicylic acid foam 6%	186	scopolamine td patch 72hr 1 mg/3days	57
salicylic acid lotion 6%	186	SE-NATAL 19 (prenatal vit w/ docusate-fe fumarate-folic acid)	203
salicylic acid lotion 6% (SALITECH FORTE)	186	SE-NATAL 19 (prenatal vit w/ ferrous fumarate-folic acid)	203
salicylic acid shampoo 6%	186	SEASONIQUE (levonorgestrel-ethinyl estradiol (91-day))	251
salicylic acid shampoo 6% (KERALYT)	186	SECONAL (secobarbital sodium)	347
salicylic acid soln 26% (SALISOL FORTE)	186	SECUADO (asenapine)	90
salsalate tab 500 mg	5	SECURESAFE INSULIN SYRINGE	309
salsalate tab 750 mg	5	SECURESAFE SAFETY PEN NEEDLES	309
SALVAX (salicylic acid)	186	SEEBRI NEOHALER (glycopyrrolate (inhalation))	333
SAMSCA (tolvaptan)	193	SEGLENTIS (celecoxib-tramadol hcl)	19
SANCUSO (granisetron)	58	SEGLUROMET (ertugliflozin-metformin hcl)	111
SANDIMMUNE (cyclosporine)	267	SELECT-OB (prenatal vit w/ iron polysaccharide cmplx-I methylfolate-fa)	203
SANDOSTATIN (octreotide acetate)	259	SELECT-OB (prenatal vit w/ iron polysaccharide complex-folic acid)	203
SANTYL (collagenase)	186	selegiline hcl cap 5 mg	85
SAPHRIS (asenapine maleate)	90	selegiline hcl tab 5 mg	85
sapropterin dihydrochloride powder packet 100 mg	218	selenium sulfide lotion 2.5%	181
sapropterin dihydrochloride powder packet 100 mg (JAVYGTOR)	218	SELZENTRY (maraviroc)	99
sapropterin dihydrochloride powder packet 500 mg	218	SEMGLEE (insulin glargine)	117
sapropterin dihydrochloride powder packet 500 mg (JAVYGTOR)	218	SEMGLEE (YFGN) (insulin glargine-yfgn)	117
sapropterin dihydrochloride powder packet 100 mg	218	SENSIPAR (cinacalcet hcl)	272
sapropterin dihydrochloride tab 100 mg	218	SEREVENT DISKUS (salmeterol xinafoate)	335
sapropterin dihydrochloride tab 100 mg (JAVYGTOR)	218	SERNIVO (betamethasone dipropionate (topical))	229
SAPS HEALTH PLUS LANCETS	308	SEROQUEL (quetiapine fumarate)	90
SAPS HEALTH TWIST TOP LANCETS	308	SEROQUEL XR (quetiapine fumarate)	90
SAPS TWIST TOP LANCETS	308	SEROSTIM (somatropin (non-refrigerated))	232
SAPSCARE TWIST TOP LANCETS	309	SERTRALINE HCL	52
SARAFEM (fluoxetine hcl (padded))	52	sertraline hcl oral concentrate for solution 20 mg/ml	53
SAVAYSA (edoxaban tosylate)	119		
SAVELLA (milnacipran hcl)	170		
SAVELLA TITRATION PACK (milnacipran hcl)	170		

sertraline hcl tab 100 mg.....	53	SINGLE-LET.....	309
sertraline hcl tab 25 mg.....	53	SINGULAIR (montelukast sodium).....	333
sertraline hcl tab 50 mg.....	53	sirolimus oral soln 1 mg/ml.....	267
sevelamer carbonate packet 0.8 gm.....	194	sirolimus tab 0.5 mg.....	267
sevelamer carbonate packet 2.4 gm.....	194	sirolimus tab 1 mg.....	267
sevelamer carbonate tab 800 mg.....	194	sirolimus tab 2 mg.....	267
SEVELAMER HCL.....	194	SITAVIG (acyclovir).....	102
sevelamer hcl tab 800 mg.....	194	SIVEXTRO (tedizolid phosphate).....	26
SEYSARA (sarecycline hcl).....	35	SKELAXIN (metaxalone).....	346
SFROWASA (mesalamine).....	269	SKLICE (ivermectin (pediculicide)).....	189
SHOPKO ON-THE-GO LANCETS 30G.....	309	SKYRIZI (150 MG DOSE) (risankizumab-rzaa).....	262
SHOPKO UNIFINE PENTIPS.....	309	SKYRIZI (risankizumab-rzaa (crohn's)).....	213
SHOPKO UNIFINE PENTIPS PLUS.....	309	SKYRIZI (risankizumab-rzaa).....	262
SHOPKO UNILET LANCETS 28G.....	309	SKYRIZI PEN (risankizumab-rzaa).....	262
SHOPKO UNILET LANCETS 30G.....	309	SKYTROFA (lonapegsomatropin-tcgd).....	232
SIDE BUTTON SAFETY LANCET.....	309	SLYND (drospirenone).....	253
SIGNIFOR (pasireotide diaspertate).....	259	SM LANCETS 33G.....	309
SIKLOS (hydroxyurea (sickle cell anemia)).....	70	SMART SENSE COLOR LANCETS 33G.....	309
sildenafil citrate for suspension 10 mg/ml..	338	SMART SENSE PREMIUM TEST (glucose blood).....	309
sildenafil citrate tab 100 mg.....	224	SMART SENSE STANDARD LANCETS.....	309
sildenafil citrate tab 20 mg.....	338	SMART SENSE SUPER THIN LANCETS.....	309
sildenafil citrate tab 25 mg.....	224	SMART SENSE THIN LANCETS 26G.....	309
sildenafil citrate tab 50 mg.....	224	SMART SENSE VALUE TEST (glucose blood).....	309
SILENOR (doxepin hcl (sleep)).....	347	SMARTEST BLOOD GLUCOSE TEST (glucose blood).....	309
SILIQ (brodalumab).....	262	SMARTEST LANCETS 28G.....	309
silodosin cap 4 mg.....	221	SOANZ (torsemide).....	149
silodosin cap 8 mg.....	221	sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13- 1.6 gm/177ml (NA SULFATE-K SULFATE-MG SULF).....	209
SILVADENE (silver sulfadiazine).....	186	sodium chloride soln nebu 0.9%.....	343
silver sulfadiazine cream 1%.....	186	sodium chloride soln nebu 10%.....	343
silver sulfadiazine cream 1% (SSD).....	186	sodium chloride soln nebu 3%.....	343
SIMBRINZA (brinzolamide-brimonidine tartrate).....	327	sodium chloride soln nebu 3% (NEBUSAL).....	343
SIMPONI (golimumab).....	267	sodium chloride soln nebu 7%.....	343
SIMVASTATIN.....	153	sodium chloride soln nebu 7% (PULMOSAL).....	343
simvastatin tab 10 mg.....	153	sodium citrate & citric acid soln 500-334 mg/5ml (CYTRA-2).....	224
simvastatin tab 20 mg.....	153	sodium citrate & citric acid soln 500-334 mg/5ml (SOD CITRATE-CITRIC ACID).....	224
simvastatin tab 40 mg.....	153		
simvastatin tab 5 mg.....	153		
simvastatin tab 80 mg.....	153		
SINEMET (carbidopa-levodopa).....	85		
SINEMET CR (carbidopa-levodopa).....	85		

SODIUM FLUORIDE.....	203	sotalol hcl tab 120 mg (SORINE).....	130
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (FLUORITAB).....	203	sotalol hcl tab 160 mg.....	130
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (NAFRINSE DROPS).....	203	sotalol hcl tab 160 mg (SORINE).....	130
sodium phenylbutyrate oral powder 3 gm/teaspoonful.....	218	sotalol hcl tab 240 mg.....	130
sodium phenylbutyrate tab 500 mg.....	219	sotalol hcl tab 240 mg (SORINE).....	130
sodium polystyrene sulfonate oral susp 15 gm/60ml.....	194	sotalol hcl tab 80 mg.....	130
sodium polystyrene sulfonate oral susp 15 gm/60ml (KIONEX).....	194	sotalol hcl tab 80 mg (SORINE).....	130
sodium polystyrene sulfonate rectal susp 30 gm/120ml.....	194	SOTYKTU (deucravacitinib).....	263
SODIUM SULFACETAMIDE-BAKUCHIOL (sulfacetamide sodium in bakuchiol vehicle).....	186	SOTYLIZE (sotalol hcl).....	130
SOFOSBUVIR-VELPATASVIR.....	94	SOVALDI (sofosbuvir).....	94
solifenacin succinate tab 10 mg.....	220	SPINOSAD.....	189
solifenacin succinate tab 5 mg.....	220	SPIRIVA HANDIHALER (tiotropium bromide monohydrate).....	333
SOLQUA (insulin glargine-lixisenatide).....	111	SPIRIVA RESPIMAT (tiotropium bromide monohydrate).....	333
SOLODYN (minocycline hcl).....	36	spironolactone & hydrochlorothiazide tab 25-25 mg (SPIRONOLACTONE-HCTZ).....	147
SOLOSEC (secnidazole).....	26	spironolactone tab 100 mg.....	149
SOLTAMOX (tamoxifen citrate).....	69	spironolactone tab 25 mg.....	149
SOLUS V2 LANCETS 28G.....	310	spironolactone tab 50 mg.....	149
SOLUS V2 TEST (glucose blood).....	310	SPORANOX (itraconazole).....	61
SOLUS V2 TWIST LANCETS 30G.....	310	SPORANOX PULSEPAK (itraconazole).....	61
SOMA (carisoprodol).....	346	SPRITAM (levetiracetam).....	40
SOMAVERT (pegvisomant).....	259	SPRIX (ketorolac tromethamine).....	5
SOOLANTRA (ivermectin (rosacea)).....	189	SPRYCEL (dasatinib).....	76
sorafenib tosylate tab 200 mg (base equivalent).....	76	SPS (sodium polystyrene sulfonate).....	194
SORIATANE (acitretin).....	175	SSKI (potassium iodide (expectorant)).....	260
SORILUX (calcipotriene).....	186	SSS 10-5 (sulfacetamide sodium w/ sulfur) ..	186
sotalol hcl (afib/af) tab 120 mg (SOTALOL HCL (AF)).....	129	STALEVO 100 (carbidopa-levodopa-entacapone).....	82
sotalol hcl (afib/af) tab 160 mg (SOTALOL HCL (AF)).....	129	STALEVO 125 (carbidopa-levodopa-entacapone).....	82
sotalol hcl (afib/af) tab 80 mg (SOTALOL HCL (AF)).....	129	STALEVO 150 (carbidopa-levodopa-entacapone).....	82
sotalol hcl tab 120 mg.....	130	STALEVO 200 (carbidopa-levodopa-entacapone).....	82
		STALEVO 50 (carbidopa-levodopa-entacapone).....	82
		STALEVO 75 (carbidopa-levodopa-entacapone).....	82
		STARLIX (nateglinide).....	111

STAVUDINE.....	98	sulfacetamide sodium shampoo 10% (SODIUM SULFACETAMIDE).....	186
stavudine cap 15 mg.....	98	sulfacetamide sodium w/ sulfur cleanser 10- 2% (SULFACETAMIDE SODIUM-SULFUR).....	186
stavudine cap 20 mg.....	98	sulfacetamide sodium w/ sulfur cleanser 10- 5% (AVAR CLEANSER).....	186
stavudine cap 30 mg.....	98	sulfacetamide sodium w/ sulfur cleanser 10- 5% (ROSANIL CLEANSER).....	186
stavudine cap 40 mg.....	98	sulfacetamide sodium w/ sulfur cleanser 10- 5% (SULFACETAMIDE SODIUM-SULFUR).....	186
STAXYN (vardenafil hcl).....	224	sulfacetamide sodium w/ sulfur cleanser 9.8- 4.8% (SULFACETAMIDE SODIUM-SULFUR)....	187
STEGLATRO (ertugliflozin l-pyroglyutamic acid).....	111	sulfacetamide sodium w/ sulfur cleansing pad 10-4% (SULFACETAMIDE SODIUM-SULFUR)...	187
STEGLUJAN (ertugliflozin-sitagliptin).....	111	sulfacetamide sodium w/ sulfur cream 10-2% (SULFACETAMIDE SODIUM-SULFUR).....	187
STELARA (ustekinumab).....	263	sulfacetamide sodium w/ sulfur cream 10-5% (AVAR-E EMOLLIENT).....	187
STENDRA (avanafil).....	224	sulfacetamide sodium w/ sulfur cream 10-5% (AVAR-E GREEN).....	187
STERILANCE TL.....	310	sulfacetamide sodium w/ sulfur cream 10-5% (SSS 10-5).....	187
STIMATE (desmopressin acetate).....	232	sulfacetamide sodium w/ sulfur cream 10-5% (SULFACETAMIDE SODIUM-SULFUR).....	187
STIOLTO RESPIMAT (tiotropium bromide- olodaterol hcl).....	344	sulfacetamide sodium w/ sulfur cream 9.8- 4.8% (SULFACETAMIDE SODIUM-SULFUR)....	187
STIVARGA (regorafenib).....	76	sulfacetamide sodium w/ sulfur emulsion 10- 1% (BP 10-1).....	187
STRATTERA (atomoxetine hcl).....	166	sulfacetamide sodium w/ sulfur emulsion 10- 1% (SULFAMEZ WASH).....	187
STRENSIQ (asfotase alfa).....	219	sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR).....	187
STRIANT (testosterone).....	233	sulfacetamide sodium w/ sulfur susp 8-4% (SULFACETAMIDE SODIUM-SULFUR).....	187
STRIBILD (elvitegravir-cobicistat-emtricitabine- tenofovir df).....	95	sulfacetamide sodium w/ sulfur susp 8-4% (SULFACLEANSE 8/4).....	187
STRIVERDI RESPIMAT (olodaterol hcl).....	335	sulfacetamide sodium w/ sulfur wash 9-4% (SULFACETAMIDE SOD-SULFUR WASH).....	187
STROMECTOL (ivermectin).....	79	sulfacetamide sodium w/ sulfur wash 9-4% (SULFACETAMIDE SODIUM-SULFUR).....	187
SUBOXONE (buprenorphine hcl-naloxone hcl dihydrate).....	22		
SUBSYS (fentanyl).....	19		
SUCRAID (sacrosidase).....	219		
sucralfate susp 1 gm/10ml.....	214		
sucralfate tab 1 gm.....	214		
SULAR (nisoldipine).....	134		
SULCONAZOLE NITRATE.....	61		
SULFACETAMIDE SODIUM (sulfacetamide sodium (ophth)).....	323		
sulfacetamide sodium cleansing gel 10%..	186		
sulfacetamide sodium liquid 10%.....	186		
sulfacetamide sodium liquid 10% (SODIUM SULFACETAMIDE WASH).....	186		
sulfacetamide sodium lotion 10% (acne) (SULFACETAMIDE SODIUM (ACNE)).....	32		
sulfacetamide sodium ophth soln 10%.....	323		

sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% (SULFACETAMIDE- PREDNISOLONE)	321	SUMAXIN WASH (sulfacetamide sodium w/ sulfur)	188
SULFACETAMIDE SODIUM-SULFUR (sulfacetamide sodium w/ sulfur)	187	sunitinib malate cap 12.5 mg (base equivalent)	76
SULFACETAMIDE-PREDNISOLONE (sulfacetamide sod-prednisolone)	321	sunitinib malate cap 25 mg (base equivalent)	76
SULFADIAZINE	33	sunitinib malate cap 37.5 mg (base equivalent)	76
sulfadiazine tab 500 mg	33	sunitinib malate cap 50 mg (base equivalent)	76
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	33	SUNOSI (solriamfetol hcl)	349
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml (SULFATRIM PEDIATRIC)	33	SUPER THIN LANCETS	310
sulfamethoxazole-trimethoprim tab 400-80 mg	33	SUPRAX (cefixime)	28
sulfamethoxazole-trimethoprim tab 800-160 mg	33	SUPREME TEST (glucose blood)	310
SULFAMYLON (mafenide acetate)	190	SUPREP BOWEL PREP KIT (sodium sulfate- potassium sulfate-magnesium sulfate)	209
sulfasalazine tab 500 mg	269	SURE COMFORT INSULIN SYRINGE	310
sulfasalazine tab delayed release 500 mg	269	SURE COMFORT LANCETS 18G	310
sulindac tab 150 mg	5	SURE COMFORT LANCETS 21G	310
sulindac tab 200 mg	5	SURE COMFORT LANCETS 23G	310
sumatriptan nasal spray 20 mg/act	64	SURE COMFORT LANCETS 28G	310
sumatriptan nasal spray 5 mg/act	64	SURE COMFORT LANCETS 30G	310
SUMATRIPTAN SUCCINATE	64	SURE COMFORT PEN NEEDLES	310
sumatriptan succinate inj 6 mg/0.5ml	65	SURE EDGE TEST (glucose blood)	310
SUMATRIPTAN SUCCINATE REFILL	65	SURE-FINE PEN NEEDLES	310
sumatriptan succinate solution auto-injector 4 mg/0.5ml	65	SURE-JECT INSULIN SYRINGE	310
sumatriptan succinate solution auto-injector 6 mg/0.5ml	65	SURE-LANCE FLAT LANCETS	310
sumatriptan succinate solution cartridge 4 mg/0.5ml (SUMATRIPTAN SUCCINATE REFILL)	65	SURE-LANCE LANCETS 26G	310
sumatriptan succinate solution cartridge 6 mg/0.5ml (SUMATRIPTAN SUCCINATE REFILL)	65	SURE-LANCE THIN LANCETS 28G	310
sumatriptan succinate tab 100 mg	65	SURE-LANCE ULTRA THIN LANCETS	311
sumatriptan succinate tab 25 mg	65	SURE-TEST EASYPLUS MINI TEST (glucose blood)	311
sumatriptan succinate tab 50 mg	65	SURE-TOUCH LANCETS UNIVERSAL	311
sumatriptan-naproxen sodium tab 85-500 mg	65	SURECHEK BLOOD GLUCOSE TEST (glucose blood)	311
SUMAXIN (sulfacetamide sodium w/ sulfur)	187	SURELITE LANCETS	311
		SURMONTIL (trimipramine maleate)	55
		SUSTIVA (efavirenz)	96
		SUTAB (sodium sulfate-magnesium sulfate- potassium chloride)	209
		SUTENT (sunitinib malate)	77

SYLATRON (peginterferon alfa-2b (antineoplastic))	263	tadalafil tab 20 mg	222
SYMAX DUOTAB (hyoscyamine sulfate)	211	tadalafil tab 20 mg (pah) (ALYQ)	338
SYMBICORT (budesonide-formoterol fumarate dihydrate)	344	tadalafil tab 20 mg (pah) (TADALAFIL (PAH))	338
SYMBYAX (olanzapine-fluoxetine hcl)	49	tadalafil tab 5 mg	222
SYMDEKO (tezacaftor-ivacaftor)	336	TADLIQ (tadalafil (pulmonary hypertension))	338
SYMFI (efavirenz-lamivudine-tenofovir disoproxil fumarate)	96	TAFINLAR (dabrafenib mesylate)	77
SYMFI LO (efavirenz-lamivudine-tenofovir disoproxil fumarate)	96	TAGRISO (osimertinib mesylate)	77
SYMJEPI (epinephrine (anaphylaxis))	335	TAKHZYRO (lanadelumab-flyo)	260
SYMLINPEN 120 (pramlintide acetate)	111	TALICIA (amoxicillin-rifabutin-omeprazole)	213
SYMLINPEN 60 (pramlintide acetate)	111	TALTZ (ixekizumab)	263
SYMPAZAN (clobazam)	43	TALZENNA (talazoparib tosylate)	77
SYMPROIC (naldemedine tosylate)	209	TAMIFLU (oseltamivir phosphate)	101
SYMTUZA (darunavir-cobicistat-emtricitabine-tenofovir alafenamide)	101	tamoxifen citrate tab 10 mg (base equivalent)	69
SYNALAR (fluocinolone acetonide)	181	tamoxifen citrate tab 20 mg (base equivalent)	69
SYNAREL (nafarelin acetate)	259	tamsulosin hcl cap 0.4 mg	222
SYNDROS (dronabinol)	58	TAPAZOLE (methimazole)	260
SYNERA (lidocaine-tetracaine)	21	TAPERDEX 12-DAY (dexamethasone)	229
SYNJARDY (empagliflozin-metformin hcl)	111	TAPERDEX 7-DAY (dexamethasone)	229
SYNJARDY XR (empagliflozin-metformin hcl)	111	TARCEVA (erlotinib hcl)	77
SYNRIBO (omacetaxine mepesuccinate)	71	TARGRETIN (bexarotene (topical))	78
SYNTHROID (levothyroxine sodium)	257	TARGRETIN (bexarotene)	78
SYPRINE (trientine hcl)	193	TARKA (trandolapril-verapamil hcl)	147
T		TARON-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	203
TABLOID (thioguanine)	70	TARON-PREX (prenatal w/o vit a w/ fe fumarate-dss-fa-dha)	203
TABRECTA (capmatinib hcl)	71	TARPEYO (budesonide)	269
TACLONEX (calcipotriene-betamethasone dipropionate)	188	TASIGNA (nilotinib hcl)	77
tacrolimus cap 0.5 mg	267	TASMAR (tolcapone)	82
tacrolimus cap 1 mg	267	tavorole soln 5%	61
tacrolimus cap 5 mg	267	TAVALISSE (fostamatinib disodium)	123
tacrolimus oint 0.03%	181	TAVNEOS (avacopan)	267
tacrolimus oint 0.1%	181	TAYTULLA (norethin acet & estrad-fe)	251
tadalafil tab 10 mg	222	TAZAROTENE (tazarotene (acne))	176
tadalafil tab 2.5 mg	222	tazarotene cream 0.1%	176
		tazarotene gel 0.05%	176
		tazarotene gel 0.1%	176

TAZORAC (tazarotene).....	176	temozolomide cap 250 mg.....	68
TAZVERIK (tazemetostat hbr).....	71	temozolomide cap 5 mg.....	68
TECFIDERA (dimethyl fumarate).....	172	TENCON (butalbital-acetaminophen).....	168
TECHLITE AST LANCETS.....	311	tenofovir disoproxil fumarate tab 300 mg...	98
TECHLITE INSULIN SYRINGE.....	311	TENORETIC 100 (atenolol & chlorthalidone)	147
TECHLITE LANCETS.....	311	TENORETIC 50 (atenolol & chlorthalidone) .	147
TECHLITE LANCETS 30G.....	311	TENORMIN (atenolol).....	132
TECHLITE PEN NEEDLES.....	311	TEPMETKO (tepotinib hcl).....	77
TEGRETOL (carbamazepine).....	45	terazosin hcl cap 1 mg (base equivalent) .	125
TEGRETOL-XR (carbamazepine).....	45	terazosin hcl cap 10 mg (base equivalent)	125
TEGSEDI (inotersen sodium).....	219	terazosin hcl cap 2 mg (base equivalent) .	125
TEKTURNA (aliskiren fumarate).....	147	terazosin hcl cap 5 mg (base equivalent) .	125
TEKTURNA HCT (aliskiren- hydrochlorothiazide).....	147	terbinafine hcl tab 250 mg.....	61
TELCARE BLOOD GLUCOSE TEST (glucose blood).....	311	terbutaline sulfate tab 2.5 mg.....	336
telmisartan tab 20 mg.....	126	terbutaline sulfate tab 5 mg.....	336
telmisartan tab 40 mg.....	126	terconazole vaginal cream 0.4%.....	61
telmisartan tab 80 mg.....	126	terconazole vaginal cream 0.8%.....	61
telmisartan-amlodipine tab 40-10 mg.....	147	terconazole vaginal suppos 80 mg.....	61
telmisartan-amlodipine tab 40-5 mg.....	147	TERIPARATIDE (RECOMBINANT).....	272
telmisartan-amlodipine tab 80-10 mg.....	147	TESSALON PERLES (benzonatate).....	344
telmisartan-amlodipine tab 80-5 mg.....	147	TESTIM (testosterone).....	233
telmisartan-hydrochlorothiazide tab 40-12.5 mg (TELMISARTAN-HCTZ).....	147	TESTOSTERONE.....	233
telmisartan-hydrochlorothiazide tab 80-12.5 mg (TELMISARTAN-HCTZ).....	147	TESTOSTERONE CYPIONATE.....	234
telmisartan-hydrochlorothiazide tab 80-25 mg (TELMISARTAN-HCTZ).....	147	testosterone cypionate im inj in oil 100 mg/ml.....	234
temazepam cap 15 mg.....	347	testosterone cypionate im inj in oil 200 mg/ml.....	234
temazepam cap 22.5 mg.....	348	TESTOSTERONE ENANTHATE.....	234
temazepam cap 30 mg.....	348	testosterone enanthate im inj in oil 200 mg/ml.....	234
temazepam cap 7.5 mg.....	348	testosterone td gel 10mg/act (2%).....	234
TEMIXYS (lamivudine-tenofovir disoproxil fumarate).....	98	testosterone td gel 12.5 mg/act (1%).....	234
TEMODAR (temozolomide).....	67	testosterone td gel 20.25 mg/1.25gm (1.62%).....	234
TEMOVATE (clobetasol propionate).....	181	testosterone td gel 20.25 mg/act (1.62%) ..	234
temozolomide cap 100 mg.....	67	testosterone td gel 25 mg/2.5gm (1%).....	234
temozolomide cap 140 mg.....	68	testosterone td gel 40.5 mg/2.5gm (1.62%)	234
temozolomide cap 180 mg.....	68	testosterone td gel 50 mg/5gm (1%).....	234
temozolomide cap 20 mg.....	68	testosterone td soln 30 mg/act.....	234
		TESTRED (methyltestosterone).....	234
		tetrabenazine tab 12.5 mg.....	168

tetrabenazine tab 25 mg	168	THYQUIDITY (levothyroxine sodium)	257
tetracycline hcl cap 250 mg	36	thyroid tab 120 mg (2 grain)	257
tetracycline hcl cap 500 mg	36	thyroid tab 15 mg (1/4 grain)	257
TEXACORT (hydrocortisone (topical))	181	thyroid tab 30 mg (1/2 grain)	257
TGT BLOOD GLUCOSE TEST (glucose blood)	311	thyroid tab 60 mg (1 grain)	257
TGT LANCET MICRO THIN 33G	311	thyroid tab 90 mg (1 1/2 grain)	257
TGT LANCET THIN 26G	311	tiagabine hcl tab 12 mg	43
TGT LANCET ULTRA THIN 30G	311	tiagabine hcl tab 16 mg	43
THALITONE (chlorthalidone)	150	tiagabine hcl tab 2 mg	43
THALOMID (thalidomide)	69	tiagabine hcl tab 4 mg	43
THEO-24 (theophylline)	337	TIAZAC (diltiazem hcl extended release beads)	137
theophylline elixir 80 mg/15ml	337	TIBSOVO (ivosidenib)	77
theophylline elixir 80 mg/15ml (ELIXOPHYLLIN)	337	TIGAN (trimethobenzamide hcl)	57
theophylline soln 80 mg/15ml	337	TIGLUTIK (riluzole)	168
theophylline tab er 12hr 100 mg (THEOPHYLLINE ER)	337	TIKOSYN (dofetilide)	130
theophylline tab er 12hr 200 mg (THEOPHYLLINE ER)	337	timolol maleate ophth gel forming soln 0.25%	326
theophylline tab er 12hr 300 mg (THEOPHYLLINE ER)	337	timolol maleate ophth gel forming soln 0.5%	326
theophylline tab er 12hr 450 mg (THEOPHYLLINE ER)	337	timolol maleate ophth soln 0.25%	326
theophylline tab er 24hr 400 mg (THEOPHYLLINE ER)	338	timolol maleate ophth soln 0.5%	326
theophylline tab er 24hr 600 mg (THEOPHYLLINE ER)	338	timolol maleate ophth soln 0.5% (once-daily)	326
THINLETS GP LANCETS	311	timolol maleate preservative free ophth soln 0.25% (TIMOLOL MALEATE PF)	326
THIOLA (tiopronin)	224	timolol maleate preservative free ophth soln 0.5% (TIMOLOL MALEATE OCUDOSE)	326
THIOLA EC (tiopronin)	224	timolol maleate preservative free ophth soln 0.5% (TIMOLOL MALEATE PF)	326
thioridazine hcl tab 10 mg	87	timolol maleate tab 10 mg	63
thioridazine hcl tab 100 mg	87	timolol maleate tab 20 mg	63
thioridazine hcl tab 25 mg	87	timolol maleate tab 5 mg	63
thioridazine hcl tab 50 mg	87	TIMOPTIC (timolol maleate (ophth))	326
thiothixene cap 1 mg	87	TIMOPTIC OCUDOSE (timolol maleate (ophth))	326
thiothixene cap 10 mg	87	TIMOPTIC-XE (timolol maleate (ophth))	326
thiothixene cap 2 mg	87	TINDAMAX (tinidazole)	26
thiothixene cap 5 mg	87	tinidazole tab 250 mg	26
THRIVITE RX (prenatal vit w/ iron carbonyl-folic acid)	204	tinidazole tab 500 mg	26
		tiopronin tab 100 mg	224

TIROSINT (levothyroxine sodium)	258	TOLMETIN SODIUM	5
TIROSINT-SOL (levothyroxine sodium)	258	TOLSURA (itraconazole)	61
TIVICAY (dolutegravir sodium)	95	tolterodine tartrate cap er 24hr 2 mg (TOLTERODINE TARTRATE ER)	221
TIVICAY PD (dolutegravir sodium)	95	tolterodine tartrate cap er 24hr 4 mg (TOLTERODINE TARTRATE ER)	221
TIVORBEX (indomethacin)	5	tolterodine tartrate tab 1 mg	221
tizanidine hcl cap 2 mg (base equivalent)	92	tolterodine tartrate tab 2 mg	221
tizanidine hcl cap 4 mg (base equivalent)	92	TOLVAPTAN	193
tizanidine hcl cap 6 mg (base equivalent)	92	tolvaptan tab 15 mg	193
tizanidine hcl tab 2 mg (base equivalent)	92	tolvaptan tab 30 mg	193
tizanidine hcl tab 4 mg (base equivalent)	92	TOPAMAX (topiramate)	40
TL FOLATE (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid)	204	TOPAMAX SPRINKLE (topiramate)	40
TL-CARE DHA (prenatal w/fe fumarate-fa-dss- fish oil)	204	TOPCARE CLICKFINE PEN NEEDLES	312
TL-FLUORIVITE (ped multivitamins w/fl & iron)	204	TOPCARE LANCETS MICRO-THIN 33G	312
TL-SELECT (prenatal w/o vit a w/ fe fumarate- dss-fa-dha)	204	TOPCARE ULTRA COMFORT INS SYR	312
TLANDO (testosterone undecanoate)	234	TOPICORT (desoximetasone)	181
TOBI (tobramycin)	336	TOPICORT SPRAY (desoximetasone)	181
TOBI PODHALER (tobramycin)	336	topiramate cap er 24hr sprinkle 100 mg (TOPIRAMATE ER)	40
TOBRADEX (tobramycin-dexamethasone)	321	topiramate cap er 24hr sprinkle 150 mg (TOPIRAMATE ER)	40
TOBRADEX ST (tobramycin- dexamethasone)	321	topiramate cap er 24hr sprinkle 200 mg (TOPIRAMATE ER)	40
TOBRAMYCIN	337	topiramate cap er 24hr sprinkle 25 mg (TOPIRAMATE ER)	40
tobramycin nebu soln 300 mg/4ml	337	topiramate cap er 24hr sprinkle 50 mg (TOPIRAMATE ER)	40
tobramycin nebu soln 300 mg/5ml	337	topiramate sprinkle cap 15 mg	40
tobramycin ophth soln 0.3%	323	topiramate sprinkle cap 25 mg	40
tobramycin-dexamethasone ophth susp 0.3- 0.1%	322	topiramate tab 100 mg	40
TOBEX (tobramycin (ophth))	323	topiramate tab 200 mg	40
TODAYS HEALTH MINI PEN NEEDLES	311	topiramate tab 25 mg	40
TODAYS HEALTH PEN NEEDLES	311	topiramate tab 50 mg	41
TODAYS HEALTH SHORT PEN NEEDLE	311	TOPROL XL (metoprolol succinate)	133
TODAYS HEALTH THIN LANCETS 28G	311	toremifene citrate tab 60 mg (base equivalent)	69
TODAYS HEALTH THIN LANCETS 30G	312	torsemide tab 10 mg	149
TOFRANIL (imipramine hcl)	55	torsemide tab 100 mg	149
TOLAK (fluorouracil (topical))	188	torsemide tab 20 mg	149
TOLAZAMIDE	111	torsemide tab 5 mg	149
TOLBUTAMIDE	111		
tolcapone tab 100 mg	82		

TOSYMRA (sumatriptan)	65	TRAVEL LANCETS ADVANCED 28G	312
TOUJEO MAX SOLOSTAR (insulin glargine)	117	travoprost ophth soln 0.004% (benzalkonium free) (bak free) (TRAVOPROST (BAK FREE))	328
TOUJEO SOLOSTAR (insulin glargine)	117	trazodone hcl tab 100 mg	53
TOVIAZ (fesoterodine fumarate)	221	trazodone hcl tab 150 mg	53
TRACLEER (bosentan)	339	trazodone hcl tab 300 mg	53
TRADJENTA (linagliptin)	112	trazodone hcl tab 50 mg	53
TRAMADOL HCL	20	TRECATOR (ethionamide)	67
TRAMADOL HCL ER	10	TRELEGY ELLIPTA (fluticasone-umeclidinium-vilanterol)	344
TRAMADOL HCL ER (BIPHASIC)	10	TREMFYA (guselkumab)	263
tramadol hcl tab 100 mg	20	TRESIBA (insulin degludec)	117
tramadol hcl tab 50 mg	20	TRESIBA FLEXTOUCH (insulin degludec)	117
tramadol hcl tab er 24hr 100 mg (TRAMADOL HCL ER)	10	TRETIN-X (tretinoin)	176
tramadol hcl tab er 24hr 200 mg (TRAMADOL HCL ER)	10	tretinoin cap 10 mg	78
tramadol hcl tab er 24hr 300 mg (TRAMADOL HCL ER)	10	tretinoin cream 0.025%	176
tramadol hcl tab er 24hr biphasic release 100 mg (TRAMADOL HCL ER (BIPHASIC))	10	tretinoin cream 0.025% (AVITA)	176
tramadol hcl tab er 24hr biphasic release 200 mg (TRAMADOL HCL ER (BIPHASIC))	11	tretinoin cream 0.05%	176
tramadol hcl tab er 24hr biphasic release 300 mg (TRAMADOL HCL ER (BIPHASIC))	11	tretinoin cream 0.1%	176
tramadol-acetaminophen tab 37.5-325 mg	20	tretinoin gel 0.01%	176
trandolapril tab 1 mg	128	tretinoin gel 0.025%	176
trandolapril tab 2 mg	128	tretinoin gel 0.025% (AVITA)	176
trandolapril tab 4 mg	128	tretinoin gel 0.05%	176
TRANDOLAPRIL-VERAPAMIL HCL ER	147	tretinoin microsphere gel 0.04%	176
trandolapril-verapamil hcl tab er 2-180 mg (TRANDOLAPRIL-VERAPAMIL HCL ER)	147	tretinoin microsphere gel 0.04% (TRETINOIN MICROSPHERE PUMP)	176
trandolapril-verapamil hcl tab er 2-240 mg (TRANDOLAPRIL-VERAPAMIL HCL ER)	147	tretinoin microsphere gel 0.1%	176
trandolapril-verapamil hcl tab er 4-240 mg (TRANDOLAPRIL-VERAPAMIL HCL ER)	147	tretinoin microsphere gel 0.1% (TRETINOIN MICROSPHERE PUMP)	176
tranexamic acid tab 650 mg	122	TREXALL (methotrexate sodium)	268
TRANSDERM SCOP (1.5 MG) (scopolamine)	57	TREXIMET (sumatriptan-naproxen sodium)	65
TRANSDERM-SCOP (scopolamine)	57	TREZIX (acetaminophen-caff-dihydrocod)	20
TRANXENE-T (clorazepate dipotassium)	105	TRI-NORINYL (28) (norethindrone-eth estradiol (triphasic))	251
tranlycypromine sulfate tab 10 mg	50	TRI-VI-FLOR (pediatric vitamins acd & l-methylfolate w/ fluoride)	204
TRAVATAN Z (travoprost)	327	TRI-VI-FLORO (pediatric vitamins acd & l-methylfolate w/ fluoride)	204
TRAVEL LANCETS	312	triamcinolone acetonide aerosol soln 0.147 mg/gm	182
		triamcinolone acetonide cream 0.025%	182

triamcinolone acetonide cream 0.1%.....	182	TRICARE PRENATAL DHA ONE (prenatal w/fe fumarate-fa-dss-fish oil).....	204
triamcinolone acetonide cream 0.1% (TRIDERM).....	182	TRICOR (fenofibrate).....	151
triamcinolone acetonide cream 0.5%.....	182	TRIDESILON (desonide).....	182
triamcinolone acetonide cream 0.5% (TRIDERM).....	182	trientine hcl cap 250 mg.....	193
triamcinolone acetonide dental paste 0.1%.....	173	trientine hcl cap 250 mg (CLOVIQUE).....	193
triamcinolone acetonide dental paste 0.1% (ORALONE).....	173	trifluoperazine hcl tab 1 mg (base equivalent).....	87
triamcinolone acetonide lotion 0.025%....	182	trifluoperazine hcl tab 10 mg (base equivalent).....	87
triamcinolone acetonide lotion 0.1%.....	182	trifluoperazine hcl tab 2 mg (base equivalent).....	87
triamcinolone acetonide oint 0.025%.....	182	trifluoperazine hcl tab 5 mg (base equivalent).....	87
triamcinolone acetonide oint 0.05%.....	182	TRIFLURIDINE.....	102
triamcinolone acetonide oint 0.05% (TRIAMCINOLONE IN ABSORBASE).....	182	TRIGLIDE (fenofibrate).....	151
triamcinolone acetonide oint 0.05% (TRIANEX).....	182	TRIHENYPHENIDYL HCL.....	80
triamcinolone acetonide oint 0.05% (TRITOCIN).....	182	trihexyphenidyl hcl oral soln 0.4 mg/ml.....	81
triamcinolone acetonide oint 0.1%.....	182	trihexyphenidyl hcl tab 2 mg.....	81
triamcinolone acetonide oint 0.5%.....	182	trihexyphenidyl hcl tab 5 mg.....	81
triamterene & hydrochlorothiazide cap 37.5-25 mg (TRIAMTERENE-HCTZ).....	147	TRIJARDY XR (empagliflozin-linagliptin-metformin).....	112
triamterene & hydrochlorothiazide tab 37.5-25 mg (TRIAMTERENE-HCTZ).....	147	TRIKAFTA (elexacaftor-tezacaftor-ivacaftor).....	337
triamterene & hydrochlorothiazide tab 75-50 mg (TRIAMTERENE-HCTZ).....	147	TRILEPTAL (oxcarbazepine).....	45
triamterene cap 100 mg.....	149	TRILIPIX (choline fenofibrate).....	151
triamterene cap 50 mg.....	149	trimethobenzamide hcl cap 300 mg.....	57
TRIANEX (triamcinolone acetonide (topical)).....	182	TRIMETHOPRIM.....	26
triazolam tab 0.125 mg.....	348	trimethoprim tab 100 mg.....	26
triazolam tab 0.25 mg.....	348	trimipramine maleate cap 100 mg.....	55
TRIBENZOR (olmesartan medoxomil-amlodipine-hydrochlorothiazide).....	148	trimipramine maleate cap 25 mg.....	55
TRICARE (prenatal vit w/ ferrous fumarate-folic acid).....	204	trimipramine maleate cap 50 mg.....	55
TRICARE PRENATAL DHA ONE (prenatal multivit-min w/fe-fa).....	204	TRIMPEX (trimethoprim hcl).....	26
		TRINATAL RX 1 (prenatal vit w/ ferrous fumarate-folic acid).....	204
		TRINATE (prenatal vit w/ ferrous fumarate-folic acid).....	204
		TRINAZ (prenatal vit w/ ferrous gluconate-folic acid).....	204
		TRINTELLIX (vortioxetine hbr).....	53

TRISTART DHA (prenatal without a w/ fe carbonyl-I methylfolate-fa-dha)	204	TRULANCE (plecanatide)	209
TRISTART FREE (prenatal without a w/ fe carbonyl-I methylfolate-fa-dha)	204	TRULICITY (dulaglutide)	112
TRISTART ONE (prenatal without a w/ fe carbonyl-I methylfolate-fa-dha)	204	TRUSELTIQ (100MG DAILY DOSE) (infigratinib phosphate)	77
TRIUMEQ (abacavir-dolutegravir- lamivudine)	98	TRUSELTIQ (125MG DAILY DOSE) (infigratinib phosphate)	77
TRIUMEQ PD (abacavir-dolutegravir- lamivudine)	98	TRUSELTIQ (50MG DAILY DOSE) (infigratinib phosphate)	77
TRIZIVIR (abacavir sulfate-lamivudine- zidovudine)	98	TRUSELTIQ (75MG DAILY DOSE) (infigratinib phosphate)	77
TROKENDI XR (topiramate)	41	TRUSOPT (dorzolamide hcl)	327
tropicamide ophth soln 0.5%	322	TRUVADA (emtricitabine-tenofovir disoproxil fumarate)	98
tropicamide ophth soln 1%	322	TUDORZA PRESSAIR (aclidinium bromide)	333
tropium chloride cap er 24hr 60 mg (TROSPIUM CHLORIDE ER)	221	TUKYSA (tucatinib)	77
tropium chloride tab 20 mg	221	TURALIO (pexidartinib hcl)	77
TRUDHESA (dihydroergotamine mesylate hfa)	63	TUSSICAPS (hydrocodone polistirex- chlorpheniramine polistirex)	344
TRUE COMFORT INSULIN SYRINGE	312	TUSSIONEX PENNKINETIC ER (hydrocodone polistirex-chlorpheniramine polistirex)	344
TRUE COMFORT PEN NEEDLES	312	TUXARIN ER (chlorpheniramine w/ codeine)	344
TRUE COMFORT PRO INSULIN SYR	312	TUZISTRA XR (codeine polistirex- chlorpheniramine polistirex)	344
TRUE COMFORT PRO PEN NEEDLES	312	TWIRLA (levonorgestrel-ethinyl estradiol)	251
TRUE COMFORT TWIST TOP LANCETS	312	TWYNEO (tretinoin-benzoyl peroxide)	188
TRUE FOCUS BLOOD GLUCOSE STRIP (glucose blood)	312	TWYNSTA (telmisartan-amlodipine)	148
TRUE METRIX BLOOD GLUCOSE TEST (glucose blood)	312	TYBLUME (levonorgestrel & eth estradiol)	252
TRUE METRIX PRO BLOOD GLUCOSE (glucose blood)	312	TYBOST (cobicistat)	99
TRUEPLUS 5-BEVEL PEN NEEDLES	312	TYKERB (lapatinib ditosylate)	77
TRUEPLUS INSULIN SYRINGE	313	TYLENOL WITH CODEINE #3 (acetaminophen w/ codeine)	20
TRUEPLUS LANCETS 26G	313	TYLENOL WITH CODEINE #4 (acetaminophen w/ codeine)	20
TRUEPLUS LANCETS 28G	313	TYMLOS (abaloparatide)	272
TRUEPLUS LANCETS 30G	313	TYRVAYA (varenicline tartrate (cholinergic agonist))	322
TRUEPLUS LANCETS 33G	313	TYVASO DPI MAINTENANCE KIT (treprostinil)	339
TRUEPLUS PEN NEEDLES	313	TYVASO DPI TITRATION KIT (treprostinil)	339
TRUEPLUS SAFETY LANCETS 28G	313		
TRUETEST TEST (glucose blood)	313		
TRUETRACK TEST (glucose blood)	313		

U

UBRELVY (ubrogepant)	62	ULTRA-THIN II PEN NEEDLES	315
UCERIS (budesonide (intrarectal))	270	ULTRACARE INSULIN SYRINGE	315
UCERIS (budesonide)	270	ULTRACARE PEN NEEDLES	315
UDENYCA (pegfilgrastim-cbqv)	122	ULTRACET (tramadol-acetaminophen)	20
UKONIQ (umbralisib tosylate)	77	ULTRAM (tramadol hcl)	20
ULESFA (benzyl alcohol (pediculicide))	188	ULTRATRAK PRO TEST (glucose blood)	315
ULORIC (febuxostat)	62	ULTRATRAK ULTIMATE TEST (glucose blood)	315
ULTICARE INSULIN SAFETY SYR	313	ULTRAVATE (halobetasol propionate)	182
ULTICARE INSULIN SYRINGE	313	UNIFINE PEN NEEDLES	315
ULTICARE MICRO PEN NEEDLES	313	UNIFINE PENTIPS	316
ULTICARE MINI PEN NEEDLES	313	UNIFINE PENTIPS PLUS	316
ULTICARE PEN NEEDLES	313	UNIFINE SAFECONTROL PEN NEEDLE	316
ULTICARE SHORT PEN NEEDLES	313	UNIFINE ULTRA PEN NEEDLE	316
ULTIGUARD SAFEPACK PEN NEEDLE	313	UNILET COMFORTOUCH LANCET	316
ULTIGUARD SAFEPACK SYR/NEEDLE	314	UNILET EXCELITE	316
ULTILET CLASSIC LANCETS	314	UNILET EXCELITE II	316
ULTILET INSULIN SYRINGE	314	UNILET G.P. LANCET	316
ULTILET INSULIN SYRINGE SHORT	314	UNILET G.P. SUPERLITE LANCET	316
ULTILET LANCETS	314	UNILET GP 28 ULTRA THIN	316
ULTILET PEN NEEDLE	314	UNILET LANCET	316
ULTILET SAFETY LANCETS	314	UNILET MICRO-THIN 33G	316
ULTILET SAFETY LANCETS 23G	314	UNILET SUPER-THIN 30G	316
ULTIMA TEST (glucose blood)	314	UNILET SUPERLITE LANCET	316
ULTIMATECARE ONE (prenatal vit w/ iron carbonyl-fe aspart glyc-fa-omega 3)	205	UNILET ULTRA-THIN 28G	316
ULTRA COMFORT INSULIN SYRINGE	314	UNISTIK 3 GENTLE	316
ULTRA FLO INSULIN PEN NEEDLES	314	UNISTIK PRO SAFETY LANCET	316
ULTRA FLO INSULIN SYR 1/2 UNIT	314	UNISTIK SAFETY LANCETS 28G	316
ULTRA FLO INSULIN SYRINGE	314	UNISTIK SAFETY LANCETS 30G	316
ULTRA THIN LANCETS 31G	314	UNISTIK TOUCH SAFETY LANC 21G	316
ULTRA THIN PEN NEEDLES	315	UNISTIK TOUCH SAFETY LANC 23G	316
ULTRA-CARE LANCETS 30G	315	UNISTIK TOUCH SAFETY LANC 28G	316
ULTRA-COMFORT INSULIN SYRINGE	315	UNISTIK TOUCH SAFETY LANC 30G	316
ULTRA-THIN II AUTO LANCET	315	UNISTRIP1 GENERIC (glucose blood)	316
ULTRA-THIN II INS SYR SHORT	315	UNIVERSAL 1 LANCETS THIN 26G	316
ULTRA-THIN II INSULIN SYRINGE	315	UNIVERSAL 1 LANCETS THIN 33G	317
ULTRA-THIN II LANCETS	315	UNIVERSAL 1 LANCETS ULTRA THIN	317
ULTRA-THIN II MINI PEN NEEDLE	315	UPNEEQ (oxymetazoline hcl (blepharoptosis))	322
ULTRA-THIN II PEN NEEDLE SHORT	315	UPTRAVI (selexipag)	339
		urea cream 40%	188
		urea cream 40% (UREMEZ-40)	188

urea lotion 40%.....	188
urea lotion 40% (CEROVEL).....	188
urea lotion 40% (UREA-C40).....	188
URECHOLINE (bethanechol chloride).....	224
UROCIT-K 10 (potassium citrate (alkalinizer)).....	192
UROCIT-K 15 (potassium citrate (alkalinizer)).....	192
UROCIT-K 5 (potassium citrate (alkalinizer)).....	192
UROXATRAL (alfuzosin hcl).....	222
URSO 250 (ursodiol).....	213
URSO FORTE (ursodiol).....	213
URSODIOL.....	213
ursodiol cap 300 mg.....	213
ursodiol tab 250 mg.....	213
ursodiol tab 500 mg.....	213
UTIBRON NEOHALER (indacaterol maleate- glycopyrrolate).....	344

V

V-GO 20.....	317
V-GO 30.....	317
V-GO 40.....	317
VAGIFEM (estradiol vaginal).....	252
valacyclovir hcl tab 1 gm.....	102
valacyclovir hcl tab 500 mg.....	102
VALCHLOR (mechlorethamine hcl (topical)).....	68
VALCYTE (valganciclovir hcl).....	92
valganciclovir hcl for soln 50 mg/ml (base equiv).....	92
valganciclovir hcl tab 450 mg (base equivalent).....	92
VALIUM (diazepam).....	105
valproate sodium oral soln 250 mg/5ml (base equiv) (VALPROIC ACID).....	41
valproic acid cap 250 mg.....	41
VALSARTAN.....	126
valsartan tab 160 mg.....	126
valsartan tab 320 mg.....	126
valsartan tab 40 mg.....	126
valsartan tab 80 mg.....	126
valsartan-hydrochlorothiazide tab 160-12.5 mg.....	148
valsartan-hydrochlorothiazide tab 160-25 mg.....	148
valsartan-hydrochlorothiazide tab 320-12.5 mg.....	148
valsartan-hydrochlorothiazide tab 320-25 mg.....	148
valsartan-hydrochlorothiazide tab 80-12.5 mg.....	148
VALTOCO 10 MG DOSE (diazepam (anticonvulsant)).....	43
VALTOCO 15 MG DOSE (diazepam (anticonvulsant)).....	43
VALTOCO 20 MG DOSE (diazepam (anticonvulsant)).....	43
VALTOCO 5 MG DOSE (diazepam (anticonvulsant)).....	43
VALTrex (valacyclovir hcl).....	102
VALUE HEALTH INSULIN SYRINGE.....	317
VALUE PLUS LANCET STANDARD 21G.....	317
VALUE PLUS LANCETS SUPER THIN.....	317
VALUE PLUS LANCETS THIN 26G.....	317
VALUMARK LANCET SUPER THIN 30G.....	317
VALUMARK LANCET ULTRA THIN 28G.....	317
VALUMARK PEN NEEDLES.....	317
VALVED HOLDING CHAMBER.....	317
VANOCIN (vancomycin hcl).....	26
VANCOMYCIN HCL.....	26
vancomycin hcl cap 125 mg (base equivalent).....	26
vancomycin hcl cap 250 mg (base equivalent).....	26
VANDAZOLE (metronidazole vaginal).....	26
VANISHPOINT INSULIN SYRINGE.....	317
VANOS (fluocinonide).....	182
vardenafil hcl orally disintegrating tab 10 mg.....	224
vardenafil hcl tab 10 mg.....	224
vardenafil hcl tab 2.5 mg.....	224
vardenafil hcl tab 20 mg.....	224

vardenafil hcl tab 5 mg.....	224	venlafaxine hcl tab er 24hr 75 mg (base equivalent) (VENLAFAXINE HCL ER).....	53
VARENICLINE TARTRATE.....	23	VENTOLIN HFA (albuterol sulfate).....	336
VARUBI (180 MG DOSE) (rolapitant hcl).....	58	verapamil hcl cap er 24hr 100 mg (VERAPAMIL HCL ER).....	137
VASCEPA (icosapent ethyl).....	155	verapamil hcl cap er 24hr 120 mg (VERAPAMIL HCL ER).....	137
VASERETIC (enalapril maleate & hydrochlorothiazide).....	148	verapamil hcl cap er 24hr 180 mg (VERAPAMIL HCL ER).....	137
VASOTEC (enalapril maleate).....	128	verapamil hcl cap er 24hr 200 mg (VERAPAMIL HCL ER).....	138
VECAMYL (mecamylamine hcl).....	148	verapamil hcl cap er 24hr 240 mg (VERAPAMIL HCL ER).....	138
VECTICAL (calcitriol (topical)).....	188	verapamil hcl cap er 24hr 300 mg (VERAPAMIL HCL ER).....	138
VELIVET (desogestrel-ethinyl estradiol (triphasic)).....	252	VERAPAMIL HCL ER.....	138
VELPHORO (sucroferric oxyhydroxide).....	194	verapamil hcl tab 120 mg.....	138
VELTASSA (patiromer sorbitex calcium).....	194	verapamil hcl tab 40 mg.....	138
VELTIN (clindamycin phosphate-tretinoin).....	176	verapamil hcl tab 80 mg.....	138
VEMLIDY (tenofovir alafenamide fumarate).....	93	verapamil hcl tab er 120 mg (VERAPAMIL HCL ER).....	138
VENCLEXTA (venetoclax).....	77	verapamil hcl tab er 180 mg (VERAPAMIL HCL ER).....	138
VENCLEXTA STARTING PACK (venetoclax).....	78	verapamil hcl tab er 240 mg (VERAPAMIL HCL ER).....	138
VENLAFAXINE BESYLATE ER.....	53	VERASENS BLOOD GLUCOSE TEST (glucose blood).....	317
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (VENLAFAXINE HCL ER).....	53	VERDESO (desonide).....	229
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (VENLAFAXINE HCL ER).....	53	VEREGEN (sinecatechins).....	188
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (VENLAFAXINE HCL ER).....	53	VERELAN (verapamil hcl).....	138
venlafaxine hcl tab 100 mg (base equivalent).....	53	VERELAN PM (verapamil hcl).....	138
venlafaxine hcl tab 25 mg (base equivalent).....	53	VERIPRED 20 (prednisolone sodium phosphate).....	229
venlafaxine hcl tab 37.5 mg (base equivalent).....	53	VERKAZIA (cyclosporine (ophth)).....	322
venlafaxine hcl tab 50 mg (base equivalent).....	53	VERQUVO (vericiguat).....	148
venlafaxine hcl tab 75 mg (base equivalent).....	53	VERSACLOZ (clozapine).....	91
venlafaxine hcl tab er 24hr 150 mg (base equivalent) (VENLAFAXINE HCL ER).....	53	VERZENIO (abemaciclib).....	78
venlafaxine hcl tab er 24hr 225 mg (base equivalent) (VENLAFAXINE HCL ER).....	53	VESICARE (solifenacin succinate).....	221
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent) (VENLAFAXINE HCL ER).....	53	VESICARE LS (solifenacin succinate).....	221
		VFEND (voriconazole).....	61
		VIAGRA (sildenafil citrate).....	225

VIBERZI (eluxadoline)	209	VIRAMUNE (nevirapine)	96
VIBRAMYCIN (doxycycline (monohydrate)) . 36		VIRAMUNE XR (nevirapine)	96
VIBRAMYCIN (doxycycline calcium)	36	VIRASAL (salicylic acid)	188
VIBRAMYCIN (doxycycline hyclate)	36	VIREAD (tenofovir disoproxil fumarate)	98
VICTOZA (liraglutide)	112	VIROPTIC (trifluridine)	102
VIDA MIA UNIFINE PENTIPS	317	VIRT-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	205
VIDA MIA UNILET LANCETS 28G	317	VIRT-NATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	205
VIDA MIA UNILET LANCETS 30G	317	VIRT-PN (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid)	205
VIDEX (didanosine)	98	VIRT-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	205
VIDEX EC (didanosine)	98	VIRT-PN PLUS (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3)	205
VIEKIRA PAK (ombitasvir-paritaprevir-ritonavir- dasabuvir)	94	VISTARIL (hydroxyzine pamoate)	332
vigabatrin powd pack 500 mg	43	VISTOGARD (uridine triacetate (emergency treatment))	317
vigabatrin powd pack 500 mg (VIGADRONE)	43	VITAFOL FE+ (prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha)	205
vigabatrin tab 500 mg	43	VITAFOL GUMMIES (prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids)	205
VIGAMOX (moxifloxacin hcl (ophth))	323	VITAFOL STRIPS (prenatal w/ vit b6-b12- cholecalciferol-folic acid)	205
VIIBRYD (vilazodone hcl)	54	VITAFOL ULTRA (prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha)	205
VIIBRYD STARTER PACK (vilazodone hcl)	54	VITAFOL-NANO (prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid)	206
VIJOICE (alpelisib (pros agents))	219	VITAFOL-OB (prenatal vit w/ ferrous fumarate- folic acid)	206
VIL-RX (prenatal vit w/ iron carbonyl-folic acid)	205	VITAFOL-ONE (prenatal mv & min w/fe polysaccharide complex-fa-dha)	206
vilazodone hcl tab 10 mg	54	VITALET PRO LANCETS	317
vilazodone hcl tab 20 mg	54	VITALET PRO PLUS LANCETS	317
vilazodone hcl tab 40 mg	54	VITAMEDMD ONE RX/QUATREFOLIC (prenatal without a w/ fe fumarate-l methylfolate-fa- dha)	206
VIMOVO (naproxen-esomeprazole magnesium)	5	VITAMEDMD REDICHEW RX (prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid)	206
VIMPAT (lacosamide)	45	VITAPEARL (prenatal without a w/ fe fumarate-sod feredetate-fa-dha)	206
VINATE CARE (prenatal without a vit w/ fe fumarate-folic acid)	205		
VINATE DHA RF (prenatal without vit a w/ fe fumarate-l methylfolate-omegas)	205		
VINATE II (prenatal vit w/ fe bisglycinate chelate-folic acid)	205		
VINATE M (prenatal vit w/ selenium-fe fumarate-folic acid)	205		
VINATE ONE (prenatal vit w/ ferrous fumarate- folic acid)	205		
VIOKACE (pancrelipase (lipase-protease- amylase))	219		
VIRACEPT (nelfinavir mesylate)	101		

VITATHELY WITH GINGER (prenatal vit w/ ferrous fumarate-folic acid)	206	VRAYLAR (cariprazine hcl)	91
VITRAKVI (larotrectinib sulfate)	78	VTAMA (tapinarof)	182
VIVA DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	206	VTOL LQ (butalbital-acetaminophen-caffeine)	168
VIVAGUARD INO TEST STRIPS (glucose blood)	317	VUITY (pilocarpine hcl)	327
VIVAGUARD LANCETS	317	VUMERITY (diroximel fumarate)	172
VIVELLE-DOT (estradiol)	252	VUMERITY (STARTER) (diroximel fumarate) . .	172
VIVJOA (oteseconazole)	61	VUSION (miconazole-zinc oxide-white petrolatum)	61
VIVLODEX (meloxicam)	5	VYLEESI (bremelanotide acetate)	225
VIZIMPRO (dacomitinib)	78	VYNDAMAX (tafamidis)	148
VOCAL POINT BLOOD GLUCOSE TEST (glucose blood)	317	VYNDAQEL (tafamidis meglumine (cardiac))	219
VOGELXO (testosterone)	234	VYTORIN (ezetimibe-simvastatin)	155
VOGELXO PUMP (testosterone)	234	VYVANSE (lisdexamfetamine dimesylate) . .	160
VOL-NATE (prenatal vit w/ ferrous fumarate-folic acid)	206	VYZULTA (latanoprostene bunod)	328
VOL-PLUS (prenatal vit w/ ferrous fumarate-folic acid)	206		
VOL-TAB RX (prenatal vit w/ iron carbonyl-folic acid)	206	W	
VONJO (pacritinib citrate)	78	WAKIX (pitolisant hcl)	349
VOQUEZNA DUAL PAK (amoxicillin (trihydrate)-vonoprazan fumarate)	213	WALGREENS ADV TRAVEL LANCETS	318
VOQUEZNA TRIPLE PAK (amoxicillin (trihydrate)-clarithromycin-vonoprazan fumarate)	213	WALGREENS LANCETS	318
voriconazole for susp 40 mg/ml	61	WALGREENS LANCETS MICRO THIN	318
voriconazole tab 200 mg	61	WALGREENS LANCETS SUPER THIN	318
voriconazole tab 50 mg	61	WALGREENS THIN LANCETS	318
VORTEX HOLD CHMBR/MASK/CHILD	318	WALGREENS ULTRA THIN LANCETS	318
VORTEX HOLD CHMBR/MASK/TODDLER	318	warfarin sodium tab 1 mg	119
VORTEX HOLDING CHAMBER/MASK	318	warfarin sodium tab 1 mg (JANTOVEN)	119
VORTEX VALVED HOLDING CHAMBER	318	warfarin sodium tab 10 mg	119
VOSEVI (sofosbuvir-velpatasvir-voxilaprevir)	94	warfarin sodium tab 10 mg (JANTOVEN)	119
VOTRIENT (pazopanib hcl)	78	warfarin sodium tab 2 mg	119
VOXZOGO (vosoritide)	219	warfarin sodium tab 2 mg (JANTOVEN)	119
VP INSULIN SYRINGE	318	warfarin sodium tab 2.5 mg	119
VP-PNV-DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	206	warfarin sodium tab 2.5 mg (JANTOVEN)	119
		warfarin sodium tab 3 mg	119
		warfarin sodium tab 3 mg (JANTOVEN)	119
		warfarin sodium tab 4 mg	119
		warfarin sodium tab 4 mg (JANTOVEN)	119
		warfarin sodium tab 5 mg	119
		warfarin sodium tab 5 mg (JANTOVEN)	119
		warfarin sodium tab 6 mg	119
		warfarin sodium tab 6 mg (JANTOVEN)	119

warfarin sodium tab 7.5 mg	120	WYNZORA (calcipotriene-betamethasone dipropionate)	188
warfarin sodium tab 7.5 mg (JANTOVEN)	120	X	
WATCHHALER	318	XADAGO (safinamide mesylate)	85
WAVESENSE PRESTO (glucose blood)	318	XALATAN (latanoprost)	328
WEGMANS UNIFINE PENTIPS PLUS	318	XALKORI (crizotinib)	78
WEGOXY (semaglutide (weight management))	318	XANAX (alprazolam)	105
WELCHOL (colesevelam hcl)	155	XANAX XR (alprazolam)	105
WELIREG (belzutifan)	71	XARELTO (rivaroxaban)	120
WELLBUTRIN SR (bupropion hcl)	49	XARELTO STARTER PACK (rivaroxaban)	120
WELLBUTRIN XL (bupropion hcl)	49	XATMEP (methotrexate)	268
WESCAP-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	206	XCOPRI (250 MG DAILY DOSE) (cenobamate)	41
WESCAP-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	206	XCOPRI (350 MG DAILY DOSE) (cenobamate)	41
WESNATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	206	XCOPRI (cenobamate)	41
WESTAB PLUS (prenatal vit w/ ferrous fumarate-folic acid)	206	XELJANZ (tofacitinib citrate)	263
WESTGEL DHA (prenatal without a w/ fe carbonyl-l methylfolate-fa-dha)	207	XELJANZ XR (tofacitinib citrate)	268
WESTHROID (thyroid)	258	XELODA (capecitabine)	70
WIDE-SEAL DIAPHRAGM 60 (diaphragm wide seal)	318	XELPROS (latanoprost)	328
WIDE-SEAL DIAPHRAGM 65 (diaphragm wide seal)	318	XELSTRYM (dextroamphetamine)	160
WIDE-SEAL DIAPHRAGM 70 (diaphragm wide seal)	318	XENAZINE (tetrabenazine)	168
WIDE-SEAL DIAPHRAGM 75 (diaphragm wide seal)	318	XENICAL (orlistat)	213
WIDE-SEAL DIAPHRAGM 80 (diaphragm wide seal)	318	XENLETA (lefamulin acetate)	101
WIDE-SEAL DIAPHRAGM 85 (diaphragm wide seal)	318	XEPI (ozenoxacin)	190
WIDE-SEAL DIAPHRAGM 90 (diaphragm wide seal)	319	XERESE (acyclovir-hydrocortisone)	188
WIDE-SEAL DIAPHRAGM 95 (diaphragm wide seal)	319	XERMELO (telotristat etiprate)	209
WILZIN (zinc acetate (oral))	207	XGEVA (denosumab)	272
WINLEVI (clascoterone)	176	XHANCE (fluticasone propionate (nasal))	331
WP THYROID	258	XIFAXAN (rifaximin)	26
		XIGDUO XR (dapagliflozin-metformin hcl)	112
		XIIDRA (lifitegrast)	322
		XIMINO (minocycline hcl)	36
		XOFLUZA (40 MG DOSE) (baloxavir marboxil)	101
		XOFLUZA (80 MG DOSE) (baloxavir marboxil)	101
		XOLAIR (omalizumab)	263
		XOLEGEL (ketoconazole (topical))	61
		XOPENEX (levalbuterol hcl)	336

XOPENEX CONCENTRATE (levalbuterol hcl)	336	ZAVESCA (miglustat)	219
XOPENEX HFA (levalbuterol tartrate)	336	ZCORT 7-DAY (dexamethasone)	230
XOSPATA (gilteritinib fumarate)	78	ZEGALOGUE (dasiglucagon hcl)	113
XPOVIO (100 MG ONCE WEEKLY) (selinexor)	71	ZEGERID (omeprazole-sodium bicarbonate)	216
XPOVIO (40 MG ONCE WEEKLY) (selinexor)	71	ZEJULA (niraparib tosylate)	78
XPOVIO (40 MG TWICE WEEKLY) (selinexor)	71	ZELAPAR (selegiline hcl)	85
XPOVIO (60 MG ONCE WEEKLY) (selinexor)	71,72	ZELBORAF (vemurafenib)	78
XPOVIO (60 MG TWICE WEEKLY) (selinexor)	72	ZELNORM (tegaserod maleate)	209
XPOVIO (80 MG ONCE WEEKLY) (selinexor)	72	ZEMBRACE SYMTOUCH (sumatriptan succinate)	65
XPOVIO (80 MG TWICE WEEKLY) (selinexor)	72	ZEMPLAR (paricalcitol)	272
XTAMPZA ER (oxycodone)	11	ZENPEP (pancrelipase (lipase-protease-amylase))	219
XTANDI (enzalutamide)	68	ZENZEDI (dextroamphetamine sulfate)	160,161
XULTOPHY (insulin degludec-liraglutide)	112	ZEPATIER (elbasvir-grazoprevir)	94
XURIDEN (uridine triacetate)	219	ZEPOSIA (ozanimod hcl)	172
XYOSTED (testosterone enanthate)	234	ZEPOSIA 7-DAY STARTER PACK (ozanimod hcl)	172
XYREM (sodium oxybate)	349	ZEPOSIA STARTER KIT (ozanimod hcl)	172
XYWAV (calcium, magnesium, potassium, & sodium oxybates)	349	ZERIT (stavudine)	98
Y		ZERVIAE (cetirizine hcl (ophth))	332
YASMIN 28 (drospirenone-ethinyl estradiol)	252	ZESTORETIC (lisinopril & hydrochlorothiazide)	148
YAZ (drospirenone-ethinyl estradiol)	252	ZESTRIL (lisinopril)	128
YONSA (abiraterone acetate)	68	ZETIA (ezetimibe)	155
YOSPRALA (aspirin-omeprazole)	123	ZETONNA (ciclesonide (nasal))	331
YUPELRI (revefenacin)	334	ZEVX INSULIN SYRINGE	319
Z		ZEVX PEN NEEDLES	319
zafirlukast tab 10 mg	333	ZEVX TWIST TOP LANCETS 30G	319
zafirlukast tab 20 mg	333	ZIAC (bisoprolol & hydrochlorothiazide)	148
zaleplon cap 10 mg	348	ZIAGEN (abacavir sulfate)	99
zaleplon cap 5 mg	348	ZIANA (clindamycin phosphate-tretinoin)	176
ZALVIT (prenatal vit w/ ferrous gluconate-folic acid)	207	zidovudine cap 100 mg	99
ZANAFLEX (tizanidine hcl)	92	zidovudine syrup 10 mg/ml	99
ZARONTIN (ethosuximide)	41	zidovudine tab 300 mg	99
ZARXIO (filgrastim-sndz)	122	ZIEXTENZO (pegfilgrastim-bmez)	122
ZATEAN-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	207	zileuton tab er 12hr 600 mg (ZILEUTON ER)	333
ZATEAN-PN PLUS (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3)	207	ZILXI (minocycline hcl micronized (rosacea))	176
		ZIMHI (naloxone hcl)	22

ZIOPTAN (tafluprost).....	328	ZONISADE (zonisamide).....	45
ZIPHEX (prenatal vit w/ ferrous gluconate-folic acid).....	207	zonisamide cap 100 mg.....	45
ziprasidone hcl cap 20 mg.....	91	zonisamide cap 25 mg.....	45
ziprasidone hcl cap 40 mg.....	91	zonisamide cap 50 mg.....	45
ziprasidone hcl cap 60 mg.....	91	ZONTIVITY (vorapaxar sulfate).....	120
ziprasidone hcl cap 80 mg.....	91	ZORBTIVE (somatropin (non-refrigerated))..	232
ZIPSOR (diclofenac potassium).....	5	ZORTRESS (everolimus (immunosuppressant)).....	268
ZIRGAN (ganciclovir ophthalmic).....	92	ZORVOLEX (diclofenac).....	5
ZITHROMAX (azithromycin).....	31	ZORYVE (roflumilast (topical)).....	188
ZITHROMAX TRI-PAK (azithromycin).....	31	ZOVIRAX (acyclovir topical).....	190
ZITHROMAX Z-PAK (azithromycin).....	31	ZOVIRAX (acyclovir).....	102
ZOCOR (simvastatin).....	153	ZTALMY (ganaxolone).....	41
ZOFRAN (ondansetron hcl).....	58	ZTLIDO (lidocaine).....	21
ZOHYDRO ER (hydrocodone bitartrate).....	11	ZUBSOLV (buprenorphine hcl-naloxone hcl dihydrate).....	22
ZOKINVY (lonafarnib).....	219	ZUPLENZ (ondansetron).....	58
ZOLINZA (vorinostat).....	72	ZURAMPIC (lesinurad).....	62
ZOLMITRIPTAN.....	65	ZYBAN (bupropion hcl (smoking deterrent))..	23
zolmitriptan nasal spray 5 mg/spray unit....	65	ZYCLARA (imiquimod).....	188
zolmitriptan orally disintegrating tab 2.5 mg.	65	ZYCLARA PUMP (imiquimod).....	188
zolmitriptan orally disintegrating tab 5 mg..	65	ZYDELIG (idelalisib).....	78
zolmitriptan tab 2.5 mg.....	65	ZYFLO (zileuton).....	333
zolmitriptan tab 5 mg.....	65	ZYFLO CR (zileuton).....	333
ZOLOFT (sertraline hcl).....	54	ZYKADIA (ceritinib).....	78
ZOLPIDEM TARTRATE.....	348	ZYLET (loteprednol etabonate-tobramycin)	322
zolpidem tartrate sl tab 1.75 mg.....	348	ZYLOPRIM (allopurinol).....	62
zolpidem tartrate sl tab 3.5 mg.....	348	ZYMAXID (gatifloxacin (ophth)).....	323
zolpidem tartrate tab 10 mg.....	348	ZYPITAMAG (pitavastatin magnesium).....	153
zolpidem tartrate tab 5 mg.....	348	ZYPREXA (olanzapine).....	91
zolpidem tartrate tab er 12.5 mg (ZOLPIDEM TARTRATE ER).....	348	ZYPREXA ZYDIS (olanzapine).....	91
zolpidem tartrate tab er 6.25 mg (ZOLPIDEM TARTRATE ER).....	348	ZYTIGA (abiraterone acetate).....	68
ZOLPIMIST (zolpidem tartrate).....	348	ZYVOX (linezolid).....	26
ZOMACTON (FOR ZOMA-JET 10) (somatropin).....	232		
ZOMACTON (somatropin).....	232		
ZOMIG (zolmitriptan).....	65		
ZOMIG ZMT (zolmitriptan).....	66		
ZONALON (doxepin hcl (antipruritic)).....	182		
ZONEGRAN (zonisamide).....	45		



NOTICES AVAILABLE ONLINE

Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: blueshieldca.com/notices. You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**.

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at **(888) 256-3650 (TTY: 711)**.

Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en blueshieldca.com/notices. Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711)**.

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al **(888) 256-3650 (TTY: 711)**.

非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 blueshieldca.com/notices。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(888) 256-3650 (TTY: 711)**。

Blue Shield Pharmacy Services
P.O. Box 2080
Oakland, CA 94604-9716

Blue Shield of California is an independent member of the Blue Shield Association