



Value Drug Formulary

January 2025

Blue Shield of California

This formulary corresponds with the following plans:

Shield Spectrum PPOSM, Full EPO/PPO, Full PPO Savings, Access+ HMO[®], Added Advantage POSSM, Local Access+ HMO[®], Tandem EPO/PPO, Trio HMO, Virtual Blue PPO Savings

This formulary was last updated on 01/01/2025 . This formulary is subject to change, and all previous versions of the formulary no longer apply. For the most current information about the *Value 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.

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Informational Section

The *Blue Shield Value 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 healthcare 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.

Term
<p>“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.</p>
<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 healthcare services that are not covered by the health plan.</p>
<p>“Prescribing provider” is a healthcare 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>

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>

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

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.

Using the brand-name or the generic name for the drug, you can search this list in one of two ways:

- Search for the category or class to which the drug belongs and search for the name of the drug in alphabetical order
- Search 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 with the first letter capitalized.
- 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	oxycodone/acetaminophen (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 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. See your *Evidence of Coverage* (EOC) for further details about your benefit.

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
AL1	Age limit	Prior authorization may be required if your age does not fall within the FDA, manufacturer, or treatment guideline recommendations.
BE	Benefit exclusion	This drug may not be covered when excluded by your plan. Please see your <i>Evidence of Coverage (EOC)</i> for more detailed information.
CW	Cost waived	This drug may be available with no out of pocket cost. Certain benefit limitations may apply. Please see your <i>Evidence of Coverage (EOC)</i> for more detailed information.
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. See your Evidence of Coverage (EOC) for further details about your benefit.

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 Value Drug Formulary, visit blueshieldca.com/pharmacy.

Why are some drugs excluded from coverage?

We review and update the formularies regularly to ensure covered drugs are safe and effective so that we can continue to maximize treatment quality while keeping your prescription drug costs low. For example, certain drugs that provide low value may be excluded from coverage when the same or similar drug (one with the same active ingredient or same therapeutic effect) is available under the prescription drug benefit at a lower cost. Talk to your doctor to explore alternative options available.

For additional information about excluded drugs, check your Blue Shield *Evidence of Coverage*.

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 healthcare 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. This does not apply to grandfathered plans, plans purchased on or before March 23, 2010. 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 drugs have its cost waived?

Select drugs are required by state or federal legislation to be covered with no out-of-pocket cost for members. Certain benefit limitations may apply. For more details about drugs with waived copays, see your Blue Shield Evidence of Coverage.

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.

Members have coverage for over the counter (OTC) contraceptive drugs and devices with no out-of-pocket costs through their health plan. Members must have a pharmacy benefit with Blue Shield of California and process their OTC contraceptives drugs or devices through a participating pharmacy for no cost coverage using their member ID card. Members can review their Evidence of Coverage (EOC) for further details about their benefit.

Over the counter (OTC) Contraceptives
Condoms (Female)
Condoms (Male)
Daily Oral Contraceptives (Opill)

Emergency Oral Contraceptives
Spermicides (cream, film, foam, gel, suppository)

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, continuous glucose monitors, 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 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](https://www.blueshieldca.com/pharmacy) if you have questions about specialty drugs.

Home delivery pharmacy

Blue Shield offers an easy-to-use home delivery prescription drug program through our contracted home delivery provider. You can save time and money using the home delivery service. 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 home delivery service, visit [amazon.com/blueshieldca](https://www.amazon.com/blueshieldca).

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANALGESICS (Drugs for Pain)

NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)

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)
<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)
<i>diclofenac potassium tab 50 mg</i>	Tier 1	
diclofenac potassium tab 50 mg (Cataflam)	Tier 1	
<i>diclofenac sodium soln 1.5%</i>	Tier 1	QLC (1 bottle/month)
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	
<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>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	
FLURBIPROFEN 50 MG TAB	Tier 1	

AL1 - Age Limit; BE - Benefit Exclusion; CW - Cost Waived;
 GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
 PH - Preventive Health Drugs; 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>flurbiprofen tab 100 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>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	
<i>ketorolac tromethamine tab 10 mg</i>	Tier 2	QLC (20 tabs/30 days)
<i>meloxicam tab 15 mg</i>	Tier 1	
<i>meloxicam tab 7.5 mg</i>	Tier 1	
<i>nabumetone tab 500 mg</i>	Tier 1	
<i>nabumetone tab 750 mg</i>	Tier 1	
<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	
<i>naproxen tab ec 500 mg</i> (EC-NAPROXEN)	Tier 1	
<i>naproxen tab ec 500 mg</i> (NAPROXEN DR)	Tier 1	
<i>piroxicam cap 10 mg</i>	Tier 1	
<i>piroxicam cap 20 mg</i>	Tier 1	
<i>sulindac tab 150 mg</i>	Tier 1	
<i>sulindac tab 200 mg</i>	Tier 1	
OPIOID ANALGESICS, LONG-ACTING (Long-acting Narcotic Pain Relievers)		
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 2	PA, QLC (20 patches/month)

AL1 - Age Limit; BE - Benefit Exclusion; CW - Cost Waived;
GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization;
PH - Preventive Health Drugs; 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 25 mcg/hr</i>	Tier 2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 2	PA, QLC (20 patches/month)
METHADONE HCL 10 MG/5ML SOLUTION	Tier 1	PA, QLC (90 ml/day)
METHADONE HCL 5 MG/5ML SOLUTION	Tier 1	PA, QLC (180 ml/day)
<i>methadone hcl conc 10 mg/ml</i>	Tier 1	PA, QLC (18 ml/day)
methadone hcl conc 10 mg/ml (Methadone Hcl Intensol)	Tier 1	PA, QLC (18 ml/day)
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	PA, QLC (90 ml/day)
<i>methadone hcl soln 5 mg/5ml mg/ml</i>	Tier 1	PA, QLC (180 ml/day)
<i>methadone hcl tab 10 mg</i>	Tier 1	PA, QLC (18 tabs/day)
<i>methadone hcl tab 5 mg</i>	Tier 1	PA, QLC (36 tabs/day)
<i>methadone hcl tab for oral susp 40 mg</i>	Tier 3	PA, QLC (5 tabs/day)
methadone hcl tab for oral susp 40 mg (Methadose)	Tier 3	PA, QLC (5 tabs/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)
<i>morphine sulfate tab er 60 mg</i> (MORPHINE SULFATE ER)	Tier 1	QLC (5 tabs/day)
TRAMADOL HCL (ER BIPHASIC) 100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H	Tier 1	PA, QLC (1 tab/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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i> (TRAMADOL HCL (ER BIPHASIC))	Tier 1	PA, QLC (1 tab/day)
<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)
OPIOID ANALGESICS, SHORT-ACTING (Short-acting Narcotic Pain Relievers)		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> (ACETAMINOPHEN-CODEINE) 0	Tier 1	QLC (90 ml/day; max 1350 ml/month)
<i>acetaminophen w/ codeine tab 300-15 mg</i> (ACETAMINOPHEN-CODEINE)	Tier 1	QLC (12 tabs/day; max 180 tabs/month)
<i>acetaminophen w/ codeine tab 300-30 mg</i> (ACETAMINOPHEN-CODEINE)	Tier 1	QLC (12 tabs/day; max 180 tabs/month)
<i>acetaminophen w/ codeine tab 300-60 mg</i> (ACETAMINOPHEN-CODEINE)	Tier 1	QLC (6 tabs/day; max 90 tabs/month)
ACETAMINOPHEN-CODEINE (<i>acetaminophen w/ codeine</i>) -120-12 MG/5ML SOLUTION	Tier 1	QLC (90 ml/day; max 1350 ml/month)
APAP-CAFF-DIHYDROCODEINE (<i>acetaminophen-caff-dihydrocod</i>) -- 320.5-30-16 MG CAP	Tier 1	PA, QLC (10 caps/day; max 140 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 90 caps/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine)	Tier 1	QLC (6 caps/day; max 90 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 90 caps/30 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	QLC (4 canisters/month at 2 canisters/fill)
CODEINE SULFATE 15 MG TAB	Tier 1	QLC (24 tabs/day; max 360 tabs/month)
CODEINE SULFATE 30 MG TAB	Tier 1	QLC (12 tabs/day; max 180 tabs/month)
CODEINE SULFATE 60 MG TAB	Tier 1	QLC (6 tabs/day; max 90 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>codeine sulfate tab 30 mg</i>	Tier 1	QLC (12 tabs/day; max 180 tabs/month)
FENTANYL CITRATE 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 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 1200 mcg fentanyl citrate handle</i>	Tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 1600 mcg fentanyl citrate handle</i>	Tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 200 mcg fentanyl citrate handle</i>	Tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 400 mcg fentanyl citrate handle</i>	Tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 600 mcg fentanyl citrate handle</i>	Tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 800 mcg fentanyl citrate handle</i>	Tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QLC (8 tabs/day; max 120 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 2	QLC (5 tabs/day; max 75 tabs/month)
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QLC (11 tabs/day; max 165 tabs/month)
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	QLC (6 tabs/day; max 90 tabs/month)
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	QLC (3 tabs/day; max 45 tabs/month)
<i>meperidine hcl tab 50 mg</i>	Tier 1	AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 270 tabs/month)
MORPHINE SULFATE 10 MG SUPPOS	Tier 1	QLC (9 suppositories/day; max 135 suppositories/month)
MORPHINE SULFATE 10 MG/5ML SOLUTION	Tier 1	QLC (45 ml/day; max 675 ml/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MORPHINE SULFATE 15 MG TAB	Tier 1	QLC (6 tabs/day; max 90 tabs/month)
MORPHINE SULFATE 20 MG SUPPOS	Tier 1	QLC (5 suppositories/day; max 75 suppositories/month)
MORPHINE SULFATE 20 MG/5ML SOLUTION	Tier 1	QLC (25 ml/day; max 375 ml/month)
MORPHINE SULFATE 30 MG SUPPOS	Tier 1	QLC (3 suppositories/day; max 45 suppositories/month)
MORPHINE SULFATE 30 MG TAB	Tier 1	QLC (3 tabs/day; max 45 tabs/month)
MORPHINE SULFATE 5 MG SUPPOS	Tier 1	QLC (12 suppositories/day; max 180 suppositories/month)
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	QLC (45 ml/day; max 675 ml/month)
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	QLC (25 ml/day; max 375 ml/month)
<i>morphine sulfate tab 15 mg</i>	Tier 1	QLC (6 tabs/day; max 90 tabs/month)
<i>morphine sulfate tab 30 mg</i>	Tier 1	QLC (3 tabs/day; max 45 tabs/month)
<i>oxycodone hcl soln 5 mg/5ml mg/ml</i>	Tier 2	QLC (60 ml/day; max 900 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 60 tabs/month)
<i>oxycodone hcl tab 20 mg</i>	Tier 1	QLC (3 tabs/day; max 45 tabs/month)
<i>oxycodone hcl tab 30 mg</i>	Tier 1	QLC (2 tabs/day; max 30 tabs/month)
<i>oxycodone hcl tab 5 mg</i>	Tier 1	QLC (12 tabs/day; max 180 tabs/month)
oxycodone w/ acetaminophen tab 10-325 mg (Endocet)	Tier 2	QLC (6 tabs/day; max 90 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	Tier 2	QLC (6 tabs/day; max 90 tabs/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)	Tier 2	QLC (12 tabs/day; not to exceed 180 tabs/month)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	Tier 2	QLC (12 tabs/day; not to exceed 180 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
oxycodone w/ acetaminophen tab 5-325 mg (Endocet)	Tier 2	QLC (12 tabs/day; not to exceed 180 tabs/month)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	Tier 2	QLC (12 tabs/day; not to exceed 180 tabs/month)
oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)	Tier 2	QLC (8 tabs/day; max 120 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	Tier 2	QLC (8 tabs/day; max 120 tabs/30 days)
OXYCODONE-ASPIRIN -4.8355-325 MG TAB	Tier 2	QLC (12 tabs/day; max 180 tabs/month)
<i>tramadol hcl tab 100 mg</i>	Tier 1	QLC (4 tabs/day)
<i>tramadol hcl tab 50 mg</i>	Tier 1	QLC (8 tabs/day)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 1	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 prefilled syringe 2%</i>	Tier 1	
lidocaine hcl urethral/mucosal gel prefilled syringe 2% (Glydo)	Tier 1	
<i>lidocaine hcl viscous soln 2%</i> (LIDOCAINE VISCOUS HCL)	Tier 1	
<i>lidocaine oint 5%</i>	Tier 3	QLC (50 gm/month)
<i>lidocaine oint 5%</i> (PREMIUM LIDOCAINE)	Tier 3	QLC (50 gm/month)
<i>lidocaine patch 5%</i>	Tier 1	QLC (90 patches/month)
<i>lidocaine patch 5%</i> (LIDOCAN)	Tier 1	QLC (90 patches/month)
lidocaine patch 5% (Lidocan)	Tier 1	QLC (90 patches/month)
lidocaine patch 5% (Tridacaine li)	Tier 1	QLC (90 patches/month)
lidocaine patch 5% (Tridacaine lii)	Tier 1	QLC (90 patches/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QLC (30 gm/month)
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 2	
<i>disulfiram tab 250 mg</i>	Tier 1	
<i>disulfiram tab 500 mg</i>	Tier 1	
OPIOID DEPENDENCE (Drugs for Opioid Dependence)		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 1	QLC (12 tabs/day)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 1	QLC (3 tabs/day)
<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)
<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)
OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose)		
NALOXONE HCL 0.4 MG/ML SOLN PRSYR	Tier 1	QLC (2 syringes/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)
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking)

APO-VARENICLINE (<i>varenicline tartrate</i>) -0.5 MG TAB, -1 MG TAB	Tier 3	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 (3 tabs/day)
NICOTROL (<i>nicotine</i>) 10 MG INHALER	Tier 3	ACA (Preventive Health), QLC (16 cartridges/day)
NICOTROL NS (<i>nicotine</i>) 10 MG/ML SOLUTION	Tier 3	ACA (Preventive Health), QLC (2 ml/day)
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	Tier 1	ACA (Preventive Health), QLC (2 tabs/day)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	Tier 1	ACA (Preventive Health), QLC (2 tabs/day)
<i>varenicline tartrate tab 1 mg (base equiv)</i> (VARENICLINE TARTRATE(CONTINUE))	Tier 1	ACA (Preventive Health), QLC (2 tabs/day)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> (VARENICLINE TARTRATE (STARTER))	Tier 1	ACA (Preventive Health), QLC (1 starting month box/28 days)

ANTIBACTERIALS (Drugs for Bacterial Infections)

AMINOGLYCOSIDES

<i>gentamicin sulfate cream 0.1%</i>	Tier 1	
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	
<i>neomycin sulfate tab 500 mg</i>	Tier 1	
<i>paromomycin sulfate cap 250 mg</i>	Tier 1	PA

ANTIBACTERIALS, OTHER

CAYSTON (<i>aztreonam lysine</i>) 75 MG RECON SOLN	Tier 4	PA, S (Specialty Drug), QLC (1 box/2 months)
<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 vaginal cream 2%</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 3	QLC (1 packet/30 days)
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	PA
<i>linezolid tab 600 mg</i>	Tier 1	PA
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
<i>metronidazole cream 0.75%</i>	Tier 1	
metronidazole cream 0.75% (Rosadan)	Tier 1	
<i>metronidazole gel 0.75%</i>	Tier 1	
metronidazole gel 0.75% (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	
NEOMYCIN-POLYMYXIN B GU (<i>neomycin/polymyxin b gu</i>) -40- 200000 SOLUTION	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	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (NITROFURANTOIN MONOHYD MACRO)	Tier 1	
<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	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Tier 1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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 2	
CEFACLOR ER (<i>cefaclor monohydrate</i>) 500 MG TAB 12H	Tier 2	
CEFADROXIL 1 GM TAB	Tier 2	
<i>cefadroxil cap 500 mg</i>	Tier 2	
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 2	
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 2	
<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	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 2	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 2	
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 2	
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 2	
<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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 (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	
<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, 400 MG/5ML RECON SUSP	Tier 1	
AMOXICILLIN-POT CLAVULANATE (<i>amoxicillin & pot clavulanate</i>) -200-28.5 MG CHEW TAB, -400-57 MG CHEW TAB	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AMOXICILLIN-POT CLAVULANATE ER (<i>amoxicillin & pot clavulanate</i>) -1000- 62.5 MG TAB 12H	Tier 2	
<i>ampicillin cap 500 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	
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	
<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)
ERYTHROMYCIN BASE 250 MG CP DR PART	Tier 3	PA
<i>erythromycin tab 250 mg</i> (ERYTHROMYCIN BASE)	Tier 3	
<i>erythromycin tab 500 mg</i> (ERYTHROMYCIN BASE)	Tier 3	
<i>erythromycin tab delayed release 250 mg</i>	Tier 3	
erythromycin tab delayed release 250 mg (Ery-Tab)	Tier 3	
<i>erythromycin tab delayed release 250 mg</i> (ERYTHROMYCIN BASE)	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>erythromycin tab delayed release 333 mg</i>	Tier 3	
erythromycin tab delayed release 333 mg (Ery-Tab)	Tier 3	
<i>erythromycin tab delayed release 333 mg (ERYTHROMYCIN BASE)</i>	Tier 3	
<i>erythromycin tab delayed release 500 mg</i>	Tier 3	
erythromycin tab delayed release 500 mg (Ery-Tab)	Tier 3	
<i>erythromycin tab delayed release 500 mg (ERYTHROMYCIN BASE)</i>	Tier 3	
QUINOLONES		
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	Tier 1	QLC (2 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)
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 2	QLC (300 ml/30 days)
<i>levofloxacin tab 250 mg</i>	Tier 1	QLC (14 tabs/30 days)
<i>levofloxacin tab 500 mg</i>	Tier 1	QLC (1 tab/day)
<i>levofloxacin tab 750 mg</i>	Tier 1	QLC (14 tabs/30 days)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 1	QLC (21 tabs/30 days)
OFLOXACIN 300 MG TAB	Tier 3	
<i>ofloxacin tab 400 mg</i>	Tier 3	
SULFONAMIDES		
SULFADIAZINE 500 MG TAB	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sulfadiazine tab 500 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	Tier 2	
<i>demeclocycline hcl tab 300 mg</i>	Tier 2	
<i>doxycycline hyclate cap 100 mg</i>	Tier 1	
doxycycline hyclate cap 100 mg (Morgidox)	Tier 1	
<i>doxycycline hyclate cap 50 mg</i>	Tier 1	
<i>doxycycline hyclate tab 100 mg</i>	Tier 1	
<i>doxycycline hyclate tab 20 mg</i>	Tier 1	QLC (2 tabs/day)
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
doxycycline monohydrate cap 100 mg (Mondoxyne NI)	Tier 1	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	Tier 1	
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	
doxycycline monohydrate tab 100 mg (Avidoxy)	Tier 1	
<i>doxycycline monohydrate tab 150 mg</i>	Tier 2	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 2	
<i>doxycycline monohydrate tab 75 mg</i>	Tier 2	
<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	
<i>tetracycline hcl cap 250 mg</i>	Tier 2	
<i>tetracycline hcl cap 500 mg</i>	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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 4	ST, QLC (2 tabs/day)
BRIVIACT (<i>brivaracetam</i>) 10 MG/ML SOLUTION	Tier 4	ST, QLC (20 ml/day)
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	
<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	
<i>felbamate tab 400 mg</i>	Tier 2	
<i>felbamate tab 600 mg</i>	Tier 2	
<i>lamotrigine tab 100 mg</i>	Tier 1	
lamotrigine tab 100 mg (Subvenite)	Tier 1	
<i>lamotrigine tab 150 mg</i>	Tier 1	
lamotrigine tab 150 mg (Subvenite)	Tier 1	
<i>lamotrigine tab 200 mg</i>	Tier 1	
lamotrigine tab 200 mg (Subvenite)	Tier 1	
<i>lamotrigine tab 25 mg</i>	Tier 1	
lamotrigine tab 25 mg (Subvenite)	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 er 24hr 100 mg</i> (LAMOTRIGINE ER)	Tier 2	ST, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lamotrigine tab er 24hr 200 mg</i> (LAMOTRIGINE ER)	Tier 2	ST, QLC (3 tabs/day)
<i>lamotrigine tab er 24hr 25 mg</i> (LAMOTRIGINE ER)	Tier 2	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 250 mg</i> (LAMOTRIGINE ER)	Tier 2	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 300 mg</i> (LAMOTRIGINE ER)	Tier 2	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 50 mg</i> (LAMOTRIGINE ER)	Tier 2	ST, QLC (1 tab/day)
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	
<i>levetiracetam tab 1000 mg</i>	Tier 1	
levetiracetam tab 1000 mg (Roweepra)	Tier 1	
<i>levetiracetam tab 250 mg</i>	Tier 1	
<i>levetiracetam tab 500 mg</i>	Tier 1	
levetiracetam tab 500 mg (Roweepra)	Tier 1	
<i>levetiracetam tab 750 mg</i>	Tier 1	
levetiracetam tab 750 mg (Roweepra)	Tier 1	
<i>levetiracetam tab er 24hr 500 mg</i> (LEVETIRACETAM ER)	Tier 1	QLC (6 tabs/day)
levetiracetam tab er 24hr 500 mg (Roweepra Xr)	Tier 1	QLC (6 tabs/day)
<i>levetiracetam tab er 24hr 750 mg</i> (LEVETIRACETAM ER)	Tier 1	QLC (4 tabs/day)
levetiracetam tab er 24hr 750 mg (Roweepra Xr)	Tier 1	QLC (4 tabs/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	
<i>topiramate tab 50 mg</i>	Tier 1	
<i>valproate sodium oral soln 250 mg/5ml</i> (base equiv)(VALPROIC ACID)	Tier 1	
<i>valproic acid cap 250 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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CALCIUM CHANNEL MODIFYING AGENTS

<i>ethosuximide cap 250 mg</i>	Tier 1	
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	

GAMMA-AMINO BUTYRIC ACID (GABA) MODULATING AGENTS

<i>clobazam suspension 2.5 mg/ml</i>	Tier 2	ST, QLC (16 ml/day)
<i>clobazam tab 10 mg</i>	Tier 2	ST, QLC (4 tabs/day)
<i>clobazam tab 20 mg</i>	Tier 2	ST, QLC (2 tabs/day)
DIAZEPAM (<i>diazepam (anticonvulsant)</i>) 2.5 MG GEL	Tier 1	QLC (1 kit [2 doses]/fill)
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 1	QLC (1 kit [2 doses]/fill)
<i>diazepam rectal gel delivery system 20 mg</i>	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	
<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	
PRIMIDONE 125 MG TAB	Tier 1	
<i>primidone tab 250 mg</i>	Tier 1	
<i>primidone tab 50 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SODIUM CHANNEL AGENTS		
<i>carbamazepine cap er 12hr 100 mg</i> (CARBAMAZEPINE ER)	Tier 1	
<i>carbamazepine cap er 12hr 200 mg</i> (CARBAMAZEPINE ER)	Tier 1	
<i>carbamazepine cap er 12hr 300 mg</i> (CARBAMAZEPINE ER)	Tier 1	
<i>carbamazepine chew tab 100 mg</i>	Tier 1	
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	
<i>carbamazepine tab 200 mg</i>	Tier 1	
carbamazepine tab 200 mg (Epiol)	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	
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	
DILANTIN-125 (<i>phenytoin</i>) -MG/5ML SUSPENSION	Tier 2	
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	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 2	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>phenytoin chew tab 50 mg</i>	Tier 1	
<i>phenytoin chew tab 50 mg</i> (PHENYTOIN INFATABS)	Tier 1	
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	
phenytoin sodium extended cap 200 mg (Phenytek)	Tier 1	
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	
phenytoin sodium extended cap 300 mg (Phenytek)	Tier 1	
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	
<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	
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CHOLINESTERASE INHIBITORS

<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	
<i>galantamine hydrobromide cap er 24hr 16 mg</i> (GALANTAMINE HYDROBROMIDE ER)	Tier 2	
<i>galantamine hydrobromide cap er 24hr 24 mg</i> (GALANTAMINE HYDROBROMIDE ER) <i>hr</i>	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>galantamine hydrobromide cap er 24hr 8 mg</i> (GALANTAMINE HYDROBROMIDE ER)	Tier 2	
<i>galantamine hydrobromide tab 12 mg</i>	Tier 2	
<i>galantamine hydrobromide tab 4 mg</i>	Tier 2	
<i>galantamine hydrobromide tab 8 mg</i>	Tier 2	
<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 3	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 3	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 3	QLC (1 patch/day)

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

<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)

ANTIDEPRESSANTS (Drugs for Depression)

ANTIDEPRESSANTS, OTHER

<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
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	
<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	
PERPHENAZINE-AMITRIPTYLINE -2-10 MG TAB, -2-25 MG TAB, -4-10 MG TAB, -4-25 MG TAB, -4-50 MG TAB	Tier 1	
ZURZUVAE (<i>zuranolone</i>) 20 MG CAP, 25 MG CAP	Tier 4	PA, QLC (2 caps/day; max 28 caps/365 days)
ZURZUVAE (<i>zuranolone</i>) 30 MG CAP	Tier 4	PA, QLC (1 cap/day; max 14 caps/365 days)

MONOAMINE OXIDASE INHIBITORS

PHENELZINE SULFATE 15 MG TAB	Tier 1	
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 2	

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

<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	Tier 2	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	Tier 2	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	Tier 2	QLC (1 tab/day)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv) mg/ml</i>	Tier 2	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)
FLUOXETINE HCL (PMDD) 10 MG TAB, 20 MG TAB	Tier 1	QLC (1 tab/day)
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 2	
<i>fluoxetine hcl tab 20 mg</i>	Tier 2	
<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)
NEFAZODONE HCL 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB	Tier 1	
<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	

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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	
<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	
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	
<i>amoxapine tab 100 mg</i>	Tier 1	
<i>amoxapine tab 150 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amoxapine tab 25 mg</i>	Tier 1	
<i>amoxapine tab 50 mg</i>	Tier 1	
<i>clomipramine hcl cap 25 mg</i>	Tier 3	
<i>clomipramine hcl cap 50 mg</i>	Tier 3	
<i>clomipramine hcl cap 75 mg</i>	Tier 3	
<i>desipramine hcl tab 10 mg</i>	Tier 2	
<i>desipramine hcl tab 100 mg</i>	Tier 2	
<i>desipramine hcl tab 150 mg</i>	Tier 2	
<i>desipramine hcl tab 25 mg</i>	Tier 2	
<i>desipramine hcl tab 50 mg</i>	Tier 2	
<i>desipramine hcl tab 75 mg</i>	Tier 2	
<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	
<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>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	
<i>nortriptyline hcl soln 10 mg/5ml</i>	Tier 2	
<i>protriptyline hcl tab 10 mg</i>	Tier 2	
<i>protriptyline hcl tab 5 mg</i>	Tier 2	
<i>trimipramine maleate cap 100 mg</i>	Tier 3	
<i>trimipramine maleate cap 25 mg</i>	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>trimipramine maleate cap 50 mg</i>	Tier 3	
ANTIEMETICS (Drugs for Nausea and Vomiting)		
ANTIEMETICS, OTHER (Other Drugs for Nausea and Vomiting)		
<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 2	
prochlorperazine suppos 25 mg (Compro)	Tier 2	
<i>promethazine hcl suppos 12.5 mg</i>	Tier 2	
promethazine hcl suppos 12.5 mg (Promethegan)	Tier 2	
<i>promethazine hcl suppos 25 mg</i>	Tier 2	
promethazine hcl suppos 25 mg (Promethegan)	Tier 2	
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	
<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 2	QLC (1 suppository/day)
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 1	
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)

<i>aprepitant capsule 125 mg</i>	Tier 2	QLC (4 caps/28 days)
<i>aprepitant capsule 40 mg</i>	Tier 2	QLC (1 cap/month)
<i>aprepitant capsule 80 mg</i>	Tier 2	QLC (8 caps/28 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 2	QLC (12 caps/28 days)
<i>granisetron hcl tab 1 mg</i>	Tier 1	QLC (12 tabs/30 days)
ONDANSETRON HCL 24 MG TAB	Tier 1	QLC (1 tab/30 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	QLC (1 bottle (50 ml)/ 30 days)
<i>ondansetron hcl tab 4 mg</i>	Tier 1	QLC (6 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 (6 tabs/day)
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QLC (3 tabs/day)

ANTIFUNGALS (Drugs for Fungal Infections)

<i>clotrimazole troche 10 mg</i>	Tier 1	
<i>econazole nitrate cream 1%</i>	Tier 1	
<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>griseofulvin microsize susp 125 mg/5ml</i>	Tier 2	
<i>itraconazole cap 100 mg</i>	Tier 2	QLC (4 caps/day)
<i>ketoconazole cream 2%</i>	Tier 1	
<i>ketoconazole shampoo 2%</i>	Tier 1	
<i>ketoconazole tab 200 mg</i>	Tier 1	
MICONAZOLE 3 (<i>miconazole nitrate vaginal</i>) 200 MG SUPPOS	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
nystatin topical powder 100000 unit/gm (Klayesta)	Tier 1	
nystatin topical powder 100000 unit/gm (Nyamyc)	Tier 1	
nystatin topical powder 100000 unit/gm (Nystop)	Tier 1	
<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>voriconazole for susp 40 mg/ml</i>	Tier 2	PA
<i>voriconazole tab 200 mg</i>	Tier 2	PA
<i>voriconazole tab 50 mg</i>	Tier 2	PA

ANTIGOUT AGENTS (Drugs for Gout)

<i>allopurinol tab 100 mg</i>	Tier 1	
<i>allopurinol tab 300 mg</i>	Tier 1	
<i>colchicine cap 0.6 mg</i>	Tier 2	QLC (2 caps/day)
<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	
<i>probenecid tab 500 mg</i>	Tier 1	

ANTIMIGRAINE AGENTS (Drugs for Migraine)

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
UBRELVY (<i>ubrogepant</i>) 50 MG TAB, 100 MG TAB	Tier 2	PA, QLC (2 tabs/day; max 16 tabs/30 days)
ERGOT ALKALOIDS (Drugs for Acute Migraine)		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 4	PA, QLC (24 ml/28 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	Tier 4	PA, QLC (8 vials/month)
ERGOTAMINE-CAFFEINE (<i>ergotamine w/ caffeine</i>) -1-100 MG TAB	Tier 3	QLC (10 tabs/week)
SEROTONIN (5-HT) RECEPTOR AGONIST (Drugs for Acute Migraine)		
<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)
<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 2	QLC (18 nasal sprays/month)
<i>sumatriptan nasal spray 5 mg/act</i>	Tier 2	QLC (18 nasal sprays/month)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	Tier 2	QLC (8 injections/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 2	QLC (8 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	Tier 2	QLC (12 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	Tier 2	QLC (8 injections/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Tier 2	QLC (12 injections/30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Tier 2	QLC (8 injections/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	Tier 2	QLC (12 injections/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	Tier 2	QLC (8 injections/30 days)
<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>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 2	QLC (18 tabs/month)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 2	QLC (18 tabs/month)
<i>zolmitriptan tab 2.5 mg</i>	Tier 2	QLC (18 tabs/month)
<i>zolmitriptan tab 5 mg</i>	Tier 2	QLC (18 tabs/month)

ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)

PARASYMPATHOMIMETICS

GUANIDINE HCL 125 MG TAB	Tier 1	
PYRIDOSTIGMINE BROMIDE 30 MG TAB	Tier 1	QLC (6 tabs/day)
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QLC (25 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	
<i>rifabutin cap 150 mg</i>	Tier 2	

ANTITUBERCULARS (Drugs for Tuberculosis)

<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 100 MG TAB	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
PASER (<i>aminosalicylic acid</i>) 4 GM PACKET	Tier 3	
PRIFTIN (<i>rifapentine</i>) 150 MG TAB	Tier 2	
<i>pyrazinamide tab 500 mg</i>	Tier 1	
<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

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 4	OAC
LEUKERAN (<i>chlorambucil</i>) 2 MG TAB	Tier 4	OAC
MATULANE (<i>procarbazine hcl</i>) 50 MG CAP	Tier 4	LA, OAC

ANTIANDROGENS

<i>abiraterone acetate tab 250 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>abiraterone acetate tab 500 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC
<i>bicalutamide tab 50 mg</i>	Tier 1	OAC
ERLEADA (<i>apalutamide</i>) 240 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
ERLEADA (<i>apalutamide</i>) 60 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
FLUTAMIDE 125 MG CAP	Tier 1	OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>flutamide cap 125 mg</i>	Tier 1	OAC
XTANDI (<i>enzalutamide</i>) 40 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
XTANDI (<i>enzalutamide</i>) 40 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
XTANDI (<i>enzalutamide</i>) 80 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF

ANTIANGIOGENIC AGENTS

<i>lenalidomide cap 10 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 15 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 20 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 25 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 5 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide caps 2.5 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
POMALYST (<i>pomalidomide</i>) 1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
REVLIMID (<i>lenalidomide</i>) 2.5 MG CAP, 20 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
REVLIMID (<i>lenalidomide</i>) 5 MG CAP, 10 MG CAP, 15 MG CAP, 25 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
THALOMID (<i>thalidomide</i>) 150 MG CAP, 200 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (2 caps/day), OAC
THALOMID (<i>thalidomide</i>) 50 MG CAP, 100 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC

ANTIESTROGENS/MODIFIERS

<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 4	OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	Tier 4	S (Specialty Drug), OAC
<i>capecitabine tab 500 mg</i>	Tier 4	S (Specialty Drug), OAC
<i>mercaptopurine tab 50 mg</i>	Tier 1	OAC
TABLOID (<i>thioguanine</i>) LOID 40 MG	Tier 4	OAC
ANTINEOPLASTICS, OTHER (Other Drugs for Cancer)		
<i>hydroxyurea cap 500 mg</i>	Tier 1	OAC
<i>leucovorin calcium tab 10 mg</i>	Tier 1	OAC
<i>leucovorin calcium tab 15 mg</i>	Tier 1	OAC
<i>leucovorin calcium tab 25 mg</i>	Tier 1	OAC
<i>leucovorin calcium tab 5 mg</i>	Tier 1	OAC
LYSODREN (<i>mitotane</i>) 500 MG TAB	Tier 4	OAC, SF
ZOLINZA (<i>vorinostat</i>) 100 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole tab 1 mg</i>	Tier 1	ACA (Preventive Health), OAC
<i>exemestane tab 25 mg</i>	Tier 2	OAC
<i>letrozole tab 2.5 mg</i>	Tier 1	OAC
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAP	Tier 4	OAC
MOLECULAR TARGET INHIBITORS		
ALECENSA (<i>alectinib hcl</i>) 150 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (8 caps/day), OAC, SF
CABOMETYX (<i>cabozantinib s-malate</i>) 20 MG TAB, 40 MG TAB, 60 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
CAPRELSA (<i>vandetanib</i>) 100 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC
CAPRELSA (<i>vandetanib</i>) 300 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
COMETRIQ (100 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 80 & 20 KIT	Tier 4	PA, S (Specialty Drug), QLC (56 caps/28 days), OAC
COMETRIQ (140 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 3 X 20 & 80 KIT	Tier 4	PA, S (Specialty Drug), QLC (112 caps/28 days), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMETRIQ (60 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 20 KIT	Tier 4	PA, S (Specialty Drug), QLC (84 caps/28 days), OAC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
<i>everolimus tab 10 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
<i>everolimus tab 2.5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
<i>everolimus tab 5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
<i>everolimus tab 7.5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
<i>everolimus tab for oral susp 2 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
<i>everolimus tab for oral susp 3 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>everolimus tab for oral susp 5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
GILOTRIF (<i>afatinib dimaleate</i>) 20 MG TAB, 30 MG TAB, 40 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (8 tabs/day), OAC, SF
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
IMBRUVICA (<i>ibrutinib</i>) 140 MG CAP	Tier 4	PA, LA, QLC (3 caps/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 70 MG CAP	Tier 4	PA, LA, QLC (1 cap/day), OAC
JAKAFI (<i>ruxolitinib phosphate</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
KISQALI (200 MG DOSE) (<i>ribociclib succinate</i>) (TAB THPK)	Tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI (400 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KISQALI (600 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (200 MG DOSE) (<i>ribociclib succinate-letrozole</i>) (& 2.5 TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (400 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (600 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 3	PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC
LYNPARZA (<i>olaparib</i>) 100 MG TAB, 150 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.05 MG/ML RECON SOLN	Tier 4	PA, LA, S (Specialty Drug), QLC (40 ml/day), OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.5 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 2 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
ODOMZO (<i>sonidegib phosphate</i>) 200 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF
<i>pazopanib hcl tab 200 mg (base equiv)</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
SPRYCEL (<i>dasatinib</i>) 100 MG TAB, 140 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
SPRYCEL (<i>dasatinib</i>) 20 MG TAB, 50 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
SPRYCEL (<i>dasatinib</i>) 70 MG TAB, 80 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
STIVARGA (<i>regorafenib</i>) 40 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (3 caps/day), OAC, SF
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC, SF

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC, SF
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC, SF
TAFINLAR (<i>dabrafenib mesylate</i>) 10 MG TAB SOL	Tier 4	PA, S (Specialty Drug), QLC (30 tabs/day), OAC
TAFINLAR (<i>dabrafenib mesylate</i>) 50 MG CAP, 75 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC
TAGRISSE (<i>osimertinib mesylate</i>) 40 MG TAB, 80 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
TASIGNA (<i>nilotinib hcl</i>) 50 MG CAP, 150 MG CAP, 200 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
TIBSOVO (<i>ivosidenib</i>) 250 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
VERZENIO (<i>abemaciclib</i>) 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC
XALKORI (<i>crizotinib</i>) 150 MG CAP SPRINK	Tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC, SF
XALKORI (<i>crizotinib</i>) 20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC, SF

MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE

XGEVA (<i>denosumab</i>) 120 MG/1.7ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (1 vial/month)
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RETINOIDS

<i>bexarotene cap 75 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (8 caps/day), OAC, SF
PANRETIN (<i>alitretinoin</i>) 0.1% GEL	Tier 4	PA
<i>tretinoin cap 10 mg</i>	Tier 4	QLC (9 caps/day), OAC

TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)

MESNEX (<i>mesna</i>) 400 MG TAB	Tier 2	OAC
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ANTIPARASITICS (Drugs for Parasitic Infections)

ANTHELMINTHICS

<i>albendazole tab 200 mg</i>	Tier 3	QLC (4 tabs/day)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ivermectin tab 3 mg</i>	Tier 1	QLC (8 tabs/30 days; max 2 fills/365 days)
<i>praziquantel tab 600 mg</i>	Tier 3	
ANTIPROTOZOALS (Drugs for Protozoal Infection)		
<i>atovaquone susp 750 mg/5ml</i>	Tier 3	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)
<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 3	QLC (24 tabs/30 days)
<i>hydroxychloroquine sulfate tab 100 mg</i>	Tier 1	QLC (2 tabs/day)
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	QLC (3 tabs/day)
<i>hydroxychloroquine sulfate tab 300 mg</i>	Tier 1	QLC (2 tabs/day)
<i>hydroxychloroquine sulfate tab 400 mg</i>	Tier 1	QLC (1 tab/day)
KRINTAFEL (<i>tafenoquine succinate</i>) 150 MG TAB	Tier 3	QLC (2 tabs/28 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QLC (5 tabs/30 days)
NITAZOXANIDE 500 MG TAB	Tier 3	PA, QLC (6 tabs/fill)
<i>nitazoxanide tab 500 mg</i>	Tier 3	PA, QLC (6 tabs/fill)
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, LA
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>benztropine mesylate tab 2 mg</i>	Tier 1	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	Tier 1	
<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 2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 2	
<i>entacapone tab 200 mg</i>	Tier 2	QLC (8 tabs/day)
DOPAMINE AGONISTS		
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 1	
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)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	QLC (8 tabs/day)
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	QLC (8 tabs/day)
<i>carbidopa & levodopa orally 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	
<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 2	
CARBIDOPA-LEVODOPA -10-100 MG TAB DISP, -25-100 MG TAB DISP, -25-250 MG TAB DISP	Tier 1	QLC (8 tabs/day)

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 2	QLC (1 tab/day)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 2	QLC (1 tab/day)
<i>selegiline hcl cap 5 mg</i>	Tier 1	
<i>selegiline hcl tab 5 mg</i>	Tier 1	

ANTIPSYCHOTICS (Drugs for Mental Health)

1ST GENERATION/TYPICAL

<i>chlorpromazine hcl tab 10 mg</i>	Tier 2	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>chlorpromazine hcl tab 100 mg</i>	Tier 2	
<i>chlorpromazine hcl tab 200 mg</i>	Tier 2	
<i>chlorpromazine hcl tab 25 mg</i>	Tier 2	
<i>chlorpromazine hcl tab 50 mg</i>	Tier 2	
<i>fluphenazine hcl tab 1 mg</i>	Tier 2	
<i>fluphenazine hcl tab 10 mg</i>	Tier 2	
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 2	
<i>fluphenazine hcl tab 5 mg</i>	Tier 2	
<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	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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		
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 2	QLC (25 ml/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>lurasidone hcl tab 120 mg</i>	Tier 2	QLC (1 tab/day)
<i>lurasidone hcl tab 20 mg</i>	Tier 2	QLC (1 tab/day)
<i>lurasidone hcl tab 40 mg</i>	Tier 2	QLC (1 tab/day)
<i>lurasidone hcl tab 60 mg</i>	Tier 2	QLC (1 tab/day)
<i>lurasidone hcl tab 80 mg</i>	Tier 2	QLC (2 tabs/day)
<i>olanzapine orally disintegrating tab 10 mg</i>	Tier 2	
<i>olanzapine orally disintegrating tab 15 mg</i>	Tier 2	
<i>olanzapine orally disintegrating tab 20 mg</i>	Tier 2	
<i>olanzapine orally disintegrating tab 5 mg</i>	Tier 2	
<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	
olanzapine tab 20 mg (Zyprexa)	Tier 1	
<i>olanzapine tab 5 mg</i>	Tier 1	
<i>olanzapine tab 7.5 mg</i>	Tier 1	
QUETIAPINE FUMARATE 150 MG TAB	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>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	
<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	

TREATMENT-RESISTANT

<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	

ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)

<i>baclofen tab 10 mg</i>	Tier 1	QLC (8 tabs/day)
<i>baclofen tab 15 mg</i>	Tier 2	QLC (4 tabs/day)
<i>baclofen tab 20 mg</i>	Tier 1	QLC (4 tabs/day)
<i>baclofen tab 5 mg</i>	Tier 2	QLC (3 tabs/day)
<i>dantrolene sodium cap 100 mg</i>	Tier 2	
<i>dantrolene sodium cap 25 mg</i>	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dantrolene sodium cap 50 mg</i>	Tier 2	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	

ANTIVIRALS (Drugs for Viral Infections)

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

<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)

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

<i>adefovir dipivoxil tab 10 mg</i>	Tier 4	QLC (1 tab/day)
<i>entecavir tab 0.5 mg</i>	Tier 4	QLC (1 tab/day)
<i>entecavir tab 1 mg</i>	Tier 4	QLC (1 tab/day)
EPIVIR HBV (<i>lamivudine (hbv)</i>) 5 MG/ML SOLUTION	Tier 2	QLC (3 bottles/month)
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	QLC (1 tab/day)

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

EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 150-37.5 MG PACKET	Tier 4	PA, S (Specialty Drug), QLC (1 packet/day)
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 200-50 MG PACKET	Tier 4	PA, S (Specialty Drug), QLC (2 packets/day)
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 200-50 MG TAB, 400-100 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 33.75-150 MG PACKET	Tier 4	PA, S (Specialty Drug), QLC (1 packet/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 45-200 MG PACKET	Tier 4	PA, S (Specialty Drug), QLC (2 packets/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 45-200 MG TAB, 90-400 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
MAVYRET (<i>glecaprevir-pibrentasvir</i>) 100-40 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day)
MAVYRET (<i>glecaprevir-pibrentasvir</i>) 50-20 MG PACKET	Tier 4	PA, S (Specialty Drug), QLC (6 packets/day)

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 PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PEGINTRON (<i>peginterferon alfa-2b</i>) 50 MCG/0.5ML KIT	Tier 4	S (Specialty Drug)
RIBAVIRIN (<i>ribavirin (hepatitis c)</i>) 200 MG CAP, 200 MG TAB	Tier 1	S (Specialty Drug)
<i>ribavirin cap 200 mg</i>	Tier 1	S (Specialty Drug)
<i>ribavirin tab 200 mg</i>	Tier 1	S (Specialty Drug)
VOSEVI (<i>sofosbuvir-velpatasvir-voxilaprevir</i>) 400-100-100 MG TAB	Tier 4	PA, S (Specialty Drug), 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)
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)
TIVICAY (<i>dolutegravir sodium</i>) 10 MG TAB, 25 MG TAB, 50 MG TAB	Tier 3	QLC (2 tabs/day)
TIVICAY PD (<i>dolutegravir sodium</i>) 5 MG TAB SOL	Tier 3	QLC (5 tabs/day)

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

COMPLERA (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>) 200-25-300 MG	Tier 3	QLC (1 tab/day)
EDURANT (<i>rilpivirine hcl</i>) 25 MG TAB	Tier 2	QLC (2 tabs/day)
EFAVIRENZ 200 MG CAP	Tier 2	QLC (3 caps/day)
EFAVIRENZ 50 MG CAP	Tier 2	QLC (6 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>efavirenz tab 600 mg</i>	Tier 2	QLC (1 tab/day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (EFAVIRENZ-EMTRICITAB-TENOFO DF)	Tier 2	QLC (1 tab/day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 1	QLC (1 tab/day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 1	QLC (1 tab/day)
<i>etravirine tab 100 mg</i>	Tier 2	QLC (4 tabs/day)
<i>etravirine tab 200 mg</i>	Tier 2	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 400 mg</i> (NEVIRAPINE ER)	Tier 1	QLC (1 tab/day)
ODEFSEY (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>) 200-25-25 MG	Tier 2	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)
<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)
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.)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 2	QLC (1 cap/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (EMTRICITABINE-TENOFOVIR DF)	Tier 2	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (EMTRICITABINE-TENOFOVIR DF)	Tier 2	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (EMTRICITABINE-TENOFOVIR DF)	Tier 2	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)
<i>lamivudine oral soln 10 mg/ml</i>	Tier 1	QLC (30 ml/day)
<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)
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 2	QLC (1 tab/day)
TRIUMEQ (<i>abacavir-dolutegravir-lamivudine</i>) 600-50-300 MG TAB	Tier 3	QLC (1 tab/day)
TRIUMEQ PD (<i>abacavir-dolutegravir-lamivudine</i>) 60-5-30 MG TAB SOL	Tier 3	QLC (6 tabs/day)
VIREAD (<i>tenofovir disoproxil fumarate</i>) 150 MG TAB, 200 MG TAB, 250 MG TAB	Tier 2	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIREAD (<i>tenofovir disoproxil fumarate</i>) 40 MG/GM POWDER	Tier 2	QLC (3 bottles/month)
<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	S (Specialty Drug), QLC (1 kit/month)
<i>maraviroc tab 150 mg</i>	Tier 2	QLC (2 tabs/day)
<i>maraviroc tab 300 mg</i>	Tier 2	QLC (4 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>) 75 MG TAB	Tier 2	QLC (2 tabs/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 2	QLC (2 caps/day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 2	QLC (2 caps/day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 2	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)
<i>darunavir tab 600 mg</i>	Tier 2	QLC (2 tabs/day)
<i>darunavir tab 800 mg</i>	Tier 2	QLC (1 tab/day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 2	QLC (4 tabs/day)
INVIRASE (<i>saquinavir mesylate</i>) 500 MG TAB	Tier 2	QLC (4 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LEXIVA (<i>fosamprenavir calcium</i>) 50 MG/ML SUSPENSION	Tier 2	QLC (56 ml/day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 2	QLC (10 ml/day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 2	QLC (4 tabs/day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 2	QLC (4 tabs/day)
NORVIR (<i>ritonavir</i>) 100 MG CAP	Tier 2	QLC (12 caps/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)
REYATAZ (<i>atazanavir sulfate</i>) 50 MG PACKET	Tier 2	QLC (5 packs/day)
<i>ritonavir tab 100 mg</i>	Tier 2	QLC (12 tabs/day)
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)		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 2	QLC (40 caps/6 months)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 2	QLC (20 caps/6 months)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 2	QLC (20 caps/6 months)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 2	QLC (6 bottles/6 months)
RELENZA DISKHALER (<i>zanamivir</i>) 5 MG/ACT AER POW BA	Tier 2	QLC (2 inhalers/6 months)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RIMANTADINE HCL (<i>rimantadine hydrochloride</i>) 100 MG TAB	Tier 1	
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)

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	
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	

ANTIVIRAL, CORONAVIRUS AGENTS

PAXLOVID (150/100) (<i>nirmatrelvir-ritonavir</i>) MG & OMG TAB THPK	Tier 2	AL1 (At least 12 yrs old), QLC (20 tabs/30 days; COVID treatment covered at \$0), CW
PAXLOVID (300/100) (<i>nirmatrelvir-ritonavir</i>) 20 150 MG & OMG TAB THPK	Tier 2	AL1 (At least 12 yrs old), QLC (30 tabs/30 days; COVID treatment covered at \$0), CW

ANXIOLYTICS (Drugs for Anxiety)

ANXIOLYTICS, OTHER (Other Drugs for Anxiety)

<i>buspirone hcl tab 10 mg</i>	Tier 1	
<i>buspirone hcl tab 15 mg</i>	Tier 1	
<i>buspirone hcl tab 30 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bupirone hcl tab 5 mg</i>	Tier 1	
<i>bupirone hcl tab 7.5 mg</i>	Tier 1	
BENZODIAZEPINES		
ALPRAZOLAM INTENSOL 1 MG/ML CONC	Tier 1	QLC (4 ml/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>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 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)
<i>lorazepam conc 2 mg/ml</i>	Tier 1	QLC (150 ml/month)
lorazepam conc 2 mg/ml (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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxazepam cap 10 mg</i>	Tier 2	QLC (12 caps/day)
<i>oxazepam cap 15 mg</i>	Tier 2	QLC (8 caps/day)
<i>oxazepam cap 30 mg</i>	Tier 2	QLC (4 caps/day)

BIPOLAR AGENTS (Drugs for Bipolar Disorder)

MOOD STABILIZERS

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	
<i>lithium oral solution 8 meq/5ml</i>	Tier 1	

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	
<i>glimepiride tab 1 mg</i>	Tier 1	
<i>glimepiride tab 2 mg</i>	Tier 1	
<i>glimepiride tab 4 mg</i>	Tier 1	
GLIPIZIDE 2.5 MG TAB	Tier 1	QLC (1 tab/day)
<i>glipizide tab 10 mg</i>	Tier 1	
<i>glipizide tab 5 mg</i>	Tier 1	
<i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE ER)	Tier 1	
<i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE XL)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE ER)	Tier 1	
<i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE XL)	Tier 1	
<i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE ER)	Tier 1	
<i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE XL)	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	
GLYBURIDE MICRONIZED 1.5 MG TAB, 3 MG TAB, 6 MG TAB	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	
GLYXAMBI (<i>empagliflozin-linagliptin</i>) 10-5 MG TAB, 25-5 MG TAB	Tier 2	ST, 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)
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MOUNJARO (<i>tirzepatide</i>) MOUNJRO 2.5 MG/0.5ML SOLN -INJ, MOUNJRO 5 MG/0.5ML SOLN -INJ, MOUNJRO 7.5 MG/0.5ML SOLN -INJ, MOUNJRO 10 MG/0.5ML SOLN -INJ, MOUNJRO 12.5 MG/0.5ML SOLN -INJ, MOUNJRO 15 MG/0.5ML SOLN -INJ	Tier 2	PA, QLC (4 pens (2 ml)/28 days)
<i>nateglinide tab 120 mg</i>	Tier 1	
<i>nateglinide tab 60 mg</i>	Tier 1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (<i>semaglutide</i>) (MG/1.5ML SOLN PEN)	Tier 2	PA, QLC (1 pen/28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (<i>semaglutide</i>) (MG/3ML SOLN PEN)	Tier 2	PA, QLC (3 ml/28 days)
OZEMPIC (1 MG/DOSE) (<i>semaglutide</i>) 2 MG/1.5ML SOLN PEN	Tier 2	PA, QLC (2 pens/28 days)
OZEMPIC (1 MG/DOSE) (<i>semaglutide</i>) 4 MG/3ML SOLN PEN	Tier 2	PA, QLC (3 ml/ 28 days)
OZEMPIC (2 MG/DOSE) (<i>semaglutide</i>) 8 MG/3ML SOLN PEN	Tier 2	PA, 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-metformin hcl tab 15-500 mg</i>	Tier 1	QLC (3 tabs/day)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Tier 1	QLC (3 tabs/day)
<i>repaglinide tab 0.5 mg</i>	Tier 1	
<i>repaglinide tab 1 mg</i>	Tier 1	
<i>repaglinide tab 2 mg</i>	Tier 1	
RYBELSUS (<i>semaglutide</i>) 3 MG TAB, 7 MG TAB, 14 MG TAB	Tier 2	PA, QLC (1 tab/day)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRULICITY (<i>dulaglutide</i>) 0.75 MG/0.5ML SOLN -INJ, 1.5 MG/0.5ML SOLN -INJ, 3 MG/0.5ML SOLN -INJ, 4.5 MG/0.5ML SOLN -INJ	Tier 2	PA, QLC (4 pens (2 ml)/28 days)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>) 10-1000 MG TAB ER 24H	Tier 2	ST, QLC (1 tab/day)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>) 5-1000 MG TAB ER 24H	Tier 2	ST, QLC (2 tabs/day)
XIGDUO XR (<i>dapagliflozin-metformin hcl</i>) 2.5-1000 MG TAB ER 24H	Tier 2	ST, QLC (2 tabs/day)
XIGDUO XR (<i>dapagliflozin-metformin hcl</i>) 5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H	Tier 2	ST, QLC (1 tab/day)
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)
GLUCAGEN HYPOKIT (<i>glucagon hcl (rdna)</i>) 1 MG RECON SOLN	Tier 2	QLC (2 injections/fill)
GLUCAGON EMERGENCY (<i>glucagon (rdna)</i>) 1 MG KIT	Tier 2	QLC (2 kits/fill)
GLUCAGON EMERGENCY (<i>glucagon hcl</i>) 1 MG/ML RECON SOLN	Tier 2	QLC (2 kits/fill)
INSULINS		
HUMALOG (<i>insulin lispro</i>) 100 UNIT/ML SOLN CART	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	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 R U-500 (CONCENTRATED) (<i>insulin regular (human)</i>) HMLIN - (CONCENTRATED) NIT/ML SOLTION	Tier 2	
INSULIN GLARGINE 100 UNIT/ML SOLUTION	Tier 2	QLC (40 ml (4 vials)/ month)
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	Tier 2	QLC (45 ml (15 pens)/ month)
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	
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)
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	
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)

ANTICOAGULANTS (Blood Thinners)

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 (74 tabs/180 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 4	QLC (2 ml/day)
<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)
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	
<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 1000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>warfarin sodium tab 1 mg</i>	Tier 1	
warfarin sodium tab 1 mg (Jantoven)	Tier 1	
<i>warfarin sodium tab 10 mg</i>	Tier 1	
warfarin sodium tab 10 mg (Jantoven)	Tier 1	
<i>warfarin sodium tab 2 mg</i>	Tier 1	
warfarin sodium tab 2 mg (Jantoven)	Tier 1	
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	
warfarin sodium tab 2.5 mg (Jantoven)	Tier 1	
<i>warfarin sodium tab 3 mg</i>	Tier 1	
warfarin sodium tab 3 mg (Jantoven)	Tier 1	
<i>warfarin sodium tab 4 mg</i>	Tier 1	
warfarin sodium tab 4 mg (Jantoven)	Tier 1	
<i>warfarin sodium tab 5 mg</i>	Tier 1	
warfarin sodium tab 5 mg (Jantoven)	Tier 1	
<i>warfarin sodium tab 6 mg</i>	Tier 1	
warfarin sodium tab 6 mg (Jantoven)	Tier 1	
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	
warfarin sodium tab 7.5 mg (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)
BLOOD PRODUCTS AND MODIFIERS, OTHER (Blood Formation Drugs)		
<i>anagrelide hcl cap 0.5 mg</i>	Tier 2	
<i>anagrelide hcl cap 1 mg</i>	Tier 2	
NEULASTA (<i>pegfilgrastim</i>) 6 MG/0.6ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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, S (Specialty Drug)
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, S (Specialty Drug)
UDENYCA (<i>pegfilgrastim-cbqv</i>) 6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)
ZARXIO (<i>filgrastim-sndz</i>) 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)

HEMOSTASIS AGENTS (Drugs to Stop Bleeding)

<i>tranexamic acid tab 650 mg</i>	Tier 1	QLC (6 tabs/day; max 5 days of therapy/28 days)
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PLATELET MODIFYING AGENTS (Drugs for Heart Attack and Stroke Prevention)

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (ASPIRIN-DIPYRIDAMOLE ER)	Tier 2	
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, LA, 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	
<i>dipyridamole tab 50 mg</i>	Tier 1	
<i>dipyridamole tab 75 mg</i>	Tier 1	
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)

ALPHA-ADRENERGIC AGONISTS

<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 2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 2	
<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	

ALPHA-ADRENERGIC BLOCKING AGENTS

<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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	
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ANGIOTENSIN II RECEPTOR ANTAGONISTS

<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)
<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)
<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)
<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

<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)
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>captopril tab 50 mg</i>	Tier 1	
<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	
<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	
PERINDOPRIL ERBUMINE 2 MG TAB	Tier 1	QLC (1 tab/day)
PERINDOPRIL ERBUMINE 8 MG TAB	Tier 1	QLC (2 tabs/day)
<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)
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)

<i>amiodarone hcl tab 100 mg</i>	Tier 1	
<i>amiodarone hcl tab 200 mg</i>	Tier 1	
amiodarone hcl tab 200 mg (Pacerone)	Tier 1	
<i>amiodarone hcl tab 400 mg</i>	Tier 1	
DIGOXIN 0.05 MG/ML SOLUTION	Tier 1	QLC (5 ml/day)
<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	QLC (5 ml/day)
<i>digoxin tab 125 mcg (0.125 mg) (0.</i>	Tier 1	QLC (1 tab/day)
digoxin tab 125 mcg (0.125 mg) (Digitek) (0.	Tier 1	QLC (1 tab/day)
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	QLC (1 tab/day)
digoxin tab 250 mcg (0.25 mg) (Digitek)	Tier 1	QLC (1 tab/day)
<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 3	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 3	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 3	
<i>flecainide acetate tab 100 mg</i>	Tier 1	
<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 3	QLC (2 tabs/day)
<i>propafenone hcl cap er 12hr 225 mg</i> (PROPAFENONE HCL ER)	Tier 3	
<i>propafenone hcl cap er 12hr 325 mg</i> (PROPAFENONE HCL ER)	Tier 3	
<i>propafenone hcl cap er 12hr 425 mg</i> (PROPAFENONE HCL ER)	Tier 3	
<i>propafenone hcl tab 150 mg</i>	Tier 1	
<i>propafenone hcl tab 225 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
sotalol hcl (afib/af) tab 120 mg (Sotalol Hcl (af))	Tier 1	
sotalol hcl (afib/af) tab 160 mg (Sotalol Hcl (af))	Tier 1	
sotalol hcl (afib/af) tab 80 mg (Sotalol Hcl (af))	Tier 1	
<i>sotalol hcl tab 120 mg</i>	Tier 1	
sotalol hcl tab 120 mg (Sorine)	Tier 1	
<i>sotalol hcl tab 160 mg</i>	Tier 1	
sotalol hcl tab 160 mg (Sorine)	Tier 1	
<i>sotalol hcl tab 240 mg</i>	Tier 1	
sotalol hcl tab 240 mg (Sorine)	Tier 1	
<i>sotalol hcl tab 80 mg</i>	Tier 1	
sotalol hcl tab 80 mg (Sorine)	Tier 1	

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 2	
<i>betaxolol hcl tab 20 mg</i>	Tier 2	
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	
<i>carvedilol tab 12.5 mg</i>	Tier 1	

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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	
<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	
<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	
<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 2	QLC (1 tab/day)
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	Tier 2	QLC (1 tab/day)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Tier 2	QLC (2 tabs/day)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	Tier 2	QLC (1 tab/day)
PROPRANOLOL HCL 40 MG/5ML SOLUTION	Tier 1	
<i>propranolol hcl cap er 24hr 120 mg (PROPRANOLOL HCL ER)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>propranolol hcl cap er 24hr 160 mg</i> (PROPRANOLOL HCL ER)	Tier 1	
<i>propranolol hcl cap er 24hr 60 mg</i> (PROPRANOLOL HCL ER)	Tier 1	
<i>propranolol hcl cap er 24hr 80 mg</i> (PROPRANOLOL HCL ER)	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	

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

<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	
<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>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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nifedipine tab er 24hr osmotic release 30 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	Tier 1	
<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 3	

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

<i>diltiazem hcl cap er 12hr 120 mg</i> (DILTIAZEM HCL ER)	Tier 2	
<i>diltiazem hcl cap er 12hr 60 mg</i> (DILTIAZEM HCL ER)	Tier 2	
<i>diltiazem hcl cap er 12hr 90 mg</i> (DILTIAZEM HCL ER)	Tier 2	
diltiazem hcl cap er 24hr 120 mg (Dilt-Xr)	Tier 1	
<i>diltiazem hcl cap er 24hr 120 mg</i> (DILTIAZEM HCL ER)	Tier 1	
diltiazem hcl cap er 24hr 180 mg (Dilt-Xr)	Tier 1	
<i>diltiazem hcl cap er 24hr 180 mg</i> (DILTIAZEM HCL ER)	Tier 1	
diltiazem hcl cap er 24hr 240 mg (Dilt-Xr)	Tier 1	
<i>diltiazem hcl cap er 24hr 240 mg</i> (DILTIAZEM HCL ER)	Tier 1	
diltiazem hcl coated beads cap er 24hr 120 mg (Cartia Xt)	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (DILTIAZEM HCL ER COATED BEADS)	Tier 1	
diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt)	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i> (DILTIAZEM HCL ER COATED BEADS)	Tier 1	
diltiazem hcl coated beads cap er 24hr 240 mg (Cartia Xt)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i> (DILTIAZEM HCL ER COATED BEADS)	Tier 1	
diltiazem hcl coated beads cap er 24hr 300 mg (Cartia Xt)	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i> (DILTIAZEM HCL ER COATED BEADS)	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i> (DILTIAZEM HCL ER COATED BEADS)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i> (DILTIAZEM HCL ER BEADS)	Tier 1	
diltiazem hcl extended release beads cap er 24hr 120 mg (Taztia Xt)	Tier 1	
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiadylt Er)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i> (DILTIAZEM HCL ER BEADS)	Tier 1	
diltiazem hcl extended release beads cap er 24hr 180 mg (Taztia Xt)	Tier 1	
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiadylt Er)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (DILTIAZEM HCL ER BEADS)	Tier 1	
diltiazem hcl extended release beads cap er 24hr 240 mg (Taztia Xt)	Tier 1	
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiadylt Er)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (DILTIAZEM HCL ER BEADS)	Tier 1	
diltiazem hcl extended release beads cap er 24hr 300 mg (Taztia Xt)	Tier 1	
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiadylt Er)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (DILTIAZEM HCL ER BEADS)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt)	Tier 1	
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiadyt Er)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> (DILTIAZEM HCL ER BEADS)	Tier 1	
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiadyt 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	
<i>diltiazem hcl tab er 24hr 120 mg</i> (DILTIAZEM HCL ER)	Tier 1	
<i>diltiazem hcl tab er 24hr 180 mg</i> (DILTIAZEM HCL ER)	Tier 1	
diltiazem hcl tab er 24hr 180 mg (Matzim La)	Tier 1	
<i>diltiazem hcl tab er 24hr 240 mg</i> (DILTIAZEM HCL ER)	Tier 1	
diltiazem hcl tab er 24hr 240 mg (Matzim La)	Tier 1	
<i>diltiazem hcl tab er 24hr 300 mg</i> (DILTIAZEM HCL ER)	Tier 1	
diltiazem hcl tab er 24hr 300 mg (Matzim La)	Tier 1	
<i>diltiazem hcl tab er 24hr 360 mg</i> (DILTIAZEM HCL ER)	Tier 1	
diltiazem hcl tab er 24hr 360 mg (Matzim La)	Tier 1	
<i>diltiazem hcl tab er 24hr 420 mg</i> (DILTIAZEM HCL ER)	Tier 1	
diltiazem hcl tab er 24hr 420 mg (Matzim La)	Tier 1	
<i>verapamil hcl cap er 24hr 120 mg</i> (VERAPAMIL HCL ER)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>verapamil hcl cap er 24hr 180 mg</i> (VERAPAMIL HCL ER)	Tier 1	
<i>verapamil hcl cap er 24hr 240 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	

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

<i>acetazolamide tab 125 mg</i>	Tier 1	
<i>acetazolamide tab 250 mg</i>	Tier 1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i> (AMILORIDE-HYDROCHLOROTHIAZIDE)	Tier 1	
AMILORIDE-HYDROCHLOROTHIAZIDE (<i>amiloride & hydrochlorothiazide</i>) -5-50 MG TAB	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)

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 PH - Preventive Health Drugs; 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-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	
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	Tier 1	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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	Tier 1	
<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	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	Tier 2	ST, QLC (2 tabs/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	Tier 2	ST, QLC (1 tab/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	Tier 2	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	
<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)
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>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	
<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)
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	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	Tier 1	QLC (1 tab/day)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
PROPRANOLOL-HCTZ (<i>propranolol & hydrochlorothiazide</i>) -40-25 MG TAB, -80-25 MG TAB	Tier 1	
QUINAPRIL-HYDROCHLOROTHIAZIDE -20-25 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	
<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)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> (SPIRONOLACTONE-HCTZ)	Tier 1	
TELMISARTAN-AMLODIPINE -40-10 MG TAB, -40-5 MG TAB, -80-10 MG TAB, -80-5 MG TAB	Tier 2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-10 mg</i>	Tier 2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-5 mg</i>	Tier 2	ST, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>telmisartan-amlodipine tab 80-10 mg</i>	Tier 2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-5 mg</i>	Tier 2	ST, QLC (1 tab/day)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg (TELMISARTAN-HCTZ)</i>	Tier 2	ST, QLC (3 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg (TELMISARTAN-HCTZ)</i>	Tier 2	ST, QLC (2 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg (TELMISARTAN-HCTZ)</i>	Tier 2	ST, QLC (2 tabs/day)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg (TRIAMTERENE-HCTZ)</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg (TRIAMTERENE-HCTZ)</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg (TRIAMTERENE-HCTZ)</i>	Tier 1	
<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)
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	
<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	
<i>torseamide tab 10 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>torsemide tab 100 mg</i>	Tier 1	
<i>torsemide tab 20 mg</i>	Tier 1	
<i>torsemide tab 5 mg</i>	Tier 1	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl tab 5 mg</i>	Tier 1	
<i>eplerenone tab 25 mg</i>	Tier 2	
<i>eplerenone tab 50 mg</i>	Tier 2	
DIURETICS, THIAZIDE		
<i>chlorthalidone tab 25 mg</i>	Tier 1	
<i>chlorthalidone tab 50 mg</i>	Tier 1	
<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	
<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	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES (Drugs for High Cholesterol)		
<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)
<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 67 mg</i>	Tier 1	QLC (1 cap/day)
<i>fenofibrate tab 145 mg</i>	Tier 1	QLC (1 tab/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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>gemfibrozil tab 600 mg</i>	Tier 1	QLC (2.5 tabs/day)
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS (Drugs for High Cholesterol)		
<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)
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Tier 2	QLC (1 cap/day)
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Tier 2	QLC (2 caps/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)
<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)
<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)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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DYSLIPIDEMICS, OTHER (Other Drugs for High Cholesterol)

<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	
cholestyramine light powder 4 gm/dose (Prevalite)	Tier 1	
<i>cholestyramine light powder packets 4 gm</i>	Tier 1	
cholestyramine light powder packets 4 gm (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	
<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)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 2	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 2	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 2	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 2	QLC (1 tab/day)
<i>icosapent ethyl cap 0.5 gm</i>	Tier 3	PA, QLC (2 caps/day)
<i>icosapent ethyl cap 1 gm</i>	Tier 3	PA, QLC (4 caps/day)
NIACIN (ANTHYPERLIPIDEMIC) 500 MG TAB	Tier 1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i> (NIACIN ER (ANTHYPERLIPIDEMIC))	Tier 1	QLC (2 tabs/day)
<i>niacin tab er 500 mg (antihyperlipidemic)</i> (NIACIN ER (ANTHYPERLIPIDEMIC))	Tier 1	QLC (4 tabs/day)
<i>niacin tab er 750 mg (antihyperlipidemic)</i> (NIACIN ER (ANTHYPERLIPIDEMIC))	Tier 1	QLC (2 tabs/day)
NIACOR (<i>niacin (antihyperlipidemic)</i>) 500 MG TAB	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1	QLC (4 caps/day)
REPATHA (<i>evolocumab</i>) 140 MG/ML SOLN PRSYR	Tier 2	PA, QLC (2 syringes/month)
REPATHA PUSHTRONEX SYSTEM (<i>evolocumab</i>) 420 MG/3.5ML SOLN CART	Tier 2	PA, QLC (1 injector/month)
REPATHA SURECLICK (<i>evolocumab</i>) REPTH140 MG/ML SOLN -INJ	Tier 2	PA, QLC (2 pens/month)

MINERALOCORTICOID RECEPTOR ANTAGONISTS

<i>spironolactone tab 100 mg</i>	Tier 1	
<i>spironolactone tab 25 mg</i>	Tier 1	
<i>spironolactone tab 50 mg</i>	Tier 1	

SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)

FARXIGA (<i>dapagliflozin propanediol</i>) 5 MG TAB, 10 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)

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	

VASODILATORS, DIRECT-ACTING ARTERIAL (Drugs for Relaxing Arteries)/VENOUS (Drugs for Relaxing Arteries and Veins)

<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	
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 3	
NITRO-TIME (<i>nitroglycerin</i>) -2.5 MG CAP ER, -6.5 MG CAP ER, -9 MG CAP 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	
nitroglycerin td patch 24hr 0.1 mg/hr (Minitran)	Tier 1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	
nitroglycerin td patch 24hr 0.2 mg/hr (Minitran)	Tier 1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	
nitroglycerin td patch 24hr 0.4 mg/hr (Minitran)	Tier 1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Tier 1	
nitroglycerin td patch 24hr 0.6 mg/hr (Minitran)	Tier 1	

CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

<i>riluzole tab 50 mg</i>	Tier 1	
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ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<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)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
<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)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	Tier 2	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	Tier 2	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	Tier 2	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
dextroamphetamine sulfate tab 10 mg (Zenzedi)	Tier 1	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)
dextroamphetamine sulfate tab 15 mg (Zenzedi)	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>dextroamphetamine sulfate tab 2.5 mg</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dextroamphetamine sulfate tab 2.5 mg (Zenzedi)	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dextroamphetamine sulfate tab 20 mg</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
dextroamphetamine sulfate tab 20 mg (Zenzedi)	Tier 1	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)
dextroamphetamine sulfate tab 30 mg (Zenzedi)	Tier 1	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)
dextroamphetamine sulfate tab 5 mg (Zenzedi)	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
<i>dextroamphetamine sulfate tab 7.5 mg</i>	Tier 1	ST, QLC (4 tabs/day)
dextroamphetamine sulfate tab 7.5 mg (Zenzedi)	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>lisdexamfetamine dimesylate cap 10 mg</i>	Tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	Tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	Tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	Tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	Tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	Tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	Tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	Tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	Tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	Tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	Tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	Tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	Tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/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 3	AL1 (Up to 17 yrs old), QLC (1 cap/day)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 2	QLC (4 caps/day)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 2	QLC (1 cap/day)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 2	QLC (4 caps/day)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 2	QLC (4 caps/day)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 2	QLC (2 caps/day)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 2	QLC (1 cap/day)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 2	QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg (DEXMETHYLPHENIDATE HCL ER)</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg (DEXMETHYLPHENIDATE HCL ER)</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg (DEXMETHYLPHENIDATE HCL ER)</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg (DEXMETHYLPHENIDATE HCL ER)</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg (DEXMETHYLPHENIDATE HCL ER)</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg (DEXMETHYLPHENIDATE HCL ER)</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> (DEXMETHYLPHENIDATE HCL ER)	Tier 1	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	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)
<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)
<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 1	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 1	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 1	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 1	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 1	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 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<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 36 MG TAB 24H	Tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
METHYLPHENIDATE HCL ER ER 18 MG TAB ER 24H, ER 27 MG TAB ER 24H, ER 54 MG TAB ER 24H	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
<i>methylphenidate hcl soln 5 mg/5ml mg/ml</i>	Tier 3	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 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl tab er 20 mg</i> (METHYLPHENIDATE HCL ER)	Tier 1	AL1 (Up to 17 yrs old), QLC (3 tabs/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)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
CENTRAL NERVOUS SYSTEM, OTHER		
ADIPEX-P (<i>phentermine hcl</i>) ADIEX-37.5 MG CA	Tier 1	PA, QLC (1 cap/day), BE
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (ASPIRIN-DIPYRIDAMOLE ER)	Tier 2	
BENZPHETAMINE HCL 25 MG TAB	Tier 1	PA, QLC (3 tabs/day), BE
<i>benzphetamine hcl tab 50 mg</i>	Tier 1	PA, QLC (3 tabs/day), BE
<i>butalbital-acetaminophen tab 50-325 mg</i>	Tier 1	QLC (6 tabs/day; max 48 tabs/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)
DIETHYLPROPION HCL ER 75 MG TAB 24H	Tier 1	PA, QLC (1 tab/day), BE
<i>diethylpropion hcl tab 25 mg</i>	Tier 1	PA, QLC (3 tabs/day), BE
LOMAIRA (<i>phentermine hcl</i>) 8 MG TAB	Tier 1	PA, QLC (3 tabs/day), BE
<i>phendimetrazine tartrate tab 35 mg</i>	Tier 1	PA, QLC (6 tabs/day), BE
<i>phentermine hcl cap 15 mg</i>	Tier 1	PA, QLC (1 cap/day), BE
<i>phentermine hcl cap 30 mg</i>	Tier 1	PA, QLC (1 cap/day), BE
<i>phentermine hcl cap 37.5 mg</i>	Tier 1	PA, QLC (1 cap/day), BE
<i>phentermine hcl tab 37.5 mg</i>	Tier 1	PA, QLC (1 tab/day), BE

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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), BE
RUZURGI (<i>amifampridine</i>) 10 MG TAB	Tier 4	PA, LA, QLC (10 tabs/day)
FIBROMYALGIA AGENTS		
<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)
<i>pregabalin cap 100 mg</i>	Tier 2	QLC (3 caps/day)
<i>pregabalin cap 150 mg</i>	Tier 2	QLC (3 caps/day)
<i>pregabalin cap 200 mg</i>	Tier 2	QLC (3 caps/day)
<i>pregabalin cap 225 mg</i>	Tier 2	QLC (2 caps/day)
<i>pregabalin cap 25 mg</i>	Tier 2	QLC (3 caps/day)
<i>pregabalin cap 300 mg</i>	Tier 2	QLC (2 caps/day)
<i>pregabalin cap 50 mg</i>	Tier 2	QLC (3 caps/day)
<i>pregabalin cap 75 mg</i>	Tier 2	QLC (3 caps/day)
<i>pregabalin soln 20 mg/ml</i>	Tier 2	QLC (30 ml/day)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN (<i>interferon beta-1a</i>) 30 MCG/0.5ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (4 injections/month)
AVONEX PREFILLED (<i>interferon beta- 1a</i>) ILLED 30 MCG/0.5ML SY KT	Tier 4	PA, S (Specialty Drug), QLC (4 injections/month)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Tier 1	LA, S (Specialty Drug), QLC (2 caps/day)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Tier 1	LA, S (Specialty Drug), QLC (2 caps/day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (DIMETHYL FUMARATE STARTER PACK)	Tier 1	LA, S (Specialty Drug), QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	Tier 4	S (Specialty Drug), QLC (1 cap/day)
GILENYA (<i>fingolimod hcl</i>) 0.25 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	Tier 4	S (Specialty Drug), QLC (1 syringe/day)
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	Tier 4	S (Specialty Drug), QLC (1 syringe/day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 4	S (Specialty Drug), QLC (12 syringes/month)
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)	Tier 4	S (Specialty Drug), QLC (12 syringes/month)
KESIMPTA (<i>ofatumumab (ms)</i>) 20 MG/0.4ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 pen/28 days)
<i>teriflunomide tab 14 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>teriflunomide tab 7 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)

DENTAL AND ORAL AGENTS (Drugs for the Mouth)

<i>cevimeline hcl cap 30 mg</i>	Tier 1	
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
triamcinolone acetonide dental paste 0.1% (Kourzeq)	Tier 1	
triamcinolone acetonide dental paste 0.1% (Oralone)	Tier 1	

DERMATOLOGICAL AGENTS (Drugs for the Skin)

ACNE AND ROSACEA AGENTS

<i>acitretin cap 10 mg</i>	Tier 3	QLC (4 caps/day)
<i>acitretin cap 17.5 mg</i>	Tier 3	QLC (2 caps/day)
<i>acitretin cap 25 mg</i>	Tier 3	QLC (2 caps/day)
<i>adapalene cream 0.1%</i>	Tier 1	AL1 (Up to 39 yrs old)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>adapalene gel 0.3%</i>	Tier 1	AL1 (Up to 39 yrs old)
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Tier 3	ST, AL1 (Up to 39 yrs old)
<i>azelaic acid gel 15%</i>	Tier 1	QLC (1 tube/month)
<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 phosphate-benzoyl peroxide gel 1-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	Tier 1	
<i>isotretinoin cap 10 mg</i>	Tier 1	
isotretinoin cap 10 mg (Accutane)	Tier 1	
isotretinoin cap 10 mg (Amnesteem)	Tier 1	
isotretinoin cap 10 mg (Claravis)	Tier 1	
isotretinoin cap 10 mg (Myorisan)	Tier 1	
isotretinoin cap 10 mg (Zenatane)	Tier 1	
<i>isotretinoin cap 20 mg</i>	Tier 1	
isotretinoin cap 20 mg (Accutane)	Tier 1	
isotretinoin cap 20 mg (Amnesteem)	Tier 1	
isotretinoin cap 20 mg (Claravis)	Tier 1	
isotretinoin cap 20 mg (Myorisan)	Tier 1	
isotretinoin cap 20 mg (Zenatane)	Tier 1	
<i>isotretinoin cap 30 mg</i>	Tier 1	
isotretinoin cap 30 mg (Accutane)	Tier 1	
isotretinoin cap 30 mg (Claravis)	Tier 1	
isotretinoin cap 30 mg (Myorisan)	Tier 1	
isotretinoin cap 30 mg (Zenatane)	Tier 1	
<i>isotretinoin cap 40 mg</i>	Tier 1	
isotretinoin cap 40 mg (Accutane)	Tier 1	
isotretinoin cap 40 mg (Amnesteem)	Tier 1	
isotretinoin cap 40 mg (Claravis)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
isotretinoin cap 40 mg (Myorisan)	Tier 1	
isotretinoin cap 40 mg (Zenatane)	Tier 1	
<i>sulfacetamide sodium lotion 10% (acne)</i> (SULFACETAMIDE SODIUM (ACNE))	Tier 1	
<i>tretinoin cream 0.025%</i>	Tier 1	AL1 (Up to 39 yrs old)
<i>tretinoin cream 0.05%</i>	Tier 1	AL1 (Up to 39 yrs old)
<i>tretinoin cream 0.1%</i>	Tier 1	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.01%</i>	Tier 2	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.025%</i>	Tier 1	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.05%</i>	Tier 2	PA
DERMATITIS AND PRURITUS AGENTS (Drugs for Skin Inflammation and Itch)		
<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	
ANUSOL-HC (<i>hydrocortisone (rectal)</i>) - 2.5 % CREAM	Tier 1	
BETAMETHASONE DIPROPIONATE AUG (<i>betamethasone dipropionate augmented</i>) 0.05 % GEL	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 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 dipropionate oint 0.05%</i>	Tier 1	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clobetasol propionate cream 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	
<i>clobetasol propionate gel 0.05%</i>	Tier 1	
<i>clobetasol propionate oint 0.05%</i>	Tier 1	
<i>clobetasol propionate shampoo 0.05%</i>	Tier 1	
clobetasol propionate shampoo 0.05% (Clodan)	Tier 1	
<i>clobetasol propionate soln 0.05%</i>	Tier 1	
DERMA-SMOOTH/FS SCALP (<i>fluocinolone acetonide</i>) -0.01 % OIL	Tier 2	
<i>desonide cream 0.05%</i>	Tier 1	
<i>desonide oint 0.05%</i>	Tier 1	
<i>desoximetasone cream 0.05%</i>	Tier 3	ST
<i>desoximetasone cream 0.25%</i>	Tier 3	ST
DIFLORASONE DIACETATE 0.05 % CREAM	Tier 3	ST
<i>fluocinolone acetonide cream 0.01%</i>	Tier 1	
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i> (FLUOCINOLONE ACETONIDE BODY)	Tier 2	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> (FLUOCINOLONE ACETONIDE SCALP)	Tier 2	
<i>fluocinolone acetonide oint 0.025%</i>	Tier 1	
<i>fluocinolone acetonide soln 0.01%</i>	Tier 2	
FLUOCINONIDE 0.05 % GEL	Tier 1	
<i>fluocinonide cream 0.05%</i>	Tier 1	
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 1	
<i>fluocinonide gel 0.05%</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fluocinonide oint 0.05%</i>	Tier 1	
<i>fluocinonide soln 0.05%</i>	Tier 1	
<i>fluticasone propionate cream 0.05%</i>	Tier 1	
<i>fluticasone propionate oint 0.005%</i>	Tier 1	
<i>halobetasol propionate cream 0.05%</i>	Tier 1	
<i>halobetasol propionate oint 0.05%</i>	Tier 1	
HYDROCORTISONE (<i>hydrocortisone (topical)</i>) 2.5 % LOTION	Tier 1	
<i>hydrocortisone acetate suppos 25 mg</i>	Tier 1	
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 oint 0.1%</i>	Tier 1	
<i>hydrocortisone butyrate soln 0.1%</i>	Tier 1	
<i>hydrocortisone cream 2.5%</i>	Tier 1	
hydrocortisone cream 2.5% (Ala-Cort)	Tier 1	
<i>hydrocortisone lotion 2.5%</i>	Tier 1	
<i>hydrocortisone oint 2.5%</i>	Tier 1	
<i>hydrocortisone perianal cream 2.5%</i> (HYDROCORTISONE (PERIANAL))	Tier 1	
hydrocortisone perianal cream 2.5% (Procto-Med Hc)	Tier 1	
hydrocortisone perianal cream 2.5% (Proctosol Hc)	Tier 1	
hydrocortisone perianal cream 2.5% (Proctozone-Hc)	Tier 1	
<i>hydrocortisone valerate cream 0.2%</i>	Tier 1	
<i>hydrocortisone valerate oint 0.2%</i>	Tier 1	
<i>mometasone furoate cream 0.1%</i>	Tier 1	
<i>mometasone furoate oint 0.1%</i>	Tier 1	
<i>mometasone furoate solution 0.1%</i> (<i>lotion</i>)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pimecrolimus cream 1%</i>	Tier 2	QLC (100 gm/month)
PREDNICARBATE 0.1 % CREAM, 0.1 % OINTMENT	Tier 1	
PSORCON (<i>diflorasone diacetate</i>) 0.05 % CREAM	Tier 3	ST
<i>selenium sulfide lotion 2.5%</i>	Tier 1	QLC (1 bottle/month)
<i>tacrolimus oint 0.03%</i>	Tier 2	QLC (100 gm/month)
<i>tacrolimus oint 0.1%</i>	Tier 2	AL1 (At least 16 yrs old), QLC (100 gm/month)
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1	
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1	
triamcinolone acetonide cream 0.1% (Triderm)	Tier 1	
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1	
triamcinolone acetonide cream 0.5% (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 0.1%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	
DERMATOLOGICAL AGENTS, OTHER (Other Drugs for the Skin)		
CALCIPOTRIENE 0.005 % SOLUTION	Tier 1	
<i>calcipotriene cream 0.005%</i>	Tier 1	
<i>calcipotriene oint 0.005%</i>	Tier 1	
calcipotriene oint 0.005% (Calcitrene)	Tier 1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 1	
CALCITRIOL (<i>calcitriol (topical)</i>) 3 MCG/GM OINTMENT	Tier 2	QLC (800 gm/month)
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CLOTRIMAZOLE-BETAMETHASONE (<i>clotrimazole w/ betamethasone</i>) -1- 0.05 % LOTION	Tier 1	
FLUOROURACIL (<i>fluorouracil (topical)</i>) 2 % SOLUTION	Tier 1	
<i>fluorouracil cream 5%</i>	Tier 1	
<i>fluorouracil soln 5%</i>	Tier 1	
HYDROCORTISONE ACE-PRAMOXINE (<i>hydrocortisone acetate w/ pramoxine</i>) - 1-1 % CREAM	Tier 1	
<i>imiquimod cream 5%</i>	Tier 1	QLC (24 packs/month, max of 48 packs/6 months)
METHOXSALEN RAPID 10 MG CAP	Tier 1	
<i>methoxsalen rapid cap 10 mg</i>	Tier 1	
<i>nystatin-triamcinolone cream 100000- 0.1 unit/gm-%</i>	Tier 1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 1	
OTEZLA (<i>apremilast</i>) 20 MG TAB, 30 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
PODOFILOX 0.5 % SOLUTION	Tier 1	
<i>podofilox soln 0.5%</i>	Tier 1	
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>silver sulfadiazine cream 1%</i>	Tier 1	
silver sulfadiazine cream 1% (Ssd)	Tier 1	
SODIUM SULFACETAMIDE-BAKUCHIOL (<i>sulfacetamide sodium in bakuchiol vehicle</i>) -10 % LIQUID	Tier 1	
SSS 10-5 (<i>sulfacetamide sodium w/ sulfur</i>) --% FOAM	Tier 1	
<i>sulfacetamide sodium liquid 10%</i>	Tier 1	
<i>sulfacetamide sodium liquid 10%</i> (SODIUM SULFACETAMIDE WASH)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sulfacetamide sodium shampoo 10%</i> (SODIUM SULFACETAMIDE)	Tier 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i> (SULFACETAMIDE SODIUM-SULFUR)	Tier 1	
sulfacetamide sodium w/ sulfur cleanser 10-5% (Avar Cleanser)	Tier 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	Tier 1	
<i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	Tier 1	
<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	
sulfacetamide sodium w/ sulfur cream 10-5% (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 lotion 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	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 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	Tier 1	
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacleanse 8/4)	Tier 1	
<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	
PEDICULICIDES/SCABICIDES (Drugs for Scabies and Lice)		
LINDANE 1 % SHAMPOO	Tier 1	
<i>malathion lotion 0.5%</i>	Tier 2	
<i>permethrin cream 5%</i>	Tier 1	
SPINOSAD 0.9 % SUSPENSION	Tier 1	QLC (1 bottle/fill)
TOPICAL ANTI-INFECTIVES (Drugs for Skin Infection)		
<i>ciclopirox gel 0.77%</i>	Tier 1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Tier 1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Tier 1	
<i>ciclopirox shampoo 1%</i>	Tier 1	
<i>ciclopirox solution 8%</i>	Tier 1	
ciclopirox solution 8% (Ciclodan)	Tier 1	
<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>clindamycin phosphate swab 1%</i>	Tier 1	
clindamycin phosphate swab 1% (Clindacin Etz)	Tier 1	
clindamycin phosphate swab 1% (Clindacin-P)	Tier 1	
ERY (<i>erythromycin (acne aid)</i>) 2 % PAD	Tier 1	
<i>erythromycin gel 2%</i>	Tier 1	
<i>erythromycin soln 2%</i>	Tier 1	
MAFENIDE ACETATE 5 % PACKET	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	Tier 1	
<i>mupirocin oint 2%</i>	Tier 1	

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<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)
ATABEX OB (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) AEX 29-1 MG	Tier 1	
C-NATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) -28-1-200 MG AP	Tier 1	
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 1	
CONCEPT OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 130-92.4-1 MG CAP	Tier 1	
ELITE-OB (<i>prenatal vit w/ iron carbonyl-folic acid</i>) -50-1.25 MG TAB	Tier 1	
FLORAFOL PEDIATRIC (<i>pediatric multivitamins w/fl</i>) 0.5 MG CHEW TAB, 1 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
FOLIVANE-OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) -85-1 MG CAP	Tier 1	
M-NATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 G TAB	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MULTI-VIT-FLOR (<i>pediatric multivitamins w/f</i>) --0.25 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTI-VIT-FLOR (<i>pediatric multivitamins w/f</i>) --0.5 MG CHEW TAB, --1 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTI-VITAMIN/FLUORIDE (<i>pediatric multivitamins w/f</i>) -0.25 MG/ML SOLUTION, -0.5 MG/ML SOLUTION	Tier 1	ACA (Preventive Health)
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/f</i>) 0.25 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/f</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/f</i>) 0.25 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/f</i>) 0.5 MG CHEW TAB, 1 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
NAFRINSE DROPS (<i>sodium fluoride</i>) 0.275 (0.125 F) MG/DROP SOLUTION	Tier 1	ACA (Preventive Health)
NEONATAL COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	Tier 1	
NEONATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	Tier 1	
NIVA-PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 MG TAB	Tier 1	
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-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 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
potassium bicarbonate effer tab 25 meq (Effer-K)	Tier 1	
<i>potassium bicarbonate effer tab 25 meq (K-PRIME)</i>	Tier 1	
potassium bicarbonate effer tab 25 meq (Klor-Con/ef)	Tier 1	
potassium chloride cap er 10 meq (Klor-Con Sprinkle)	Tier 1	
<i>potassium chloride cap er 10 meq (POTASSIUM CHLORIDE ER)</i>	Tier 1	
potassium chloride cap er 8 meq (Klor-Con Sprinkle)	Tier 1	
<i>potassium chloride cap er 8 meq (POTASSIUM CHLORIDE ER)</i>	Tier 1	
POTASSIUM CHLORIDE ER ER 8 TAB ER, ER 15 TAB ER	Tier 1	
potassium chloride microencapsulated crys er tab 10 meq (Klor-Con M10)	Tier 1	
<i>potassium chloride microencapsulated crys er tab 10 meq (POTASSIUM CHLORIDE CRYs ER)</i>	Tier 1	
potassium chloride microencapsulated crys er tab 15 meq (Klor-Con M15)	Tier 1	
<i>potassium chloride microencapsulated crys er tab 15 meq (POTASSIUM CHLORIDE CRYs ER)</i>	Tier 1	
potassium chloride microencapsulated crys er tab 20 meq (Klor-Con M20)	Tier 1	
<i>potassium chloride microencapsulated crys er tab 20 meq (POTASSIUM CHLORIDE CRYs ER)</i>	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 1	
potassium chloride powder packet 20 meq (Klor-Con)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
potassium chloride tab er 10 meq (Klor-Con 10)	Tier 1	
<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	
potassium chloride tab er 8 meq (600 mg) (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	
PRENAISSANCE (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) 29-1.25-325 MG CAP	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 1	
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	
PREPLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRETAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) PRE29-1 MG	Tier 1	
PROVIDA OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 20-20-1.25 MG CAP	Tier 1	
RELNATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	Tier 2	
SE-NATAL 19 (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) -9 29-MG TAB	Tier 1	
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	Tier 1	ACA (Preventive Health)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) luoride</i>	Tier 1	ACA (Preventive Health)
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) luoride</i>	Tier 1	ACA (Preventive Health)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (NAFRINSE) luoride</i>	Tier 1	ACA (Preventive Health)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) luoride</i>	Tier 1	ACA (Preventive Health)
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab) luoride	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	
THRIVITE RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 29-1 MG TAB	Tier 1	
TRICARE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	Tier 1	
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	
VINATE II (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) 29-1 MG 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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIRT-NATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) -28-1-200 MG CAP	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	
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-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	
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	
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	

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

CHEMET (<i>succimer</i>) 100 MG CAP	Tier 2	
<i>deferasirox tab for oral susp 125 mg</i>	Tier 4	LA, S (Specialty Drug), SF

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>deferasirox tab for oral susp 250 mg</i>	Tier 4	LA, S (Specialty Drug), SF
<i>deferasirox tab for oral susp 500 mg</i>	Tier 4	LA, S (Specialty Drug), SF
<i>penicillamine tab 250 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (16 tabs/day)

PHOSPHATE BINDERS (Drugs to Lower Phosphate)

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> (CALCIUM ACETATE (PHOS BINDER))	Tier 1	
<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	

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	
sodium polystyrene sulfonate oral susp 15 gm/60ml (Kionex)	Tier 1	
sodium polystyrene sulfonate susp 15 gm/60ml (Kionex)	Tier 1	
sodium polystyrene sulfonate susp 15 gm/60ml (Sps (sodium Polystyrene Sulf))	Tier 1	
SPS (SODIUM POLYSTYRENE SULF) (<i>sodium polystyrene sulfonate</i>) 30 GM/120ML SUSPENSION	Tier 1	

VITAMINS

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	
<i>cyanocobalamin inj 1000 mcg/ml</i>	Tier 1	
cyanocobalamin inj 1000 mcg/ml (Dodex)	Tier 1	
<i>folic acid tab 1 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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%)</i> <i>gm/0ml (0%)</i>	Tier 1	
<i>levocarnitine tab 330 mg</i>	Tier 1	
TRI-VITE/FLUORIDE (<i>pediatric vitamins</i> <i>acd w/ fluoride</i>) -0.25 MG/ML SOLUTION, -0.5 MG/ML SOLUTION	Tier 1	ACA (Preventive Health)

GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)

ANTI-CONSTIPATION AGENTS (Drugs for Constipation)

<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml (Enulose)</i>	Tier 1	
<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml (Generlac)</i>	Tier 1	
<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i> (LACTULOSE ENCEPHALOPATHY)	Tier 1	
<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)
<i>lubiprostone cap 24 mcg</i>	Tier 1	AL1 (At least 18 yrs old), QLC (2 caps/day)
<i>lubiprostone cap 8 mcg</i>	Tier 1	AL1 (At least 18 yrs old), QLC (2 caps/day)
MOVANTI (<i>naloxegol oxalate</i>) 12.5 MG TAB, 25 MG TAB	Tier 3	AL1 (At least 18 yrs old), QLC (1 tab/day)
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> <i>420 gm (Gavilyte-N With Flavor Pack)</i>	Tier 1	ACA (Preventive Health)
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> <i>420 gm</i> (PEG 3350-KCL-NA BICARB- NACL)	Tier 1	ACA (Preventive Health)
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> <i>420 gm (Trilyte)</i>	Tier 1	ACA (Preventive Health)
PEG-PREP (<i>bisacodyl-peg 3350-pot</i> <i>chloride-sod bicarb-sod chloride</i>) --210 MG-GM KIT	Tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
ANTI-DIARRHEAL AGENTS (Drugs for Diarrhea)		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Tier 4	PA
<i>alosetron 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	
ANTISPASMODICS, GASTROINTESTINAL (Other Drugs for Bowel and Stomach)		
<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	
<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	
hyoscyamine sulfate elixir 0.125 mg/5ml (Hyosyne)	Tier 1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	
hyoscyamine sulfate sl tab 0.125 mg (Oscimin)	Tier 1	
hyoscyamine sulfate sl tab 0.125 mg (Symax-SI)	Tier 1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	
hyoscyamine sulfate soln 0.125 mg/ml (Hyosyne)	Tier 1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	
hyoscyamine sulfate tab 0.125 mg (Oscimin)	Tier 1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	
hyoscyamine sulfate tab disint 0.125 mg (Ed-Spaz)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hyoscyamine sulfate tab disint 0.125 mg (Nulev)	Tier 1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (HYOSCYAMINE SULFATE ER)	Tier 1	
hyoscyamine sulfate tab er 12hr 0.375 mg (Oscimin Sr)	Tier 1	
hyoscyamine sulfate tab er 12hr 0.375 mg (Symax-Sr)	Tier 1	
PROPANTHELINE BROMIDE 15 MG TAB	Tier 1	

GASTROINTESTINAL AGENTS, OTHER (Other Drugs for the Bowel and Stomach)

<i>cromolyn sodium oral conc 100 mg/5ml</i>	Tier 2	
GAVILYTE-C (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) -240 GM REON SOLN	Tier 1	ACA (Preventive Health)
OMNITROPE (<i>somatropin</i>) 10 MG/1.5ML SOLN CART	Tier 4	PA, S (Specialty Drug)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-G) ---cl-	Tier 1	ACA (Preventive Health)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (PEG-3350/ELECTROLYTES) ---cl-	Tier 1	ACA (Preventive Health)
<i>ursodiol cap 300 mg</i>	Tier 1	
<i>ursodiol tab 250 mg</i>	Tier 1	
<i>ursodiol tab 500 mg</i>	Tier 1	

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

<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 2	
<i>famotidine tab 40 mg</i>	Tier 1	
NIZATIDINE 150 MG CAP, 300 MG CAP	Tier 2	

PROTECTANTS (Drugs for Acid Reflux and Ulcers)

<i>sucralfate susp 1 gm/10ml gm/0ml</i>	Tier 3	
<i>sucralfate tab 1 gm</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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PROTON PUMP INHIBITORS (Drugs for Acid Reflux and Ulcers)

<i>lansoprazole cap delayed release 30 mg</i>	Tier 1	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>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>rabeprazole sodium ec tab 20 mg</i>	Tier 2	QLC (3 tabs/day)

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

<i>carglumic acid soluble tab 200 mg</i>	Tier 4	PA, LA, QLC (35 tabs/day)
CERDELGA (<i>eliglustat tartrate</i>) 84 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day)
CREON (<i>pancrelipase (lipase-protease-amylase)</i>) 3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART	Tier 2	
CYSTAGON (<i>cysteamine bitartrate</i>) 150 MG CAP	Tier 3	LA, S (Specialty Drug), QLC (26 caps/day)
CYSTAGON (<i>cysteamine bitartrate</i>) 50 MG CAP	Tier 3	LA, S (Specialty Drug), QLC (4 caps/day)
DROXIA (<i>hydroxyurea (sickle cell disease)</i>) 200 MG CAP, 300 MG CAP, 400 MG CAP	Tier 2	
MYALEPT (<i>metreleptin</i>) 11.3 MG RECON SOLN	Tier 4	PA, LA, QLC (1 vial/day)
<i>nitisinone cap 10 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (14 caps/day)
<i>nitisinone cap 2 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (10 caps/day)
<i>nitisinone cap 20 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (8 caps/day)
<i>nitisinone cap 5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZENPEP (<i>pancrelipase (lipase-protease-amylase)</i>) 3000-10000 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, 60000-189600 CP DR PART	Tier 2	

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

ANTISPASMODICS, URINARY (Drugs for Overactive Bladder)

<i>fesoterodine fumarate tab er 24hr 4 mg</i> (FESOTERODINE FUMARATE ER) 2hr	Tier 2	QLC (1 tab/day)
<i>fesoterodine fumarate tab er 24hr 8 mg</i> (FESOTERODINE FUMARATE ER)	Tier 2	QLC (1 tab/day)
<i>flavoxate hcl tab 100 mg</i>	Tier 1	
<i>oxybutynin chloride solution 5 mg/5ml mg/ml</i>	Tier 1	QLC (20 ml/day)
<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)
<i>solifenacin succinate tab 10 mg</i>	Tier 2	QLC (1 tab/day)
<i>solifenacin succinate tab 5 mg</i>	Tier 2	QLC (1 tab/day)
<i>tolterodine tartrate cap er 24hr 2 mg</i> (TOLTERODINE TARTRATE ER) 4hr	Tier 2	ST, QLC (1 tab/day)
<i>tolterodine tartrate cap er 24hr 4 mg</i> (TOLTERODINE TARTRATE ER) 2hr	Tier 2	ST, QLC (1 tab/day)
<i>tolterodine tartrate tab 1 mg</i>	Tier 2	ST, QLC (2 tabs/day)
<i>tolterodine tartrate tab 2 mg</i>	Tier 2	ST, QLC (2 tabs/day)
<i>tropium chloride tab 20 mg</i>	Tier 1	QLC (2 tabs/day)

BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)

<i>alfuzosin hcl tab er 24hr 10 mg</i> (ALFUZOSIN HCL ER)	Tier 1	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dutasteride cap 0.5 mg</i>	Tier 1	QLC (1 cap/day)
<i>finasteride tab 5 mg</i>	Tier 1	
<i>silodosin cap 4 mg</i>	Tier 1	QLC (1 cap/day)
<i>silodosin cap 8 mg</i>	Tier 1	QLC (1 cap/day)
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	

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

<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	
CYTRA K CRYSTALS (<i>potassium citrate-citric acid</i>) 3300-1002 MG PACET	Tier 1	
ELMIRON (<i>pentosan polysulfate sodium</i>) 100 MG CAP	Tier 3	
<i>phenazopyridine hcl tab 100 mg</i>	Tier 1	
<i>phenazopyridine hcl tab 200 mg</i>	Tier 1	
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)
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospha 250 Neutral) ic	Tier 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospho-Trin 250 Neutral) ic	Tier 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phosphorous) ic	Tier 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-Phos 250 Neutral) ic	Tier 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Wes-Phos 250 Neutral) ic	Tier 1	
potassium citrate & citric acid powder pack 3300-1002 mg (Taron-Crystals)	Tier 1	

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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	
potassium phosphate monobasic tab 500 mg (Phospho-Trin K500)	Tier 1	
<i>sildenafil citrate tab 100 mg</i>	Tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>sildenafil citrate tab 25 mg</i>	Tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>sildenafil citrate tab 50 mg</i>	Tier 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>tiopronin tab 100 mg</i>	Tier 4	PA, S (Specialty Drug)
<i>tiopronin tab delayed release 100 mg</i>	Tier 4	PA, LA
<i>tiopronin tab delayed release 300 mg</i>	Tier 4	PA, LA

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

CORTISONE ACETATE 25 MG TAB	Tier 1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	Tier 1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
dexamethasone tab 0.5 mg (Decadron)	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
dexamethasone tab 0.75 mg (Decadron)	Tier 1	
<i>dexamethasone tab 1 mg</i>	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	
dexamethasone tab 4 mg (Decadron)	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
dexamethasone tab 6 mg (Decadron)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	
<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	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
MIFEPREX (<i>mifepristone</i>) 200 MG TAB	Tier 3	QLC (1 tablet/fill)
<i>mifepristone tab 200 mg</i>	Tier 1	QLC (1 tablet/fill)
<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 15 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)	Tier 1	
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones)

<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	
GENOTROPIN (<i>somatropin</i>) 5 MG CARTRIDGE, 12 MG CARTRIDGE	Tier 4	PA, S (Specialty Drug)
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, S (Specialty Drug)
INCRELEX (<i>mecasermin</i>) 40 MG/4ML SOLUTION	Tier 4	PA, LA, S (Specialty Drug)
OMNITROPE (<i>somatropin</i>) 5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN	Tier 4	PA, S (Specialty Drug)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) (Drugs for Replacing/Stimulating Prostaglandin)

<i>misoprostol tab 100 mcg</i>	Tier 1	
<i>misoprostol tab 200 mcg</i>	Tier 1	

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

ANABOLIC STEROIDS

OXANDROLONE 10 MG TAB	Tier 3	QLC (2 tabs/day)
OXANDROLONE 2.5 MG TAB	Tier 3	QLC (8 tabs/day)
<i>oxandrolone tab 10 mg</i>	Tier 3	QLC (2 tabs/day)
<i>oxandrolone tab 2.5 mg</i>	Tier 3	QLC (8 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANDROGENS

<i>danazol cap 100 mg</i>	Tier 1	
<i>danazol cap 200 mg</i>	Tier 1	
<i>danazol cap 50 mg</i>	Tier 1	
METHITEST (<i>methyld testosterone</i>) 10 MG TAB	Tier 3	PA
TESTOSTERONE 12.5 MG/ACT (1%) GEL, 50 MG/5GM (1%) GEL	Tier 1	PA, QLC (300 grams/month)
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	QLC (10 ml/month)
testosterone cypionate im inj in oil 100 mg/ml (Depo-Testosterone)	Tier 1	QLC (10 ml/month)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	QLC (10 ml/month)
testosterone cypionate im inj in oil 200 mg/ml (Depo-Testosterone)	Tier 1	QLC (10 ml/month)
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	Tier 1	QLC (5 ml/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)

ESTROGENS (Contraceptives and Drugs for Menopause)

ANNOVERA (<i>segesterone acetate-ethinyl estradiol</i>) 0.013-0.015 MG/24HR RING	Tier 3	ACA (Preventive Health), QLC (1 ring/ 365 days)
CLIMARA PRO (<i>estradiol-levonorgestrel</i>) 0.045-0.015 MG/DAY PATCH WK	Tier 3	QLC (4 patches/month)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)	Tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Bekyree)	Tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	Tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtrea)	Tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya)	Tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	Tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea)	Tier 1	ACA (Preventive Health)
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant) desog--0.025/25---	Tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)	Tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq)	Tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred)	Tier 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (DESOGESTREL-ETHINYL ESTRADIOL)	Tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)	Tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)	Tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom)	Tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber)	Tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga)	Tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)	Tier 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (DROSPIREN-ETH ESTRAD-LEVOMEFOL)	Tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (DROSPIREN-ETH ESTRAD-LEVOMEFOL) ---0.0-	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy) ---0.0-	Tier 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Gianvi)	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Jasmiel)	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Lo-Zumandimine)	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna)	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki)	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Vestura)	Tier 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella)	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda)	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Zarah)	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Zumandimine)	Tier 1	ACA (Preventive Health)
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Covaryx Hs)	Tier 1	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Eemt Hs)	Tier 1	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST HS)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST)	Tier 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Covaryx)	Tier 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Eemt)	Tier 1	
<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	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.s.)	Tier 1	
<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 patch twice weekly 0.025 mg/24hr</i>	Tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.025 mg/24hr (Dotti)	Tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.025 mg/24hr (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)
estradiol td patch twice weekly 0.0375 mg/24hr (Dotti)	Tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.0375 mg/24hr (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)
estradiol td patch twice weekly 0.05 mg/24hr (Dotti)	Tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.05 mg/24hr (Lyllana)	Tier 1	QLC (16 patches/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	Tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.075 mg/24hr (Dotti)	Tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.075 mg/24hr (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)
estradiol td patch twice weekly 0.1 mg/24hr (Dotti)	Tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.1 mg/24hr (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 2	
<i>estradiol vaginal tab 10 mcg</i>	Tier 1	
estradiol vaginal tab 10 mcg (Yuvafem)	Tier 1	
<i>estradiol valerate im in oil 10 mg/ml</i>	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 RING, 7.5 MCG/24HR RING	Tier 3	QLC (1 ring/90 days)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	Tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35)	Tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28))	Tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (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)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	Tier 1	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring)	Tier 2	ACA (Preventive Health), QLC (1 ring/28 days)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette)	Tier 2	ACA (Preventive Health), QLC (1 ring/28 days)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 2	ACA (Preventive Health), QLC (1 ring/28 days)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Eluryng)	Tier 2	ACA (Preventive Health), QLC (1 ring/28 days)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring)	Tier 2	ACA (Preventive Health), QLC (1 ring/28 days)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Haloette)	Tier 2	ACA (Preventive Health), QLC (1 ring/28 days)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (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)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa)	Tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Amethia Lo)	Tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (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)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Lojaimiess)	Tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia)	Tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna)	Tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Camrese)	Tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Daysee)	Tier 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (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)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Simpesse)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Iclevia)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolessa)	Tier 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (LEVONORGEST-ETH ESTRAD 91-DAY)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Larissia)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina)	Tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienna)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Ayuna)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (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)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30 (28))	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Lillow)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28)	Tier 1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28)	Tier 1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest)	Tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (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)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst)	Tier 1	ACA (Preventive Health), QLC (1 pack/month)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale)	Tier 1	ACA (Preventive Health), QLC (1 pack/month)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Joyeaux)	Tier 3	ACA (Preventive Health)
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i> (LEVONORGEST-ETH ESTRADIOL-IRON)	Tier 3	ACA (Preventive Health)
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)
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> (NORELGESTROMIN-ETH ESTRADIOL)	Tier 1	ACA (Preventive Health), QLC (3 patches/28 days)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	Tier 1	ACA (Preventive Health), QLC (3 patches/28 days)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)	Tier 1	ACA (Preventive Health), QLC (3 patches/28 days)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva)	Tier 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (BRIELLYN)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith)	Tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35 (28))	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Cyclafem 1/35)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (21))	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (28))	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nylia 1/35)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (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)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Wymzya Fe)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Kaitlib Fe)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (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)

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SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe) --- 20/-30/--	Tier 1	ACA (Preventive Health)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tri-Legest Fe) - --20/-30/--	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Aurovela 1/20)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Junel 1/20)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Larin 1/20)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20 (21))	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (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)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Aurovela 1.5/30)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Hailey 1.5/30)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Larin 1.5/30)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30 (21))	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (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)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Aurovela Fe 1/20)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Blisovi Fe 1/20)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Hailey Fe 1/20)	Tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Junel Fe 1/20)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Larin Fe 1/20)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (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)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20 Eq)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Aurovela Fe 1.5/30)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Blisovi Fe 1.5/30)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Hailey Fe 1.5/30)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Larin Fe 1.5/30)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin Fe 1.5/30)	Tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (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)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Charlotte 24 Fe)	Tier 1	ACA (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Finzala)	Tier 1	ACA (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe)	Tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (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)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Gemmyly)	Tier 3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Merzee)	Tier 3	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE)	Tier 3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taysofy)	Tier 3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Aurovela 24 Fe)	Tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Blisovi 24 Fe)	Tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Hailey 24 Fe)	Tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Junel Fe 24)	Tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	Tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (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)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Tarina 24 Fe)	Tier 1	ACA (Preventive Health)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Fyavolv)	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)
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Fyavolv)	Tier 1	QLC (1 tab/day)
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)	Tier 1	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (NORETHINDRONE-ETH ESTRADIOL)	Tier 1	QLC (1 tab/day)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7) ---/1--	Tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Cyclafem 7/7/7) ---/1--	Tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7) ---/1--	Tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7) ---/1--	Tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nylia 7/7/7) --/1--	Tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Pirmella 7/7/7) ---/1--	Tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Aranelle) --/1--	Tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena) --/1---	Tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Estarylla)	Tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Femynor)	Tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mili)	Tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mono-Linyah)	Tier 1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (NORGESTIMATE-ETH ESTRADIOL)	Tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Nymyo)	Tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Previfem)	Tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Sprintec 28)	Tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Vylibra)	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)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Estarylla) --/0.215-/0.--	Tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Marzia) --/0.215-/0.--	Tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Mili) --/0.215-/0.--	Tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Sprintec) --/0.215-/0.--	Tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (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 (NORGESTIM-ETH ESTRAD TRIPHASIC) --/0.215-/0.25--</i>	Tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Femynor) --/0.215-/0.25--	Tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Estarylla) --/0.215-/0.25--	Tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Linyah) --/0.215-/0.25--	Tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Mili) --/0.215-/0.25--	Tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Nymyo) --/0.215-/0.25--	Tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Previfem) --/0.215-/0.25--	Tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Sprintec) --/0.215-/0.25--	Tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Vylibra) --/0.215-/0.25--	Tier 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)	Tier 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)	Tier 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-Ogestrel)	Tier 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Turqoz)	Tier 1	ACA (Preventive Health)
PREMARIN (<i>estrogens, conjugated vaginal</i>) 0.625 MG/GM CREAM	Tier 3	
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	
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 3	QLC (28 tabs/month)
TYBLUME (<i>levonorgestrel & eth estradiol</i>) 0.1-20 MG-MCG CHEW TAB	Tier 3	ACA (Preventive Health)
VELIVET (<i>desogestrel-ethinyl estradiol triphasic</i>) 0.1/0.125/0.15 -0.025 MG TAB	Tier 1	ACA (Preventive Health)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER

estradiol & norethindrone acetate tab 0.5-0.1 mg (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)
estradiol & norethindrone acetate tab 1-0.5 mg (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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
estradiol & norethindrone acetate tab 1-0.5 mg (Lopreeza)	Tier 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey)	Tier 1	QLC (1 tab/day)
PROGESTINS		
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 3	PA
<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	
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	
<i>megestrol acetate tab 20 mg</i>	Tier 1	OAC
<i>megestrol acetate tab 40 mg</i>	Tier 1	OAC
<i>norethindrone acetate tab 5 mg</i>	Tier 1	
norethindrone acetate tab 5 mg (Gallifrey)	Tier 1	
<i>norethindrone tab 0.35 mg</i>	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Camila)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Deblitane)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Emzahh)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Errin)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Heather)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Incassia)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Jencycla)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Lyleq)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Lyza)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Nora-Be)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Norlyda)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Norlyroc)	Tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone tab 0.35 mg (Sharobel)	Tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Tulana)	Tier 1	ACA (Preventive Health)
<i>progesterone cap 100 mg</i>	Tier 1	
<i>progesterone cap 200 mg</i>	Tier 1	
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)
<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 Hormones)

<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	
levothyroxine sodium tab 100 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 100 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 112 mcg</i>	Tier 1	
levothyroxine sodium tab 112 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 112 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 125 mcg</i>	Tier 1	
levothyroxine sodium tab 125 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 125 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 137 mcg</i>	Tier 1	
levothyroxine sodium tab 137 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 137 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 150 mcg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levothyroxine sodium tab 150 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 150 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 175 mcg</i>	Tier 1	
levothyroxine sodium tab 175 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 175 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1	
levothyroxine sodium tab 200 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 200 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 25 mcg</i>	Tier 1	
levothyroxine sodium tab 25 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 25 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 300 mcg</i>	Tier 1	
<i>levothyroxine sodium tab 50 mcg</i>	Tier 1	
levothyroxine sodium tab 50 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 50 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 75 mcg</i>	Tier 1	
levothyroxine sodium tab 75 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 75 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 88 mcg</i>	Tier 1	
levothyroxine sodium tab 88 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 88 mcg (Levoxyl)	Tier 3	
<i>liothyronine sodium tab 25 mcg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>liothyronine sodium tab 5 mcg</i>	Tier 1	
<i>liothyronine sodium tab 50 mcg</i>	Tier 1	
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	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY) (Drugs for Suppressing Hormones from the Adrenal or Pituitary Gland)

<i>cabergoline tab 0.5 mg</i>	Tier 1	QLC (16 tabs/month)
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 4	PA, S (Specialty Drug)
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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IMMUNOLOGICAL AGENTS (Drugs for Enhancing or Suppressing the Immune System)

ANGIOEDEMA AGENTS

<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	Tier 4	PA, S (Specialty Drug), QLC (3 syringes/month)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir)	Tier 4	PA, LA, QLC (3 syringes/month)

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

ARCALYST (<i>rilonacept</i>) 220 MG RECON SOLN	Tier 4	PA, LA, S (Specialty Drug)
COSENTYX (300 MG DOSE) (<i>secukinumab</i>) 150 /ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
COSENTYX (<i>secukinumab</i>) 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)
COSENTYX SENSOREADY (300 MG) (<i>secukinumab</i>) SENSOREDY 150 MG/ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
COSENTYX SENSOREADY PEN (<i>secukinumab</i>) SENSOREDY 150 MG/ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
COSENTYX UNOREADY (<i>secukinumab</i>) 300 MG/2ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (1 auto-injector/28 days)
DUPIXENT (<i>dupilumab</i>) 100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
DUPIXENT (<i>dupilumab</i>) 200 MG/1.14ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
DUPIXENT (<i>dupilumab</i>) 300 MG/2ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 pens (4 ml)/ 28 days)
KEVZARA (<i>sarilumab</i>) 150 MG/1.14ML SOLN PRSYR, 200 MG/1.14ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
KEVZARA (<i>sarilumab</i>) KEVZR150 MG/1.14ML SOLN -INJ, KEVZR200 MG/1.14ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/14 days)
OLUMIANT (<i>baricitinib</i>) 1 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OLUMIANT (<i>baricitinib</i>) 2 MG TAB, 4 MG TAB	Tier 4	PA, LA, S (Specialty Drug), 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, S (Specialty Drug), QLC (1 syringe/week)
ORENCIA CLICKJECT (<i>abatacept</i>) ORENCI125 MG/ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/week)
OTEZLA (<i>apremilast</i>) 10 & 20 & 30 MG TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 pack/month)
OTEZLA (<i>apremilast</i>) 4 X 10 & 51 X20 MG TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (55 tabs/28 days, max 2 fills/year)
RIDAURA (<i>auranofin</i>) 3 MG CAP	Tier 2	
RINVOQ (<i>upadacitinib</i>) 15 MG TAB ER 24H, 30 MG TAB ER 24H	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
RINVOQ (<i>upadacitinib</i>) 45 MG TAB ER 24H	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day; max 84 tabs/365 days)
RINVOQ LQ (<i>upadacitinib</i>) 1 MG/ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (12 ml/day)
SKYRIZI (150 MG DOSE) (<i>risankizumab-rzaa</i>) 75 /0.83ML PEF SY KT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/84 days)
SKYRIZI (<i>risankizumab-rzaa (crohn's)</i>) 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/56 days)
SKYRIZI (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
SKYRIZI PEN (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 auto-injector/ 84 days)
SOTYKTU (<i>deucravacitinib</i>) 6 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (1 vial/84 days)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 injection/8 weeks)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/8 weeks)
XELJANZ (<i>tofacitinib citrate</i>) 1 MG/ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (10 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XELJANZ (<i>tofacitinib citrate</i>) 5 MG TAB, 10 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
XELJANZ XR (<i>tofacitinib citrate</i>) 11 MG TAB ER 24H, 22 MG TAB ER 24H	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)

IMMUNOSTIMULANTS (Drugs that Stimulate the Immune System)

ACTIMMUNE (<i>interferon gamma-1b</i>) 2000000 UNIT/0.5ML SOLUTION	Tier 4	PA, LA, S (Specialty Drug)
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	LA, S (Specialty Drug)
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/0.5ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 pen/week)
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (1 vial/week)
PEGASYS PROCLICK (<i>peginterferon alfa-2a</i>) PEGSYS 180 MCG/0.5ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 pen/week)

IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)

ADALIMUMAB-AACF (2 PEN) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens (1 carton)/28 days)
<i>azathioprine tab 50 mg</i>	Tier 1	
CIMZIA (2 SYRINGE) (<i>certolizumab pegol</i>) RINGE) 200 MG/ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/28 days)
CIMZIA-STARTER (<i>certolizumab pegol</i>) - 200 MG/ML PREF SY KT	Tier 4	PA, S (Specialty Drug), 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	
cyclosporine modified cap 100 mg (Gengraf)	Tier 1	
<i>cyclosporine modified cap 25 mg</i>	Tier 1	
cyclosporine modified cap 25 mg (Gengraf)	Tier 1	
<i>cyclosporine modified cap 50 mg</i>	Tier 1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
cyclosporine modified oral soln 100 mg/ml (Gengraf)	Tier 1	
ENBREL (<i>etanercept</i>) 25 MG RECON SOLN	Tier 4	PA, S (Specialty Drug), QLC (8 vials/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (4 ml/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (4 ml/ 28 days)
ENBREL MINI (<i>etanercept</i>) 50 MG/ML SOLN CART	Tier 4	PA, S (Specialty Drug), QLC (4 ml/ 28 days)
ENBREL SURECLICK (<i>etanercept</i>) 50 MG/ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (4 ml/28 days)
<i>leflunomide tab 10 mg</i>	Tier 1	
<i>leflunomide tab 20 mg</i>	Tier 1	
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>	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 3	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SIMPONI (<i>golimumab</i>) 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/28 days)
<i>sirolimus oral soln 1 mg/ml</i>	Tier 2	
<i>sirolimus tab 0.5 mg</i>	Tier 2	
<i>sirolimus tab 1 mg</i>	Tier 2	
<i>sirolimus tab 2 mg</i>	Tier 2	
<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	

INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)

AMINOSALICYLATES

<i>balsalazide disodium cap 750 mg</i>	Tier 1	QLC (9 caps/day)
<i>mesalamine cap er 24hr 0.375 gm</i> (MESALAMINE ER)	Tier 2	QLC (4 caps/day)
<i>mesalamine enema 4 gm</i>	Tier 1	
<i>mesalamine tab delayed release 1.2 gm</i>	Tier 2	QLC (4 tabs/day)
<i>sulfasalazine tab 500 mg</i>	Tier 1	
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	

GLUCOCORTICOIDS

<i>budesonide delayed release particles cap 3 mg</i>	Tier 1	PA, QLC (3 caps/day)
<i>hydrocortisone enema 100 mg/60ml</i>	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	

METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)

ALENDRONATE SODIUM 5 MG TAB	Tier 1	
<i>alendronate sodium oral soln 70 mg/75ml</i>	Tier 2	QLC (4 bottles/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 70 mg</i>	Tier 1	QLC (4 tabs/month)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QLC (1 bottle/month)
<i>calcitriol cap 0.25 mcg</i>	Tier 1	
<i>calcitriol cap 0.5 mcg</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>ergocalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> (VITAMIN D (ERGOCALCIFEROL))	Tier 1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QLC (1 tab/month)
<i>risedronate sodium tab 150 mg</i>	Tier 2	QLC (1 tab/month)
<i>risedronate sodium tab 30 mg</i>	Tier 1	PA
<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)
TYMLOS (<i>abaloparatide</i>) 3120 MCG/1.56ML SOLN PEN	Tier 4	PA, S (Specialty Drug), QLC (1 pen/month)

MISCELLANEOUS THERAPEUTIC AGENTS

AEROCHAMBER HOLDING CHAMBER DEVICE	Tier 2
AEROCHAMBER MINI CHAMBER DEVICE	Tier 2
AEROCHAMBER MV MISC	Tier 2
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	Tier 2
AEROCHAMBER PLUS FLO-VU - MISC	Tier 2
AEROCHAMBER PLUS FLO-VU INTERM - DEVICE	Tier 2

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AEROCHAMBER PLUS FLO-VU LARGE - DEVICE, - MISC	Tier 2	
AEROCHAMBER PLUS FLO-VU MEDIUM - DEVICE, - MISC	Tier 2	
AEROCHAMBER PLUS FLO-VU SMALL - DEVICE, - 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	
AQ INSULIN SYRINGE 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	Tier 2	
AQINJECT PEN NEEDLE PEN 31G 5 MISC, PEN 32G 4 MISC	Tier 2	
ASSURE ID INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	Tier 2	
BD INSULIN SYRINGE U-500 -31G X 6MM 0.5 ML MISC	Tier 2	
BD MICROTAINER LANCETS MISC	Tier 2	QLC (200 lancets/month)
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	Tier 2	
BREATHE EASE LARGE DEVICE	Tier 2	
BREATHE EASE MEDIUM DEVICE	Tier 2	
BREATHE EASE SMALL DEVICE	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
BREATHERITE/MEDIUM MASK MISC	Tier 2	
BREATHERITE/SMALL MASK MISC	Tier 2	
CAYA (<i>diaphragm arc-spring</i>)	Tier 2	ACA (Preventive Health)
CLEVER CHOICE HOLDING CHAMBER DEVICE	Tier 2	
COMPACT SPACE CHAMBER DEVICE	Tier 2	
COMPACT SPACE CHAMBER/LG MASK DEVICE	Tier 2	
COMPACT SPACE CHAMBER/MED MASK DEVICE	Tier 2	
COMPACT SPACE CHAMBER/SM MASK DEVICE	Tier 2	
DEXCOM G5 MOB/G4 PLAT SENSOR MISC	Tier 2	PA, QLC (1 box/month)
DEXCOM G5 MOBILE RECEIVER DEVICE	Tier 2	PA, QLC (One receiver/reader per year)
DEXCOM G5 MOBILE TRANSMITTER MISC	Tier 2	PA, QLC (1 transmitter/90 days)
DEXCOM G5 RECEIVER KIT DEVICE	Tier 2	PA, QLC (One receiver/reader per year)
DEXCOM G6 RECEIVER DEVICE	Tier 2	PA, QLC (One receiver/reader per year)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DEXCOM G6 SENSOR MISC	Tier 2	PA, QLC (1 box/month)
DEXCOM G6 TRANSMITTER MISC	Tier 2	PA, QLC (1 transmitter/90 days)
DEXCOM G7 RECEIVER DEVICE	Tier 2	PA, QLC (One reader/receiver per year)
DEXCOM G7 SENSOR MISC	Tier 2	PA, QLC (3 sensors/month)
DROPSAFE SAFETY SYRINGE/NEEDLE 29G 1/2" 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	
EASIVENT MASK LARGE MISC	Tier 2	
EASIVENT MASK MEDIUM MISC	Tier 2	
EASIVENT MASK SMALL MISC	Tier 2	
EASIVENT MISC	Tier 2	
EQ SPACE CHAMBER ANTI-STATIC - DEVICE	Tier 2	
EQ SPACE CHAMBER ANTI-STATIC L - DEVICE	Tier 2	
EQ SPACE CHAMBER ANTI-STATIC M - DEVICE	Tier 2	
EQ SPACE CHAMBER ANTI-STATIC S - TATIC DEVICE	Tier 2	
FEMCAP (<i>cervical caps</i>) 22 DEVICE, 26 DEVICE, 30 DEVICE	Tier 2	ACA (Preventive Health)
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	
INSPIRACHAMBER/LARGE DEVICE	Tier 2	
INSPIRACHAMBER/MEDIUM DEVICE	Tier 2	
INSPIRACHAMBER/MOUTHPIECE DEVICE	Tier 2	
INSPIRACHAMBER/SMALL DEVICE	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INSPIREASE MISC	Tier 2	
INSULIN SYRINGE-NEEDLE U-100 -- 100 27G 1/2" 0.5 ML MISC, --100 27G 1/2" 1 ML MISC, --100 28G 1/2" 0.5 ML MISC, -100 28G 1/2" 1 ML MISC, --100 29G 1/2" 0.5 ML MISC, --100 29G 1/2" 1 ML MISC, -100 30G 1/2" 1 ML MISC, --100 30G 5/16" 0.5 ML MISC, --100 31G 5/16" 0.5 ML MISC, --100 31G 5/16" 1 ML MISC	Tier 2	
LITEAIRE DEVICE	Tier 2	
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	
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 1	QLC (28 tabs/30 days)
methylergonovine maleate tab 0.2 mg (Methergine)	Tier 1	QLC (28 tabs/30 days)
MICROCHAMBER DEVICE, MISC	Tier 2	
MICROSPACER MISC	Tier 2	
MONOJECT INSULIN SYRINGE 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, U-100 1 ML MISC	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC	Tier 2	
OMNIFLEX DIAPHRAGM (<i>diaphragms</i>)	Tier 2	ACA (Preventive Health)
OPTICHAMBER ADVANTAGE-LG MASK - MISC	Tier 2	
OPTICHAMBER ADVANTAGE-MED MASK - MISC	Tier 2	
OPTICHAMBER ADVANTAGE-SM MASK - MISC	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
OPTIHALER DEVICE, MISC	Tier 2	
PEN NEEDLES PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	Tier 2	
PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	Tier 2	
POCKET CHAMBER DEVICE	Tier 2	
POCKET SPACER DEVICE	Tier 2	
PRIMEAIRE HOLDING CHAMBER DEVICE	Tier 2	
PRO COMFORT PEN NEEDLES PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC	Tier 2	
PROCHAMBER VHC DEVICE	Tier 2	
RITEFLO DEVICE	Tier 2	
SURE COMFORT PEN NEEDLES PEN 31G 6 MISC, PEN 32G 4 MISC	Tier 2	
ULTICARE INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	Tier 2	
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	Tier 2	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	Tier 2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	Tier 2	
VORTEX VALVED HOLDING CHAMBER DEVICE	Tier 2	
WATCHHALER DEVICE	Tier 2	
WIDE-SEAL DIAPHRAGM 60 (<i>diaphragm wide seal</i>)	Tier 2	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WIDE-SEAL DIAPHRAGM 65 (<i>diaphragm wide seal</i>)	Tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 70 (<i>diaphragm wide seal</i>)	Tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 75 (<i>diaphragm wide seal</i>)	Tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 80 (<i>diaphragm wide seal</i>)	Tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 85 (<i>diaphragm wide seal</i>)	Tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 90 (<i>diaphragm wide seal</i>)	Tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 95 (<i>diaphragm wide seal</i>)	Tier 2	ACA (Preventive Health)

OPHTHALMIC AGENTS (Drugs for the Eyes)

OPHTHALMIC AGENTS, OTHER (Other Eye Drops)

ATROPINE SULFATE (<i>atropine sulfate ophthalmic</i>) 1% SOLUTION	Tier 1	
<i>atropine sulfate ophth soln 1%</i>	Tier 1	
bacitracin-polymyxin b ophth oint (Ak-Poly-Bac) acitracin	Tier 1	
bacitracin-polymyxin b ophth oint (Polycin) acitracin	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	
bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc)	Tier 1	
<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	
DORZOLAMIDE HCL-TIMOLOL MAL (<i>dorzolamide hcl-timolol maleate</i>) -22.3-6.8 MG/ML SOLUTION	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF)	Tier 2	QLC (2 droperettes/day)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	Tier 1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF)	Tier 2	QLC (2 droperettes/day)
HOMATROPAIRE (<i>homatropine hbr</i>) 5 % SOLUTION	Tier 1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (Neo-Polycin)	Tier 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> (NEOMYCIN-BACITRACIN ZN-POLYMYX)	Tier 1	
<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	
<i>phenylephrine hcl ophth soln 10%</i>	Tier 1	
phenylephrine hcl ophth soln 10% (Altafrin)	Tier 1	
<i>phenylephrine hcl ophth soln 2.5%</i>	Tier 1	
phenylephrine hcl ophth soln 2.5% (Altafrin)	Tier 1	
<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)
SULFACETAMIDE-PREDNISOLONE (<i>sulfacetamide sod-prednisolone</i>) -10-0.23 % SOLUTION	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TOBRADEX (<i>tobramycin-dexamethasone</i>) 0.3-0.1% OINTMENT	Tier 3	
<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	
OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)		
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	
CROMOLYN SODIUM (<i>cromolyn sodium (ophth)</i>) 4 % SOLUTION	Tier 1	
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	
<i>epinastine hcl ophth soln 0.05%</i>	Tier 1	
OPHTHALMIC ANTI-INFECTIVES (Drugs for Eye Infections)		
BACITRACIN (<i>bacitracin (ophthalmic)</i>) 500 UNIT/GM OINTMENT	Tier 1	
ERYTHROMYCIN (<i>erythromycin (ophth)</i>) 5 MG/GM OINTMENT	Tier 1	
<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 sulfate (ophth)</i>) 0.3 % OINTMENT	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	
LEVOFLOXACIN (<i>levofloxacin (ophth)</i>) 0.5 % SOLUTION, 1.5 % SOLUTION	Tier 1	
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
SULFACETAMIDE SODIUM (<i>sulfacetamide sodium (ophth)</i>) 10 % OINTMENT	Tier 1	
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tobramycin ophth soln 0.3%</i>	Tier 1	
TRIFLURIDINE 1 % SOLUTION	Tier 1	
OPHTHALMIC ANTI-INFLAMMATORIES (Drugs for Eye Inflammation)		
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>fluorometholone ophth susp 0.1%</i>	Tier 1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	Tier 1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	
PREDNISOLONE ACETATE (<i>prednisolone acetate (ophth)</i>) 1 % SUSPENSION	Tier 1	
PREDNISOLONE ACETATE P-F (<i>prednisolone acetate (ophth)</i>) REDNISOLONE -1 % SUSENSION	Tier 1	
PREDNISOLONE SODIUM PHOSPHATE (<i>prednisolone sodium phosphate (ophth)</i>) 1 % SOLUTION	Tier 1	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS (Drugs for Glaucoma)		
BETAXOLOL HCL (<i>betaxolol hcl (ophth)</i>) 0.5 % SOLUTION	Tier 1	
<i>betaxolol hcl ophth soln 0.5%</i>	Tier 1	
CARTEOLOL HCL (<i>carteolol hcl (ophth)</i>) 1 % SOLUTION	Tier 1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	Tier 1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	Tier 2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 2	
<i>timolol maleate ophth soln 0.25%</i>	Tier 1	
<i>timolol maleate ophth soln 0.5%</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER (Drugs for Glaucoma)

<i>acetazolamide cap er 12hr 500 mg</i> (ACETAZOLAMIDE ER)	Tier 1	
APRACLONIDINE HCL 0.5 % SOLUTION	Tier 1	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 3	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	
<i>methazolamide tab 25 mg</i>	Tier 2	
<i>methazolamide tab 50 mg</i>	Tier 2	
PHOSPHOLINE IODIDE (<i>echothiophate iodide</i>) 0.125 % RECON SOLN	Tier 3	PA, QLC (5 ml/30 days)
<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	
SIMBRINZA (<i>brinzolamide-brimonidine tartrate</i>) 1-0.2 % SUSPENSION	Tier 3	

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)

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)
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> (TRAVOPROST (BAK FREE))	Tier 3	ST, QLC (5 ml/month)

OTIC AGENTS (Drugs for the Ears)

<i>acetic acid otic soln 2%</i>	Tier 1	
CIPROFLOXACIN HCL (<i>ciprofloxacin hcl (otic)</i>) 0.2 % SOLUTION	Tier 1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DERMOTIC (<i>fluocinolone acetonide (otic)</i>) 0.01 % OIL	Tier 2	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> (HYDROCORTISONE-ACETIC ACID)	Tier 1	
<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	

RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS (Drugs for Asthma and COPD Symptoms)

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 2	QLC (1 inhaler/month)
ASMANEX (14 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 220 MCG/ACT AER POW BA	Tier 2	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 2	QLC (1 inhaler/month)
ASMANEX (60 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 220 MCG/ACT AER POW BA	Tier 2	QLC (1 inhaler/month)
ASMANEX (7 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 110 MCG/ACT AER POW BA	Tier 2	QLC (1 inhaler/month)
ASMANEX HFA (<i>mometasone furoate (inhalation)</i>) 50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL	Tier 2	QLC (1 inhaler/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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QVAR REDIHALER (<i>beclomethasone dipropionate hfa</i>) 40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA	Tier 2	QLC (2 inhalers/month)
ANTIHISTAMINES (Drugs for Allergies)		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/)</i>	Tier 1	QLC (1 bottle/25 days)
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	
<i>desloratadine tab 5 mg</i>	Tier 1	
<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	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	Tier 1	
ANTILEUKOTRIENES (Drugs for Asthma)		
<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)
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	QLC (1 tab/day)
<i>zafirlukast tab 10 mg</i>	Tier 2	
<i>zafirlukast tab 20 mg</i>	Tier 2	
BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)		
ATROVENT HFA (<i>ipratropium bromide hfa</i>) 17 MCG/ACT AERO SOLN	Tier 3	QLC (2 inhalers/month)
INCRUSE ELLIPTA (<i>umeclidinium bromide</i>) 62.5 MCG/ACT AER POW BA	Tier 2	QLC (1 inhaler/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
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)

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)
<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	
EPINEPHRINE (<i>epinephrine (anaphylaxis)</i>) 0.15 MG/0.15ML SOLN - INJ, 0.3 MG/0.3ML SOLN -INJ	Tier 1	QLC (4 injections/30 days; max 6 fills per year)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	Tier 1	QLC (4 injections/30 days; max 6 fills per year)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Tier 1	QLC (4 injections/30 days; 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/30 days; max 6 fills per year)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EPIPEN JR 2-PAK (<i>epinephrine (anaphylaxis)</i>) -PK 0.15 MG/0.3ML SOLN -INJ	Tier 2	QLC (4 injections/30 days; max 6 fills per year)
<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)
STRIVERDI RESPIMAT (<i>olodaterol hcl</i>) 2.5 MCG/ACT AERO SOLN	Tier 2	QLC (1 inhaler/month)

CYSTIC FIBROSIS AGENTS

KALYDECO (<i>ivacaftor</i>) 150 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day)
KALYDECO (<i>ivacaftor</i>) 5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET	Tier 4	PA, LA, QLC (2 packets/day)
KALYDECO (<i>ivacaftor</i>) 50 MG PACKET, 75 MG PACKET	Tier 4	PA, LA, QLC (2 packs/day)
SYMDEKO (<i>tezacaftor-ivacaftor</i>) 50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK	Tier 4	PA, LA, QLC (2 tabs/day)
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 3	PA, S (Specialty Drug), QLC (1 box/2 months)

MAST CELL STABILIZERS (Drugs to Block Mast Cells)

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 3	QLC (2 boxes/month)
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PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	
<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)
<i>theophylline elixir 80 mg/15ml</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
theophylline elixir 80 mg/15ml (Elixophyllin)	Tier 1	
THEOPHYLLINE ER ER 100 MG TAB ER 12H, ER 200 MG TAB ER 12H	Tier 1	
<i>theophylline soln 80 mg/15ml</i>	Tier 1	
<i>theophylline tab er 12hr 300 mg</i> (THEOPHYLLINE ER)	Tier 1	
<i>theophylline tab er 12hr 450 mg</i> (THEOPHYLLINE ER)	Tier 1	
<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)

<i>ambrisentan tab 10 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>ambrisentan tab 5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>bosentan tab 125 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>bosentan tab 62.5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
OPSUMIT (<i>macitentan</i>) 10 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORENITRAM (<i>treprostinil diolamine</i>) 0.125 MG TAB ER, 0.25 MG TAB ER	Tier 4	PA, LA, S (Specialty Drug), QLC (9 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 1 MG TAB ER	Tier 4	PA, LA, S (Specialty Drug), QLC (42 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 2.5 MG TAB ER	Tier 4	PA, LA, S (Specialty Drug), QLC (16 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 5 MG TAB ER	Tier 4	PA, LA, S (Specialty Drug), QLC (8 tabs/day)
ORENITRAM MONTH 1 (<i>treprostinil diolamine</i>) 0.25 & 0.25 MG TBER THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (168 tabs/28 days)
ORENITRAM MONTH 2 (<i>treprostinil diolamine</i>) 0.15 & 0.5 MG TBER THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (336 tabs/28 days)
ORENITRAM MONTH 3 (<i>treprostinil diolamine</i>) 0.125 & 0.25 & 1 MG TBER THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (252 tabs/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sildenafil citrate tab 20 mg</i>	Tier 1	PA, S (Specialty Drug), QLC (3 tabs/day)
tadalafil tab 20 mg (pah) (Alyq)	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>tadalafil tab 20 mg (pah)</i> (TADALAFIL (PAH))	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
TRACLEER (<i>bosentan</i>) 32 MG TAB SOL	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)

PULMONARY FIBROSIS AGENTS

PIRFENIDONE 534 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day)
<i>pirfenidone cap 267 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (9 caps/day)
<i>pirfenidone tab 267 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (9 tabs/day)
<i>pirfenidone tab 801 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day)

RESPIRATORY TRACT AGENTS, OTHER (Drugs for Allergies, Cough, Cold, and Other Conditions)

<i>acetylcysteine inhal soln 10%</i>	Tier 3	
<i>acetylcysteine inhal soln 20%</i>	Tier 3	
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)
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	
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)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>) 50-25 MCG/INH AER POW BA	Tier 2	QLC (1 inhaler (60 blisters)/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Tier 2	QLC (1 inhaler/month)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breynd)	Tier 2	QLC (1 inhaler/month)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Tier 2	QLC (1 inhaler/month)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breynd)	Tier 2	QLC (1 inhaler/month)
COMBIVENT RESPIMAT (<i>ipratropium-albuterol</i>) 20-100 MCG/ACT AERO SOLN	Tier 3	QLC (1 inhaler/month)
<i>flunisolide nasal soln 25 mcg/act (0.025%) (0.0%)</i>	Tier 1	QLC (2 bottles/month)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QLC (1 bottle/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)
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)	Tier 1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 250-50 mcg/act (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)
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)	Tier 1	QLC (1 inhaler/month)
HYDROCOD POLI-CHLORPHE POLI ER (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>) -10-8 MG/5ML SUSP	Tier 1	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i> (HYDROCOD POLI-CHLORPHE POLI 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) --1.mg/ml	Tier 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hydromet) --1.mg/ml	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)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QLC (6 boxes [30 doses/box]/month)
<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	
PROMETHAZINE VC/CODEINE (<i>promethazine-phenylephrine-codeine</i>) 6.25-5-10 MG/5ML SYRUP	Tier 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<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)
<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-PHENYLEPH-CODEINE) ----mg/ml	Tier 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm)	Tier 1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> (PSEUDOEPH-BROMPHEN-DM)	Tier 1	
<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	
sodium chloride soln nebu 3% (Nebusal)	Tier 1	
<i>sodium chloride soln nebu 7%</i>	Tier 1	
sodium chloride soln nebu 7% (Pulmosal)	Tier 1	
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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SKELETAL MUSCLE RELAXANTS (Drugs for the Muscle Tightness)

<i>carisoprodol tab 350 mg</i>	Tier 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
carisoprodol tab 350 mg (Vanadom)	Tier 1	AL1 (Up to 64 yrs old), QLC (4 tabs/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>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)

SLEEP DISORDER AGENTS (Drugs for Sleep Problems)

SLEEP PROMOTING AGENTS (Drugs for Insomnia)

<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)
<i>ramelteon tab 8 mg</i>	Tier 2	ST, QLC (1 tab/day)
<i>temazepam cap 15 mg</i>	Tier 1	QLC (2 caps/day)
<i>temazepam cap 22.5 mg</i>	Tier 3	QLC (1 cap/day)
<i>temazepam cap 30 mg</i>	Tier 1	QLC (1 cap/day)
<i>temazepam cap 7.5 mg</i>	Tier 3	QLC (4 caps/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)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>zolpidem tartrate tab er 12.5 mg</i> (ZOLPIDEM TARTRATE ER)	Tier 2	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate tab er 6.25 mg</i> (ZOLPIDEM TARTRATE ER)	Tier 2	AL1 (Up to 64 yrs old), QLC (2 tabs/day)

WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)

<i>modafinil tab 100 mg</i>	Tier 1	QLC (3 tabs/day)
<i>modafinil tab 200 mg</i>	Tier 1	QLC (2 tabs/day)

WEIGHT LOSS AGENTS

SAXENDA (<i>liraglutide (weight management)</i>) 18 MG/3ML SOLN PEN	Tier 3	PA, QLC (5 pens/month), BE
WEGOBY (<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 3	PA, QLC (4 pens/month), BE
WEGOBY (<i>semaglutide (weight management)</i>) 1 MG/0.5ML SOLN -INJ	Tier 3	PA, QLC (4 pens/28 days), BE
ZEPBOUND (<i>tirzepatide (weight management)</i>) 2.5 MG/0.5ML SOLN - INJ, 5 MG/0.5ML SOLN -INJ, 7.5 MG/0.5ML SOLN -INJ, 10 MG/0.5ML SOLN -INJ, 12.5 MG/0.5ML SOLN -INJ, 15 MG/0.5ML SOLN -INJ	Tier 3	PA, QLC (4 pens/28 days), BE

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amlodipine besylate-benazepril hcl cap 5-20 mg (Amlodipine Besy-Benazepril HCl)	72	amoxicillin & k clavulanate tab 250-125 mg (Amoxicillin-Pot Clavulanate)	13
amlodipine besylate-benazepril hcl cap 5-40 mg (Amlodipine Besy-Benazepril HCl)	72	amoxicillin & k clavulanate tab 500-125 mg (Amoxicillin-Pot Clavulanate)	13
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Amlodipine-Olmesartan)	72	amoxicillin & k clavulanate tab 875-125 mg (Amoxicillin-Pot Clavulanate)	13
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Amlodipine-Olmesartan)	73	amoxicillin (trihydrate) cap 250 mg	13
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Amlodipine-Olmesartan)	73	amoxicillin (trihydrate) cap 500 mg	13
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Amlodipine-Olmesartan)	73	amoxicillin (trihydrate) for susp 125 mg/5ml	13
amlodipine besylate-valsartan tab 10-160 mg	73	amoxicillin (trihydrate) for susp 200 mg/5ml	13
amlodipine besylate-valsartan tab 10-320 mg	73	amoxicillin (trihydrate) for susp 250 mg/5ml	13
amlodipine besylate-valsartan tab 5-160 mg	73	amoxicillin (trihydrate) for susp 400 mg/5ml	13
amlodipine besylate-valsartan tab 5-320 mg	73	amoxicillin (trihydrate) tab 500 mg	13
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Amlodipine-Valsartan-HCTZ)	73	amoxicillin (trihydrate) tab 875 mg	13
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (amLODIPine-Valsartan-HCTZ)	73	Amoxicillin-Pot Clavulanate (amoxicillin & pot clavulanate)	13
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Amlodipine-Valsartan-HCTZ)	73	Amoxicillin-Pot Clavulanate ER (amoxicillin & pot clavulanate)	14
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (amLODIPine-Valsartan-HCTZ)	73	amphetamine-dextroamphetamine cap er 24hr 10 mg (Amphetamine-Dextroamphet ER)	82
amoxapine tab 100 mg	25	amphetamine-dextroamphetamine cap er 24hr 15 mg (Amphetamine-Dextroamphet ER)	83
amoxapine tab 150 mg	25	amphetamine-dextroamphetamine cap er 24hr 20 mg (Amphetamine-Dextroamphet ER)	83
amoxapine tab 25 mg	26	amphetamine-dextroamphetamine cap er 24hr 25 mg (Amphetamine-Dextroamphet ER)	83
amoxapine tab 50 mg	26	amphetamine-dextroamphetamine cap er 24hr 30 mg (Amphetamine-Dextroamphet ER)	83
Amoxicillin	13	amphetamine-dextroamphetamine cap er 24hr 5 mg (Amphetamine-Dextroamphet ER)	83
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml (Amoxicillin-Pot Clavulanate)	13	amphetamine-dextroamphetamine tab 10 mg	83
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Amoxicillin-Pot Clavulanate)	13	amphetamine-dextroamphetamine tab 12.5 mg	83
amoxicillin & k clavulanate for susp 400-57 mg/5ml (Amoxicillin-Pot Clavulanate)	13	amphetamine-dextroamphetamine tab 15 mg	83
		amphetamine-dextroamphetamine tab 20 mg	83

amphetamine-dextroamphetamine tab 30 mg.....	83	Asmanex (30 Metered Doses) (mometasone furoate (inhalation)).....	151
amphetamine-dextroamphetamine tab 5 mg.....	83	Asmanex (60 Metered Doses) (mometasone furoate (inhalation)).....	151
amphetamine-dextroamphetamine tab 7.5 mg.....	83	Asmanex (7 Metered Doses) (mometasone furoate (inhalation)).....	151
ampicillin cap 500 mg.....	14	Asmanex HFA (mometasone furoate (inhalation)).....	151
anagrelide hcl cap 0.5 mg.....	59	aspirin-dipyridamole cap er 12hr 25-200 mg (Aspirin-Dipyridamole ER).....	60,88
anagrelide hcl cap 1 mg.....	59	Assure ID Insulin Safety Syr.....	141
anastrozole tab 1 mg.....	34	Atabex OB (prenatal vit w/ fe bisglycinate chelate-folic acid).....	99
Annovera (segesterone acetate-ethinyl estradiol).....	115	atazanavir sulfate cap 150 mg (base equiv).....	49
Anoro Ellipta (umeclidinium-vilanterol).....	156	atazanavir sulfate cap 200 mg (base equiv).....	49
Anusol-HC (hydrocortisone (rectal)).....	92	atazanavir sulfate cap 300 mg (base equiv).....	49
APAP-Caff-Dihydrocodeine (acetaminophen-caff-dihydrocod).....	5	atenolol & chlorthalidone tab 100-25 mg (Atenolol-Chlorthalidone).....	73
APO-Varenicline (varenicline tartrate).....	10	atenolol & chlorthalidone tab 50-25 mg (Atenolol-Chlorthalidone).....	73
Apraclonidine HCl.....	150	atenolol tab 100 mg.....	65
apraclonidine hcl ophth soln 0.5% (base equivalent).....	150	atenolol tab 25 mg.....	65
aprepitant capsule 125 mg.....	28	atenolol tab 50 mg.....	65
aprepitant capsule 40 mg.....	28	atomoxetine hcl cap 10 mg (base equiv).....	85
aprepitant capsule 80 mg.....	28	atomoxetine hcl cap 100 mg (base equiv).....	85
aprepitant capsule therapy pack 80 & 125 mg.....	28	atomoxetine hcl cap 18 mg (base equiv).....	85
Aptivus (tipranavir).....	49	atomoxetine hcl cap 25 mg (base equiv).....	85
AQ Insulin Syringe.....	141	atomoxetine hcl cap 40 mg (base equiv).....	85
AQInject Pen Needle.....	141	atomoxetine hcl cap 60 mg (base equiv).....	85
Arcalyst (rilonacept).....	135	atomoxetine hcl cap 80 mg (base equiv).....	85
aripiprazole oral solution 1 mg/ml.....	43	atorvastatin calcium tab 10 mg (base equivalent).....	79
aripiprazole tab 10 mg.....	43	atorvastatin calcium tab 20 mg (base equivalent).....	79
aripiprazole tab 15 mg.....	43	atorvastatin calcium tab 40 mg (base equivalent).....	79
aripiprazole tab 2 mg.....	43	atorvastatin calcium tab 80 mg (base equivalent).....	79
aripiprazole tab 20 mg.....	43	atovaquone susp 750 mg/5ml.....	38
aripiprazole tab 30 mg.....	43	atovaquone-proguanil hcl tab 250-100 mg.....	38
aripiprazole tab 5 mg.....	43	atovaquone-proguanil hcl tab 62.5-25 mg.....	38
Arnuity Ellipta (fluticasone furoate (inhalation)).....	151		
Asmanex (120 Metered Doses) (mometasone furoate (inhalation)).....	151		
Asmanex (14 Metered Doses) (mometasone furoate (inhalation)).....	151		

Atropine Sulfate (atropine sulfate (ophthalmic))	146
atropine sulfate ophth soln 1%	146
Atrovent HFA (ipratropium bromide hfa)	152
Avonex Pen (interferon beta-1a)	89
Avonex Prefilled (interferon beta-1a)	89
azathioprine tab 50 mg	137
azelaic acid gel 15%	91
azelastine hcl nasal spray 0.1% (137 mcg/spray)	152
azelastine hcl ophth soln 0.05%	148
Azithromycin	14
azithromycin for susp 100 mg/5ml	14
azithromycin for susp 200 mg/5ml	14
azithromycin tab 250 mg	14
azithromycin tab 500 mg	14
azithromycin tab 600 mg	14

B

Bacitracin (bacitracin (ophthalmic))	148
bacitracin-polymyxin b ophth oint	146
bacitracin-polymyxin b ophth oint (Ak-Poly-Bac)	146
bacitracin-polymyxin b ophth oint (Polycin)	146
bacitracin-polymyxin-neomycin-hc ophth oint 1% (Bacitra-Neomycin-Polymyxin-HC)	146
bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc)	146
baclofen tab 10 mg	44
baclofen tab 15 mg	44
baclofen tab 20 mg	44
baclofen tab 5 mg	44
balsalazide disodium cap 750 mg	139
Baqsimi One Pack (glucagon)	56
Baqsimi Two Pack (glucagon)	56
BD Insulin Syringe U-500	141
BD Microtainer Lancets	141
BD Pen Needle Nano U/F	141
BD SafetyGlide Insulin Syringe	141
benazepril & hydrochlorothiazide tab 10-12.5 mg (Benazepril-hydroCHLOROthiazide)	73

benazepril & hydrochlorothiazide tab 20-12.5 mg (Benazepril-Hydrochlorothiazide)	73
benazepril & hydrochlorothiazide tab 20-25 mg (Benazepril-hydroCHLOROthiazide)	74
benazepril & hydrochlorothiazide tab 5-6.25 mg (Benazepril-Hydrochlorothiazide)	74
benazepril hcl tab 10 mg	62
benazepril hcl tab 20 mg	62
benazepril hcl tab 40 mg	62
benazepril hcl tab 5 mg	62
benzonatate cap 100 mg	156
benzonatate cap 150 mg	156
benzonatate cap 200 mg	156
benzoyl peroxide-erythromycin gel 5-3%	91
Benzphetamine HCl	88
benzphetamine hcl tab 50 mg	88
benztropine mesylate tab 0.5 mg	38
benztropine mesylate tab 1 mg	38
benztropine mesylate tab 2 mg	39
Betamethasone Dipropionate Aug (betamethasone dipropionate augmented)	92
betamethasone dipropionate augmented cream 0.05%	92
betamethasone dipropionate augmented lotion 0.05%	92
betamethasone dipropionate augmented oint 0.05%	92
betamethasone dipropionate cream 0.05%	92
betamethasone dipropionate lotion 0.05%	92
betamethasone dipropionate oint 0.05%	92
betamethasone valerate cream 0.1% (base equivalent)	92
betamethasone valerate lotion 0.1% (base equivalent)	92
betamethasone valerate oint 0.1% (base equivalent)	92
Betaxolol HCl (betaxolol hcl (ophth))	149
betaxolol hcl ophth soln 0.5%	149
betaxolol hcl tab 10 mg	65
betaxolol hcl tab 20 mg	65
bethanechol chloride tab 10 mg	111

bethanechol chloride tab 25 mg	111	budesonide delayed release particles cap 3 mg	139
bethanechol chloride tab 5 mg	111	budesonide inhalation susp 0.25 mg/2ml	151
bethanechol chloride tab 50 mg	111	budesonide inhalation susp 0.5 mg/2ml	151
bexarotene cap 75 mg	37	budesonide inhalation susp 1 mg/2ml	151
bicalutamide tab 50 mg	32	budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	157
Biktarvy (bictegravir-emtricitabine-tenofovir alafenamide fumarate)	46	budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breynd)	157
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Bisoprolol-hydroCHLOROthiazide)	74	budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	157
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Bisoprolol-Hydrochlorothiazide)	74	budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breynd)	157
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Bisoprolol-hydroCHLOROthiazide)	74	bumetanide tab 0.5 mg	77
bisoprolol fumarate tab 10 mg	65	bumetanide tab 1 mg	77
bisoprolol fumarate tab 5 mg	65	bumetanide tab 2 mg	77
bosentan tab 125 mg	155	buprenorphine hcl sl tab 2 mg (base equiv)	9
bosentan tab 62.5 mg	155	buprenorphine hcl sl tab 8 mg (base equiv)	9
Breathe Ease Large	141	buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	9
Breathe Ease Medium	141	buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	9
Breathe Ease Small	141	buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	9
BreatheRite	142	buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	9
BreatheRite Coll Spacer Adult	142	buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	9
BreatheRite Coll Spacer Child	142	buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	9
BreatheRite Coll Spacer Infant	142	bupropion hcl (smoking deterrent) tab er 12hr 150 mg (buPROPion HCl ER (Smoking Det))	10
BreatheRite Rigid Spacer/Mask	142	bupropion hcl tab 100 mg	22
BreatheRite Spacer Neonate	142	bupropion hcl tab 75 mg	22
BreatheRite Spacer Small Child	142	bupropion hcl tab er 12hr 100 mg (buPROPion HCl ER (SR))	22
BreatheRite Valved MDI Chamber	142	bupropion hcl tab er 12hr 150 mg (buPROPion HCl ER (SR))	22
BreatheRite/Large Mask	142	bupropion hcl tab er 12hr 200 mg (buPROPion HCl ER (SR))	22
BreatheRite/Medium Mask	142		
BreatheRite/Small Mask	142		
Breo Ellipta (fluticasone furoate-vilanterol)	156		
Brilinta (ticagrelor)	60		
brimonidine tartrate ophth soln 0.15%	150		
brimonidine tartrate ophth soln 0.2%	150		
Briivact (brivaracetam)	17		
bromocriptine mesylate cap 5 mg (base equivalent)	39		
bromocriptine mesylate tab 2.5 mg (base equivalent)	39		

bupropion hcl tab er 24hr 150 mg (buPROPion HCl ER (XL))	23
bupropion hcl tab er 24hr 300 mg (buPROPion HCl ER (XL))	23
bupirone hcl tab 10 mg	51
bupirone hcl tab 15 mg	51
bupirone hcl tab 30 mg	51
bupirone hcl tab 5 mg	52
bupirone hcl tab 7.5 mg	52
butalbital-acetaminophen tab 50-325 mg	88
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg (Butalbital-APAP-Caff-Cod)	5
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Bac)	88
butalbital-acetaminophen-caffeine tab 50-325-40 mg (Butalbital-APAP-Caffeine)	88
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine)	5
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Butalbital-ASA-Caff-Codeine)	5
Butalbital-Aspirin-Caffeine	2
butalbital-aspirin-caffeine cap 50-325-40 mg	2
butorphanol tartrate nasal soln 10 mg/ml	5

C

C-Nate DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	99
cabergoline tab 0.5 mg	134
Cablivi (caplacizumab-yhdp)	60
Cabometyx (cabozantinib s-malate)	34
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	105,154
Calcipotriene	95
calcipotriene cream 0.005%	95
calcipotriene oint 0.005%	95
calcipotriene oint 0.005% (Calcitrene)	95
calcipotriene soln 0.005% (50 mcg/ml)	95
calcitonin (salmon) nasal soln 200 unit/act	140
Calcitriol (calcitriol (topical))	95
calcitriol cap 0.25 mcg	140
calcitriol cap 0.5 mcg	140

calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Calcium Acetate (Phos Binder))	105
candesartan cilexetil tab 16 mg	62
candesartan cilexetil tab 32 mg	62
candesartan cilexetil tab 4 mg	62
candesartan cilexetil tab 8 mg	62
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Candesartan Cilexetil-HCTZ)	74
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Candesartan Cilexetil-HCTZ)	74
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Candesartan Cilexetil-HCTZ)	74
capecitabine tab 150 mg	34
capecitabine tab 500 mg	34
Caprelsa (vandetanib)	34
captopril tab 100 mg	62
captopril tab 12.5 mg	62
captopril tab 25 mg	62
captopril tab 50 mg	63
Captopril-Hydrochlorothiazide (captopril & hydrochlorothiazide)	74
carbamazepine cap er 12hr 100 mg (CarBAMazepine ER)	20
carbamazepine cap er 12hr 200 mg (CarBAMazepine ER)	20
carbamazepine cap er 12hr 300 mg (CarBAMazepine ER)	20
carbamazepine chew tab 100 mg	20
carbamazepine susp 100 mg/5ml	20
carbamazepine tab 200 mg	20
carbamazepine tab 200 mg (Eptol)	20
carbamazepine tab er 12hr 100 mg (CarBAMazepine ER)	20
carbamazepine tab er 12hr 200 mg (carBAMazepine ER)	20
carbamazepine tab er 12hr 400 mg (carBAMazepine ER)	20
carbidopa & levodopa orally disintegrating tab 10-100 mg (Carbidopa-Levodopa)	41
carbidopa & levodopa orally disintegrating tab 25-100 mg (Carbidopa-Levodopa)	41

carbidopa & levodopa orally disintegrating tab 25-250 mg (Carbidopa-Levodopa).....	41	cefadroxil for susp 250 mg/5ml.....	12
carbidopa & levodopa tab 10-100 mg (Carbidopa-Levodopa).....	41	cefadroxil for susp 500 mg/5ml.....	12
carbidopa & levodopa tab 25-100 mg (Carbidopa-Levodopa).....	41	cefdinir cap 300 mg.....	12
carbidopa & levodopa tab 25-250 mg (Carbidopa-Levodopa).....	41	cefdinir for susp 125 mg/5ml.....	12
carbidopa & levodopa tab 25-250 mg (Carbidopa-Levodopa).....	41	cefdinir for susp 250 mg/5ml.....	12
carbidopa & levodopa tab er 25-100 mg (Carbidopa-Levodopa ER).....	41	cefpodoxime proxetil for susp 100 mg/5ml....	12
carbidopa & levodopa tab er 50-200 mg (Carbidopa-Levodopa ER).....	41	cefpodoxime proxetil for susp 50 mg/5ml....	12
carbidopa tab 25 mg.....	41	cefpodoxime proxetil tab 100 mg.....	12
Carbidopa-Levodopa.....	41	cefpodoxime proxetil tab 200 mg.....	12
Carbidopa-Levodopa-Entacapone.....	39	cefprozil for susp 125 mg/5ml.....	12
carbidopa-levodopa-entacapone tabs 12.5-50- 200 mg.....	39	cefprozil for susp 250 mg/5ml.....	12
carbidopa-levodopa-entacapone tabs 18.75- 75-200 mg.....	39	cefprozil tab 250 mg.....	12
carbidopa-levodopa-entacapone tabs 25-100- 200 mg.....	39	cefprozil tab 500 mg.....	12
carbidopa-levodopa-entacapone tabs 31.25- 125-200 mg.....	39	cefuroxime axetil tab 250 mg.....	12
carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg.....	39	cefuroxime axetil tab 500 mg.....	12
carbidopa-levodopa-entacapone tabs 50-200- 200 mg.....	39	celecoxib cap 100 mg.....	2
carglumic acid soluble tab 200 mg.....	109	celecoxib cap 200 mg.....	2
carisoprodol tab 350 mg.....	159	celecoxib cap 400 mg.....	2
carisoprodol tab 350 mg (Vanadom).....	159	celecoxib cap 50 mg.....	2
Carteolol HCl (carteolol hcl (ophth)).....	149	cephalexin cap 250 mg.....	12
carvedilol tab 12.5 mg.....	65	cephalexin cap 500 mg.....	12
carvedilol tab 25 mg.....	66	cephalexin cap 750 mg.....	12
carvedilol tab 3.125 mg.....	66	cephalexin for susp 125 mg/5ml.....	12
carvedilol tab 6.25 mg.....	66	cephalexin for susp 250 mg/5ml.....	12
Caya (diaphragm arc-spring).....	142	Cerdelga (eliglustat tartrate).....	109
Cayston (aztreonam lysine).....	10	cevimeline hcl cap 30 mg.....	90
Cefaclor.....	12	Chemet (succimer).....	104
Cefaclor ER (cefaclor monohydrate).....	12	chlordiazepoxide hcl cap 10 mg.....	52
Cefadroxil.....	12	chlordiazepoxide hcl cap 25 mg.....	52
cefadroxil cap 500 mg.....	12	chlordiazepoxide hcl cap 5 mg.....	52
		chloroquine phosphate tab 250 mg.....	38
		chloroquine phosphate tab 500 mg.....	38
		chlorpromazine hcl tab 10 mg.....	41
		chlorpromazine hcl tab 100 mg.....	42
		chlorpromazine hcl tab 200 mg.....	42
		chlorpromazine hcl tab 25 mg.....	42
		chlorpromazine hcl tab 50 mg.....	42
		chlorthalidone tab 25 mg.....	78
		chlorthalidone tab 50 mg.....	78
		cholestyramine light powder 4 gm/dose.....	80

cholestyramine light powder 4 gm/dose (Prevalite).....	80	ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	150
cholestyramine light powder packets 4 gm... 80		citalopram hydrobromide oral soln 10 mg/5ml.....	23
cholestyramine light powder packets 4 gm (Prevalite).....	80	citalopram hydrobromide tab 10 mg (base equiv).....	23
cholestyramine powder 4 gm/dose.....	80	citalopram hydrobromide tab 20 mg (base equiv).....	23
cholestyramine powder packets 4 gm.....	80	citalopram hydrobromide tab 40 mg (base equiv).....	23
choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....	78	Clarithromycin.....	14
choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....	78	clarithromycin tab 250 mg.....	14
ciclopirox gel 0.77%.....	98	clarithromycin tab 500 mg.....	14
ciclopirox olamine cream 0.77% (base equiv).....	98	clarithromycin tab er 24hr 500 mg (Clarithromycin ER).....	14
ciclopirox olamine susp 0.77% (base equiv).....	98	Clever Choice Holding Chamber.....	142
ciclopirox shampoo 1%.....	98	Climara Pro (estradiol-levonorgestrel).....	115
ciclopirox solution 8%.....	98	clindamycin hcl cap 150 mg.....	10
ciclopirox solution 8% (Ciclodan).....	98	clindamycin hcl cap 300 mg.....	10
cilostazol tab 100 mg.....	60	clindamycin hcl cap 75 mg.....	10
cilostazol tab 50 mg.....	60	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....	10
Cimduo (lamivudine-tenofovir disoproxil fumarate).....	47	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Clindamycin Phos-Benzoyl Perox).....	91
cimetidine tab 300 mg.....	108	clindamycin phosphate gel 1%.....	98
cimetidine tab 400 mg.....	108	clindamycin phosphate lotion 1%.....	98
cimetidine tab 800 mg.....	108	clindamycin phosphate soln 1%.....	98
Cimzia (2 Syringe) (certolizumab pegol).....	137	clindamycin phosphate swab 1%.....	98
Cimzia-Starter (certolizumab pegol).....	137	clindamycin phosphate swab 1% (Clindacin Etz).....	98
cinacalcet hcl tab 30 mg (base equiv).....	140	clindamycin phosphate swab 1% (Clindacin-P).....	98
cinacalcet hcl tab 60 mg (base equiv).....	140	clindamycin phosphate vaginal cream 2%.....	10
cinacalcet hcl tab 90 mg (base equiv).....	140	clindamycin phosphate-benzoyl peroxide gel 1-5% (Clindamycin Phos-Benzoyl Perox).....	91
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml).....	15	clobazam suspension 2.5 mg/ml.....	19
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml).....	15	clobazam tab 10 mg.....	19
Ciprofloxacin HCl.....	15	clobazam tab 20 mg.....	19
Ciprofloxacin HCl (ciprofloxacin hcl (otic)).....	150	clobetasol propionate cream 0.05%.....	93
ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	15		
ciprofloxacin hcl tab 250 mg (base equiv).....	15		
ciprofloxacin hcl tab 500 mg (base equiv).....	15		
ciprofloxacin hcl tab 750 mg (base equiv).....	15		

clobetasol propionate emollient base cream 0.05%	93	Coartem (artemether-lumefantrine)	38
clobetasol propionate emollient base cream 0.05% (Clobetasol Prop Emollient Base)	93	Codeine Sulfate	5
clobetasol propionate gel 0.05%	93	codeine sulfate tab 30 mg	6
clobetasol propionate oint 0.05%	93	colchicine cap 0.6 mg	29
clobetasol propionate shampoo 0.05%	93	colchicine tab 0.6 mg	29
clobetasol propionate shampoo 0.05% (Clodan)	93	colchicine w/ probenecid tab 0.5-500 mg (Colchicine-Probenecid)	29
clobetasol propionate soln 0.05%	93	colesevelam hcl packet for susp 3.75 gm	80
Clomid (clomiphene citrate)	132	colesevelam hcl tab 625 mg	80
ClomiPHENE Citrate	132	colestipol hcl granule packets 5 gm	80
clomipramine hcl cap 25 mg	26	colestipol hcl granules 5 gm	80
clomipramine hcl cap 50 mg	26	colestipol hcl tab 1 gm	80
clomipramine hcl cap 75 mg	26	Combivent Respimat (ipratropium-albuterol)	157
clonazepam tab 0.5 mg	52	Cometriq (100 mg Daily Dose) (cabozantinib s- malate)	34
clonazepam tab 1 mg	52	Cometriq (140 mg Daily Dose) (cabozantinib s- malate)	34
clonazepam tab 2 mg	52	Cometriq (60 mg Daily Dose) (cabozantinib s- malate)	35
clonidine hcl tab 0.1 mg	61	Compact Space Chamber	142
clonidine hcl tab 0.2 mg	61	Compact Space Chamber/Lg Mask	142
clonidine hcl tab 0.3 mg	61	Compact Space Chamber/Med Mask	142
clonidine td patch weekly 0.1 mg/24hr	61	Compact Space Chamber/Sm Mask	142
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esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.s.).....	118	estradiol td patch twice weekly 0.1 mg/24hr (Dotti).....	119
estradiol & norethindrone acetate tab 0.5-0.1 mg (Amabelz).....	130	estradiol td patch twice weekly 0.1 mg/24hr (Lyllana).....	119
estradiol & norethindrone acetate tab 0.5-0.1 mg (Estradiol-Norethindrone Acet).....	130	estradiol td patch weekly 0.025 mg/24hr.....	119
estradiol & norethindrone acetate tab 1-0.5 mg (Amabelz).....	130	estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....	119
estradiol & norethindrone acetate tab 1-0.5 mg (Estradiol-Norethindrone Acet).....	130	estradiol td patch weekly 0.05 mg/24hr.....	119
estradiol & norethindrone acetate tab 1-0.5 mg (Lopreeza).....	131	estradiol td patch weekly 0.06 mg/24hr.....	119
estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey).....	131	estradiol td patch weekly 0.075 mg/24hr.....	119
estradiol tab 0.5 mg.....	118	estradiol td patch weekly 0.1 mg/24hr.....	119
estradiol tab 1 mg.....	118	estradiol vaginal cream 0.1 mg/gm.....	119
estradiol tab 2 mg.....	118	estradiol vaginal tab 10 mcg.....	119
estradiol td patch twice weekly 0.025 mg/24hr.....	118	estradiol vaginal tab 10 mcg (Yuvaferm).....	119
estradiol td patch twice weekly 0.025 mg/24hr (Dotti).....	118	estradiol valerate im in oil 10 mg/ml.....	119
estradiol td patch twice weekly 0.025 mg/24hr (Lyllana).....	118	estradiol valerate im in oil 20 mg/ml.....	119
estradiol td patch twice weekly 0.0375 mg/24hr.....	118	estradiol valerate im in oil 40 mg/ml.....	119
estradiol td patch twice weekly 0.0375 mg/24hr (Dotti).....	118	Estring (estradiol vaginal).....	119
estradiol td patch twice weekly 0.0375 mg/24hr (Lyllana).....	118	eszopiclone tab 1 mg.....	159
estradiol td patch twice weekly 0.05 mg/24hr	118	eszopiclone tab 2 mg.....	159
estradiol td patch twice weekly 0.05 mg/24hr (Dotti).....	118	eszopiclone tab 3 mg.....	159
estradiol td patch twice weekly 0.05 mg/24hr (Lyllana).....	118	ethacrynic acid tab 25 mg.....	77
estradiol td patch twice weekly 0.075 mg/24hr.....	119	ethambutol hcl tab 100 mg.....	31
estradiol td patch twice weekly 0.075 mg/24hr (Dotti).....	119	ethambutol hcl tab 400 mg.....	31
estradiol td patch twice weekly 0.075 mg/24hr (Lyllana).....	119	ethosuximide cap 250 mg.....	19
estradiol td patch twice weekly 0.1 mg/24hr..	119	ethosuximide soln 250 mg/5ml.....	19
		ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Ethinodiol Diac-Eth Estradiol)..	119
		ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35).....	119
		ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28)).....	119
		ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e (28)).....	120
		ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Ethinodiol Diac-Eth Estradiol)..	120
		ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50).....	120
		etodolac cap 200 mg.....	2
		etodolac cap 300 mg.....	2
		etodolac tab 400 mg.....	2

etodolac tab 500 mg	2	felbamate tab 600 mg	17
etodolac tab er 24hr 400 mg (Etodolac ER)	2	felodipine tab er 24hr 10 mg (Felodipine ER)	67
etodolac tab er 24hr 500 mg (Etodolac ER)	2	felodipine tab er 24hr 2.5 mg (Felodipine ER)	67
etodolac tab er 24hr 600 mg (Etodolac ER)	2	felodipine tab er 24hr 5 mg (Felodipine ER)	67
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring)	120	FemCap (cervical caps)	143
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette)	120	fenofibrate micronized cap 134 mg	78
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	120	fenofibrate micronized cap 200 mg	78
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Eluryng)	120	fenofibrate micronized cap 67 mg	78
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring)	120	fenofibrate tab 145 mg	78
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Haloette)	120	fenofibrate tab 48 mg	78
Etoposide	34	fenofibrate tab 54 mg	78
etravirine tab 100 mg	47	FentaNYL Citrate	6
etravirine tab 200 mg	47	fentanyl citrate lozenge on a handle 1200 mcg	6
everolimus tab 10 mg	35	fentanyl citrate lozenge on a handle 1600 mcg	6
everolimus tab 2.5 mg	35	fentanyl citrate lozenge on a handle 200 mcg	6
everolimus tab 5 mg	35	fentanyl citrate lozenge on a handle 400 mcg	6
everolimus tab 7.5 mg	35	fentanyl citrate lozenge on a handle 600 mcg	6
everolimus tab for oral susp 2 mg	35	fentanyl citrate lozenge on a handle 800 mcg	6
everolimus tab for oral susp 3 mg	35	fentanyl td patch 72hr 100 mcg/hr	3
everolimus tab for oral susp 5 mg	35	fentanyl td patch 72hr 12 mcg/hr	3
exemestane tab 25 mg	34	fentanyl td patch 72hr 25 mcg/hr	4
ezetimibe tab 10 mg	80	fentanyl td patch 72hr 50 mcg/hr	4
ezetimibe-simvastatin tab 10-10 mg	80	fentanyl td patch 72hr 75 mcg/hr	4
ezetimibe-simvastatin tab 10-20 mg	80	fesoterodine fumarate tab er 24hr 4 mg (Fesoterodine Fumarate ER)	110
ezetimibe-simvastatin tab 10-40 mg	80	fesoterodine fumarate tab er 24hr 8 mg (Fesoterodine Fumarate ER)	110
ezetimibe-simvastatin tab 10-80 mg	80	finasteride tab 5 mg	111
F		finngolimod hcl cap 0.5 mg (base equiv)	90
famciclovir tab 125 mg	51	flavoxate hcl tab 100 mg	110
famciclovir tab 250 mg	51	flecainide acetate tab 100 mg	64
famciclovir tab 500 mg	51	flecainide acetate tab 150 mg	64
famotidine for susp 40 mg/5ml	108	flecainide acetate tab 50 mg	64
famotidine tab 40 mg	108	Flexichamber	143
Farxiga (dapagliflozin propanediol)	81	Flexichamber Adult Mask/Small	143
felbamate tab 400 mg	17	Flexichamber Child Mask/Large	143
		Flexichamber Child Mask/Small	143
		FloraFol Pediatric (pediatric multivitamins w/fl)	99
		fluconazole for susp 10 mg/ml	28
		fluconazole for susp 40 mg/ml	28

fluconazole tab 100 mg	28	fluticasone propionate cream 0.05%	94
fluconazole tab 150 mg	28	fluticasone propionate nasal susp 50 mcg/act	157
fluconazole tab 200 mg	28	fluticasone propionate oint 0.005%	94
fluconazole tab 50 mg	28	Fluticasone-Salmeterol	157
fludrocortisone acetate tab 0.1 mg	113	fluticasone-salmeterol aer powder ba 100-50 mcg/act	157
flunisolide nasal soln 25 mcg/act (0.025%)	157	fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)	157
fluocinolone acetonide cream 0.01%	93	fluticasone-salmeterol aer powder ba 250-50 mcg/act	157
fluocinolone acetonide cream 0.025%	93	fluticasone-salmeterol aer powder ba 250-50 mcg/act (Wixela Inhub)	157
fluocinolone acetonide oil 0.01% (body oil) (Fluocinolone Acetonide Body)	93	fluticasone-salmeterol aer powder ba 500-50 mcg/act	157
fluocinolone acetonide oil 0.01% (scalp oil) (Fluocinolone Acetonide Scalp)	93	fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)	157
fluocinolone acetonide oint 0.025%	93	fluvastatin sodium cap 20 mg (base equivalent)	79
fluocinolone acetonide soln 0.01%	93	fluvastatin sodium cap 40 mg (base equivalent)	79
Fluocinonide	93	fluvoxamine maleate tab 100 mg	24
fluocinonide cream 0.05%	93	fluvoxamine maleate tab 25 mg	24
fluocinonide emulsified base cream 0.05%	93	fluvoxamine maleate tab 50 mg	24
fluocinonide gel 0.05%	93	folic acid tab 1 mg	105
fluocinonide oint 0.05%	94	Folivane-OB (prenatal without a vit w/ fe fumaric acid complex -fa)	99
fluocinonide soln 0.05%	94	fosamprenavir calcium tab 700 mg (base equiv)	49
fluorometholone ophth susp 0.1%	149	fosfomycin tromethamine powd pack 3 gm (base equivalent)	11
Fluorouracil (fluorouracil (topical))	96	fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg (Fosinopril Sodium-HCTZ)	74
fluorouracil cream 5%	96	fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg (Fosinopril Sodium-HCTZ)	74
fluorouracil soln 5%	96	fosinopril sodium tab 10 mg	63
FLUoxetine HCl	24	fosinopril sodium tab 20 mg	63
FLUoxetine HCl (PMDD)	24	fosinopril sodium tab 40 mg	63
fluoxetine hcl cap 10 mg	24	Furosemide	77
fluoxetine hcl cap 20 mg	24	furosemide oral soln 10 mg/ml	77
fluoxetine hcl cap 40 mg	24	furosemide tab 20 mg	77
fluoxetine hcl solution 20 mg/5ml	24		
fluoxetine hcl tab 10 mg	24		
fluoxetine hcl tab 20 mg	24		
fluphenazine hcl tab 1 mg	42		
fluphenazine hcl tab 10 mg	42		
fluphenazine hcl tab 2.5 mg	42		
fluphenazine hcl tab 5 mg	42		
Flurbiprofen	2		
Flurbiprofen Sodium	149		
flurbiprofen tab 100 mg	3		
Flutamide	32		
flutamide cap 125 mg	33		

furosemide tab 40 mg	77
furosemide tab 80 mg	77
Fuzeon (enfuvirtide)	49

G

gabapentin cap 100 mg	19
gabapentin cap 300 mg	19
gabapentin cap 400 mg	19
gabapentin oral soln 250 mg/5ml	19
gabapentin tab 600 mg	19
gabapentin tab 800 mg	19
galantamine hydrobromide cap er 24hr 16 mg (Galantamine Hydrobromide ER)	21
galantamine hydrobromide cap er 24hr 24 mg (Galantamine Hydrobromide ER)	21
galantamine hydrobromide cap er 24hr 8 mg (Galantamine Hydrobromide ER)	22
galantamine hydrobromide tab 12 mg	22
galantamine hydrobromide tab 4 mg	22
galantamine hydrobromide tab 8 mg	22
gatifloxacin ophth soln 0.5%	148
GaviLyte-C (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	108
gemfibrozil tab 600 mg	79
Genotropin (somatotropin)	114
Genotropin MiniQuick (somatotropin)	114
Gentak (gentamicin sulfate (ophth))	148
gentamicin sulfate cream 0.1%	10
gentamicin sulfate oint 0.1%	10
gentamicin sulfate ophth soln 0.3%	148
Genvoya (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)	46
Gilenya (fingolimod hcl)	90
Gilotrif (afatinib dimaleate)	35
glatiramer acetate soln prefilled syringe 20 mg/ml	90
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	90
glatiramer acetate soln prefilled syringe 40 mg/ml	90

glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)	90
Gleostine (lomustine)	32
glimepiride tab 1 mg	53
glimepiride tab 2 mg	53
glimepiride tab 4 mg	53
gliPiZIDE	53
glipizide tab 10 mg	53
glipizide tab 5 mg	53
glipizide tab er 24hr 10 mg (gliPiZIDE ER)	53
glipizide tab er 24hr 10 mg (GliPiZIDE XL)	53
glipizide tab er 24hr 2.5 mg (GliPiZIDE ER)	54
glipizide tab er 24hr 2.5 mg (GliPiZIDE XL)	54
glipizide tab er 24hr 5 mg (GliPiZIDE ER)	54
glipizide tab er 24hr 5 mg (GliPiZIDE XL)	54
glipizide-metformin hcl tab 2.5-250 mg	54
glipizide-metformin hcl tab 2.5-500 mg	54
glipizide-metformin hcl tab 5-500 mg	54
GlucaGen HypoKit (glucagon hcl (rdna))	56
Glucagon Emergency (glucagon (rdna))	56
Glucagon Emergency (glucagon hcl)	56
GlyBURIDE Micronized	54
glyburide tab 1.25 mg	54
glyburide tab 2.5 mg	54
glyburide tab 5 mg	54
glyburide-metformin tab 1.25-250 mg	54
glyburide-metformin tab 2.5-500 mg	54
glyburide-metformin tab 5-500 mg	54
glycopyrrolate tab 1 mg	107
glycopyrrolate tab 2 mg	107
Glyxambi (empagliflozin-linagliptin)	54
granisetron hcl tab 1 mg	28
griseofulvin microsize susp 125 mg/5ml	28
guanfacine hcl tab 1 mg	61
guanfacine hcl tab 2 mg	61
guanfacine hcl tab er 24hr 1 mg (base equiv) (guanFACINE HCl ER)	86
guanfacine hcl tab er 24hr 2 mg (base equiv) (GuanFACINE HCl ER)	86
guanfacine hcl tab er 24hr 3 mg (base equiv) (guanFACINE HCl ER)	86

guanfacine hcl tab er 24hr 4 mg (base equiv)
 (GuanFACINE HCl ER)..... 86
 Guanidine HCl.....31

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halobetasol propionate cream 0.05%..... 94
 halobetasol propionate oint 0.05%..... 94
 haloperidol lactate oral conc 2 mg/ml..... 42
 haloperidol tab 0.5 mg..... 42
 haloperidol tab 1 mg..... 42
 haloperidol tab 10 mg..... 42
 haloperidol tab 2 mg..... 42
 haloperidol tab 20 mg..... 42
 haloperidol tab 5 mg..... 42
 Harvoni (ledipasvir-sofosbuvir)..... 45
 Heparin Sodium (Porcine)..... 58
 heparin sodium (porcine) inj 1000 unit/ml... 58
 heparin sodium (porcine) inj 10000 unit/ml... 58
 heparin sodium (porcine) inj 20000 unit/ml... 58
 heparin sodium (porcine) inj 5000 unit/ml... 58
 Heparin Sodium (Porcine) PF..... 58
 heparin sodium (porcine) pf inj 1000 unit/ml... 58
 heparin sodium (porcine) pf inj 5000
 unit/0.5ml..... 58
 Homatropaire (homatropine hbr)..... 147
 HumaLOG (insulin lispro)..... 56
 HumaLOG Junior KwikPen (insulin lispro).... 56
 HumaLOG KwikPen (insulin lispro)..... 56
 HumaLOG Mix 50/50 (insulin lispro protamine &
 lispro)..... 56
 HumaLOG Mix 50/50 KwikPen (insulin lispro
 protamine & lispro)..... 56
 HumaLOG Mix 75/25 (insulin lispro protamine &
 lispro)..... 57
 HumaLOG Mix 75/25 KwikPen (insulin lispro
 protamine & lispro)..... 57
 HumuLIN R U-500 (CONCENTRATED) (insulin
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 hydralazine hcl tab 100 mg..... 81
 hydralazine hcl tab 25 mg..... 81

hydralazine hcl tab 50 mg..... 81
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 Hydrocod Poli-Chlorphe Poli ER (hydrocodone
 polistirex-chlorpheniramine polistirex)..... 157
 hydrocod polst-chlorphen polst er susp 10-8
 mg/5ml (Hydrocod Poli-Chlorphe Poli ER).... 157
 hydrocodone bitart-homatropine methylbrom
 soln 5-1.5 mg/5ml (HYDROcodone Bit-
 Homatrop MBr)..... 157
 hydrocodone bitart-homatropine methylbrom
 soln 5-1.5 mg/5ml (Hydromet)..... 158
 hydrocodone bitart-homatropine
 methylbromide tab 5-1.5 mg (HYDROcodone
 Bit-Homatrop MBr)..... 158
 hydrocodone-acetaminophen tab 10-325 mg... 6
 hydrocodone-acetaminophen tab 5-325 mg... 6
 hydrocodone-acetaminophen tab 7.5-325 mg... 6
 hydrocodone-ibuprofen tab 7.5-200 mg..... 6
 Hydrocortisone (hydrocortisone (topical)).... 94
 Hydrocortisone Ace-Pramoxine (hydrocortisone
 acetate w/ pramoxine)..... 96
 hydrocortisone acetate suppos 25 mg..... 94
 Hydrocortisone Butyrate..... 94
 hydrocortisone butyrate cream 0.1%..... 94
 hydrocortisone butyrate oint 0.1%..... 94
 hydrocortisone butyrate soln 0.1%..... 94
 hydrocortisone cream 2.5%..... 94
 hydrocortisone cream 2.5% (Ala-Cort)..... 94
 hydrocortisone enema 100 mg/60ml..... 139
 hydrocortisone lotion 2.5%..... 94
 hydrocortisone oint 2.5%..... 94
 hydrocortisone perianal cream 2.5%
 (Hydrocortisone (Perianal))..... 94
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 Med Hc)..... 94
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Insulin Glargine.....	57	isotretinoin cap 10 mg.....	91
Insulin Glargine Solostar.....	57	isotretinoin cap 10 mg (Accutane).....	91
Insulin Lispro.....	57	isotretinoin cap 10 mg (Amnesteem).....	91
Insulin Lispro (1 Unit Dial).....	57	isotretinoin cap 10 mg (Claravis).....	91
Insulin Lispro Junior KwikPen.....	57	isotretinoin cap 10 mg (Myorisan).....	91
Insulin Syringe-Needle U-100.....	144	isotretinoin cap 10 mg (Zenatane).....	91
Intelence (etravirine).....	47	isotretinoin cap 20 mg.....	91
Intron A (interferon alfa-2b).....	137	isotretinoin cap 20 mg (Accutane).....	91
Invirase (saquinavir mesylate).....	49	isotretinoin cap 20 mg (Amnesteem).....	91
ipratropium bromide inhal soln 0.02%.....	153	isotretinoin cap 20 mg (Claravis).....	91
ipratropium bromide nasal soln 0.03% (21 mcg/spray).....	153	isotretinoin cap 20 mg (Myorisan).....	91
ipratropium bromide nasal soln 0.06% (42 mcg/spray).....	153	isotretinoin cap 20 mg (Zenatane).....	91
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	158	isotretinoin cap 30 mg.....	91
irbesartan tab 150 mg.....	62	isotretinoin cap 30 mg (Accutane).....	91
irbesartan tab 300 mg.....	62	isotretinoin cap 30 mg (Claravis).....	91
irbesartan tab 75 mg.....	62	isotretinoin cap 30 mg (Myorisan).....	91
irbesartan-hydrochlorothiazide tab 150-12.5 mg.....	75	isotretinoin cap 30 mg (Zenatane).....	91
irbesartan-hydrochlorothiazide tab 300-12.5 mg.....	75	isotretinoin cap 40 mg.....	91
Isentress (raltegravir potassium).....	46	isotretinoin cap 40 mg (Accutane).....	91
Isentress HD (raltegravir potassium).....	46	isotretinoin cap 40 mg (Amnesteem).....	91
Isoniazid.....	31	isotretinoin cap 40 mg (Claravis).....	91
isoniazid syrup 50 mg/5ml.....	32	isotretinoin cap 40 mg (Myorisan).....	92
isoniazid tab 300 mg.....	32	isotretinoin cap 40 mg (Zenatane).....	92
isosorbide dinitrate tab 10 mg.....	81	itraconazole cap 100 mg.....	28
isosorbide dinitrate tab 20 mg.....	81	ivermectin tab 3 mg.....	38
isosorbide dinitrate tab 30 mg.....	81		
isosorbide dinitrate tab 40 mg.....	81		
isosorbide dinitrate tab 5 mg.....	81		
isosorbide mononitrate tab 10 mg.....	81		
isosorbide mononitrate tab 20 mg.....	82		
isosorbide mononitrate tab er 24hr 120 mg (Isosorbide Mononitrate ER).....	82		
isosorbide mononitrate tab er 24hr 30 mg (Isosorbide Mononitrate ER).....	82		

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Janumet (sitagliptin-metformin hcl).....	54
Janumet XR (sitagliptin-metformin hcl).....	54
Januvia (sitagliptin phosphate).....	54
Jardiance (empagliflozin).....	81
Juluca (dolutegravir sodium-rilpivirine hcl).....	46

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Kalydeco (ivacaftor).....	154
Kesimpta (ofatumumab (ms)).....	90
ketoconazole cream 2%.....	28
ketoconazole shampoo 2%.....	28

ketoconazole tab 200 mg	28	lamotrigine tab 150 mg (Subvenite)	17
ketorolac tromethamine ophth soln 0.4%	149	lamotrigine tab 200 mg	17
ketorolac tromethamine ophth soln 0.5%	149	lamotrigine tab 200 mg (Subvenite)	17
ketorolac tromethamine tab 10 mg	3	lamotrigine tab 25 mg	17
Kevzara (sarilumab)	135	lamotrigine tab 25 mg (Subvenite)	17
Kisqali (200 MG Dose) (ribociclib succinate)	35	lamotrigine tab chewable dispersible 25 mg	17
Kisqali (400 MG Dose) (ribociclib succinate)	35	lamotrigine tab chewable dispersible 5 mg	17
Kisqali (600 MG Dose) (ribociclib succinate)	36	lamotrigine tab er 24hr 100 mg (lamoTRlgine ER)	17
Kisqali Femara (200 MG Dose) (ribociclib succinate-letrozole)	36	lamotrigine tab er 24hr 200 mg (lamoTRlgine ER)	18
Kisqali Femara (400 MG Dose) (ribociclib succinate-letrozole)	36	lamotrigine tab er 24hr 25 mg (LamoTRlgine ER)	18
Kisqali Femara (600 MG Dose) (ribociclib succinate-letrozole)	36	lamotrigine tab er 24hr 250 mg (lamoTRlgine ER)	18
Krintafel (tafenoquine succinate)	38	lamotrigine tab er 24hr 300 mg (lamoTRlgine ER)	18
L		lamotrigine tab er 24hr 50 mg (LamoTRlgine ER)	18
labetalol hcl tab 100 mg	66	lansoprazole cap delayed release 30 mg	109
labetalol hcl tab 200 mg	66	Lantus (insulin glargine)	57
labetalol hcl tab 300 mg	66	Lantus SoloStar (insulin glargine)	57
lacosamide oral solution 10 mg/ml	20	lapatinib ditosylate tab 250 mg (base equiv)	36
lacosamide tab 100 mg	20	Latanoprost	150
lacosamide tab 150 mg	20	latanoprost ophth soln 0.005%	150
lacosamide tab 200 mg	20	leflunomide tab 10 mg	138
lacosamide tab 50 mg	20	leflunomide tab 20 mg	138
lactulose (encephalopathy) solution 10 gm/15ml (Enulose)	106	lenalidomide cap 10 mg	33
lactulose (encephalopathy) solution 10 gm/15ml (Generlac)	106	lenalidomide cap 15 mg	33
lactulose (encephalopathy) solution 10 gm/15ml (Lactulose Encephalopathy)	106	lenalidomide cap 20 mg	33
lactulose solution 10 gm/15ml	106	lenalidomide cap 25 mg	33
lactulose solution 10 gm/15ml (Constulose)	106	lenalidomide cap 5 mg	33
lamivudine oral soln 10 mg/ml	48	lenalidomide caps 2.5 mg	33
lamivudine tab 100 mg (hbv)	45	letrozole tab 2.5 mg	34
lamivudine tab 150 mg	48	leucovorin calcium tab 10 mg	34
lamivudine tab 300 mg	48	leucovorin calcium tab 15 mg	34
lamivudine-zidovudine tab 150-300 mg	48	leucovorin calcium tab 25 mg	34
lamotrigine tab 100 mg	17	leucovorin calcium tab 5 mg	34
lamotrigine tab 100 mg (Subvenite)	17	Leukeran (chlorambucil)	32
lamotrigine tab 150 mg	17	leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	134

leuprolide acetate inj kit 5 mg/ml	134	levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (Levonorgest-Eth Est & Eth Est)	120
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	154	levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (Rivelsa)	120
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	154	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Amethia Lo)	120
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	154	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Camrese Lo)	120
Levalbuterol Tartrate	154	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Levonorgest-Eth Estrad 91- Day)	120
levetiracetam oral soln 100 mg/ml	18	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Lojaimiess)	120
levetiracetam tab 1000 mg	18	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia)	120
levetiracetam tab 1000 mg (Roweepra)	18	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna)	120
levetiracetam tab 250 mg	18	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Camrese)	121
levetiracetam tab 500 mg	18	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Daysee)	121
levetiracetam tab 500 mg (Roweepra)	18	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Jaimiess)	121
levetiracetam tab 750 mg	18	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Levonorgest-Eth Estrad 91- Day)	121
levetiracetam tab 750 mg (Roweepra)	18	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Simpesse)	121
levetiracetam tab er 24hr 500 mg (LevETIRAcetam ER)	18	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Iclevia)	121
levetiracetam tab er 24hr 500 mg (Roweepra Xr)	18	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale)	121
levetiracetam tab er 24hr 750 mg (levETIRAcetam ER)	18	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolessa)	121
levetiracetam tab er 24hr 750 mg (Roweepra Xr)	18	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Levonorgest-Eth Estrad 91- Day)	121
Levobunolol HCl	149	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin)	121
levocarnitine oral soln 1 gm/10ml (10%)	106		
levocarnitine oral soln 1 gm/10ml (10%) (levOCARNitine SF)	106		
levocarnitine tab 330 mg	106		
levoFLOXacin (levofloxacin (ophth))	148		
levofloxacin ophth soln 0.5%	148		
levofloxacin oral soln 25 mg/ml	15		
levofloxacin tab 250 mg	15		
levofloxacin tab 500 mg	15		
levofloxacin tab 750 mg	15		
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (Fayosim)	120		

levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle).....	121	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Lillow).....	122
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq).....	121	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa).....	122
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra).....	121	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28).....	122
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane).....	121	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28).....	122
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla).....	121	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest).....	122
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina).....	121	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonorg-Eth Estrad Triphasic).....	123
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Larissia).....	121	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora (28)).....	123
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina).....	121	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	123
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Levonorgestrel-Ethinyl Estrad).....	122	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst).....	123
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera).....	122	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale).....	123
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia).....	122	levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Joyeaux).....	123
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx).....	122	levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Levonorgest-Eth Estradiol-Iron).....	123
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienva).....	122	levothyroxine sodium tab 100 mcg.....	132
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera).....	122	levothyroxine sodium tab 100 mcg (Euthyrox).....	132
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Ayuna).....	122	levothyroxine sodium tab 100 mcg (Levoxy).....	132
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq).....	122	levothyroxine sodium tab 112 mcg.....	132
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal).....	122	levothyroxine sodium tab 112 mcg (Euthyrox).....	132
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo).....	122	levothyroxine sodium tab 112 mcg (Levoxy).....	132
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levonorgestrel-Ethinyl Estrad).....	122	levothyroxine sodium tab 125 mcg.....	132
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30 (28)).....	122	levothyroxine sodium tab 125 mcg (Euthyrox).....	132
		levothyroxine sodium tab 125 mcg (Levoxy).....	132
		levothyroxine sodium tab 137 mcg.....	132
		levothyroxine sodium tab 137 mcg (Euthyrox).....	132
		levothyroxine sodium tab 137 mcg (Levoxy).....	132
		levothyroxine sodium tab 150 mcg.....	132
		levothyroxine sodium tab 150 mcg (Euthyrox).....	133
		levothyroxine sodium tab 150 mcg (Levoxy).....	133
		levothyroxine sodium tab 175 mcg.....	133

levothyroxine sodium tab 175 mcg (Euthyrox)	133	liothyronine sodium tab 50 mcg	134
levothyroxine sodium tab 175 mcg (Levoxyl)	133	lisdexamfetamine dimesylate cap 10 mg	84
levothyroxine sodium tab 200 mcg	133	lisdexamfetamine dimesylate cap 20 mg	84
levothyroxine sodium tab 200 mcg (Euthyrox)	133	lisdexamfetamine dimesylate cap 30 mg	84
levothyroxine sodium tab 200 mcg (Levoxyl)	133	lisdexamfetamine dimesylate cap 40 mg	84
levothyroxine sodium tab 25 mcg	133	lisdexamfetamine dimesylate cap 50 mg	84
levothyroxine sodium tab 25 mcg (Euthyrox)	133	lisdexamfetamine dimesylate cap 60 mg	84
levothyroxine sodium tab 25 mcg (Levoxyl)	133	lisdexamfetamine dimesylate cap 70 mg	84
levothyroxine sodium tab 300 mcg	133	lisdexamfetamine dimesylate chew tab 10 mg	85
levothyroxine sodium tab 50 mcg	133	lisdexamfetamine dimesylate chew tab 20 mg	85
levothyroxine sodium tab 50 mcg (Euthyrox)	133	lisdexamfetamine dimesylate chew tab 30 mg	85
levothyroxine sodium tab 50 mcg (Levoxyl)	133	lisdexamfetamine dimesylate chew tab 40 mg	85
levothyroxine sodium tab 75 mcg	133	lisdexamfetamine dimesylate chew tab 50 mg	85
levothyroxine sodium tab 75 mcg (Euthyrox)	133	lisdexamfetamine dimesylate chew tab 60 mg	85
levothyroxine sodium tab 75 mcg (Levoxyl)	133	lisinopril & hydrochlorothiazide tab 10-12.5 mg (Lisinopril-Hydrochlorothiazide)	75
levothyroxine sodium tab 88 mcg	133	lisinopril & hydrochlorothiazide tab 20-12.5 mg (Lisinopril-hydroCHLOROthiazide)	75
levothyroxine sodium tab 88 mcg (Euthyrox)	133	lisinopril & hydrochlorothiazide tab 20-25 mg (Lisinopril-Hydrochlorothiazide)	75
levothyroxine sodium tab 88 mcg (Levoxyl)	133	lisinopril tab 10 mg	63
Lexiva (fosamprenavir calcium)	50	lisinopril tab 2.5 mg	63
lidocaine hcl soln 4%	8	lisinopril tab 20 mg	63
Lidocaine HCl Urethral/Mucosal	8	lisinopril tab 30 mg	63
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	8	lisinopril tab 40 mg	63
lidocaine hcl urethral/mucosal gel prefilled syringe 2% (Glydo)	8	lisinopril tab 5 mg	63
lidocaine hcl viscous soln 2% (Lidocaine Viscous HCl)	8	LiteAire	144
lidocaine oint 5%	8	Lithium Carbonate	53
lidocaine oint 5% (Premium Lidocaine)	8	lithium carbonate cap 150 mg	53
lidocaine patch 5%	8	lithium carbonate cap 300 mg	53
lidocaine patch 5% (Lidocan)	8	lithium carbonate cap 600 mg	53
lidocaine patch 5% (Tridacaine li)	8	lithium carbonate tab 300 mg	53
lidocaine patch 5% (Tridacaine lii)	8	lithium carbonate tab er 300 mg (Lithium Carbonate ER)	53
lidocaine-prilocaine cream 2.5-2.5%	9		
Lindane	98		
linezolid for susp 100 mg/5ml	11		
linezolid tab 600 mg	11		
Linzess (linaclotide)	106		
liothyronine sodium tab 25 mcg	133		
liothyronine sodium tab 5 mcg	134		

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lithium oral solution 8 meq/5ml.....	53
Lo Loestrin Fe (norethindrone acetate-ethinyl estradiol-fe fum (biphasic)).....	123
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lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	50
lopinavir-ritonavir tab 100-25 mg.....	50
lopinavir-ritonavir tab 200-50 mg.....	50
lorazepam conc 2 mg/ml.....	52
lorazepam conc 2 mg/ml (Lorazepam Intensol).....	52
lorazepam tab 0.5 mg.....	52
lorazepam tab 1 mg.....	52
lorazepam tab 2 mg.....	52
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Losartan Potassium-HCTZ).....	75
losartan potassium & hydrochlorothiazide tab 100-25 mg (Losartan Potassium-HCTZ).....	75
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Losartan Potassium-HCTZ).....	75
losartan potassium tab 100 mg.....	62
losartan potassium tab 25 mg.....	62
losartan potassium tab 50 mg.....	62
lovastatin tab 10 mg.....	79
lovastatin tab 20 mg.....	79
lovastatin tab 40 mg.....	79
loxapine succinate cap 10 mg.....	42
loxapine succinate cap 25 mg.....	42
loxapine succinate cap 5 mg.....	42
loxapine succinate cap 50 mg.....	42
lubiprostone cap 24 mcg.....	106
lubiprostone cap 8 mcg.....	106
Lumigan (bimatoprost).....	150
lurasidone hcl tab 120 mg.....	43
lurasidone hcl tab 20 mg.....	43
lurasidone hcl tab 40 mg.....	43
lurasidone hcl tab 60 mg.....	43
lurasidone hcl tab 80 mg.....	43

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Lysodren (mitotane).....	34
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M-Natal Plus (prenatal vit w/ ferrous fumarate-folic acid).....	99
Mafenide Acetate.....	98
mafenide acetate packet for topical soln 5% (50 gm).....	99
Magellan Insulin Safety Syr.....	144
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maraviroc tab 150 mg.....	49
maraviroc tab 300 mg.....	49
Matulane (procarbazine hcl).....	32
Mavyret (glecaprevir-pibrentasvir).....	45
medroxyprogesterone acetate tab 10 mg....	131
medroxyprogesterone acetate tab 2.5 mg....	131
medroxyprogesterone acetate tab 5 mg....	131
mefloquine hcl tab 250 mg.....	38
megestrol acetate susp 40 mg/ml.....	131
megestrol acetate tab 20 mg.....	131
megestrol acetate tab 40 mg.....	131
Mekinist (trametinib dimethyl sulfoxide).....	36
meloxicam tab 15 mg.....	3
meloxicam tab 7.5 mg.....	3
memantine hcl oral solution 2 mg/ml.....	22
memantine hcl tab 10 mg.....	22
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....	22
memantine hcl tab 5 mg.....	22
mepiperidine hcl tab 50 mg.....	6
mercaptopurine tab 50 mg.....	34
mesalamine cap er 24hr 0.375 gm (Mesalamine ER).....	139
mesalamine enema 4 gm.....	139
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metformin hcl tab 500 mg	54	methyldopa tab 250 mg	61
metformin hcl tab 850 mg	54	methyldopa tab 500 mg	61
metformin hcl tab er 24hr 500 mg (MetFORMIN HCl ER)	54	Methyldopa-Hydrochlorothiazide (methyldopa & hydrochlorothiazide)	75
metformin hcl tab er 24hr 750 mg (metFORMIN HCl ER)	54	methylergonovine maleate tab 0.2 mg	144
Methadone HCl	4	methylergonovine maleate tab 0.2 mg (Methergine)	144
methadone hcl conc 10 mg/ml	4	methylphenidate hcl cap er 24hr 10 mg (Ia) (Methylphenidate HCl ER (LA))	86
methadone hcl conc 10 mg/ml (Methadone Hcl Intensol)	4	methylphenidate hcl cap er 24hr 10 mg (xr) (Methylphenidate HCl ER (XR))	86
methadone hcl soln 10 mg/5ml	4	methylphenidate hcl cap er 24hr 15 mg (xr) (Methylphenidate HCl ER (XR))	86
methadone hcl soln 5 mg/5ml	4	methylphenidate hcl cap er 24hr 20 mg (Ia) (Methylphenidate HCl ER (LA))	86
methadone hcl tab 10 mg	4	methylphenidate hcl cap er 24hr 20 mg (xr) (Methylphenidate HCl ER (XR))	86
methadone hcl tab 5 mg	4	methylphenidate hcl cap er 24hr 30 mg (Ia) (Methylphenidate HCl ER (LA))	86
methadone hcl tab for oral susp 40 mg	4	methylphenidate hcl cap er 24hr 30 mg (xr) (Methylphenidate HCl ER (XR))	86
methadone hcl tab for oral susp 40 mg (Methadose)	4	methylphenidate hcl cap er 24hr 40 mg (Ia) (Methylphenidate HCl ER (LA))	86
methazolamide tab 25 mg	150	methylphenidate hcl cap er 24hr 40 mg (xr) (Methylphenidate HCl ER (XR))	86
methazolamide tab 50 mg	150	methylphenidate hcl cap er 24hr 50 mg (xr) (Methylphenidate HCl ER (XR))	86
methenamine hippurate tab 1 gm	11	methylphenidate hcl cap er 24hr 60 mg (Ia) (Methylphenidate HCl ER (LA))	87
methimazole tab 10 mg	134	methylphenidate hcl cap er 24hr 60 mg (xr) (Methylphenidate HCl ER (XR))	87
methimazole tab 5 mg	134	methylphenidate hcl chew tab 10 mg	87
Methitest (methyltestosterone)	115	methylphenidate hcl chew tab 2.5 mg	87
methocarbamol tab 500 mg	159	methylphenidate hcl chew tab 5 mg	87
methocarbamol tab 750 mg	159	Methylphenidate HCl ER	87
Methotrexate Sodium	138	methylphenidate hcl soln 10 mg/5ml	87
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	138	methylphenidate hcl soln 5 mg/5ml	87
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	138	methylphenidate hcl tab 10 mg	87
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) (Methotrexate Sodium (PF))	138	methylphenidate hcl tab 20 mg	87
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) (Methotrexate Sodium (PF))	138	methylphenidate hcl tab 5 mg	87
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) (Methotrexate Sodium (PF))	138		
methotrexate sodium tab 2.5 mg (base equiv)	138		
Methoxsalen Rapid	96		
methoxsalen rapid cap 10 mg	96		

methylphenidate hcl tab er 10 mg (Methylphenidate HCl ER).....	87	metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Metoprolol Succinate ER)....	66
methylphenidate hcl tab er 20 mg (Methylphenidate HCl ER).....	87	metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Metoprolol Succinate ER)....	66
methylphenidate hcl tab er osmotic release (osm) 18 mg (Methylphenidate HCl ER (OSM))..	87	metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Metoprolol Succinate ER)....	66
methylphenidate hcl tab er osmotic release (osm) 18 mg (Methylphenidate HCl ER).....	87	metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Metoprolol Succinate ER)....	66
methylphenidate hcl tab er osmotic release (osm) 27 mg (Methylphenidate HCl ER (OSM))..	87	metoprolol tartrate tab 100 mg.....	66
methylphenidate hcl tab er osmotic release (osm) 27 mg (Methylphenidate HCl ER).....	87	metoprolol tartrate tab 25 mg.....	66
methylphenidate hcl tab er osmotic release (osm) 36 mg (Methylphenidate HCl ER (OSM))..	88	metoprolol tartrate tab 37.5 mg.....	66
methylphenidate hcl tab er osmotic release (osm) 36 mg (Methylphenidate HCl ER).....	88	metoprolol tartrate tab 50 mg.....	66
methylphenidate hcl tab er osmotic release (osm) 54 mg (Methylphenidate HCl ER (OSM))..	88	metoprolol tartrate tab 75 mg.....	66
methylphenidate hcl tab er osmotic release (osm) 54 mg (Methylphenidate HCl ER).....	88	metronidazole cream 0.75%.....	11
methylprednisolone tab 16 mg.....	113	metronidazole cream 0.75% (Rosadan).....	11
methylprednisolone tab 32 mg.....	113	metronidazole gel 0.75%.....	11
methylprednisolone tab 4 mg.....	113	metronidazole gel 0.75% (Rosadan).....	11
methylprednisolone tab 8 mg.....	113	metronidazole gel 1%.....	11
methylprednisolone tab therapy pack 4 mg (21).....	113	metronidazole lotion 0.75%.....	11
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	27	metronidazole tab 250 mg.....	11
metoclopramide hcl tab 10 mg (base equivalent).....	27	metronidazole tab 500 mg.....	11
metoclopramide hcl tab 5 mg (base equivalent).....	27	metronidazole vaginal gel 0.75%.....	11
metolazone tab 10 mg.....	78	mexiletine hcl cap 150 mg.....	64
metolazone tab 2.5 mg.....	78	mexiletine hcl cap 200 mg.....	64
metolazone tab 5 mg.....	78	mexiletine hcl cap 250 mg.....	64
metoprolol & hydrochlorothiazide tab 100-25 mg (Metoprolol-Hydrochlorothiazide).....	75	Miconazole 3 (miconazole nitrate vaginal)....	28
metoprolol & hydrochlorothiazide tab 100-50 mg (Metoprolol-Hydrochlorothiazide).....	75	Microchamber.....	144
metoprolol & hydrochlorothiazide tab 50-25 mg (Metoprolol-Hydrochlorothiazide).....	75	Microspacer.....	144
		midodrine hcl tab 10 mg.....	61
		midodrine hcl tab 2.5 mg.....	61
		midodrine hcl tab 5 mg.....	61
		Mifeprex (mifepristone).....	113
		mifepristone tab 200 mg.....	113
		minocycline hcl cap 100 mg.....	16
		minocycline hcl cap 50 mg.....	16
		minocycline hcl cap 75 mg.....	16
		minoxidil tab 10 mg.....	81
		minoxidil tab 2.5 mg.....	81
		mirtazapine orally disintegrating tab 15 mg..	23
		mirtazapine orally disintegrating tab 30 mg..	23
		mirtazapine orally disintegrating tab 45 mg..	23

mirtazapine tab 15 mg	23	Multi-Vit-Flor (pediatric multivitamins w/fl)	100
mirtazapine tab 30 mg	23	Multi-Vitamin/Fluoride (pediatric multivitamins w/fl)	100
mirtazapine tab 45 mg	23	Multivitamin w/Fluoride (pediatric multivitamins w/fl)	100
mirtazapine tab 7.5 mg	23	Multivitamin/Fluoride (pediatric multivitamins w/fl)	100
misoprostol tab 100 mcg	114	mupirocin oint 2%	99
misoprostol tab 200 mcg	114	Myalept (metreleptin)	109
modafinil tab 100 mg	160	mycophenolate mofetil cap 250 mg	138
modafinil tab 200 mg	160	mycophenolate mofetil for oral susp 200 mg/ml	138
mometasone furoate cream 0.1%	94	mycophenolate mofetil tab 500 mg	138
mometasone furoate oint 0.1%	94	mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	138
mometasone furoate solution 0.1% (lotion)	94	mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	138
Monoject Insulin Syringe	144		
Monoject Ultra Comfort Syringe	144		
montelukast sodium chew tab 4 mg (base equiv)	152		
montelukast sodium chew tab 5 mg (base equiv)	152		
montelukast sodium oral granules packet 4 mg (base equiv)	152		
montelukast sodium tab 10 mg (base equiv)	152		
Morphine Sulfate	6,7		
morphine sulfate oral soln 10 mg/5ml	7		
morphine sulfate oral soln 20 mg/5ml	7		
morphine sulfate tab 15 mg	7		
morphine sulfate tab 30 mg	7		
morphine sulfate tab er 100 mg (Morphine Sulfate ER)	4		
morphine sulfate tab er 15 mg (Morphine Sulfate ER)	4		
morphine sulfate tab er 200 mg (Morphine Sulfate ER)	4		
morphine sulfate tab er 30 mg (Morphine Sulfate ER)	4		
morphine sulfate tab er 60 mg (Morphine Sulfate ER)	4		
Mounjaro (tirzepatide)	55		
Movantik (naloxegol oxalate)	106		
moxifloxacin hcl ophth soln 0.5% (base equiv)	148		
moxifloxacin hcl tab 400 mg (base equiv)	15		
Multaq (dronedarone hcl)	64		
		N	
		nabumetone tab 500 mg	3
		nabumetone tab 750 mg	3
		nadolol tab 20 mg	66
		nadolol tab 40 mg	66
		nadolol tab 80 mg	66
		NaFrinse Drops (sodium fluoride)	100
		Naloxone HCl	9
		naloxone hcl inj 0.4 mg/ml	9
		naloxone hcl inj 4 mg/10ml	9
		naloxone hcl nasal spray 4 mg/0.1ml	9
		naloxone hcl soln prefilled syringe 2 mg/2ml	9
		naltrexone hcl tab 50 mg	9
		naproxen tab 250 mg	3
		naproxen tab 375 mg	3
		naproxen tab 500 mg	3
		naproxen tab ec 375 mg	3
		naproxen tab ec 375 mg (EC-Naproxen)	3
		naproxen tab ec 500 mg	3
		naproxen tab ec 500 mg (EC-Naproxen)	3
		naproxen tab ec 500 mg (Naproxen DR)	3
		naratriptan hcl tab 1 mg (base equiv)	30
		naratriptan hcl tab 2.5 mg (base equiv)	30

Natazia (estradiol valerate-dienogest)	123	niacin tab er 500 mg (antihyperlipidemic) (Niacin ER (Antihyperlipidemic))	80
nateglinide tab 120 mg	55	niacin tab er 750 mg (antihyperlipidemic) (Niacin ER (Antihyperlipidemic))	80
nateglinide tab 60 mg	55	Niacor (niacin (antihyperlipidemic))	80
nebivolol hcl tab 10 mg (base equivalent)	66	nicardipine hcl cap 20 mg	67
nebivolol hcl tab 2.5 mg (base equivalent)	66	nicardipine hcl cap 30 mg	67
nebivolol hcl tab 20 mg (base equivalent)	66	Nicotrol (nicotine)	10
nebivolol hcl tab 5 mg (base equivalent)	66	Nicotrol NS (nicotine)	10
Nefazodone HCl	24	nifedipine cap 10 mg	67
neomycin sulfate tab 500 mg	10	nifedipine cap 20 mg	67
neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin (Neo-Polycin)	147	nifedipine tab er 24hr 30 mg (NIFEdipine ER) .	67
neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin (Neomycin-Bacitracin Zn-Polymyx)	147	nifedipine tab er 24hr 60 mg (NIFEdipine ER) .	67
Neomycin-Polymyxin B GU (neomycin/polymyxin b gu)	11	nifedipine tab er 24hr 90 mg (NIFEdipine ER) .	67
neomycin-polymyxin-dexamethasone ophth oint 0.1%	147	nifedipine tab er 24hr osmotic release 30 mg (NIFEdipine ER Osmotic Release)	68
neomycin-polymyxin-dexamethasone ophth susp 0.1%	147	nifedipine tab er 24hr osmotic release 60 mg (NIFEdipine ER Osmotic Release)	68
Neomycin-Polymyxin-Gramicidin	147	nifedipine tab er 24hr osmotic release 90 mg (NIFEdipine ER Osmotic Release)	68
Neomycin-Polymyxin-HC (neomycin- polymyxin-hc (ophth))	147	nimodipine cap 30 mg	68
neomycin-polymyxin-hc otic soln 1%	151	Nitazoxanide	38
neomycin-polymyxin-hc otic susp 3.5 mg/ml- 10000 unit/ml-1%	151	nitazoxanide tab 500 mg	38
Neonatal Complete (prenatal vit w/ ferrous fumarate-folic acid)	100	nitisinone cap 10 mg	109
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Neulasta (pegfilgrastim)	59	nitisinone cap 20 mg	109
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norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)	123	norethindrone ac-ethinyl estrad-fe tab 1-20/1- 30/1-35 mg-mcg (Tri-Legest Fe)	125
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nortriptyline hcl cap 75 mg	26
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nystatin cream 100000 unit/gm	29
nystatin oint 100000 unit/gm	29
nystatin susp 100000 unit/ml	29
nystatin tab 500000 unit	29
nystatin topical powder 100000 unit/gm	29
nystatin topical powder 100000 unit/gm (Klayesta)	29
nystatin topical powder 100000 unit/gm (Nyamyc)	29
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phenytoin chew tab 50 mg (Phenytoin Infatabs)	21	polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	148
phenytoin sodium extended cap 100 mg	21	Pomalyst (pomalidomide)	33
phenytoin sodium extended cap 200 mg	21	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospha 250 Neutral)	111
phenytoin sodium extended cap 200 mg (Phenytek)	21	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospho-Trin 250 Neutral)	111
phenytoin sodium extended cap 300 mg	21	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phosphorous)	111
phenytoin sodium extended cap 300 mg (Phenytek)	21	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-Phos 250 Neutral)	111
phenytoin susp 125 mg/5ml	21	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Wes-Phos 250 Neutral)	111
Phexxi (lactic acid-citric acid-potassium bitartrate)	111	potassium bicarbonate effer tab 25 meq (Effer- K)	101
Phospholine Iodide (echothiophate iodide)	150	potassium bicarbonate effer tab 25 meq (K- Prime)	101
pilocarpine hcl ophth soln 1%	150	potassium bicarbonate effer tab 25 meq (Klor- Con/ef)	101
pilocarpine hcl ophth soln 2%	150	potassium chloride cap er 10 meq (Klor-Con Sprinkle)	101
pilocarpine hcl ophth soln 4%	150	potassium chloride cap er 10 meq (Potassium Chloride ER)	101
pilocarpine hcl tab 5 mg	90	potassium chloride cap er 8 meq (Klor-Con Sprinkle)	101
pilocarpine hcl tab 7.5 mg	90	potassium chloride cap er 8 meq (Potassium Chloride ER)	101
pimecrolimus cream 1%	95	Potassium Chloride ER	101
Pimozide	42		
pioglitazone hcl tab 15 mg (base equiv)	55		
pioglitazone hcl tab 30 mg (base equiv)	55		
pioglitazone hcl tab 45 mg (base equiv)	55		
pioglitazone hcl-metformin hcl tab 15-500 mg	55		
pioglitazone hcl-metformin hcl tab 15-850 mg	55		
Pirfenidone	156		
pirfenidone cap 267 mg	156		
pirfenidone tab 267 mg	156		
pirfenidone tab 801 mg	156		
piroxicam cap 10 mg	3		
piroxicam cap 20 mg	3		

potassium chloride microencapsulated crys er tab 10 meq (Klor-Con M10)	101	pramipexole dihydrochloride tab 0.125 mg	40
potassium chloride microencapsulated crys er tab 10 meq (Potassium Chloride Crys ER)	101	pramipexole dihydrochloride tab 0.25 mg	40
potassium chloride microencapsulated crys er tab 15 meq (Klor-Con M15)	101	pramipexole dihydrochloride tab 0.5 mg	40
potassium chloride microencapsulated crys er tab 15 meq (Potassium Chloride Crys ER)	101	pramipexole dihydrochloride tab 0.75 mg	40
potassium chloride microencapsulated crys er tab 20 meq (Klor-Con M20)	101	pramipexole dihydrochloride tab 1 mg	40
potassium chloride microencapsulated crys er tab 20 meq (Potassium Chloride Crys ER)	101	pramipexole dihydrochloride tab 1.5 mg	40
potassium chloride oral soln 10% (20 meq/15ml)	101	prasugrel hcl tab 10 mg (base equiv)	60
potassium chloride oral soln 20% (40 meq/15ml)	101	prasugrel hcl tab 5 mg (base equiv)	60
potassium chloride powder packet 20 meq	101	pravastatin sodium tab 10 mg	79
potassium chloride powder packet 20 meq (Klor-Con)	101	pravastatin sodium tab 20 mg	79
potassium chloride tab er 10 meq (Klor-Con 10)	102	pravastatin sodium tab 40 mg	79
potassium chloride tab er 10 meq (Potassium Chloride ER)	102	pravastatin sodium tab 80 mg	79
potassium chloride tab er 20 meq (1500 mg) (Potassium Chloride ER)	102	praziquantel tab 600 mg	38
potassium chloride tab er 8 meq (600 mg) (Klor-Con)	102	prazosin hcl cap 1 mg	61
potassium chloride tab er 8 meq (600 mg) (Potassium Chloride ER)	102	prazosin hcl cap 2 mg	61
potassium citrate & citric acid powder pack 3300-1002 mg (Taron-Crystals)	111	prazosin hcl cap 5 mg	61
potassium citrate & citric acid soln 1100-334 mg/5ml (Potassium Citrate-Citric Acid)	112	Prednicarbate	95
potassium citrate tab er 10 meq (1080 mg) (Potassium Citrate ER)	102	PrednisoLONE Acetate (prednisolone acetate (ophth))	149
potassium citrate tab er 15 meq (1620 mg) (Potassium Citrate ER)	102	PrednisoLONE Acetate P-F (prednisolone acetate (ophth))	149
potassium citrate tab er 5 meq (540 mg) (Potassium Citrate ER)	102	prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (prednisoLONE Sodium Phosphate)	113
potassium phosphate monobasic tab 500 mg (Phospho-Trin K500)	112	prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) (PrednisoLONE Sodium Phosphate)	113
		PrednisoLONE Sodium Phosphate	113
		PrednisoLONE Sodium Phosphate (prednisolone sodium phosphate (ophth))	149
		prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	113
		prednisolone soln 15 mg/5ml	113
		PredniSONE	113
		PredniSONE Intensol	113
		prednisone tab 1 mg	113
		prednisone tab 10 mg	113
		prednisone tab 2.5 mg	113
		prednisone tab 20 mg	113
		prednisone tab 5 mg	113
		prednisone tab 50 mg	113

prednisone tab therapy pack 10 mg (21)	113	Priftin (rifapentine)	32
prednisone tab therapy pack 10 mg (48)	113	Primaquine Phosphate	38
prednisone tab therapy pack 5 mg (21)	113	primaquine phosphate tab 26.3 mg (15 mg base)	38
prednisone tab therapy pack 5 mg (48)	113	PrimeAire Holding Chamber	145
pregabalin cap 100 mg	89	Primidone	19
pregabalin cap 150 mg	89	primidone tab 250 mg	19
pregabalin cap 200 mg	89	primidone tab 50 mg	19
pregabalin cap 225 mg	89	Pro Comfort Pen Needles	145
pregabalin cap 25 mg	89	probenecid tab 500 mg	29
pregabalin cap 300 mg	89	ProChamber VHC	145
pregabalin cap 50 mg	89	prochlorperazine maleate tab 10 mg (base equivalent)	27
pregabalin cap 75 mg	89	prochlorperazine maleate tab 5 mg (base equivalent)	27
pregabalin soln 20 mg/ml	89	prochlorperazine suppos 25 mg	27
Premarin (estrogens, conjugated vaginal) . . .	130	prochlorperazine suppos 25 mg (Compro)	27
Premarin (estrogens, conjugated)	130	progesterone cap 100 mg	132
Prempro (conjugated estrogens- medroxyprogesterone acetate)	130	progesterone cap 200 mg	132
Prenaisance (prenatal w/o vit a w/ fe fumarate-dss-fa-dha)	102	promethazine & phenylephrine syrup 6.25-5 mg/5ml (Promethazine VC)	158
Prenatal (prenatal vit w/ ferrous fumarate-folic acid)	102	promethazine & phenylephrine syrup 6.25-5 mg/5ml (Promethazine-Phenylephrine)	158
Prenatal 19 (prenatal vit w/ docusate-fe fumarate-folic acid)	102	promethazine hcl oral soln 6.25 mg/5ml	152
Prenatal 19 (prenatal vit w/ ferrous fumarate- folic acid)	102	promethazine hcl suppos 12.5 mg	27
Prenatal Plus (prenatal vit w/ ferrous fumarate- folic acid)	102	promethazine hcl suppos 12.5 mg (Promethegan)	27
Prenatal Plus Iron (prenatal vit w/ iron carbonyl-folic acid)	102	promethazine hcl suppos 25 mg	27
Prenatal Plus Vitamin/Mineral (prenatal vit w/ ferrous fumarate-folic acid)	102	promethazine hcl suppos 25 mg (Promethegan)	27
Prenatal Vitamin Plus Low Iron (prenatal vit w/ ferrous fumarate-folic acid)	102	promethazine hcl tab 12.5 mg	27
Prenatal-U (prenatal without a vit w/ fe fumarate-folic acid)	102	promethazine hcl tab 25 mg	27
PrePLUS (prenatal vit w/ ferrous fumarate-folic acid)	102	promethazine hcl tab 50 mg	27
PreTAB (prenatal vit w/ ferrous fumarate-folic acid)	103	Promethazine VC/Codeine (promethazine- phenylephrine-codeine)	158
Prezcobix (darunavir-cobicistat)	50	promethazine w/ codeine syrup 6.25-10 mg/5ml (Promethazine-Codeine)	158
Prezista (darunavir ethanolate)	50	promethazine-dm syrup 6.25-15 mg/5ml	158
		promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (Promethazine-Phenyleph- Codeine)	158

Promethegan (promethazine hcl).....	27
propafenone hcl cap er 12hr 225 mg (Propafenone HCl ER).....	64
propafenone hcl cap er 12hr 325 mg (Propafenone HCl ER).....	64
propafenone hcl cap er 12hr 425 mg (Propafenone HCl ER).....	64
propafenone hcl tab 150 mg.....	64
propafenone hcl tab 225 mg.....	64
propafenone hcl tab 300 mg.....	65
Propantheline Bromide.....	108
proparacaine hcl ophth soln 0.5%.....	147
Propranolol HCl.....	66
propranolol hcl cap er 24hr 120 mg (Propranolol HCl ER).....	66
propranolol hcl cap er 24hr 160 mg (Propranolol HCl ER).....	67
propranolol hcl cap er 24hr 60 mg (Propranolol HCl ER).....	67
propranolol hcl cap er 24hr 80 mg (Propranolol HCl ER).....	67
propranolol hcl oral soln 20 mg/5ml.....	67
propranolol hcl tab 10 mg.....	67
propranolol hcl tab 20 mg.....	67
propranolol hcl tab 40 mg.....	67
propranolol hcl tab 60 mg.....	67
propranolol hcl tab 80 mg.....	67
Propranolol-HCTZ (propranolol & hydrochlorothiazide).....	76
propylthiouracil tab 50 mg.....	134
protriptyline hcl tab 10 mg.....	26
protriptyline hcl tab 5 mg.....	26
Provida OB (prenatal without a vit w/ fe fum- iron polysacch complex -fa).....	103
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm).....	158
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Pseudoeph-Bromphen-DM).....	158
Psorcon (diflorasone diacetate).....	95
pyrazinamide tab 500 mg.....	32
Pyridostigmine Bromide.....	31

pyridostigmine bromide tab 60 mg.....	31
pyrimethamine tab 25 mg.....	38

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Qsymia (phentermine hcl-topiramate).....	89
QUetiapine Fumarate.....	43
quetiapine fumarate tab 100 mg.....	44
quetiapine fumarate tab 200 mg.....	44
quetiapine fumarate tab 25 mg.....	44
quetiapine fumarate tab 300 mg.....	44
quetiapine fumarate tab 400 mg.....	44
quetiapine fumarate tab 50 mg.....	44
quinapril hcl tab 10 mg.....	63
quinapril hcl tab 20 mg.....	63
quinapril hcl tab 40 mg.....	63
quinapril hcl tab 5 mg.....	63
Quinapril-hydroCHLOROthiazide.....	76
quinapril-hydrochlorothiazide tab 10-12.5 mg.....	76
quinapril-hydrochlorothiazide tab 20-12.5 mg.....	76
quinapril-hydrochlorothiazide tab 20-25 mg.....	76
quinidine gluconate tab er 324 mg (quiNIDine Gluconate ER).....	65
quiNIDine Sulfate.....	65
quinidine sulfate tab 200 mg.....	65
quinidine sulfate tab 300 mg.....	65
quinine sulfate cap 324 mg.....	38
Qvar RediHaler (beclomethasone dipropionate hfa).....	152

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rabeprazole sodium ec tab 20 mg.....	109
raloxifene hcl tab 60 mg.....	132
ramelteon tab 8 mg.....	159
ramipril cap 1.25 mg.....	63
ramipril cap 10 mg.....	63
ramipril cap 2.5 mg.....	63
ramipril cap 5 mg.....	63
ranolazine tab er 12hr 1000 mg (Ranolazine ER).....	76
ranolazine tab er 12hr 500 mg (Ranolazine ER).....	76

rasagiline mesylate tab 0.5 mg (base equiv)	41	risperidone tab 4 mg	44
rasagiline mesylate tab 1 mg (base equiv)	41	RiteFlo	145
Relenza Diskhaler (zanamivir)	50	ritonavir tab 100 mg	50
Relnate DHA (prenatal vit w/ ferrous fumarate- fa-omega 3 fatty acids)	103	rivastigmine tartrate cap 1.5 mg (base equivalent)	22
repaglinide tab 0.5 mg	55	rivastigmine tartrate cap 3 mg (base equivalent)	22
repaglinide tab 1 mg	55	rivastigmine tartrate cap 4.5 mg (base equivalent)	22
repaglinide tab 2 mg	55	rivastigmine tartrate cap 6 mg (base equivalent)	22
Repatha (evolocumab)	81	rivastigmine td patch 24hr 13.3 mg/24hr	22
Repatha Pushtronex System (evolocumab)	81	rivastigmine td patch 24hr 4.6 mg/24hr	22
Repatha SureClick (evolocumab)	81	rivastigmine td patch 24hr 9.5 mg/24hr	22
Restasis (cyclosporine (ophth))	147	rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	30
Restasis Multidose (cyclosporine (ophth))	147	rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	30
Retacrit (epoetin alfa-epbx)	60	rizatriptan benzoate tab 10 mg (base equivalent)	30
Revlimid (lenalidomide)	33	rizatriptan benzoate tab 5 mg (base equivalent)	30
Reyataz (atazanavir sulfate)	50	roflumilast tab 250 mcg	154
Ribavirin (ribavirin (hepatitis c))	46	roflumilast tab 500 mcg	154
ribavirin cap 200 mg	46	ropinirole hydrochloride tab 0.25 mg (ROPINIrole HCl)	40
ribavirin tab 200 mg	46	ropinirole hydrochloride tab 0.5 mg (rOPINIrole HCl)	40
Ridaura (auranofin)	136	ropinirole hydrochloride tab 1 mg (ROPINIrole HCl)	40
rifabutin cap 150 mg	31	ropinirole hydrochloride tab 2 mg (ROPINIrole HCl)	40
rifampin cap 150 mg	32	ropinirole hydrochloride tab 3 mg (ROPINIrole HCl)	40
rifampin cap 300 mg	32	ropinirole hydrochloride tab 4 mg (rOPINIrole HCl)	40
Rifater (isoniazid-rifampin w/ pyrazinamide)	32	ropinirole hydrochloride tab 5 mg (rOPINIrole HCl)	40
riluzole tab 50 mg	82	ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (ROPINIrole HCl ER)	40
RiMANTAdine HCl (rimantadine hydrochloride)	51		
Rinvoq (upadacitinib)	136		
Rinvoq LQ (upadacitinib)	136		
risedronate sodium tab 150 mg	140		
risedronate sodium tab 30 mg	140		
risedronate sodium tab 35 mg	140		
risedronate sodium tab 5 mg	140		
risedronate sodium tab delayed release 35 mg	140		
risperidone soln 1 mg/ml	44		
risperidone tab 0.25 mg	44		
risperidone tab 0.5 mg	44		
risperidone tab 1 mg	44		
risperidone tab 2 mg	44		
risperidone tab 3 mg	44		

ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (ROPINIRole HCl ER)	40
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (ROPINIRole HCl ER)	40
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (ROPINIRole HCl ER)	40
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (rOPINIRole HCl ER)	40
rosuvastatin calcium tab 10 mg	79
rosuvastatin calcium tab 20 mg	79
rosuvastatin calcium tab 40 mg	79
rosuvastatin calcium tab 5 mg	79
Ruzurgi (amifampridine)	89
Rybelsus (semaglutide)	55

S

Salicylic Acid	96
salicylic acid film forming liquid 27.5%	96
salicylic acid film forming liquid 27.5% (Salicylic Acid Wart Remover)	96
Saxenda (liraglutide (weight management))	160
scopolamine td patch 72hr 1 mg/3days	27
Se-Natal 19 (prenatal vit w/ docusate-fe fumarate-folic acid)	103
selegiline hcl cap 5 mg	41
selegiline hcl tab 5 mg	41
selenium sulfide lotion 2.5%	95
Selzentry (maraviroc)	49
sertraline hcl oral concentrate for solution 20 mg/ml	25
sertraline hcl tab 100 mg	25
sertraline hcl tab 25 mg	25
sertraline hcl tab 50 mg	25
sevelamer carbonate packet 0.8 gm	105
sevelamer carbonate packet 2.4 gm	105
sevelamer carbonate tab 800 mg	105
sildenafil citrate tab 100 mg	112
sildenafil citrate tab 20 mg	156
sildenafil citrate tab 25 mg	112
sildenafil citrate tab 50 mg	112
silodosin cap 4 mg	111

silodosin cap 8 mg	111
silver sulfadiazine cream 1%	96
silver sulfadiazine cream 1% (Ssd)	96
Simbrinza (brinzolamide-brimonidine tartrate)	150
Simponi (golimumab)	139
simvastatin tab 10 mg	79
simvastatin tab 20 mg	79
simvastatin tab 40 mg	79
simvastatin tab 5 mg	79
simvastatin tab 80 mg	79
sirolimus oral soln 1 mg/ml	139
sirolimus tab 0.5 mg	139
sirolimus tab 1 mg	139
sirolimus tab 2 mg	139
Skyrizi (150 MG Dose) (risankizumab-rzaa)	136
Skyrizi (risankizumab-rzaa (crohn's))	136
Skyrizi (risankizumab-rzaa)	136
Skyrizi Pen (risankizumab-rzaa)	136
Slynd (drospirenone)	132
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Na Sulfate-K Sulfate-Mg Sulf)	107
sodium chloride soln nebu 0.9%	158
sodium chloride soln nebu 10%	158
sodium chloride soln nebu 3%	158
sodium chloride soln nebu 3% (Nebusal)	158
sodium chloride soln nebu 7%	158
sodium chloride soln nebu 7% (Pulmosal)	158
Sodium Fluoride	103
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	103
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	103
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	103
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (NaFrinse)	103
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab)	103
sodium polystyrene sulfonate oral susp 15 gm/60ml	105

sodium polystyrene sulfonate oral susp 15 gm/60ml (Kionex).....	105	Stavudine.....	48
sodium polystyrene sulfonate susp 15 gm/60ml (Kionex).....	105	stavudine cap 15 mg.....	48
sodium polystyrene sulfonate susp 15 gm/60ml (Sps (sodium Polystyrene Sulf)).....	105	stavudine cap 20 mg.....	48
Sodium Sulfacetamide-Bakuchiol (sulfacetamide sodium in bakuchiol vehicle)..	96	stavudine cap 30 mg.....	48
solifenacin succinate tab 10 mg.....	110	stavudine cap 40 mg.....	48
solifenacin succinate tab 5 mg.....	110	Stelara (ustekinumab).....	136
sorafenib tosylate tab 200 mg (base equivalent).....	36	Stivarga (regorafenib).....	36
sotalol hcl (afib/af) tab 120 mg (Sotalol Hcl (af)).....	65	Striverdi Respimat (olodaterol hcl).....	154
sotalol hcl (afib/af) tab 160 mg (Sotalol Hcl (af)).....	65	sucralfate susp 1 gm/10ml.....	108
sotalol hcl (afib/af) tab 80 mg (Sotalol Hcl (af)).....	65	sucralfate tab 1 gm.....	108
sotalol hcl tab 120 mg.....	65	Sulfacetamide Sodium (sulfacetamide sodium (ophth)).....	148
sotalol hcl tab 120 mg (Sorine).....	65	sulfacetamide sodium liquid 10%.....	96
sotalol hcl tab 160 mg.....	65	sulfacetamide sodium liquid 10% (Sodium Sulfacetamide Wash).....	96
sotalol hcl tab 160 mg (Sorine).....	65	sulfacetamide sodium lotion 10% (acne) (Sulfacetamide Sodium (Acne)).....	92
sotalol hcl tab 240 mg.....	65	sulfacetamide sodium ophth soln 10%.....	148
sotalol hcl tab 240 mg (Sorine).....	65	sulfacetamide sodium shampoo 10% (Sodium Sulfacetamide).....	97
sotalol hcl tab 80 mg.....	65	sulfacetamide sodium w/ sulfur cleanser 10-2% (Sulfacetamide Sodium-Sulfur).....	97
sotalol hcl tab 80 mg (Sorine).....	65	sulfacetamide sodium w/ sulfur cleanser 10-5% (Avar Cleanser).....	97
Sotyktu (deucravacitinib).....	136	sulfacetamide sodium w/ sulfur cleanser 10-5% (Sulfacetamide Sodium-Sulfur).....	97
Spinosad.....	98	sulfacetamide sodium w/ sulfur cleanser 9-4% (Sulfacetamide Sodium-Sulfur).....	97
Spiriva HandiHaler (tiotropium bromide monohydrate).....	153	sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (Sulfacetamide Sodium-Sulfur).....	97
Spiriva Respimat (tiotropium bromide monohydrate).....	153	sulfacetamide sodium w/ sulfur cleansing pad 10-4% (Sulfacetamide Sodium-Sulfur).....	97
spironolactone & hydrochlorothiazide tab 25-25 mg (Spironolactone-HCTZ).....	76	sulfacetamide sodium w/ sulfur cream 10-2% (Sulfacetamide Sodium-Sulfur).....	97
spironolactone tab 100 mg.....	81	sulfacetamide sodium w/ sulfur cream 10-5% (Sss 10-5).....	97
spironolactone tab 25 mg.....	81	sulfacetamide sodium w/ sulfur cream 10-5% (Sulfacetamide Sodium-Sulfur).....	97
spironolactone tab 50 mg.....	81	sulfacetamide sodium w/ sulfur cream 9.8-4.8% (Sulfacetamide Sodium-Sulfur).....	97
Sprycel (dasatinib).....	36		
SPS (Sodium Polystyrene Sulf) (sodium polystyrene sulfonate).....	105		
SSS 10-5 (sulfacetamide sodium w/ sulfur).....	96		

sulfacetamide sodium w/ sulfur lotion 10-5% (Sulfacetamide Sodium-Sulfur).....	97	sumatriptan succinate tab 100 mg.....	31
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (Sulfacetamide Sodium-Sulfur).....	97	sumatriptan succinate tab 25 mg.....	31
sulfacetamide sodium w/ sulfur susp 10-5% (Sulfacetamide Sodium-Sulfur).....	97	sumatriptan succinate tab 50 mg.....	31
sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacetamide Sodium-Sulfur).....	97	sunitinib malate cap 12.5 mg (base equivalent).....	36
sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacleanse 8/4).....	98	sunitinib malate cap 25 mg (base equivalent).....	36
sulfacetamide sodium w/ sulfur wash 9-4% (Sulfacetamide Sod-Sulfur Wash).....	98	sunitinib malate cap 37.5 mg (base equivalent).....	37
sulfacetamide sodium w/ sulfur wash 9-4% (Sulfacetamide Sodium-Sulfur).....	98	Sure Comfort Pen Needles.....	145
Sulfacetamide-Prednisolone (sulfacetamide sod-prednisolone).....	147	Symdeko (tezacaftor-ivacaftor).....	154
sulfADIAZINE.....	15	Symtuza (darunavir-cobicistat-emtricitabine- tenofovir alafenamide).....	50
sulfadiazine tab 500 mg.....	16	Synarel (nafarelin acetate).....	134
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	16	Synjardy (empagliflozin-metformin hcl).....	55
sulfamethoxazole-trimethoprim tab 400-80 mg.....	16	Synjardy XR (empagliflozin-metformin hcl)...	55
sulfamethoxazole-trimethoprim tab 800-160 mg.....	16	Synthroid (levothyroxine sodium).....	134
sulfasalazine tab 500 mg.....	139	T	
sulfasalazine tab delayed release 500 mg...	139	Tabloid (thioguanine).....	34
sulindac tab 150 mg.....	3	tacrolimus cap 0.5 mg.....	139
sulindac tab 200 mg.....	3	tacrolimus cap 1 mg.....	139
sumatriptan nasal spray 20 mg/act.....	30	tacrolimus cap 5 mg.....	139
sumatriptan nasal spray 5 mg/act.....	30	tacrolimus oint 0.03%.....	95
SUMAtriptan Succinate.....	30	tacrolimus oint 0.1%.....	95
sumatriptan succinate inj 6 mg/0.5ml.....	30	tadalafil tab 20 mg (pah) (Alyq).....	156
SUMAtriptan Succinate Refill.....	30	tadalafil tab 20 mg (pah) (Tadalafil (PAH))...	156
sumatriptan succinate solution auto-injector 4 mg/0.5ml.....	30	Tafinlar (dabrafenib mesylate).....	37
sumatriptan succinate solution auto-injector 6 mg/0.5ml.....	30	Tagrisso (osimertinib mesylate).....	37
sumatriptan succinate solution cartridge 4 mg/0.5ml (SUMAtriptan Succinate Refill).....	31	tamoxifen citrate tab 10 mg (base equivalent).....	33
sumatriptan succinate solution cartridge 6 mg/0.5ml (SUMAtriptan Succinate Refill).....	31	tamoxifen citrate tab 20 mg (base equivalent).....	33
		tamsulosin hcl cap 0.4 mg.....	111
		Taron-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3).....	103
		Tasigna (nilotinib hcl).....	37
		telmisartan tab 20 mg.....	62
		telmisartan tab 40 mg.....	62
		telmisartan tab 80 mg.....	62
		Telmisartan-Amlodipine.....	76
		telmisartan-amlodipine tab 40-10 mg.....	76

telmisartan-amlodipine tab 40-5 mg	76	tetracycline hcl cap 500 mg	16
telmisartan-amlodipine tab 80-10 mg	77	Thalomid (thalidomide)	33
telmisartan-amlodipine tab 80-5 mg	77	theophylline elixir 80 mg/15ml	154
telmisartan-hydrochlorothiazide tab 40-12.5 mg (Telmisartan-HCTZ)	77	theophylline elixir 80 mg/15ml (Elixophyllin)	155
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Telmisartan-HCTZ)	77	Theophylline ER	155
telmisartan-hydrochlorothiazide tab 80-25 mg (Telmisartan-HCTZ)	77	theophylline soln 80 mg/15ml	155
temazepam cap 15 mg	159	theophylline tab er 12hr 300 mg (Theophylline ER)	155
temazepam cap 22.5 mg	159	theophylline tab er 12hr 450 mg (Theophylline ER)	155
temazepam cap 30 mg	159	theophylline tab er 24hr 400 mg (Theophylline ER)	155
temazepam cap 7.5 mg	159	theophylline tab er 24hr 600 mg (Theophylline ER)	155
Temixys (lamivudine-tenofovir disoproxil fumarate)	48	thioridazine hcl tab 10 mg	42
tenofovir disoproxil fumarate tab 300 mg	48	thioridazine hcl tab 100 mg	42
terazosin hcl cap 1 mg (base equivalent)	61	thioridazine hcl tab 25 mg	42
terazosin hcl cap 10 mg (base equivalent)	61	thioridazine hcl tab 50 mg	42
terazosin hcl cap 2 mg (base equivalent)	61	thiothixene cap 1 mg	42
terazosin hcl cap 5 mg (base equivalent)	62	thiothixene cap 10 mg	42
terbinafine hcl tab 250 mg	29	thiothixene cap 2 mg	42
terconazole vaginal cream 0.4%	29	thiothixene cap 5 mg	42
terconazole vaginal cream 0.8%	29	Thrivite Rx (prenatal vit w/ iron carbonyl-folic acid)	103
teriflunomide tab 14 mg	90	Tibsovo (ivosidenib)	37
teriflunomide tab 7 mg	90	timolol maleate ophth gel forming soln 0.25%	149
Testosterone	115	timolol maleate ophth gel forming soln 0.5%	149
testosterone cypionate im inj in oil 100 mg/ml	115	timolol maleate ophth soln 0.25%	149
testosterone cypionate im inj in oil 100 mg/ml (Depo-Testosterone)	115	timolol maleate ophth soln 0.5%	149
testosterone cypionate im inj in oil 200 mg/ml	115	tinidazole tab 250 mg	11
testosterone cypionate im inj in oil 200 mg/ml (Depo-Testosterone)	115	tinidazole tab 500 mg	11
Testosterone Enanthate	115	tiopronin tab 100 mg	112
testosterone td gel 12.5 mg/act (1%)	115	tiopronin tab delayed release 100 mg	112
testosterone td gel 20.25 mg/1.25gm (1.62%)	115	tiopronin tab delayed release 300 mg	112
testosterone td gel 20.25 mg/act (1.62%)	115	Tivicay (dolutegravir sodium)	46
testosterone td gel 25 mg/2.5gm (1%)	115	Tivicay PD (dolutegravir sodium)	46
testosterone td gel 40.5 mg/2.5gm (1.62%)	115	tizanidine hcl tab 2 mg (base equivalent)	45
testosterone td gel 50 mg/5gm (1%)	115	tizanidine hcl tab 4 mg (base equivalent)	45
tetracycline hcl cap 250 mg	16	TobraDex (tobramycin-dexamethasone)	148
		tobramycin nebu soln 300 mg/5ml	154

tobramycin ophth soln 0.3%	149	trandolapril tab 2 mg	63
tobramycin-dexamethasone ophth susp 0.3-0.1%	148	trandolapril tab 4 mg	63
tolterodine tartrate cap er 24hr 2 mg (Tolterodine Tartrate ER)	110	tranexamic acid tab 650 mg	60
tolterodine tartrate cap er 24hr 4 mg (Tolterodine Tartrate ER)	110	tranylcypromine sulfate tab 10 mg	23
tolterodine tartrate tab 1 mg	110	travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travoprost (BAK Free))	150
tolterodine tartrate tab 2 mg	110	trazodone hcl tab 100 mg	25
topiramate sprinkle cap 15 mg	18	trazodone hcl tab 150 mg	25
topiramate sprinkle cap 25 mg	18	trazodone hcl tab 300 mg	25
topiramate tab 100 mg	18	trazodone hcl tab 50 mg	25
topiramate tab 200 mg	18	Trecator (ethionamide)	32
topiramate tab 25 mg	18	Trelegy Ellipta (fluticasone-umeclidinium-vilanterol)	158
topiramate tab 50 mg	18	Tremfya (guselkumab)	136
toremifene citrate tab 60 mg (base equivalent)	33	Tresiba (insulin degludec)	57
toremifene citrate tab 60 mg (base equivalent)	33	Tresiba FlexTouch (insulin degludec)	57
toremifene citrate tab 60 mg (base equivalent)	33	tretinoin cap 10 mg	37
toremifene citrate tab 60 mg (base equivalent)	33	tretinoin cream 0.025%	92
toremifene citrate tab 60 mg (base equivalent)	33	tretinoin cream 0.05%	92
toremifene citrate tab 60 mg (base equivalent)	33	tretinoin cream 0.1%	92
toremifene citrate tab 60 mg (base equivalent)	33	tretinoin gel 0.01%	92
toremifene citrate tab 60 mg (base equivalent)	33	tretinoin gel 0.025%	92
toremifene citrate tab 60 mg (base equivalent)	33	tretinoin gel 0.05%	92
toremifene citrate tab 60 mg (base equivalent)	33	Tri-Vite/Fluoride (pediatric vitamins acd w/ fluoride)	106
toremifene citrate tab 60 mg (base equivalent)	33	triamcinolone acetonide cream 0.025%	95
toremifene citrate tab 60 mg (base equivalent)	33	triamcinolone acetonide cream 0.1%	95
toremifene citrate tab 60 mg (base equivalent)	33	triamcinolone acetonide cream 0.1% (Triderm)	95
toremifene citrate tab 60 mg (base equivalent)	33	triamcinolone acetonide cream 0.5%	95
toremifene citrate tab 60 mg (base equivalent)	33	triamcinolone acetonide cream 0.5% (Triderm)	95
toremifene citrate tab 60 mg (base equivalent)	33	triamcinolone acetonide dental paste 0.1%	90
toremifene citrate tab 60 mg (base equivalent)	33	triamcinolone acetonide dental paste 0.1% (Kourzeq)	90
toremifene citrate tab 60 mg (base equivalent)	33	triamcinolone acetonide dental paste 0.1% (Oralene)	90
toremifene citrate tab 60 mg (base equivalent)	33	triamcinolone acetonide lotion 0.025%	95
toremifene citrate tab 60 mg (base equivalent)	33	triamcinolone acetonide lotion 0.1%	95
toremifene citrate tab 60 mg (base equivalent)	33	triamcinolone acetonide oint 0.025%	95
toremifene citrate tab 60 mg (base equivalent)	33	triamcinolone acetonide oint 0.1%	95
toremifene citrate tab 60 mg (base equivalent)	33		

triamcinolone acetonide oint 0.5%	95
triamterene & hydrochlorothiazide cap 37.5-25 mg (Triamterene-HCTZ)	77
triamterene & hydrochlorothiazide tab 37.5-25 mg (Triamterene-HCTZ)	77
triamterene & hydrochlorothiazide tab 75-50 mg (Triamterene-HCTZ)	77
TriCare (prenatal vit w/ ferrous fumarate-folic acid)	103
trifluoperazine hcl tab 1 mg (base equivalent) .	42
trifluoperazine hcl tab 10 mg (base equivalent)	42
trifluoperazine hcl tab 2 mg (base equivalent) .	43
trifluoperazine hcl tab 5 mg (base equivalent) .	43
Trifluridine	149
Trihexyphenidyl HCl	39
trihexyphenidyl hcl oral soln 0.4 mg/ml	39
trihexyphenidyl hcl tab 2 mg	39
trihexyphenidyl hcl tab 5 mg	39
trimethobenzamide hcl cap 300 mg	27
Trimethoprim	11
trimethoprim tab 100 mg	11
trimipramine maleate cap 100 mg	26
trimipramine maleate cap 25 mg	26
trimipramine maleate cap 50 mg	27
Trinatal Rx 1 (prenatal vit w/ ferrous fumarate-folic acid)	103
Trinate (prenatal vit w/ ferrous fumarate-folic acid)	103
Triumeq (abacavir-dolutegravir-lamivudine) .	48
Triumeq PD (abacavir-dolutegravir-lamivudine)	48
tropicamide ophth soln 0.5%	148
tropicamide ophth soln 1%	148
tropium chloride tab 20 mg	110
Trulicity (dulaglutide)	56
Tyblume (levonorgestrel & eth estradiol)	130
Tymlos (abaloparatide)	140

U

Ubrelvy (ubrogepant)	30
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Udenyca (pegfilgrastim-cbqv)	60
UltiCare Insulin Safety Syr	145
Ultilet Insulin Syringe	145
ursodiol cap 300 mg	108
ursodiol tab 250 mg	108
ursodiol tab 500 mg	108

V

valacyclovir hcl tab 1 gm	51
valacyclovir hcl tab 500 mg	51
valganciclovir hcl for soln 50 mg/ml (base equiv)	45
valganciclovir hcl tab 450 mg (base equivalent)	45
valproate sodium oral soln 250 mg/5ml (base equiv) (Valproic Acid)	18
valproic acid cap 250 mg	18
valsartan tab 160 mg	62
valsartan tab 320 mg	62
valsartan tab 40 mg	62
valsartan tab 80 mg	62
valsartan-hydrochlorothiazide tab 160-12.5 mg	77
valsartan-hydrochlorothiazide tab 160-25 mg .	77
valsartan-hydrochlorothiazide tab 320-12.5 mg	77
valsartan-hydrochlorothiazide tab 320-25 mg .	77
valsartan-hydrochlorothiazide tab 80-12.5 mg .	77
vancomycin hcl cap 125 mg (base equivalent) .	11
vancomycin hcl cap 250 mg (base equivalent) .	11
varenicline tartrate tab 0.5 mg (base equiv) . .	10
varenicline tartrate tab 1 mg (base equiv)	10
varenicline tartrate tab 1 mg (base equiv) (Varenicline Tartrate(Continue))	10
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack (Varenicline Tartrate (Starter))	10
Velivet (desogestrel-ethinyl estradiol (triphasic))	130
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Venlafaxine HCl ER)	25

venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Venlafaxine HCl ER)	25
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Venlafaxine HCl ER)	25
venlafaxine hcl tab 100 mg (base equivalent)	25
venlafaxine hcl tab 25 mg (base equivalent)	25
venlafaxine hcl tab 37.5 mg (base equivalent)	25
venlafaxine hcl tab 50 mg (base equivalent)	25
venlafaxine hcl tab 75 mg (base equivalent)	25
verapamil hcl cap er 24hr 120 mg (Verapamil HCl ER)	70
verapamil hcl cap er 24hr 180 mg (Verapamil HCl ER)	71
verapamil hcl cap er 24hr 240 mg (Verapamil HCl ER)	71
Verapamil HCl ER	71
verapamil hcl tab 120 mg	71
verapamil hcl tab 40 mg	71
verapamil hcl tab 80 mg	71
verapamil hcl tab er 120 mg (Verapamil HCl ER)	71
verapamil hcl tab er 180 mg (Verapamil HCl ER)	71
verapamil hcl tab er 240 mg (Verapamil HCl ER)	71
Verzenio (abemaciclib)	37
Vinate II (prenatal vit w/ fe bisglycinate chelate-folic acid)	103
Vinate One (prenatal vit w/ ferrous fumarate-folic acid)	103
Viracept (nelfinavir mesylate)	50
Viread (tenofovir disoproxil fumarate)	48,49
Virt-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	103
Virt-Nate DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	104
Virt-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	104
Virt-PN Plus (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3)	104

Vitathely with Ginger (prenatal vit w/ ferrous fumarate-folic acid)	104
Viva DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	104
Vol-Plus (prenatal vit w/ ferrous fumarate-folic acid)	104
Vol-Tab Rx (prenatal vit w/ iron carbonyl-folic acid)	104
voriconazole for susp 40 mg/ml	29
voriconazole tab 200 mg	29
voriconazole tab 50 mg	29
Vortex Hold Chmbr/Mask/Child	145
Vortex Hold Chmbr/Mask/Toddler	145
Vortex Valved Holding Chamber	145
Vosevi (sofosbuvir-velpatasvir-voxilaprevir)	46
Vyvanse (lisdexamfetamine dimesylate)	85

W

warfarin sodium tab 1 mg	59
warfarin sodium tab 1 mg (Jantoven)	59
warfarin sodium tab 10 mg	59
warfarin sodium tab 10 mg (Jantoven)	59
warfarin sodium tab 2 mg	59
warfarin sodium tab 2 mg (Jantoven)	59
warfarin sodium tab 2.5 mg	59
warfarin sodium tab 2.5 mg (Jantoven)	59
warfarin sodium tab 3 mg	59
warfarin sodium tab 3 mg (Jantoven)	59
warfarin sodium tab 4 mg	59
warfarin sodium tab 4 mg (Jantoven)	59
warfarin sodium tab 5 mg	59
warfarin sodium tab 5 mg (Jantoven)	59
warfarin sodium tab 6 mg	59
warfarin sodium tab 6 mg (Jantoven)	59
warfarin sodium tab 7.5 mg	59
warfarin sodium tab 7.5 mg (Jantoven)	59
Watchhaler	145
Wegovy (semaglutide (weight management))	160
WesCap-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	104

WesCap-PN DHA (prenatal without a w/ fumarate-l methylfolate-fa-dha)	104
WesNate DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	104
WesTab Plus (prenatal vit w/ ferrous fumarate-folic acid)	104
Wide-Seal Diaphragm 60 (diaphragm wide seal)	145
Wide-Seal Diaphragm 65 (diaphragm wide seal)	146
Wide-Seal Diaphragm 70 (diaphragm wide seal)	146
Wide-Seal Diaphragm 75 (diaphragm wide seal)	146
Wide-Seal Diaphragm 80 (diaphragm wide seal)	146
Wide-Seal Diaphragm 85 (diaphragm wide seal)	146
Wide-Seal Diaphragm 90 (diaphragm wide seal)	146
Wide-Seal Diaphragm 95 (diaphragm wide seal)	146

X

Xalkori (crizotinib)	37
Xarelto (rivaroxaban)	59
Xarelto Starter Pack (rivaroxaban)	59
Xeljanz (tofacitinib citrate)	136,137
Xeljanz XR (tofacitinib citrate)	137
Xgeva (denosumab)	37
Xifaxan (rifaximin)	12
Xigduo XR (dapagliflozin propanediol-metformin hcl)	56
Xigduo XR (dapagliflozin-metformin hcl)	56
Xofluza (40 MG Dose) (baloxavir marboxil)	51
Xofluza (80 MG Dose) (baloxavir marboxil)	51
Xtandi (enzalutamide)	33

Z

zafirlukast tab 10 mg	152
zafirlukast tab 20 mg	152

zaleplon cap 10 mg	159
zaleplon cap 5 mg	159
Zarxio (filgrastim-sndz)	60
Zatean-Pn DHA (prenatal without a w/ fumarate-l methylfolate-fa-dha)	104
Zatean-Pn Plus (prenatal without a w/ fumarate-l methylfolate-fa-omega 3)	104
Zenpep (pancrelipase (lipase-protease-amylase))	110
Zepbound (tirzepatide (weight management))	160
zidovudine cap 100 mg	49
zidovudine syrup 10 mg/ml	49
zidovudine tab 300 mg	49
ziprasidone hcl cap 20 mg	44
ziprasidone hcl cap 40 mg	44
ziprasidone hcl cap 60 mg	44
ziprasidone hcl cap 80 mg	44
Zolinza (vorinostat)	34
zolmitriptan orally disintegrating tab 2.5 mg	31
zolmitriptan orally disintegrating tab 5 mg	31
zolmitriptan tab 2.5 mg	31
zolmitriptan tab 5 mg	31
zolpidem tartrate tab 10 mg	159
zolpidem tartrate tab 5 mg	159
zolpidem tartrate tab er 12.5 mg (Zolpidem Tartrate ER)	160
zolpidem tartrate tab er 6.25 mg (Zolpidem Tartrate ER)	160
zonisamide cap 100 mg	21
zonisamide cap 25 mg	21
zonisamide cap 50 mg	21
Zurzuvae (zuranolone)	23

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