



Standard Drug Formulary

November 2024

Blue Shield of California

This formulary corresponds with the following plans:

IFP: \$0 Cost Share, Bronze 60 HDHP PPO, Bronze 60 PPO, Bronze 7500 Trio HMO, Gold 80, Minimum Coverage PPO, Platinum 90, Silver 1750 PPO, Silver 2600 HDHP PPO, Silver 70 Off Exchange, Silver 70, Silver 73, Silver 87, Silver 94

Small Group: Bronze Access+ HMO, Bronze Full PPO, Bronze Full PPO Savings, Bronze Local Access+, Bronze Tandem PPO, Bronze Tandem PPO Savings, Bronze 60, Bronze Trio HMO 7000/70 OffEx, Gold Access+ HMO, Gold Full PPO, Gold Full PPO Savings, Gold Local Access+ HMO, Gold Tandem PPO, Gold Tandem PPO Savings, Gold Trio HMO, Gold 80, Platinum Access+ HMO, Platinum Full PPO, Platinum Local Access+ HMO, Platinum Tandem PPO, Platinum Trio HMO, Platinum 90, Silver Access+ HMO, Silver Full PPO, Silver Full PPO Savings, Silver Local Access+ HMO, Silver Tandem PPO, Silver Tandem PPO Savings, Silver Trio HMO, Silver 70, Virtual Blue Tandem PPO

This formulary was last updated on 11/01/2024 . This formulary is subject to change, and all previous versions of the formulary no longer apply. For the most current information about the *Standard 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 Standard 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.
CW	Cost waived	This drug may be available with no out of pocket cost. Certain benefit limitations may apply. Please see your Evidence of Coverage (EOC) 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 Standard Drug Formulary, visit blueshieldca.com/pharmacy.

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

A medical benefit drug is a drug that is not generally self-administered and administered by a 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 if you have questions about specialty drugs.

Mail service pharmacy

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

Categorical List of Prescription Drugs

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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	
<i>flurbiprofen tab 100 mg</i>	TIER 1	

AL1 - Age Limit; 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>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 (4 tabs/day, not to exceed 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)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
METHADONE HCL 10 MG/5ML SOLUTION	TIER 3	PA, QLC (90 ml/day)
METHADONE HCL 5 MG/5ML SOLUTION	TIER 3	PA, QLC (180 ml/day)
<i>methadone hcl conc 10 mg/ml</i>	TIER 3	PA, QLC (18 ml/day)
methadone hcl conc 10 mg/ml (Methadone Hcl Intensol)	TIER 3	PA, QLC (18 ml/day)
<i>methadone hcl soln 10 mg/5ml</i>	TIER 3	PA, QLC (90 ml/day)
<i>methadone hcl soln 5 mg/5ml mg/ml</i>	TIER 3	PA, QLC (180 ml/day)
<i>methadone hcl tab 10 mg</i>	TIER 3	PA, QLC (18 tabs/day)
<i>methadone hcl tab 5 mg</i>	TIER 3	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)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 1260 ml/month)
<i>acetaminophen w/ codeine tab 300-15 mg</i> (ACETAMINOPHEN-CODEINE)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>acetaminophen w/ codeine tab 300-30 mg</i> (ACETAMINOPHEN-CODEINE)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>acetaminophen w/ codeine tab 300-60 mg</i> (ACETAMINOPHEN-CODEINE)	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
ACETAMINOPHEN-CODEINE (<i>acetaminophen w/ codeine</i>) -120-12 MG/5ML SOLUTION, -300-30 MG/12.5ML SOLUTION	TIER 1	QLC (90 ml/day; max 1260 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 84 caps/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine)	TIER 1	QLC (6 caps/day; max 84 caps/30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> (BUTALBITAL-ASA-CAFF-CODEINE)	TIER 1	QLC (6 caps/day; max 84 caps/30 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	TIER 1	QLC (4 canisters/month at 2 canisters/fill)
CODEINE SULFATE 15 MG TAB	TIER 1	QLC (24 tabs/day; max 336 tabs/month)
CODEINE SULFATE 30 MG TAB	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
CODEINE SULFATE 60 MG TAB	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
<i>codeine sulfate tab 30 mg</i>	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 84 tabs/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	TIER 1	QLC (8 tabs/day; max 112 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	TIER 2	QLC (5 tabs/day; max 70 tabs/month)
<i>hydromorphone hcl tab 2 mg</i>	TIER 1	QLC (11 tabs/day; max 154 tabs/month)
<i>hydromorphone hcl tab 4 mg</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
<i>hydromorphone hcl tab 8 mg</i>	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
<i>meperidine hcl tab 50 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 252 tabs/month)
MORPHINE SULFATE 10 MG SUPPOS	TIER 1	QLC (9 suppositories/day; max 126 suppositories/month)
MORPHINE SULFATE 10 MG/5ML SOLUTION	TIER 1	QLC (45 ml/day; max 630 ml/month)
MORPHINE SULFATE 15 MG TAB	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
MORPHINE SULFATE 20 MG SUPPOS	TIER 1	QLC (5 suppositories/day; max 70 suppositories/month)
MORPHINE SULFATE 20 MG/5ML SOLUTION	TIER 1	QLC (22.5 ml/day; max 315 ml/30 days)
MORPHINE SULFATE 30 MG SUPPOS	TIER 1	QLC (3 suppositories/day; max 42 suppositories/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MORPHINE SULFATE 30 MG TAB	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
MORPHINE SULFATE 5 MG SUPPOS	TIER 1	QLC (12 suppositories/day; max 168 suppositories/month)
<i>morphine sulfate oral soln 10 mg/5ml</i>	TIER 1	QLC (45 ml/day; max 630 ml/month)
<i>morphine sulfate oral soln 20 mg/5ml</i>	TIER 1	QLC (22.5 ml/day; max 315 ml/30 days)
<i>morphine sulfate tab 15 mg</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
<i>morphine sulfate tab 30 mg</i>	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
<i>oxycodone hcl soln 5 mg/5ml mg/ml</i>	TIER 2	QLC (60 ml/day; max 840 ml/month)
<i>oxycodone hcl tab 10 mg</i>	TIER 1	QLC (84 tabs/month)
<i>oxycodone hcl tab 15 mg</i>	TIER 1	QLC (4 tabs/day; max 56 tabs/month)
<i>oxycodone hcl tab 20 mg</i>	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
<i>oxycodone hcl tab 30 mg</i>	TIER 1	QLC (2 tabs/day; max 28 tabs/month)
<i>oxycodone hcl tab 5 mg</i>	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
oxycodone w/ acetaminophen tab 10-325 mg (Endocet)	TIER 2	QLC (6 tabs/day; max 84 tabs/month)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 2	QLC (6 tabs/day; max 84 tabs/month)
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)	TIER 2	QLC (12 tabs/day; max 168 tabs/month)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 2	QLC (12 tabs/day; max 168 tabs/month)
oxycodone w/ acetaminophen tab 5-325 mg (Endocet)	TIER 2	QLC (12 tabs/day; max 168 tabs/month)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 2	QLC (12 tabs/day; max 168 tabs/month)
oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)	TIER 2	QLC (8 tabs/day; max 112 tabs/month)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 2	QLC (8 tabs/day; max 112 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OXYCODONE-ASPIRIN -4.8355-325 MG TAB	TIER 2	QLC (12 tabs/day; max 168 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 liii)	TIER 1	QLC (90 patches/month)
<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	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	

ANTIBACTERIALS, OTHER

CAYSTON (<i>aztreonam lysine</i>) 75 MG RECON SOLN	TIER 4	PA, SP, 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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
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	

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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>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	

BETA-LACTAM, PENICILLINS

<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml (AMOXICILLIN-POT CLAVULANATE)</i>	TIER 1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (AMOXICILLIN-POT CLAVULANATE)</i>	TIER 1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml (AMOXICILLIN-POT CLAVULANATE)</i>	TIER 1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (AMOXICILLIN-POT CLAVULANATE)</i>	TIER 1	
<i>amoxicillin & k clavulanate tab 250-125 mg (AMOXICILLIN-POT CLAVULANATE)</i>	TIER 1	
<i>amoxicillin & k clavulanate tab 500-125 mg (AMOXICILLIN-POT CLAVULANATE)</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
<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	
<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</i> (ERYTHROMYCIN BASE)	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</i> (ERYTHROMYCIN BASE)	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levofloxacin oral soln 25 mg/ml</i>	TIER 2	QLC (300 ml/fill)
<i>levofloxacin tab 250 mg</i>	TIER 1	QLC (10 tabs/fill)
<i>levofloxacin tab 500 mg</i>	TIER 1	QLC (10 tabs/fill)
<i>levofloxacin tab 750 mg</i>	TIER 1	QLC (10 tabs/fill)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	TIER 1	QLC (10 tabs/fill)
OFLOXACIN 300 MG TAB	TIER 3	
<i>ofloxacin tab 400 mg</i>	TIER 3	

SULFONAMIDES

<i>sulfadiazine tab 500 mg</i>	TIER 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	TIER 1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml (Sulfatrim Pediatric)	TIER 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	TIER 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	TIER 1	

TETRACYCLINES

<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	
doxycycline hyclate tab 100 mg (Lymepak)	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	

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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
<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 (Roweeptra)	TIER 1	
<i>levetiracetam tab 250 mg</i>	TIER 1	
<i>levetiracetam tab 500 mg</i>	TIER 1	
levetiracetam tab 500 mg (Roweeptra)	TIER 1	
<i>levetiracetam tab 750 mg</i>	TIER 1	
levetiracetam tab 750 mg (Roweeptra)	TIER 1	
<i>levetiracetam tab er 24hr 500 mg</i> (LEVETIRACETAM ER)	TIER 1	QLC (6 tabs/day)
levetiracetam tab er 24hr 500 mg (Roweeptra 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 (Roweeptra Xr)	TIER 1	QLC (4 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 (base equiv)</i> (VALPROIC ACID)	TIER 1	
<i>valproic acid cap 250 mg</i>	TIER 1	

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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	

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 (Eptol)	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)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bupropion hcl tab 75 mg</i>	TIER 1	QLC (6 tabs/day)
<i>bupropion hcl tab er 12hr 100 mg</i> (BUPROPION HCL ER (SR))	TIER 1	QLC (4 tabs/day)
<i>bupropion hcl tab er 12hr 150 mg</i> (BUPROPION HCL ER (SR))	TIER 1	QLC (3 tabs/day)
<i>bupropion hcl tab er 12hr 200 mg</i> (BUPROPION HCL ER (SR))	TIER 1	QLC (2 tabs/day)
<i>bupropion hcl tab er 24hr 150 mg</i> (BUPROPION HCL ER (XL))	TIER 1	QLC (3 tabs/day)
<i>bupropion hcl tab er 24hr 300 mg</i> (BUPROPION HCL ER (XL))	TIER 1	QLC (1 tab/day)
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)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>paroxetine hcl tab 20 mg</i>	TIER 1	
<i>paroxetine hcl tab 30 mg</i>	TIER 1	
<i>paroxetine hcl tab 40 mg</i>	TIER 1	
<i>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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amoxapine tab 150 mg</i>	TIER 1	
<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 (1 cap/7 days)
<i>aprepitant capsule 40 mg</i>	TIER 2	QLC (1 cap/month)
<i>aprepitant capsule 80 mg</i>	TIER 2	QLC (2 caps/7 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	TIER 2	QLC (3 caps/7 days)
<i>granisetron hcl tab 1 mg</i>	TIER 1	QLC (12 tabs/fill)
ONDANSETRON HCL 24 MG TAB	TIER 1	QLC (1 tab/fill)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	TIER 1	QLC (1 bottle/fill)
<i>ondansetron hcl tab 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	
<i>nystatin cream 100000 unit/gm</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>) IMOVI 140 MG/ML SOLN -INJ	TIER 2	PA, QLC (1 injection/28 days)
AIMOVIG (<i>erenumab-aooe</i>) IMOVI 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 (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	TIER 2	QLC (16 injections/month at 4 injections/fill)
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART	TIER 2	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	TIER 2	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	TIER 2	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	TIER 2	QLC (16 injections/month at 4 injections/fill)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	TIER 2	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate tab 100 mg</i>	TIER 1	QLC (18 tabs/month)
<i>sumatriptan succinate tab 25 mg</i>	TIER 1	QLC (18 tabs/month)
<i>sumatriptan succinate tab 50 mg</i>	TIER 1	QLC (18 tabs/month)
<i>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	
<i>isoniazid syrup 50 mg/5ml</i>	TIER 1	
<i>isoniazid tab 300 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	SP, OAC

ANTIANDROGENS

<i>abiraterone acetate tab 250 mg</i>	TIER 4	PA, SP, QLC (4 tabs/day), OAC
<i>abiraterone acetate tab 500 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC
<i>bicalutamide tab 50 mg</i>	TIER 1	OAC
ERLEADA (<i>apalutamide</i>) 240 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
ERLEADA (<i>apalutamide</i>) 60 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
FLUTAMIDE 125 MG CAP	TIER 1	OAC
<i>flutamide cap 125 mg</i>	TIER 1	OAC
XTANDI (<i>enzalutamide</i>) 40 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC, SF
XTANDI (<i>enzalutamide</i>) 40 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
XTANDI (<i>enzalutamide</i>) 80 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTIANGIOGENIC AGENTS

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

ANTIMETABOLITES

<i>capecitabine tab 150 mg</i>	TIER 4	SP, OAC
<i>capecitabine tab 500 mg</i>	TIER 4	SP, 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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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, SP, 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
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MOLECULAR TARGET INHIBITORS

ALECENSA (<i>alectinib hcl</i>) 150 MG CAP	TIER 4	PA, SP, QLC (8 caps/day), OAC, SF
CABOMETYX (<i>cabozantinib s-malate</i>) 20 MG TAB, 40 MG TAB, 60 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
CAPRELSA (<i>vandetanib</i>) 100 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
CAPRELSA (<i>vandetanib</i>) 300 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
COMETRIQ (100 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 80 & 20 KIT	TIER 4	PA, SP, QLC (56 caps/28 days), OAC
COMETRIQ (140 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 3 X 20 & 80 KIT	TIER 4	PA, SP, QLC (112 caps/28 days), OAC
COMETRIQ (60 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 20 KIT	TIER 4	PA, SP, QLC (84 caps/28 days), OAC
<i>dasatinib tab 100 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), SF
<i>dasatinib tab 140 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), SF
<i>dasatinib tab 20 mg</i>	TIER 4	PA, SP, QLC (3 tabs/day), SF
<i>dasatinib tab 50 mg</i>	TIER 4	PA, SP, QLC (3 tabs/day), SF
<i>dasatinib tab 70 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), SF
<i>dasatinib tab 80 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), SF
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (3 tabs/day), OAC, SF
<i>everolimus tab 10 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>everolimus tab 2.5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
<i>everolimus tab 5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
<i>everolimus tab 7.5 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF
<i>everolimus tab for oral susp 2 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC
<i>everolimus tab for oral susp 3 mg</i>	TIER 4	PA, SP, QLC (4 tabs/day), OAC
<i>everolimus tab for oral susp 5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), OAC
GILOTRIF (<i>afatinib dimaleate</i>) 20 MG TAB, 30 MG TAB, 40 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
IBRANCE (<i>palbociclib</i>) 125 MG TAB	TIER 4	PA, SP, QLC (1 tab/day; max 21 tabs/28 days), OAC
IBRANCE (<i>palbociclib</i>) 75 MG CAP, 100 MG CAP, 125 MG CAP	TIER 4	PA, SP, QLC (1 cap/day, max 21 caps/28 days), OAC
IBRANCE (<i>palbociclib</i>) 75 MG TAB, 100 MG TAB	TIER 4	PA, SP, QLC (1 tab day; max 21 tabs/28 days), OAC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (8 tabs/day), OAC, SF
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF
IMBRUVICA (<i>ibrutinib</i>) 140 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 70 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
JAKAFI (<i>ruxolitinib phosphate</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF
KISQALI (200 MG DOSE) (<i>ribociclib succinate</i>) (TAB THPK)	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI (400 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI (600 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI FEMARA (200 MG DOSE) (<i>ribociclib succinate-letrozole</i>) (& 2.5 TAB THPK)	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI FEMARA (400 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI FEMARA (600 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	TIER 3	PA, SP, QLC (6 tabs/day), OAC
LYNPARZA (<i>olaparib</i>) 100 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.05 MG/ML RECON SOLN	TIER 4	PA, SP, QLC (40 ml/day), OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.5 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 2 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
ODOMZO (<i>sonidegib phosphate</i>) 200 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC, SF
<i>pazopanib hcl tab 200 mg (base equiv)</i>	TIER 4	PA, SP, QLC (4 tabs/day), OAC, SF
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (4 tabs/day), OAC
SPRYCEL (<i>dasatinib</i>) 100 MG TAB, 140 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
SPRYCEL (<i>dasatinib</i>) 20 MG TAB, 50 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC, SF
SPRYCEL (<i>dasatinib</i>) 70 MG TAB, 80 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF
STIVARGA (<i>regorafenib</i>) 40 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (3 caps/day), OAC, SF
<i>sunitinib malate cap 25 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC, SF
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC, SF
<i>sunitinib malate cap 50 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 cap/day), OAC, SF
TAFINLAR (<i>dabrafenib mesylate</i>) 10 MG TAB SOL	TIER 4	PA, SP, QLC (30 tabs/day), OAC
TAFINLAR (<i>dabrafenib mesylate</i>) 50 MG CAP, 75 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
TAGRISSO (<i>osimertinib mesylate</i>) 40 MG TAB, 80 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC, SF
TASIGNA (<i>nilotinib hcl</i>) 50 MG CAP, 150 MG CAP, 200 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC, SF
TIBSOVO (<i>ivosidenib</i>) 250 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC, SF

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VERZENIO (<i>abemaciclib</i>) 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
XALKORI (<i>crizotinib</i>) 150 MG CAP SPRINK	TIER 4	PA, SP, 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, SP, QLC (4 caps/day), OAC, SF

MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE

XGEVA (<i>denosumab</i>) 120 MG/1.7ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/month)
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RETINOIDS

<i>bexarotene cap 75 mg</i>	TIER 4	PA, SP, 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 (Drugs for Worm Infection)

<i>albendazole tab 200 mg</i>	TIER 3	QLC (4 tabs/day)
<i>ivermectin tab 3 mg</i>	TIER 1	QLC (8 tabs/fill; 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/fill)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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/fill)
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, SP
<i>quinine sulfate cap 324 mg</i>	TIER 1	QLC (6 caps/day)

ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)

ANTICHOLINERGICS

<i>benztropine mesylate tab 0.5 mg</i>	TIER 1	
<i>benztropine mesylate tab 1 mg</i>	TIER 1	
<i>benztropine mesylate tab 2 mg</i>	TIER 1	
TRIHXYPHENIDYL 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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
<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 (ROPINIROLE HCL)</i>	TIER 1	
<i>ropinirole hydrochloride tab 0.5 mg (ROPINIROLE HCL)</i>	TIER 1	
<i>ropinirole hydrochloride tab 1 mg (ROPINIROLE HCL)</i>	TIER 1	
<i>ropinirole hydrochloride tab 2 mg (ROPINIROLE HCL)</i>	TIER 1	
<i>ropinirole hydrochloride tab 3 mg (ROPINIROLE HCL)</i>	TIER 1	

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

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

<i>carbidopa & levodopa orally 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)

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SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
<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	

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

2ND GENERATION/ATYPICAL

<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>olanzapine tab 10 mg</i>	TIER 1	
<i>olanzapine tab 15 mg</i>	TIER 1	
<i>olanzapine tab 2.5 mg</i>	TIER 1	
<i>olanzapine tab 20 mg</i>	TIER 1	
<i>olanzapine tab 5 mg</i>	TIER 1	
<i>olanzapine tab 7.5 mg</i>	TIER 1	
QUETIAPINE FUMARATE 150 MG TAB	TIER 1	
<i>quetiapine fumarate tab 100 mg</i>	TIER 1	
<i>quetiapine fumarate tab 200 mg</i>	TIER 1	
<i>quetiapine fumarate tab 25 mg</i>	TIER 1	
<i>quetiapine fumarate tab 300 mg</i>	TIER 1	
<i>quetiapine fumarate tab 400 mg</i>	TIER 1	
<i>quetiapine fumarate tab 50 mg</i>	TIER 1	
<i>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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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	
<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, SP, QLC (1 packet/day)
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 200-50 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 200-50 MG TAB, 400-100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HARVONI (<i>ledipasvir-sofosbuvir</i>) 33.75-150 MG PACKET	TIER 4	PA, SP, QLC (1 packet/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 45-200 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 45-200 MG TAB, 90-400 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
MAVYRET (<i>glecaprevir-pibrentasvir</i>) 100-40 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
MAVYRET (<i>glecaprevir-pibrentasvir</i>) 50-20 MG PACKET	TIER 4	PA, SP, QLC (6 packets/day)
PEGINTRON (<i>peginterferon alfa-2b</i>) 50 MCG/0.5ML KIT	TIER 4	SP
RIBAVIRIN (<i>ribavirin (hepatitis c)</i>) 200 MG CAP, 200 MG TAB	TIER 1	SP
<i>ribavirin cap 200 mg</i>	TIER 1	SP
<i>ribavirin tab 200 mg</i>	TIER 1	SP
VOSEVI (<i>sofosbuvir-velpatasvir-voxilaprevir</i>) 400-100-100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

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

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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	SP, 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)
LEXIVA (<i>fosamprenavir calcium</i>) 50 MG/ML SUSPENSION	TIER 2	QLC (56 ml/day)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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>) 20 150 MG & 0MG 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 & 0MG 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>bupirone hcl tab 10 mg</i>	TIER 1	
<i>bupirone hcl tab 15 mg</i>	TIER 1	
<i>bupirone hcl tab 30 mg</i>	TIER 1	
<i>bupirone hcl tab 5 mg</i>	TIER 1	
<i>bupirone hcl tab 7.5 mg</i>	TIER 1	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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	
<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	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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)
VICTOZA (<i>liraglutide</i>) 18 MG/3ML SOLN PEN	TIER 2	PA, QLC (2 pens/month (2 pack size); 3 pens/month (3 pack size))
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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 - (CONCENTATED) 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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)

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 (2 tabs/day; 1 starter pack/6 months)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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, SP
NIVESTYM (<i>filgrastim-aafi</i>) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	TIER 4	PA, SP
RETACRIT (<i>epoetin alfa-epbx</i>) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	TIER 4	PA, SP
UDENYCA (<i>pegfilgrastim-cbqv</i>) 6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
ZARXIO (<i>filgrastim-sndz</i>) 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	TIER 4	PA, SP

HEMOSTASIS AGENTS (Drugs to Stop Bleeding)

<i>tranexamic acid tab 650 mg</i>	TIER 1	QLC (6 tabs/day; max 30 tabs/month)
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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	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BRILINTA (<i>ticagrelor</i>) 60 MG TAB, 90 MG TAB	TIER 2	QLC (2 tabs/day)
CABLIVI (<i>caplacizumab-yhdp</i>) 11 MG KIT	TIER 4	PA, SP, QLC (1 kit/day)
<i>cilostazol tab 100 mg</i>	TIER 1	
<i>cilostazol tab 50 mg</i>	TIER 1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>dipyridamole tab 25 mg</i>	TIER 1	
<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)

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

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

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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	

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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<i>propafenone hcl tab 300 mg</i>	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>propranolol hcl cap er 24hr 120 mg</i> (PROPRANOLOL HCL ER)	TIER 1	
<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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt)	TIER 1	
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiadylt 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 (Tiadylt Er)	TIER 1	
<i>diltiazem hcl tab 120 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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	

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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	

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

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<i>torseamide tab 100 mg</i>	TIER 1	
<i>torseamide tab 20 mg</i>	TIER 1	
<i>torseamide tab 5 mg</i>	TIER 1	

DIURETICS, POTASSIUM-SPARING

<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	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)

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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 (ANTIHYPERLIPIDEMIC) 500 MG TAB	TIER 1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERLIPIDEMIC))	TIER 1	QLC (2 tabs/day)
<i>niacin tab er 500 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERLIPIDEMIC))	TIER 1	QLC (4 tabs/day)
<i>niacin tab er 750 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERLIPIDEMIC))	TIER 1	QLC (2 tabs/day)
NIACOR (<i>niacin (antihyperlipidemic)</i>) 500 MG TAB	TIER 1	
<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

<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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/VENOUS

<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	
<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	

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PRESCRIPTION DRUG NAME

DRUG TIER

COVERAGE REQUIREMENTS AND LIMITS

CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

riluzole tab 50 mg

TIER 1

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

amphetamine-dextroamphetamine cap er 24hr 10 mg (AMPHETAMINE-DEXTROAMPHET ER) *-dextro*

TIER 1

AL1 (Up to 17 yrs old), QLC (2 caps/day)

amphetamine-dextroamphetamine cap er 24hr 15 mg (AMPHETAMINE-DEXTROAMPHET ER) *-dextro*

TIER 1

AL1 (Up to 17 yrs old), QLC (2 caps/day)

amphetamine-dextroamphetamine cap er 24hr 20 mg (AMPHETAMINE-DEXTROAMPHET ER) *-dextro*

TIER 1

AL1 (Up to 17 yrs old), QLC (2 caps/day)

amphetamine-dextroamphetamine cap er 24hr 25 mg (AMPHETAMINE-DEXTROAMPHET ER) *-dextro*

TIER 1

AL1 (Up to 17 yrs old), QLC (2 caps/day)

amphetamine-dextroamphetamine cap er 24hr 30 mg (AMPHETAMINE-DEXTROAMPHET ER) *-dextro*

TIER 1

AL1 (Up to 17 yrs old), QLC (2 caps/day)

amphetamine-dextroamphetamine cap er 24hr 5 mg (AMPHETAMINE-DEXTROAMPHET ER) *-dextro*

TIER 1

AL1 (Up to 17 yrs old), QLC (2 caps/day)

amphetamine-dextroamphetamine tab 10 mg -dextro

TIER 1

AL1 (Up to 17 yrs old), QLC (4 tabs/day)

amphetamine-dextroamphetamine tab 12.5 mg -dextro

TIER 1

AL1 (Up to 17 yrs old), QLC (5 tabs/day)

amphetamine-dextroamphetamine tab 15 mg -dextro

TIER 1

AL1 (Up to 17 yrs old), QLC (4 tabs/day)

amphetamine-dextroamphetamine tab 20 mg -dextro

TIER 1

AL1 (Up to 17 yrs old), QLC (3 tabs/day)

amphetamine-dextroamphetamine tab 30 mg -dextro

TIER 1

AL1 (Up to 17 yrs old), QLC (2 tabs/day)

amphetamine-dextroamphetamine tab 5 mg -dextro

TIER 1

AL1 (Up to 17 yrs old), QLC (4 tabs/day)

amphetamine-dextroamphetamine tab 7.5 mg -dextro

TIER 1

AL1 (Up to 17 yrs old), QLC (4 tabs/day)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
<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</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> (DEXMETHYLPHENIDATE HCL ER)	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 25 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	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 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	TIER 2	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 (OSM) 72 MG TAB	TIER 2	PA, AL1 (Up to 17 yrs old), QLC (1 tab/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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER (OSM))	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> (METHYLPHENIDATE HCL ER (OSM))	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> (METHYLPHENIDATE HCL ER (OSM))	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
RELEXXII (<i>methylphenidate hcl</i>) 72 MG TAB ER	TIER 2	PA, 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)
<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)
<i>benzphetamine hcl tab 50 mg</i>	TIER 1	PA, QLC (3 tabs/day)
<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)
<i>diethylpropion hcl tab 25 mg</i>	TIER 1	PA, QLC (3 tabs/day)
LOMAIRA (<i>phentermine hcl</i>) 8 MG TAB	TIER 1	PA, QLC (3 tabs/day)
<i>phendimetrazine tartrate tab 35 mg</i>	TIER 1	PA, QLC (6 tabs/day)
<i>phentermine hcl cap 15 mg</i>	TIER 1	PA, QLC (1 cap/day)
<i>phentermine hcl cap 30 mg</i>	TIER 1	PA, QLC (1 cap/day)
<i>phentermine hcl cap 37.5 mg</i>	TIER 1	PA, QLC (1 cap/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>phentermine hcl tab 37.5 mg</i>	TIER 1	PA, QLC (1 tab/day)
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 2	PA, QLC (1 cap/day)
RUZURGI (<i>amifampridine</i>) 10 MG TAB	TIER 4	PA, SP, 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 3	SP, QLC (4 injections/month)
AVONEX PREFILLED (<i>interferon beta-1a</i>) ILLED 30 MCG/0.5ML SY KT	TIER 3	SP, QLC (4 injections/month)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	TIER 1	SP, QLC (2 caps/day)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	TIER 1	SP, QLC (2 caps/day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (DIMETHYL FUMARATE STARTER PACK)	TIER 1	SP, QLC (2 tabs/day; 1 pack/month)

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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	SP, QLC (1 cap/day)
GILENYA (<i>fingolimod hcl</i>) 0.25 MG CAP	TIER 4	SP, QLC (1 cap/day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	TIER 4	SP, QLC (1 syringe/day)
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	TIER 4	SP, QLC (1 syringe/day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	TIER 4	SP, QLC (12 syringes/month)
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)	TIER 4	SP, QLC (12 syringes/month)
<i>teriflunomide tab 14 mg</i>	TIER 4	PA, SP, QLC (1 tab/day)
<i>teriflunomide tab 7 mg</i>	TIER 4	PA, SP, 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	
<i>acitretin cap 17.5 mg</i>	TIER 3	
<i>acitretin cap 25 mg</i>	TIER 3	
<i>adapalene cream 0.1%</i>	TIER 1	AL1 (Up to 39 yrs old)
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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-SMOOTHIE/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	
<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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT, 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 1%</i> (HYDROCORTISONE (PERIANAL))	TIER 1	
hydrocortisone perianal cream 1% (Procto-Pak)	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% (lotion)</i>	TIER 1	
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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, SP, 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	
<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	

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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>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	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
MULTI-VIT-FLOR (<i>pediatric multivitamins w/fl</i>) --0.25 MG CHEW TAB	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
MULTI-VIT-FLOR (<i>pediatric multivitamins w/fl</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/fl</i>) -0.25 MG/ML SOLUTION, -0.5 MG/ML SOLUTION	TIER 1	ACA (Preventive Health)
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 0.25 MG CHEW TAB	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/fl</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/fl</i>) 0.25 MG CHEW TAB	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/fl</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	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>potassium chloride microencapsulated cycler tab 20 meq</i> (POTASSIUM CHLORIDE CRYL ER)	TIER 1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	TIER 2	PA
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	TIER 2	PA
<i>potassium chloride powder packet 20 meq</i>	TIER 1	
potassium chloride powder packet 20 meq (Klor-Con)	TIER 1	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	SP, SF
<i>deferasirox tab for oral susp 250 mg</i>	TIER 4	SP, SF
<i>deferasirox tab for oral susp 500 mg</i>	TIER 4	SP, SF
<i>penicillamine tab 250 mg</i>	TIER 4	PA, SP, 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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
<i>levocarnitine oral soln 1 gm/10ml (10%) (LEVOCARNITINE SF) gm/0ml (0%)</i>	TIER 1	
<i>levocarnitine oral soln 1 gm/10ml (10%) gm/0ml (0%)</i>	TIER 1	
<i>levocarnitine tab 330 mg</i>	TIER 1	
TRI-VITE/FLUORIDE (<i>pediatric vitamins 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)

lactulose (encephalopathy) solution 10 gm/15ml (Enulose)	TIER 1	
lactulose (encephalopathy) solution 10 gm/15ml (Generlac)	TIER 1	
<i>lactulose (encephalopathy) solution 10 gm/15ml (LACTULOSE ENCEPHALOPATHY)</i>	TIER 1	
<i>lactulose solution 10 gm/15ml</i>	TIER 1	
lactulose solution 10 gm/15ml (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)
MOVANTIK (<i>naloxegol oxalate</i>) 12.5 MG TAB, 25 MG TAB	TIER 3	AL1 (At least 18 yrs old), QLC (1 tab/day)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-N With Flavor Pack)	TIER 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (PEG 3350-KCL-NA BICARB-NACL)	TIER 1	ACA (Preventive Health)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Trilyte)	TIER 1	ACA (Preventive Health)
PEG-PREP (<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i>) --210 MG-GM KIT	TIER 1	ACA (Preventive Health)
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
hyoscyamine sulfate tab disint 0.125 mg (Nulev)	TIER 1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg (HYOSCYAMINE SULFATE ER)</i>	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, SP
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 (PEG-3350/ELECTROLYTES) - --cl-</i>	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>famotidine tab 40 mg</i>	TIER 1	
NIZATIDINE 150 MG CAP, 300 MG CAP	TIER 1	
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	
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, SP, QLC (35 tabs/day)
CERDELGA (<i>eliglustat tartrate</i>) 84 MG CAP	TIER 4	PA, SP, 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	SP, QLC (26 caps/day)
CYSTAGON (<i>cysteamine bitartrate</i>) 50 MG CAP	TIER 3	SP, 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, SP, QLC (1 vial/day)
<i>nitisinone cap 10 mg</i>	TIER 4	PA, SP, QLC (14 caps/day)
<i>nitisinone cap 2 mg</i>	TIER 4	PA, SP, QLC (10 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nitisinone cap 20 mg</i>	TIER 4	PA, SP, QLC (8 caps/day)
<i>nitisinone cap 5 mg</i>	TIER 4	PA, SP, QLC (2 caps/day)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)

<i>alfuzosin hcl tab er 24hr 10 mg</i> (ALFUZOSIN HCL ER)	TIER 1	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
<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, SP
<i>tiopronin tab delayed release 100 mg</i>	TIER 4	PA, SP
<i>tiopronin tab delayed release 300 mg</i>	TIER 4	PA, SP

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

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

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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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	
PREDNISONE 5 MG/5ML SOLUTION	TIER 1	
PREDNISONE 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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	

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

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

<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, SP
GENOTROPIN MINIQUICK (<i>somatropin</i>) 0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR	TIER 4	PA, SP
INCRELEX (<i>mecasermin</i>) 40 MG/4ML SOLUTION	TIER 4	PA, SP
OMNITROPE (<i>somatropin</i>) 5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN	TIER 4	PA, SP

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)

<i>misoprostol tab 100 mcg</i>	TIER 1	
<i>misoprostol tab 200 mcg</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 (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)

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>methyltestosterone</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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ESTROGENS (Contraceptives and Drugs for Menopause)		
ANNOVERA (<i>segesterone acetate-ethinyl estradiol</i>) 0.013-0.15 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)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (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)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST)	TIER 1	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Estratest H.s.)	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
<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)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (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/month)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette)	TIER 2	ACA (Preventive Health), QLC (1 ring/month)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	TIER 2	ACA (Preventive Health), QLC (1 ring/month)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Eluryng)	TIER 2	ACA (Preventive Health), QLC (1 ring/month)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring)	TIER 2	ACA (Preventive Health), QLC (1 ring/month)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Haloette)	TIER 2	ACA (Preventive Health), QLC (1 ring/month)
FEMLYV (norethindrone acet & eth estra) 1-0.02 MG TAB DISP	TIER 3	ACA (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Fayosim)	TIER 1	ACA (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (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)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (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 (Vienva)	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)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora (28))	TIER 1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	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)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (LEVONORGEST-ETH ESTRADIOL-IRON)	TIER 3	ACA (Preventive Health)
LO LOESTRIN FE (norethindrone acetate-ethinyl estradiol-fe fum (biphasic)) ESTRIN 1 MG-10 MCG 10 MCG TAB	TIER 2	ACA (Preventive Health)
NATAZIA (estradiol valerate-dienogest) 3/2-2/2-3/1 MG TAB	TIER 3	ACA (Preventive Health)
NEXTSTELLIS (drospirenone-estetrol) 3-14.2 MG TAB	TIER 3	ACA (Preventive Health)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (NORELGESTROMIN-ETH ESTRADIOL)	TIER 1	ACA (Preventive Health), QLC (3 patches/month)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	TIER 1	ACA (Preventive Health), QLC (3 patches/month)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)	TIER 1	ACA (Preventive Health), QLC (3 patches/month)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva)	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 (Briellyn)	TIER 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith)	TIER 1	ACA (Preventive Health)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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) (Gemmily)	TIER 3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Merzee)	TIER 3	ACA (Preventive Health)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 0.5-35/0.5-35 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)
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</i> (NORGESTIM-ETH ESTRAD TRIPHASIC) --/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-Estarylla) --/0.215-/0.--	TIER 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
TWIRLA (<i>levonorgestrel-ethinyl estradiol</i>) 120-30 MCG/24HR PATCH WK	TIER 3	ACA (Preventive Health), QLC (3 patches/28 days)
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)
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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for Replacing/Stimulating Thyroid Gland Hormones)		
ARMOUR THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB	TIER 3	
<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	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
<i>liothyronine sodium tab 5 mcg</i>	TIER 1	
<i>liothyronine sodium tab 50 mcg</i>	TIER 1	
NIVA THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB	TIER 3	
NP THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB	TIER 3	
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	
THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB	TIER 3	

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, SP
<i>leuprolide acetate inj kit 5 mg/ml</i>	TIER 4	PA, SP
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR	TIER 4	PA, SP

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	TIER 4	PA, SP
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	TIER 4	PA, SP
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	TIER 4	PA, SP
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	TIER 4	PA, SP
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	TIER 4	PA, SP
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

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, SP, QLC (2 syringes per fill; not to exceed 12 syringes/2 months)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir)	TIER 4	PA, SP, QLC (2 syringes per fill; not to exceed 12 syringes/2 months)

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

ACTEMRA (<i>tocilizumab</i>) 162 MG/0.9ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
ACTEMRA ACTPEN (<i>tocilizumab</i>) CTPEN 162 MG/0.9ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen injector/week)
ARCALYST (<i>rilonacept</i>) 220 MG RECON SOLN	TIER 4	PA, SP

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COSENTYX (300 MG DOSE) (<i>secukinumab</i>) 150 /ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
COSENTYX (<i>secukinumab</i>) 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
COSENTYX SENSOREADY (300 MG) (<i>secukinumab</i>) SENSOREDY 150 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (2 pens/28 days)
COSENTYX SENSOREADY PEN (<i>secukinumab</i>) SENSOREDY 150 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/28 days)
COSENTYX UNOREADY (<i>secukinumab</i>) 300 MG/2ML SOLN -INJ	TIER 4	PA, SP, 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, SP, QLC (2 syringes/28 days)
DUPIXENT (<i>dupilumab</i>) 200 MG/1.14ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
DUPIXENT (<i>dupilumab</i>) 300 MG/2ML SOLN -INJ	TIER 4	PA, SP, 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, SP, QLC (2 syringes/28 days)
KEVZARA (<i>sarilumab</i>) KEVZR150 MG/1.14ML SOLN -INJ, KEVZR200 MG/1.14ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/14 days)
OLUMIANT (<i>baricitinib</i>) 1 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
OLUMIANT (<i>baricitinib</i>) 2 MG TAB, 4 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ORENCIA (<i>abatacept</i>) 50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
ORENCIA CLICKJECT (<i>abatacept</i>) ORENCI125 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 syringe/week)
OTEZLA (<i>apremilast</i>) 10 & 20 & 30 MG TAB THPK	TIER 4	PA, SP, QLC (1 pack/month)
OTEZLA (<i>apremilast</i>) 4 X 10 & 51 X20 MG TAB THPK	TIER 4	PA, SP, 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, SP, QLC (1 tab/day)
RINVOQ (<i>upadacitinib</i>) 45 MG TAB ER 24H	TIER 4	PA, SP, QLC (1 tab/day; max 84 tabs/365 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RINVOQ LQ (<i>upadacitinib</i>) 1 MG/ML SOLUTION	TIER 4	PA, SP, QLC (12 ml/day)
SKYRIZI (150 MG DOSE) (<i>risankizumab-rzaa</i>) 75 /0.83ML PEF SY KT	TIER 4	PA, SP, 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, SP, QLC (1 syringe/56 days)
SKYRIZI (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/84 days)
SKYRIZI PEN (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 auto-injector/ 84 days)
SOTYKTU (<i>deucravacitinib</i>) 6 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/84 days)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/84 days)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 injection/8 weeks)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/8 weeks)
TREMFYA (<i>guselkumab</i>) 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 ml/28 days)
XELJANZ (<i>tofacitinib citrate</i>) 1 MG/ML SOLUTION	TIER 4	PA, SP, QLC (10 ml/day)
XELJANZ (<i>tofacitinib citrate</i>) 5 MG TAB, 10 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
XELJANZ XR (<i>tofacitinib citrate</i>) 11 MG TAB ER 24H, 22 MG TAB ER 24H	TIER 4	PA, SP, 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, SP
INTRON A (<i>interferon alfa-2b</i>) 6000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN	TIER 4	SP
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 pen/week)
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/week)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PEGASYS PROCLICK (<i>peginterferon alfa-2a</i>) PEGSYS 180 MCG/0.5ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/week)

IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)

<i>azathioprine tab 50 mg</i>	TIER 1	
CIMZIA (2 SYRINGE) (<i>certolizumab pegol</i>) RINGE) 200 MG/ML PREF KT	TIER 4	PA, SP, QLC (1 kit/28 days)
CIMZIA-STARTER (<i>certolizumab pegol</i>) - 200 MG/ML PREF SY KT	TIER 4	PA, SP, QLC (3 set (1 kit = 3 sets of 2 syringes)/180 days)
<i>cyclosporine cap 100 mg</i>	TIER 1	
<i>cyclosporine cap 25 mg</i>	TIER 1	
<i>cyclosporine modified cap 100 mg</i>	TIER 1	
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	
cyclosporine modified oral soln 100 mg/ml (Gengraf)	TIER 1	
ENBREL (<i>etanercept</i>) 25 MG RECON SOLN	TIER 4	PA, SP, QLC (8 vials/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (4 ml/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLUTION	TIER 4	PA, SP, QLC (4 ml/ 28 days)
ENBREL MINI (<i>etanercept</i>) 50 MG/ML SOLN CART	TIER 4	PA, SP, QLC (4 ml/ 28 days)
ENBREL SURECLICK (<i>etanercept</i>) 50 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (4 ml/28 days)
HADLIMA (<i>adalimumab-bwwd</i>) 40 MG/0.4ML SOLN PRSYR, 40 MG/0.8ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
HADLIMA PUSHTOUCH (<i>adalimumab-bwwd</i>) 40 MG/0.4ML SOLN -INJ, 40 MG/0.8ML SOLN -INJ	TIER 4	PA, SP, QLC (2 pens/28 days)
HUMIRA (2 PEN) (<i>adalimumab</i>) 40 MG/0.4ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 pens [1 kit]/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMIRA (2 PEN) (<i>adalimumab</i>) 40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton]/ year; Maintenance (2 pens/28 days))
HUMIRA (2 PEN) (<i>adalimumab</i>) 80 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 pens (1 kit)/ 28 days)
HUMIRA (2 SYRINGE) (<i>adalimumab</i>) RINGE) 40 MG/0.8ML PREF KT	TIER 4	PA, SP, QLC (2 syringes/28 days)
HUMIRA (<i>adalimumab</i>) 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT	TIER 4	PA, SP, QLC (2 syringes [1 kit]/28 days)
HUMIRA-CD/UC/HS STARTER (<i>adalimumab</i>) -40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton]/ year; Maintenance (2 pens/28 days))
HUMIRA-CD/UC/HS STARTER (<i>adalimumab</i>) -80 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (1 carton/year)
HUMIRA-PED<40KG CROHNS STARTER (<i>adalimumab</i>) -80 MG/0.8ML & 40MG/0.4ML PREF SY KT	TIER 4	PA, SP, QLC (2 syr [1 kit]/year)
HUMIRA-PED>/=40KG CROHNS START (<i>adalimumab</i>) -80 MG/0.8ML PREF SY KT	TIER 4	PA, SP, QLC (3 syr [1 kit]/year)
HUMIRA-PED>/=40KG UC STARTER (<i>adalimumab</i>) -80 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (1 carton/year)
HUMIRA-PS/UV/ADOL HS STARTER (<i>adalimumab</i>) -40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton]/ year; Maintenance (2 pens/28 days))
HUMIRA-PSORIASIS/UVEIT STARTER (<i>adalimumab</i>) -80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT	TIER 4	PA, SP, QLC (1 carton/year)
<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)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 1	QLC (4 bottles/month)
<i>alendronate sodium tab 10 mg</i>	TIER 1	
<i>alendronate sodium tab 35 mg</i>	TIER 1	QLC (4 tabs/month)
<i>alendronate sodium tab 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 (ERGO-CALCIFEROL))	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, SP, QLC (1 pen/month)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INSPIRACHAMBER/MOUTHPIECE DEVICE	TIER 2	
INSPIRACHAMBER/SMALL DEVICE	TIER 2	
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	
RADIOGARDASE (<i>prussian blue insoluble (ferric hexacyanoferrate ii)</i>) 0.5 GM CAP	TIER 3	
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)
WIDE-SEAL DIAPHRAGM 65 (<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 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	
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<i>prednisolone acetate ophth susp 1%</i>	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 1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	TIER 1	
<i>timolol maleate ophth soln 0.25%</i>	TIER 1	
<i>timolol maleate ophth soln 0.5%</i>	TIER 1	

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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)

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

ARNUIITY 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)
QVAR REDIHALER (<i>beclomethasone dipropionate hfa</i>) 40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA	TIER 2	QLC (2 inhalers/month)

ANTI-HISTAMINES (Drugs for Allergies)

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/)</i>	TIER 1	QLC (1 bottle/25 days)
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	TIER 1	
<i>cyproheptadine hcl tab 4 mg</i>	TIER 1	

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

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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/fill; max 6 fills per year)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	TIER 1	QLC (4 injections/fill; max 6 fills per year)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	TIER 1	QLC (4 injections/fill; max 6 fills per year)
EPIPEN 2-PAK (<i>epinephrine (anaphylaxis)</i>) - PK 0.3 MG/0.3ML SOLN -INJ	TIER 2	QLC (4 injections/fill; max 6 fills per year)
EPIPEN JR 2-PAK (<i>epinephrine (anaphylaxis)</i>) -PK 0.15 MG/0.3ML SOLN - INJ	TIER 2	QLC (4 injections/fill; max 6 fills per year)
<i>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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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, SP, QLC (2 tabs/day)
KALYDECO (<i>ivacaftor</i>) 5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
KALYDECO (<i>ivacaftor</i>) 50 MG PACKET, 75 MG PACKET	TIER 4	PA, SP, QLC (2 packs/day)
SYMDEKO (<i>tezacaftor-ivacaftor</i>) 50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day)
TOBRAMYCIN 300 MG/5ML NEBU SOLN	TIER 3	PA, SP, QLC (1 box/2 months)
<i>tobramycin nebu soln 300 mg/5ml</i>	TIER 3	PA, SP, 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	
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 (THEOPHYLLINE ER)</i>	TIER 1	
<i>theophylline tab er 12hr 450 mg (THEOPHYLLINE ER)</i>	TIER 1	
<i>theophylline tab er 24hr 400 mg (THEOPHYLLINE ER)</i>	TIER 1	
<i>theophylline tab er 24hr 600 mg (THEOPHYLLINE ER)</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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PULMONARY ANTIHYPERTENSIVES (Drugs for Pulmonary Hypertension)

<i>ambrisentan tab 10 mg</i>	TIER 4	PA, SP, QLC (1 tab/day)
<i>ambrisentan tab 5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day)
<i>bosentan tab 125 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day)
<i>bosentan tab 62.5 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day)
OPSUMIT (<i>macitentan</i>) 10 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ORENITRAM (<i>treprostinil diolamine</i>) 0.125 MG TAB ER, 0.25 MG TAB ER	TIER 4	PA, SP, QLC (9 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 1 MG TAB ER	TIER 4	PA, SP, QLC (42 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 2.5 MG TAB ER	TIER 4	PA, SP, QLC (16 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 5 MG TAB ER	TIER 4	PA, SP, QLC (8 tabs/day)
ORENITRAM MONTH 1 (<i>treprostinil diolamine</i>) 0.25 & 0.25 MG TBER THPK	TIER 4	PA, SP, QLC (168 tabs/28 days)
ORENITRAM MONTH 2 (<i>treprostinil diolamine</i>) 0.15 & 0.5 MG TBER THPK	TIER 4	PA, SP, QLC (336 tabs/28 days)
ORENITRAM MONTH 3 (<i>treprostinil diolamine</i>) 0.125 & 0.25 & 1 MG TBER THPK	TIER 4	PA, SP, QLC (252 tabs/28 days)
<i>sildenafil citrate tab 20 mg</i>	TIER 1	PA, SP, QLC (3 tabs/day)
tadalafil tab 20 mg (pah) (Alyq)	TIER 4	PA, SP, QLC (2 tabs/day)
<i>tadalafil tab 20 mg (pah)</i> (TADALAFIL (PAH))	TIER 4	PA, SP, QLC (2 tabs/day)
TRACLEER (<i>bosentan</i>) 32 MG TAB SOL	TIER 4	PA, SP, QLC (4 tabs/day)

PULMONARY FIBROSIS AGENTS

PIRFENIDONE 534 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
<i>pirfenidone cap 267 mg</i>	TIER 4	PA, SP, QLC (9 caps/day)
<i>pirfenidone tab 267 mg</i>	TIER 4	PA, SP, QLC (9 tabs/day)
<i>pirfenidone tab 801 mg</i>	TIER 4	PA, SP, QLC (3 tabs/day)

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

<i>acetylcysteine inhal soln 10%</i>	TIER 3	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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) -- <i>1.mg/ml</i>	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hydromet) - <i>1.mg/ml</i>	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i> (HYDROCODONE BIT-HOMATROP MBR)	TIER 1	AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month)
<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) <i>-mg/ml</i>	TIER 1	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i> (PROMETHAZINE-PHENYLEPHRINE) <i>-mg/ml</i>	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) <i>----mg/ml</i>	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)

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)

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

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ATROVENT HFA (ipratropium bromide hfa) ..	146	benazepril & hydrochlorothiazide tab 10-12.5 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE)...	69
AVONEX PEN (interferon beta-1a).....	84	benazepril & hydrochlorothiazide tab 20-12.5 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE).....	69
AVONEX PREFILLED (interferon beta-1a)....	84	benazepril & hydrochlorothiazide tab 20-25 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE)...	69
azathioprine tab 50 mg.....	131	benazepril & hydrochlorothiazide tab 5-6.25 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE)...	69
azelaic acid gel 15%.....	85	benazepril hcl tab 10 mg.....	59
azelastine hcl nasal spray 0.1% (137 mcg/spray).....	145	benazepril hcl tab 20 mg.....	59
azelastine hcl ophth soln 0.05%.....	142	benazepril hcl tab 40 mg.....	59
AZITHROMYCIN.....	12	benazepril hcl tab 5 mg.....	59
azithromycin for susp 100 mg/5ml.....	12	benzonatate cap 100 mg.....	150
azithromycin for susp 200 mg/5ml.....	12	benzonatate cap 150 mg.....	150
azithromycin tab 250 mg.....	12	benzonatate cap 200 mg.....	150
azithromycin tab 500 mg.....	12	benzoyl peroxide-erythromycin gel 5-3%.....	85
azithromycin tab 600 mg.....	12	BENZPHETAMINE HCL.....	83
		benzphetamine hcl tab 50 mg.....	83
B		benztropine mesylate tab 0.5 mg.....	36
BACITRACIN (bacitracin (ophthalmic)).....	142	benztropine mesylate tab 1 mg.....	36
bacitracin-polymyxin b ophth oint.....	140	benztropine mesylate tab 2 mg.....	36
bacitracin-polymyxin b ophth oint (Ak-Poly-Bac).....	140	BETAMETHASONE DIPROPIONATE AUG (betamethasone dipropionate augmented)...	87
bacitracin-polymyxin b ophth oint (Polycin) ..	140	betamethasone dipropionate augmented cream 0.05%.....	87
bacitracin-polymyxin-neomycin-hc ophth oint 1% (BACITRA-NEOMYCIN-POLYMYXIN-HC).....	140	betamethasone dipropionate augmented lotion 0.05%.....	87
bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc).....	140	betamethasone dipropionate augmented oint 0.05%.....	87

betamethasone dipropionate cream 0.05% . . .	87	BREATHERITE SPACER SMALL CHILD	136
betamethasone dipropionate lotion 0.05% . . .	87	BREATHERITE VALVED MDI CHAMBER	136
betamethasone dipropionate oint 0.05%	87	BREATHERITE/LARGE MASK	136
betamethasone valerate cream 0.1% (base equivalent)	87	BREATHERITE/MEDIUM MASK	136
betamethasone valerate lotion 0.1% (base equivalent)	87	BREATHERITE/SMALL MASK	136
betamethasone valerate oint 0.1% (base equivalent)	87	BREO ELLIPTA (fluticasone furoate- vilanterol)	150
BETAXOLOL HCL (betaxolol hcl (ophth))	143	BRILINTA (ticagrelor)	57
betaxolol hcl ophth soln 0.5%	143	brimonidine tartrate ophth soln 0.15%	143
betaxolol hcl tab 10 mg	61	brimonidine tartrate ophth soln 0.2%	143
betaxolol hcl tab 20 mg	61	BRIVIACT (brivaracetam)	15
bethanechol chloride tab 10 mg	105	bromocriptine mesylate cap 5 mg (base equivalent)	37
bethanechol chloride tab 25 mg	105	bromocriptine mesylate tab 2.5 mg (base equivalent)	37
bethanechol chloride tab 5 mg	105	budesonide delayed release particles cap 3 mg	134
bethanechol chloride tab 50 mg	105	budesonide inhalation susp 0.25 mg/2ml	145
bexarotene cap 75 mg	35	budesonide inhalation susp 0.5 mg/2ml	145
bicalutamide tab 50 mg	30	budesonide inhalation susp 1 mg/2ml	145
BIKTARVY (bictegravir-emtricitabine-tenofovir alafenamide fumarate)	43	budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	150
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE)	69	budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breynd)	150
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (BISOPROLOL- HYDROCHLOROTHIAZIDE)	69	budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	150
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE)	69	budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breynd)	150
bisoprolol fumarate tab 10 mg	62	bumetanide tab 0.5 mg	73
bisoprolol fumarate tab 5 mg	62	bumetanide tab 1 mg	73
bosentan tab 125 mg	149	bumetanide tab 2 mg	73
bosentan tab 62.5 mg	149	buprenorphine hcl sl tab 2 mg (base equiv)	8
BREATHE EASE LARGE	136	buprenorphine hcl sl tab 8 mg (base equiv)	8
BREATHE EASE MEDIUM	136	buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	8
BREATHE EASE SMALL	136	buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	8
BREATHERITE	136	buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	8
BREATHERITE COLL SPACER ADULT	136	buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	8
BREATHERITE COLL SPACER CHILD	136		
BREATHERITE COLL SPACER INFANT	136		
BREATHERITE RIGID SPACER/MASK	136		
BREATHERITE SPACER NEONATE	136		

buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	8
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	8
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (BUPROPION HCL ER (SMOKING DET))	8
bupropion hcl tab 100 mg	20
bupropion hcl tab 75 mg	21
bupropion hcl tab er 12hr 100 mg (BUPROPION HCL ER (SR))	21
bupropion hcl tab er 12hr 150 mg (BUPROPION HCL ER (SR))	21
bupropion hcl tab er 12hr 200 mg (BUPROPION HCL ER (SR))	21
bupropion hcl tab er 24hr 150 mg (BUPROPION HCL ER (XL))	21
bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL))	21
bupirone hcl tab 10 mg	48
bupirone hcl tab 15 mg	48
bupirone hcl tab 30 mg	48
bupirone hcl tab 5 mg	48
bupirone hcl tab 7.5 mg	48
butalbital-acetaminophen tab 50-325 mg	83
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg (BUTALBITAL-APAP-CAFF-COD)	4
butalbital-acetaminophen-caffeine tab 50-325-40 mg (BAC)	83
butalbital-acetaminophen-caffeine tab 50-325-40 mg (BUTALBITAL-APAP-CAFFEINE)	83
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine)	4
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (BUTALBITAL-ASA-CAFF-CODEINE)	4
BUTALBITAL-ASPIRIN-CAFFEINE	1
butalbital-aspirin-caffeine cap 50-325-40 mg	1
butorphanol tartrate nasal soln 10 mg/ml	4

C

C-NATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	93
cabergoline tab 0.5 mg	127
CABLIVI (caplacizumab-yhdp)	57
CABOMETYX (cabozantinib s-malate)	32
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	100,148
CALCIPOTRIENE	90
calcipotriene cream 0.005%	90
calcipotriene oint 0.005%	90
calcipotriene oint 0.005% (Calcitrene)	90
calcipotriene soln 0.005% (50 mcg/ml)	90
calcitonin (salmon) nasal soln 200 unit/act	134
CALCITRIOL (calcitriol (topical))	90
calcitriol cap 0.25 mcg	134
calcitriol cap 0.5 mcg	134
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (CALCIUM ACETATE (PHOS BINDER))	99
candesartan cilexetil tab 16 mg	58
candesartan cilexetil tab 32 mg	58
candesartan cilexetil tab 4 mg	58
candesartan cilexetil tab 8 mg	58
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (CANDESARTAN CILEXETIL-HCTZ)	70
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (CANDESARTAN CILEXETIL-HCTZ)	70
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (CANDESARTAN CILEXETIL-HCTZ)	70
capecitabine tab 150 mg	31
capecitabine tab 500 mg	31
CAPRELSA (vandetanib)	32
captopril tab 100 mg	59
captopril tab 12.5 mg	59
captopril tab 25 mg	59
captopril tab 50 mg	59
CAPTOPRIL-HYDROCHLOROTHIAZIDE (captopril & hydrochlorothiazide)	70

carbamazepine cap er 12hr 100 mg (CARBAMAZEPINE ER).....	18	carbidopa-levodopa-entacapone tabs 31.25- 125-200 mg.....	37
carbamazepine cap er 12hr 200 mg (CARBAMAZEPINE ER).....	18	carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg.....	37
carbamazepine cap er 12hr 300 mg (CARBAMAZEPINE ER).....	18	carbidopa-levodopa-entacapone tabs 50-200- 200 mg.....	37
carbamazepine chew tab 100 mg.....	18	carglumic acid soluble tab 200 mg.....	103
carbamazepine susp 100 mg/5ml.....	18	carisoprodol tab 350 mg.....	152
carbamazepine tab 200 mg.....	18	carisoprodol tab 350 mg (Vanadom).....	152
carbamazepine tab 200 mg (Epitol).....	18	CARTEOLOL HCL (carteolol hcl (ophth)).....	143
carbamazepine tab er 12hr 100 mg (CARBAMAZEPINE ER).....	18	carvedilol tab 12.5 mg.....	62
carbamazepine tab er 12hr 200 mg (CARBAMAZEPINE ER).....	18	carvedilol tab 25 mg.....	62
carbamazepine tab er 12hr 400 mg (CARBAMAZEPINE ER).....	18	carvedilol tab 3.125 mg.....	62
carbidopa & levodopa orally disintegrating tab 10-100 mg (CARBIDOPA-LEVODOPA).....	38	carvedilol tab 6.25 mg.....	62
carbidopa & levodopa orally disintegrating tab 25-100 mg (CARBIDOPA-LEVODOPA).....	38	CAYA (diaphragm arc-spring).....	136
carbidopa & levodopa orally disintegrating tab 25-250 mg (CARBIDOPA-LEVODOPA).....	38	CAYSTON (aztreonam lysine).....	9
carbidopa & levodopa tab 10-100 mg (CARBIDOPA-LEVODOPA).....	38	CEFACLOR.....	10
carbidopa & levodopa tab 25-100 mg (CARBIDOPA-LEVODOPA).....	38	CEFACLOR ER (cefaclor monohydrate).....	10
carbidopa & levodopa tab 25-250 mg (CARBIDOPA-LEVODOPA).....	38	CEFADROXIL.....	10
carbidopa & levodopa tab er 25-100 mg (CARBIDOPA-LEVODOPA ER).....	38	cefadroxil cap 500 mg.....	10
carbidopa & levodopa tab er 50-200 mg (CARBIDOPA-LEVODOPA ER).....	38	cefadroxil for susp 250 mg/5ml.....	10
carbidopa tab 25 mg.....	38	cefadroxil for susp 500 mg/5ml.....	10
CARBIDOPA-LEVODOPA.....	38	cefdinir cap 300 mg.....	11
CARBIDOPA-LEVODOPA-ENTACAPONE.....	36	cefdinir for susp 125 mg/5ml.....	11
carbidopa-levodopa-entacapone tabs 12.5-50- 200 mg.....	36	cefdinir for susp 250 mg/5ml.....	11
carbidopa-levodopa-entacapone tabs 18.75- 75-200 mg.....	37	cefpodoxime proxetil for susp 100 mg/5ml.....	11
carbidopa-levodopa-entacapone tabs 25-100- 200 mg.....	37	cefpodoxime proxetil for susp 50 mg/5ml.....	11
		cefpodoxime proxetil tab 100 mg.....	11
		cefpodoxime proxetil tab 200 mg.....	11
		cefprozil for susp 125 mg/5ml.....	11
		cefprozil for susp 250 mg/5ml.....	11
		cefprozil tab 250 mg.....	11
		cefprozil tab 500 mg.....	11
		cefuroxime axetil tab 250 mg.....	11
		cefuroxime axetil tab 500 mg.....	11
		celecoxib cap 100 mg.....	1
		celecoxib cap 200 mg.....	1
		celecoxib cap 400 mg.....	1
		celecoxib cap 50 mg.....	1
		cephalexin cap 250 mg.....	11
		cephalexin cap 500 mg.....	11

cephalexin cap 750 mg	11	cimetidine tab 400 mg	102
cephalexin for susp 125 mg/5ml	11	cimetidine tab 800 mg	102
cephalexin for susp 250 mg/5ml	11	CIMZIA (2 SYRINGE) (certolizumab pegol)	131
CERDELGA (eliglustat tartrate)	103	CIMZIA-STARTER (certolizumab pegol)	131
cevimeline hcl cap 30 mg	85	cinacalcet hcl tab 30 mg (base equiv)	134
CHEMET (succimer)	99	cinacalcet hcl tab 60 mg (base equiv)	134
chlordiazepoxide hcl cap 10 mg	49	cinacalcet hcl tab 90 mg (base equiv)	134
chlordiazepoxide hcl cap 25 mg	49	ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	13
chlordiazepoxide hcl cap 5 mg	49	ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	13
chloroquine phosphate tab 250 mg	35	CIPROFLOXACIN HCL	13
chloroquine phosphate tab 500 mg	35	CIPROFLOXACIN HCL (ciprofloxacin hcl (otic))	144
chlorpromazine hcl tab 10 mg	39	ciprofloxacin hcl ophth soln 0.3% (base equivalent)	13
chlorpromazine hcl tab 100 mg	39	ciprofloxacin hcl tab 250 mg (base equiv)	13
chlorpromazine hcl tab 200 mg	39	ciprofloxacin hcl tab 500 mg (base equiv)	13
chlorpromazine hcl tab 25 mg	39	ciprofloxacin hcl tab 750 mg (base equiv)	13
chlorpromazine hcl tab 50 mg	39	ciprofloxacin-dexamethasone otic susp 0.3- 0.1%	144
chlorthalidone tab 25 mg	73	citalopram hydrobromide oral soln 10 mg/5ml	21
chlorthalidone tab 50 mg	73	citalopram hydrobromide tab 10 mg (base equiv)	22
cholestyramine light powder 4 gm/dose	75	citalopram hydrobromide tab 20 mg (base equiv)	22
cholestyramine light powder 4 gm/dose (Prevalite)	75	citalopram hydrobromide tab 40 mg (base equiv)	22
cholestyramine light powder packets 4 gm	75	CLARITHROMYCIN	13
cholestyramine light powder packets 4 gm (Prevalite)	75	clarithromycin tab 250 mg	13
cholestyramine powder 4 gm/dose	75	clarithromycin tab 500 mg	13
cholestyramine powder packets 4 gm	75	clarithromycin tab er 24hr 500 mg (CLARITHROMYCIN ER)	13
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	74	CLEVER CHOICE HOLDING CHAMBER	136
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	74	CLIMARA PRO (estradiol-levonorgestrel)	110
ciclopirox gel 0.77%	92	clindamycin hcl cap 150 mg	9
ciclopirox olamine cream 0.77% (base equiv)	92	clindamycin hcl cap 300 mg	9
ciclopirox olamine susp 0.77% (base equiv)	92	clindamycin hcl cap 75 mg	9
ciclopirox shampoo 1%	93	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	9
ciclopirox solution 8%	93		
ciclopirox solution 8% (Ciclodan)	93		
cilostazol tab 100 mg	57		
cilostazol tab 50 mg	57		
CIMDUO (lamivudine-tenofovir disoproxil fumarate)	45		
cimetidine tab 300 mg	102		

clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (CLINDAMYCIN PHOS-BENZOYL PEROX).....	86	clonidine td patch weekly 0.2 mg/24hr.....	57
clindamycin phosphate gel 1%.....	93	clonidine td patch weekly 0.3 mg/24hr.....	57
clindamycin phosphate lotion 1%.....	93	clopidogrel bisulfate tab 75 mg (base equiv) ..	57
clindamycin phosphate soln 1%.....	93	clorazepate dipotassium tab 15 mg.....	49
clindamycin phosphate swab 1%.....	93	clorazepate dipotassium tab 3.75 mg.....	49
clindamycin phosphate swab 1% (Clindacin Etz).....	93	clorazepate dipotassium tab 7.5 mg.....	49
clindamycin phosphate swab 1% (Clindacin- P).....	93	clotrimazole troche 10 mg.....	26
clindamycin phosphate vaginal cream 2%.....	9	clotrimazole w/ betamethasone cream 1-0.05% (CLOTRIMAZOLE-BETAMETHASONE).....	90
clindamycin phosphate-benzoyl peroxide gel 1- 5% (CLINDAMYCIN PHOS-BENZOYL PEROX)86		clotrimazole w/ betamethasone lotion 1-0.05% (CLOTRIMAZOLE-BETAMETHASONE).....	90
clobazam suspension 2.5 mg/ml.....	17	CLOTRIMAZOLE-BETAMETHASONE (clotrimazole w/ betamethasone).....	90
clobazam tab 10 mg.....	17	clozapine tab 100 mg.....	41
clobazam tab 20 mg.....	17	clozapine tab 200 mg.....	41
clobetasol propionate cream 0.05%.....	87	clozapine tab 25 mg.....	41
clobetasol propionate emollient base cream 0.05%.....	87	clozapine tab 50 mg.....	41
clobetasol propionate emollient base cream 0.05% (CLOBETASOL PROP EMOLLIENT BASE).....	87	CO-NATAL FA (prenatal vit w/ ferrous fumarate-folic acid).....	93
clobetasol propionate gel 0.05%.....	87	COARTEM (artemether-lumefantrine).....	35
clobetasol propionate oint 0.05%.....	87	CODEINE SULFATE.....	4
clobetasol propionate shampoo 0.05%.....	88	codeine sulfate tab 30 mg.....	4
clobetasol propionate shampoo 0.05% (Clodan).....	88	colchicine cap 0.6 mg.....	27
clobetasol propionate soln 0.05%.....	88	colchicine tab 0.6 mg.....	27
CLOMID (clomiphene citrate).....	125	colchicine w/ probenecid tab 0.5-500 mg (COLCHICINE-PROBENECID).....	27
CLOMIPHENE CITRATE.....	125	colesevelam hcl packet for susp 3.75 gm.....	75
clomipramine hcl cap 25 mg.....	24	colesevelam hcl tab 625 mg.....	75
clomipramine hcl cap 50 mg.....	24	colestipol hcl granule packets 5 gm.....	75
clomipramine hcl cap 75 mg.....	24	colestipol hcl granules 5 gm.....	75
clonazepam tab 0.5 mg.....	49	colestipol hcl tab 1 gm.....	75
clonazepam tab 1 mg.....	49	COMBIVENT RESPIMAT (ipratropium- albuterol).....	150
clonazepam tab 2 mg.....	49	COMETRIQ (100 MG DAILY DOSE) (cabozantinib s-malate).....	32
clonidine hcl tab 0.1 mg.....	57	COMETRIQ (140 MG DAILY DOSE) (cabozantinib s-malate).....	32
clonidine hcl tab 0.2 mg.....	57	COMETRIQ (60 MG DAILY DOSE) (cabozantinib s-malate).....	32
clonidine hcl tab 0.3 mg.....	57	COMPACT SPACE CHAMBER.....	136
clonidine td patch weekly 0.1 mg/24hr.....	57	COMPACT SPACE CHAMBER/LG MASK.....	136

COMPACT SPACE CHAMBER/MED MASK	136
COMPACT SPACE CHAMBER/SM MASK	136
COMPLERA (emtricitabine- rilpivirine-tenofovir disoproxil fumarate)	44
COMPLETENATE (prenatal vit w/ ferrous fumarate-folic acid)	93
CONCEPT DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	94
CONCEPT OB (prenatal without a vit w/ fe fum-iron polysacch complex -fa)	94
CORTISONE ACETATE	106
COSENTYX (300 MG DOSE) (secukinumab)	129
COSENTYX (secukinumab)	129
COSENTYX SENSOREADY (300 MG) (secukinumab)	129
COSENTYX SENSOREADY PEN (secukinumab)	129
COSENTYX UNOREADY (secukinumab)	129
CREON (pancrelipase (lipase-protease-amylase))	103
CRIVIVAN (indinavir sulfate)	46
CROMOLYN SODIUM (cromolyn sodium (ophth))	142
cromolyn sodium ophth soln 4%	142
cromolyn sodium oral conc 100 mg/5ml	102
cromolyn sodium soln nebu 20 mg/2ml	148
cyanocobalamin inj 1000 mcg/ml	100
cyanocobalamin inj 1000 mcg/ml (Dodex)	100
cyclobenzaprine hcl tab 10 mg	152
cyclobenzaprine hcl tab 5 mg	152
cyclopentolate hcl ophth soln 0.5%	140
cyclopentolate hcl ophth soln 1%	140
cyclopentolate hcl ophth soln 2%	140
CYCLOPHOSPHAMIDE	30
cyclophosphamide cap 25 mg	30
cyclophosphamide cap 50 mg	30
cycloserine cap 250 mg	29
cyclosporine cap 100 mg	131
cyclosporine cap 25 mg	131
cyclosporine modified cap 100 mg	131
cyclosporine modified cap 100 mg (Gengraf)	131

cyclosporine modified cap 25 mg	131
cyclosporine modified cap 25 mg (Gengraf)	131
cyclosporine modified cap 50 mg	131
cyclosporine modified oral soln 100 mg/ml	131
cyclosporine modified oral soln 100 mg/ml (Gengraf)	131
cyproheptadine hcl syrup 2 mg/5ml	145
cyproheptadine hcl tab 4 mg	145
CYSTAGON (cysteamine bitartrate)	103
CYTRA K CRYSTALS (potassium citrate-citric acid)	105

D

danazol cap 100 mg	109
danazol cap 200 mg	109
danazol cap 50 mg	109
dantrolene sodium cap 100 mg	42
dantrolene sodium cap 25 mg	42
dantrolene sodium cap 50 mg	42
dapsone tab 100 mg	29
dapsone tab 25 mg	29
darunavir tab 600 mg	46
darunavir tab 800 mg	46
dasatinib tab 100 mg	32
dasatinib tab 140 mg	32
dasatinib tab 20 mg	32
dasatinib tab 50 mg	32
dasatinib tab 70 mg	32
dasatinib tab 80 mg	32
deferasirox tab for oral susp 125 mg	99
deferasirox tab for oral susp 250 mg	99
deferasirox tab for oral susp 500 mg	99
demeclocycline hcl tab 150 mg	14
demeclocycline hcl tab 300 mg	14
DERMA-SMOOTHIE/FS SCALP (fluocinolone acetonide)	88
DERMOTIC (fluocinolone acetonide (otic))	144
DESCOVY (emtricitabine-tenofovir alafenamide fumarate)	45
desipramine hcl tab 10 mg	24
desipramine hcl tab 100 mg	24

desipramine hcl tab 150 mg	24	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)	110
desipramine hcl tab 25 mg	24	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom)	110
desipramine hcl tab 50 mg	24	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber)	111
desipramine hcl tab 75 mg	24	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga)	111
desloratadine tab 5 mg	146	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)	111
desmopressin acetate nasal spray soln 0.01% (DESMOPRESSIN ACETATE SPRAY)	108	desonide cream 0.05%	88
desmopressin acetate nasal spray soln 0.01% (refrigerated) (DESMOPRESSIN ACE SPRAY REFRIG)	108	desonide oint 0.05%	88
desmopressin acetate tab 0.1 mg	108	desoximetasone cream 0.05%	88
desmopressin acetate tab 0.2 mg	108	desoximetasone cream 0.25%	88
desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5) (Azurette)	110	desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER)	22
desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5) (Bekyree)	110	desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER)	22
desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5) (DESOGESTREL-ETHINYL ESTRADIOL)	110	desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER)	22
desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5) (Kariva)	110	DEXAMETHASONE	106
desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5) (Pimtreea)	110	dexamethasone elixir 0.5 mg/5ml	106
desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5) (Simliya)	110	DEXAMETHASONE INTENSOL	106
desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5) (Viorele)	110	DEXAMETHASONE SODIUM PHOSPHATE (dexamethasone sodium phosphate (ophth)) .142	
desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5) (Volnea)	110	dexamethasone tab 0.5 mg	106
desogest-ethin est tab 0.1-0.025/0.125- 0.025/0.15-0.025mg-mg (Caziant)	110	dexamethasone tab 0.5 mg (Decadron)	106
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)	110	dexamethasone tab 0.75 mg	106
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq)	110	dexamethasone tab 0.75 mg (Decadron)	106
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred)	110	dexamethasone tab 1 mg	106
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (DESOGESTREL-ETHINYL ESTRADIOL) .110		dexamethasone tab 1.5 mg	107
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)	110	dexamethasone tab 2 mg	107
		dexamethasone tab 4 mg	107
		dexamethasone tab 4 mg (Decadron)	107
		dexamethasone tab 6 mg	107
		dexamethasone tab 6 mg (Decadron)	107
		DEXCOM G5 MOB/G4 PLAT SENSOR	136
		DEXCOM G5 MOBILE RECEIVER	136

DEXCOM G5 MOBILE TRANSMITTER.....	137	dextroamphetamine sulfate tab 20 mg.....	79
DEXCOM G5 RECEIVER KIT.....	137	dextroamphetamine sulfate tab 20 mg	
DEXCOM G6 RECEIVER.....	137	(Zenzedi).....	79
DEXCOM G6 SENSOR.....	137	dextroamphetamine sulfate tab 30 mg.....	79
DEXCOM G6 TRANSMITTER.....	137	dextroamphetamine sulfate tab 30 mg	
DEXCOM G7 RECEIVER.....	137	(Zenzedi).....	79
DEXCOM G7 SENSOR.....	137	dextroamphetamine sulfate tab 5 mg.....	79
dexmethylphenidate hcl cap er 24 hr 10 mg		dextroamphetamine sulfate tab 5 mg	
(DEXMETHYLPHENIDATE HCL ER).....	80	(Zenzedi).....	79
dexmethylphenidate hcl cap er 24 hr 15 mg		dextroamphetamine sulfate tab 7.5 mg.....	79
(DEXMETHYLPHENIDATE HCL ER).....	80	dextroamphetamine sulfate tab 7.5 mg	
dexmethylphenidate hcl cap er 24 hr 20 mg		(Zenzedi).....	79
(DEXMETHYLPHENIDATE HCL ER).....	80	DIAZEPAM (diazepam (anticonvulsant)).....	17
dexmethylphenidate hcl cap er 24 hr 25 mg		diazepam conc 5 mg/ml.....	49
(DEXMETHYLPHENIDATE HCL ER).....	81	diazepam conc 5 mg/ml (DIAZEPAM	
dexmethylphenidate hcl cap er 24 hr 30 mg		INTENSOL).....	49
(DEXMETHYLPHENIDATE HCL ER).....	81	diazepam oral soln 1 mg/ml.....	49
dexmethylphenidate hcl cap er 24 hr 35 mg		diazepam rectal gel delivery system 10 mg....	17
(DEXMETHYLPHENIDATE HCL ER).....	81	diazepam rectal gel delivery system 20 mg....	17
dexmethylphenidate hcl cap er 24 hr 40 mg		diazepam tab 10 mg.....	49
(DEXMETHYLPHENIDATE HCL ER).....	81	diazepam tab 2 mg.....	49
dexmethylphenidate hcl cap er 24 hr 5 mg		diazepam tab 5 mg.....	49
(DEXMETHYLPHENIDATE HCL ER).....	81	diclofenac potassium tab 50 mg.....	1
dexmethylphenidate hcl tab 10 mg.....	81	diclofenac potassium tab 50 mg (Cataflam)....	1
dexmethylphenidate hcl tab 2.5 mg.....	81	diclofenac sodium ophth soln 0.1%.....	142
dexmethylphenidate hcl tab 5 mg.....	81	diclofenac sodium soln 1.5%.....	1
dextroamphetamine sulfate cap er 24hr 10 mg		diclofenac sodium tab delayed release 25 mg..	1
(DEXTROAMPHETAMINE SULFATE ER).....	79	diclofenac sodium tab delayed release 50 mg..	1
dextroamphetamine sulfate cap er 24hr 15 mg		diclofenac sodium tab delayed release 75 mg..	1
(DEXTROAMPHETAMINE SULFATE ER).....	79	diclofenac sodium tab er 24hr 100 mg	
dextroamphetamine sulfate cap er 24hr 5 mg		(DICLOFENAC SODIUM ER).....	1
(DEXTROAMPHETAMINE SULFATE ER).....	79	dicloxacillin sodium cap 250 mg.....	12
dextroamphetamine sulfate tab 10 mg.....	79	dicloxacillin sodium cap 500 mg.....	12
dextroamphetamine sulfate tab 10 mg		dicyclomine hcl cap 10 mg.....	101
(Zenzedi).....	79	dicyclomine hcl oral soln 10 mg/5ml.....	101
dextroamphetamine sulfate tab 15 mg.....	79	dicyclomine hcl tab 20 mg.....	101
dextroamphetamine sulfate tab 15 mg		DIDANOSINE.....	45
(Zenzedi).....	79	DIETHYLPROPION HCL ER.....	83
dextroamphetamine sulfate tab 2.5 mg.....	79	diethylpropion hcl tab 25 mg.....	83
dextroamphetamine sulfate tab 2.5 mg		DIFLORASONE DIACETATE.....	88
(Zenzedi).....	79	DIGOXIN.....	60

digoxin oral soln 0.05 mg/ml	60	diltiazem hcl coated beads cap er 24hr 300 mg (DILTIAZEM HCL ER COATED BEADS)	65
digoxin tab 125 mcg (0.125 mg)	60	diltiazem hcl coated beads cap er 24hr 360 mg (DILTIAZEM HCL ER COATED BEADS)	65
digoxin tab 125 mcg (0.125 mg) (Digitek)	60	diltiazem hcl extended release beads cap er 24hr 120 mg (DILTIAZEM HCL ER BEADS)	65
digoxin tab 250 mcg (0.25 mg)	60	diltiazem hcl extended release beads cap er 24hr 120 mg (Taztia Xt)	65
digoxin tab 250 mcg (0.25 mg) (Digitek)	60	diltiazem hcl extended release beads cap er 24hr 120 mg (Tiadylt Er)	65
dihydroergotamine mesylate inj 1 mg/ml	28	diltiazem hcl extended release beads cap er 24hr 180 mg (DILTIAZEM HCL ER BEADS)	65
dihydroergotamine mesylate nasal spray 4 mg/ml	28	diltiazem hcl extended release beads cap er 24hr 180 mg (Taztia Xt)	65
DILANTIN (phenytoin sodium extended)	18	diltiazem hcl extended release beads cap er 24hr 180 mg (Tiadylt Er)	65
DILANTIN (phenytoin)	18	diltiazem hcl extended release beads cap er 24hr 240 mg (DILTIAZEM HCL ER BEADS)	65
DILANTIN INFATABS (phenytoin)	18	diltiazem hcl extended release beads cap er 24hr 240 mg (Taztia Xt)	65
DILANTIN-125 (phenytoin)	18	diltiazem hcl extended release beads cap er 24hr 240 mg (Tiadylt Er)	65
diltiazem hcl cap er 12hr 120 mg (DILTIAZEM HCL ER)	64	diltiazem hcl extended release beads cap er 24hr 300 mg (DILTIAZEM HCL ER BEADS)	65
diltiazem hcl cap er 12hr 60 mg (DILTIAZEM HCL ER)	64	diltiazem hcl extended release beads cap er 24hr 300 mg (Taztia Xt)	65
diltiazem hcl cap er 12hr 90 mg (DILTIAZEM HCL ER)	64	diltiazem hcl extended release beads cap er 24hr 300 mg (Tiadylt Er)	65
diltiazem hcl cap er 24hr 120 mg (Dilt-Xr)	64	diltiazem hcl extended release beads cap er 24hr 360 mg (DILTIAZEM HCL ER BEADS)	65
diltiazem hcl cap er 24hr 120 mg (DILTIAZEM HCL ER)	64	diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt)	65
diltiazem hcl cap er 24hr 180 mg (Dilt-Xr)	64	diltiazem hcl extended release beads cap er 24hr 360 mg (Tiadylt Er)	65
diltiazem hcl cap er 24hr 180 mg (DILTIAZEM HCL ER)	64	diltiazem hcl extended release beads cap er 24hr 420 mg (DILTIAZEM HCL ER BEADS)	65
diltiazem hcl cap er 24hr 240 mg (Dilt-Xr)	64	diltiazem hcl extended release beads cap er 24hr 420 mg (Tiadylt Er)	65
diltiazem hcl cap er 24hr 240 mg (DILTIAZEM HCL ER)	64	diltiazem hcl tab 120 mg	65
diltiazem hcl coated beads cap er 24hr 120 mg (Cartia Xt)	64	diltiazem hcl tab 30 mg	66
diltiazem hcl coated beads cap er 24hr 120 mg (DILTIAZEM HCL ER COATED BEADS)	64	diltiazem hcl tab 60 mg	66
diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt)	64		
diltiazem hcl coated beads cap er 24hr 180 mg (DILTIAZEM HCL ER COATED BEADS)	64		
diltiazem hcl coated beads cap er 24hr 240 mg (Cartia Xt)	64		
diltiazem hcl coated beads cap er 24hr 240 mg (DILTIAZEM HCL ER COATED BEADS)	64		
diltiazem hcl coated beads cap er 24hr 300 mg (Cartia Xt)	64		

diltiazem hcl tab 90 mg	66	divalproex sodium tab delayed release 500 mg	15
diltiazem hcl tab er 24hr 120 mg (DILTIAZEM HCL ER)	66	divalproex sodium tab er 24 hr 250 mg (DIVALPROEX SODIUM ER)	15
diltiazem hcl tab er 24hr 180 mg (DILTIAZEM HCL ER)	66	divalproex sodium tab er 24 hr 500 mg (DIVALPROEX SODIUM ER)	15
diltiazem hcl tab er 24hr 180 mg (Matzim La)	66	dofetilide cap 125 mcg (0.125 mg)	60
diltiazem hcl tab er 24hr 240 mg (DILTIAZEM HCL ER)	66	dofetilide cap 250 mcg (0.25 mg)	60
diltiazem hcl tab er 24hr 240 mg (Matzim La)	66	dofetilide cap 500 mcg (0.5 mg)	60
diltiazem hcl tab er 24hr 300 mg (DILTIAZEM HCL ER)	66	donepezil hydrochloride orally disintegrating tab 10 mg (DONEPEZIL HCL)	19
diltiazem hcl tab er 24hr 300 mg (Matzim La)	66	donepezil hydrochloride orally disintegrating tab 5 mg (DONEPEZIL HCL)	19
diltiazem hcl tab er 24hr 360 mg (DILTIAZEM HCL ER)	66	donepezil hydrochloride tab 10 mg (DONEPEZIL HCL)	19
diltiazem hcl tab er 24hr 360 mg (Matzim La)	66	donepezil hydrochloride tab 23 mg (DONEPEZIL HCL)	20
diltiazem hcl tab er 24hr 420 mg (DILTIAZEM HCL ER)	66	donepezil hydrochloride tab 5 mg (DONEPEZIL HCL)	20
diltiazem hcl tab er 24hr 420 mg (Matzim La)	66	dorzolamide hcl ophth soln 2%	144
dimethyl fumarate capsule delayed release 120 mg	84	DORZOLAMIDE HCL-TIMOLOL MAL (dorzolamide hcl-timolol maleate)	140
dimethyl fumarate capsule delayed release 240 mg	84	dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (DORZOLAMIDE HCL-TIMOLOL MAL PF)	140
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (DIMETHYL FUMARATE STARTER PACK)	84	dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	141
diphenoxylate w/ atropine tab 2.5-0.025 mg (DIPHENOXYLATE-ATROPINE)	101	dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (DORZOLAMIDE HCL-TIMOLOL MAL PF)	141
DIPHENOXYLATE-ATROPINE (diphenoxylate w/ atropine)	101	doxazosin mesylate tab 1 mg	57
dipyridamole tab 25 mg	57	doxazosin mesylate tab 2 mg	57
dipyridamole tab 50 mg	57	doxazosin mesylate tab 4 mg	58
dipyridamole tab 75 mg	57	doxazosin mesylate tab 8 mg	58
disopyramide phosphate cap 100 mg	60	doxepin hcl cap 10 mg	24
disopyramide phosphate cap 150 mg	60	doxepin hcl cap 100 mg	24
disulfiram tab 250 mg	8	doxepin hcl cap 150 mg	24
disulfiram tab 500 mg	8	doxepin hcl cap 25 mg	24
divalproex sodium cap delayed release sprinkle 125 mg	15	doxepin hcl cap 50 mg	24
divalproex sodium tab delayed release 125 mg	15	doxepin hcl cap 75 mg	24
divalproex sodium tab delayed release 250 mg	15	doxepin hcl conc 10 mg/ml	24

doxycycline hyclate cap 100 mg	14	drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella)	111
doxycycline hyclate cap 100 mg (Morgidox)	14	drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda)	111
doxycycline hyclate cap 50 mg	14	drospirenone-ethinyl estradiol tab 3-0.03 mg (Zarah)	111
doxycycline hyclate tab 100 mg	14	drospirenone-ethinyl estradiol tab 3-0.03 mg (Zumandimine)	111
doxycycline hyclate tab 100 mg (Lymepak)	14	DROXIA (hydroxyurea (sickle cell disease))	103
doxycycline hyclate tab 20 mg	14	duloxetine hcl enteric coated pellets cap 20 mg (base eq)	84
doxycycline monohydrate cap 100 mg	14	duloxetine hcl enteric coated pellets cap 30 mg (base eq)	84
doxycycline monohydrate cap 100 mg (Mondoxyne NI)	14	duloxetine hcl enteric coated pellets cap 40 mg (base eq)	84
doxycycline monohydrate cap 50 mg	14	duloxetine hcl enteric coated pellets cap 60 mg (base eq)	84
doxycycline monohydrate for susp 25 mg/5ml	14	DUPIXENT (dupilumab)	129
doxycycline monohydrate tab 100 mg	14	dutasteride cap 0.5 mg	105
doxycycline monohydrate tab 100 mg (Avidoxy)	15		
doxycycline monohydrate tab 150 mg	15	E	
doxycycline monohydrate tab 50 mg	15	EASIVENT	137
doxycycline monohydrate tab 75 mg	15	EASIVENT MASK LARGE	137
DROPSAFE SAFETY SYRINGE/NEEDLE	137	EASIVENT MASK MEDIUM	137
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (DROSPIREN-ETH ESTRAD-LEVOMEFOL)	111	EASIVENT MASK SMALL	137
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (DROSPIREN-ETH ESTRAD-LEVOMEFOL)	111	econazole nitrate cream 1%	26
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)	111	EDURANT (rilpivirine hcl)	44
drospirenone-ethinyl estradiol tab 3-0.02 mg	111	EFAVIRENZ	44
drospirenone-ethinyl estradiol tab 3-0.02 mg (Gianvi)	111	efavirenz tab 600 mg	44
drospirenone-ethinyl estradiol tab 3-0.02 mg (Jasmiel)	111	efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (EFAVIRENZ-EMTRICITAB-TENOFO DF)	44
drospirenone-ethinyl estradiol tab 3-0.02 mg (Lo-Zumandimine)	111	efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	44
drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna)	111	efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	44
drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki)	111	ELIQUIS (apixaban)	54
drospirenone-ethinyl estradiol tab 3-0.02 mg (Vestura)	111	ELIQUIS DVT/PE STARTER PACK (apixaban)	54
drospirenone-ethinyl estradiol tab 3-0.03 mg	111	ELITE-OB (prenatal vit w/ iron carbonyl-folic acid)	94
		ELLA (ulipristal acetate)	124

ELMIRON (pentosan polysulfate sodium)	105	enoxaparin sodium inj soln pref syr 60 mg/0.6ml	55
EMGALITY (galcanezumab-gnlm)	28	enoxaparin sodium inj soln pref syr 80 mg/0.8ml	55
emtricitabine caps 200 mg	45	entacapone tab 200 mg	37
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (EMTRICITABINE-TENOFOVIR DF)	45	entecavir tab 0.5 mg	42
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (EMTRICITABINE-TENOFOVIR DF)	45	entecavir tab 1 mg	42
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (EMTRICITABINE-TENOFOVIR DF)	45	ENTRESTO (sacubitril-valsartan)	70
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (EMTRICITABINE-TENOFOVIR DF)	45	EPCLUSA (sofosbuvir-velpatasvir)	42
EMTRIVA (emtricitabine)	45	epinastine hcl ophth soln 0.05%	142
enalapril maleate & hydrochlorothiazide tab 10- 25 mg (ENALAPRIL- HYDROCHLOROTHIAZIDE)	70	EPINEPHRINE (epinephrine (anaphylaxis))	147
enalapril maleate & hydrochlorothiazide tab 5- 12.5 mg (ENALAPRIL- HYDROCHLOROTHIAZIDE)	70	epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	147
enalapril maleate tab 10 mg	59	epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	147
enalapril maleate tab 2.5 mg	59	EPIPEN 2-PAK (epinephrine (anaphylaxis))	147
enalapril maleate tab 20 mg	59	EPIPEN JR 2-PAK (epinephrine (anaphylaxis))	147
enalapril maleate tab 5 mg	59	EPIVIR HBV (lamivudine (hbv))	42
ENBREL (etanercept)	131	eplerenone tab 25 mg	73
ENBREL MINI (etanercept)	131	eplerenone tab 50 mg	73
ENBREL SURECLICK (etanercept)	131	EQ SPACE CHAMBER ANTI-STATIC	137
ENDOMETRIN (progesterone (vaginal))	124	EQ SPACE CHAMBER ANTI-STATIC L	137
enoxaparin sodium inj 300 mg/3ml	54	EQ SPACE CHAMBER ANTI-STATIC M	137
enoxaparin sodium inj soln pref syr 100 mg/ml	54	EQ SPACE CHAMBER ANTI-STATIC S	137
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	54	ergocalciferol cap 1.25 mg (50000 unit)	134
enoxaparin sodium inj soln pref syr 150 mg/ml	54	ergocalciferol cap 1.25 mg (50000 unit) (VITAMIN D (ERGOCALCIFEROL))	134
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	54	ERGOLOID MESYLATES	19
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	55	ERGOTAMINE-CAFFEINE (ergotamine w/ caffeine)	28
		ERLEADA (apalutamide)	30
		erlotinib hcl tab 100 mg (base equivalent)	32
		erlotinib hcl tab 150 mg (base equivalent)	32
		erlotinib hcl tab 25 mg (base equivalent)	32
		ERY (erythromycin (acne aid))	93
		ERYTHROMYCIN (erythromycin (ophth))	142
		erythromycin gel 2%	93
		erythromycin ophth oint 5 mg/gm	142
		erythromycin soln 2%	93

erythromycin tab 250 mg (ERYTHROMYCIN BASE).....	13	esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Eemt).....	112
erythromycin tab 500 mg (ERYTHROMYCIN BASE).....	13	esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST DS).....	112
erythromycin tab delayed release 250 mg.....	13	esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST).....	112
erythromycin tab delayed release 250 mg (Ery-Tab).....	13	esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.s.).....	112
erythromycin tab delayed release 250 mg (ERYTHROMYCIN BASE).....	13	estradiol & norethindrone acetate tab 0.5-0.1 mg (Amabelz).....	124
erythromycin tab delayed release 333 mg.....	13	estradiol & norethindrone acetate tab 0.5-0.1 mg (ESTRADIOL-NORETHINDRONE ACET).....	124
erythromycin tab delayed release 333 mg (Ery-Tab).....	13	estradiol & norethindrone acetate tab 1-0.5 mg (Amabelz).....	124
erythromycin tab delayed release 333 mg (ERYTHROMYCIN BASE).....	13	estradiol & norethindrone acetate tab 1-0.5 mg (ESTRADIOL-NORETHINDRONE ACET).....	124
erythromycin tab delayed release 500 mg.....	13	estradiol & norethindrone acetate tab 1-0.5 mg (Lopreeza).....	124
erythromycin tab delayed release 500 mg (Ery-Tab).....	13	estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey).....	124
erythromycin tab delayed release 500 mg (ERYTHROMYCIN BASE).....	13	estradiol tab 0.5 mg.....	112
escitalopram oxalate soln 5 mg/5ml (base equiv).....	22	estradiol tab 1 mg.....	112
escitalopram oxalate tab 10 mg (base equiv).....	22	estradiol tab 2 mg.....	112
escitalopram oxalate tab 20 mg (base equiv).....	22	estradiol td patch twice weekly 0.025 mg/24hr.....	112
escitalopram oxalate tab 5 mg (base equiv).....	22	estradiol td patch twice weekly 0.025 mg/24hr (Dotti).....	112
estazolam tab 1 mg.....	152	estradiol td patch twice weekly 0.025 mg/24hr (Lyllana).....	112
estazolam tab 2 mg.....	152	estradiol td patch twice weekly 0.0375 mg/24hr.....	112
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Covaryx Hs).....	111	estradiol td patch twice weekly 0.0375 mg/24hr (Dotti).....	112
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Eemt Hs).....	112	estradiol td patch twice weekly 0.0375 mg/24hr (Lyllana).....	112
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST HS).....	112	estradiol td patch twice weekly 0.05 mg/24hr.....	112
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST).....	112	estradiol td patch twice weekly 0.05 mg/24hr (Dotti).....	113
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Estratest H.s.).....	112	estradiol td patch twice weekly 0.05 mg/24hr (Lyllana).....	113
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Covaryx).....	112		

estradiol td patch twice weekly 0.075 mg/24hr	113	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e (28))	114
estradiol td patch twice weekly 0.075 mg/24hr (Dotti)	113	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (ETHYNODIOL DIAC-ETH ESTRADIOL)	114
estradiol td patch twice weekly 0.075 mg/24hr (Lyllana)	113	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	114
estradiol td patch twice weekly 0.1 mg/24hr	113	etodolac cap 200 mg	1
estradiol td patch twice weekly 0.1 mg/24hr (Dotti)	113	etodolac cap 300 mg	1
estradiol td patch twice weekly 0.1 mg/24hr (Lyllana)	113	etodolac tab 400 mg	1
estradiol td patch weekly 0.025 mg/24hr	113	etodolac tab 500 mg	1
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	113	etodolac tab er 24hr 400 mg (ETODOLAC ER)	1
estradiol td patch weekly 0.05 mg/24hr	113	etodolac tab er 24hr 500 mg (ETODOLAC ER)	1
estradiol td patch weekly 0.06 mg/24hr	113	etodolac tab er 24hr 600 mg (ETODOLAC ER)	1
estradiol td patch weekly 0.075 mg/24hr	113	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring)	114
estradiol td patch weekly 0.1 mg/24hr	113	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette)	114
estradiol vaginal cream 0.1 mg/gm	113	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	114
estradiol vaginal tab 10 mcg	113	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Eluryng)	114
estradiol vaginal tab 10 mcg (Yuvafem)	113	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring)	114
estradiol valerate im in oil 10 mg/ml	113	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Haloette)	114
estradiol valerate im in oil 20 mg/ml	113	ETOPOSIDE	32
estradiol valerate im in oil 40 mg/ml	113	etravirine tab 100 mg	44
ESTRING (estradiol vaginal)	113	etravirine tab 200 mg	44
eszopiclone tab 1 mg	152	everolimus tab 10 mg	32
eszopiclone tab 2 mg	152	everolimus tab 2.5 mg	33
eszopiclone tab 3 mg	152	everolimus tab 5 mg	33
ethacrynic acid tab 25 mg	73	everolimus tab 7.5 mg	33
ethambutol hcl tab 100 mg	29	everolimus tab for oral susp 2 mg	33
ethambutol hcl tab 400 mg	29	everolimus tab for oral susp 3 mg	33
ethosuximide cap 250 mg	17	everolimus tab for oral susp 5 mg	33
ethosuximide soln 250 mg/5ml	17	exemestane tab 25 mg	32
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (ETHYNODIOL DIAC-ETH ESTRADIOL)	113	ezetimibe tab 10 mg	75
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35)	113	ezetimibe-simvastatin tab 10-10 mg	75
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28))	113	ezetimibe-simvastatin tab 10-20 mg	75
		ezetimibe-simvastatin tab 10-40 mg	76

ezetimibe-simvastatin tab 10-80 mg 76

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fluphenazine hcl tab 10 mg	39	fosinopril sodium tab 20 mg	59
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flutamide cap 125 mg	30	FUZEON (enfuvirtide)	46
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fluticasone propionate nasal susp 50 mcg/act	150	G	
fluticasone propionate oint 0.005%	88	gabapentin cap 100 mg	17
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fluticasone-salmeterol aer powder ba 100-50 mcg/act	150	gabapentin cap 400 mg	17
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)	150	gabapentin oral soln 250 mg/5ml	17
fluticasone-salmeterol aer powder ba 250-50 mcg/act	150	gabapentin tab 600 mg	17
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fluticasone-salmeterol aer powder ba 500-50 mcg/act	151	galantamine hydrobromide cap er 24hr 16 mg (GALANTAMINE HYDROBROMIDE ER)	20
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)	151	galantamine hydrobromide cap er 24hr 24 mg (GALANTAMINE HYDROBROMIDE ER)	20
fluvastatin sodium cap 20 mg (base equivalent)	74	galantamine hydrobromide cap er 24hr 8 mg (GALANTAMINE HYDROBROMIDE ER)	20
fluvastatin sodium cap 40 mg (base equivalent)	74	galantamine hydrobromide tab 12 mg	20
fluvoxamine maleate tab 100 mg	22	galantamine hydrobromide tab 4 mg	20
fluvoxamine maleate tab 25 mg	22	galantamine hydrobromide tab 8 mg	20
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glipizide tab 5 mg.....	50	halobetasol propionate oint 0.05%.....	88
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GLUCAGON EMERGENCY (glucagon (rdna))....	53	heparin sodium (porcine) inj 10000 unit/ml....	55
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HUMALOG MIX 50/50 KWIKPEN (insulin lispro protamine & lispro)	53	hydrocodone-acetaminophen tab 10-325 mg . .	5
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HUMIRA (adalimumab)	132	HYDROCORTISONE ACE-PRAMOXINE (hydrocortisone acetate w/ pramoxine)	90
HUMIRA-CD/UC/HS STARTER (adalimumab)	132	hydrocortisone acetate suppos 25 mg	88
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HUMIRA-PED>/=40KG UC STARTER (adalimumab)	132	hydrocortisone butyrate oint 0.1%	89
HUMIRA-PS/UV/ADOL HS STARTER (adalimumab)	132	hydrocortisone butyrate soln 0.1%	89
HUMIRA-PSORIASIS/UEVIT STARTER (adalimumab)	132	hydrocortisone cream 2.5%	89
HUMULIN R U-500 (CONCENTRATED) (insulin regular (human))	53	hydrocortisone cream 2.5% (Ala-Cort)	89
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hydralazine hcl tab 100 mg	76	hydrocortisone lotion 2.5%	89
hydralazine hcl tab 25 mg	76	hydrocortisone oint 2.5%	89
hydralazine hcl tab 50 mg	77	hydrocortisone perianal cream 1% (HYDROCORTISONE (PERIANAL))	89
hydrochlorothiazide cap 12.5 mg	73	hydrocortisone perianal cream 1% (Procto-Pak)	89
hydrochlorothiazide tab 12.5 mg	73	hydrocortisone perianal cream 2.5% (HYDROCORTISONE (PERIANAL))	89
hydrochlorothiazide tab 25 mg	73	hydrocortisone perianal cream 2.5% (Procto-Med Hc)	89
hydrochlorothiazide tab 50 mg	73	hydrocortisone perianal cream 2.5% (Proctosol Hc)	89
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hydrocortisone tab 20 mg	134	hyoscyamine sulfate tab er 12hr 0.375 mg (Oscimin Sr)	102
hydrocortisone tab 5 mg	134	hyoscyamine sulfate tab er 12hr 0.375 mg (Symax-Sr)	102
hydrocortisone valerate cream 0.2%	89		
hydrocortisone valerate oint 0.2%	89		
hydrocortisone w/ acetic acid otic soln 1-2% (HYDROCORTISONE-ACETIC ACID)	144		
hydromorphone hcl tab 2 mg	5	I	
hydromorphone hcl tab 4 mg	5	ibandronate sodium tab 150 mg (base equivalent)	134
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hydroxychloroquine sulfate tab 100 mg	35	ibuprofen tab 400 mg	2
hydroxychloroquine sulfate tab 200 mg	35	ibuprofen tab 600 mg	2
hydroxychloroquine sulfate tab 300 mg	36	ibuprofen tab 800 mg	2
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hydroxyzine hcl syrup 10 mg/5ml	146	icosapent ethyl cap 0.5 gm	76
hydroxyzine hcl tab 10 mg	146	icosapent ethyl cap 1 gm	76
hydroxyzine hcl tab 25 mg	146	imatinib mesylate tab 100 mg (base equivalent)	33
hydroxyzine hcl tab 50 mg	146	imatinib mesylate tab 400 mg (base equivalent)	33
HYDROXYZINE PAMOATE	146	IMBRUVICA (ibrutinib)	33
hydroxyzine pamoate cap 25 mg	146	imipramine hcl tab 10 mg	24
hydroxyzine pamoate cap 50 mg	146	imipramine hcl tab 25 mg	24
hyoscyamine sulfate elixir 0.125 mg/5ml	101	imipramine hcl tab 50 mg	24
hyoscyamine sulfate elixir 0.125 mg/5ml (Hyosyne)	101	imiquimod cream 5%	91
hyoscyamine sulfate sl tab 0.125 mg	101	INCRELEX (mecasermin)	108
hyoscyamine sulfate sl tab 0.125 mg (Oscimin)	101	INCRUSE ELLIPTA (umeclidinium bromide)	146
hyoscyamine sulfate sl tab 0.125 mg (Symax- Sl)	101	indapamide tab 1.25 mg	73
hyoscyamine sulfate soln 0.125 mg/ml	101	indapamide tab 2.5 mg	73
hyoscyamine sulfate soln 0.125 mg/ml (Hyosyne)	101	indomethacin cap 25 mg	2
hyoscyamine sulfate tab 0.125 mg	102	indomethacin cap 50 mg	2
hyoscyamine sulfate tab 0.125 mg (Oscimin)	102	indomethacin cap er 75 mg (INDOMETHACIN ER)	2
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hyoscyamine sulfate tab disint 0.125 mg (Ed- Spaz)	102	INSPIRACHAMBER/MEDIUM	137
hyoscyamine sulfate tab disint 0.125 mg (Nulev)	102	INSPIRACHAMBER/MOUTHPIECE	138
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INSULIN GLARGINE SOLOSTAR.....	53	isotretinoin cap 10 mg (Accutane).....	86
INSULIN LISPRO.....	54	isotretinoin cap 10 mg (Amnesteem).....	86
INSULIN LISPRO (1 UNIT DIAL).....	53	isotretinoin cap 10 mg (Claravis).....	86
INSULIN LISPRO JUNIOR KWIKPEN.....	54	isotretinoin cap 10 mg (Myorisan).....	86
INSULIN SYRINGE-NEEDLE U-100.....	138	isotretinoin cap 10 mg (Zenatane).....	86
INTELENCE (etravirine).....	44	isotretinoin cap 20 mg.....	86
INTRON A (interferon alfa-2b).....	130	isotretinoin cap 20 mg (Accutane).....	86
INVIRASE (saquinavir mesylate).....	46	isotretinoin cap 20 mg (Amnesteem).....	86
ipratropium bromide inhal soln 0.02%.....	146	isotretinoin cap 20 mg (Claravis).....	86
ipratropium bromide nasal soln 0.03% (21 mcg/spray).....	146	isotretinoin cap 20 mg (Myorisan).....	86
ipratropium bromide nasal soln 0.06% (42 mcg/spray).....	146	isotretinoin cap 20 mg (Zenatane).....	86
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	151	isotretinoin cap 30 mg.....	86
irbesartan tab 150 mg.....	58	isotretinoin cap 30 mg (Accutane).....	86
irbesartan tab 300 mg.....	58	isotretinoin cap 30 mg (Claravis).....	86
irbesartan tab 75 mg.....	58	isotretinoin cap 30 mg (Myorisan).....	86
irbesartan-hydrochlorothiazide tab 150-12.5 mg.....	70	isotretinoin cap 30 mg (Zenatane).....	86
irbesartan-hydrochlorothiazide tab 300-12.5 mg.....	70	isotretinoin cap 40 mg.....	86
ISENTRESS (raltegravir potassium).....	43	isotretinoin cap 40 mg (Accutane).....	86
ISENTRESS HD (raltegravir potassium).....	43	isotretinoin cap 40 mg (Amnesteem).....	86
ISONIAZID.....	29	isotretinoin cap 40 mg (Claravis).....	86
isoniazid syrup 50 mg/5ml.....	29	isotretinoin cap 40 mg (Myorisan).....	86
isoniazid tab 300 mg.....	29	isotretinoin cap 40 mg (Zenatane).....	86
isosorbide dinitrate tab 10 mg.....	77	itraconazole cap 100 mg.....	26
isosorbide dinitrate tab 20 mg.....	77	ivermectin tab 3 mg.....	35
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		ketoconazole shampoo 2%.....	26
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KISQALI (400 MG DOSE) (ribociclib succinate)	33
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KISQALI FEMARA (200 MG DOSE) (ribociclib succinate-letrozole)	33
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labetalol hcl tab 200 mg	62
labetalol hcl tab 300 mg	62
lacosamide oral solution 10 mg/ml	18
lacosamide tab 100 mg	18
lacosamide tab 150 mg	18
lacosamide tab 200 mg	19
lacosamide tab 50 mg	19
lactulose (encephalopathy) solution 10 gm/15ml (Enulose)	100
lactulose (encephalopathy) solution 10 gm/15ml (Generlac)	100
lactulose (encephalopathy) solution 10 gm/15ml (LACTULOSE ENCEPHALOPATHY)	100
lactulose solution 10 gm/15ml	100
lactulose solution 10 gm/15ml (Constulose)	100
lamivudine oral soln 10 mg/ml	45
lamivudine tab 100 mg (hbv)	42
lamivudine tab 150 mg	45
lamivudine tab 300 mg	45
lamivudine-zidovudine tab 150-300 mg	45
lamotrigine tab 100 mg	15
lamotrigine tab 100 mg (Subvenite)	15
lamotrigine tab 150 mg	15
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lamotrigine tab 200 mg (Subvenite)	16
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lamotrigine tab chewable dispersible 25 mg	16
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lamotrigine tab er 24hr 250 mg (LAMOTRIGINE ER)	16
lamotrigine tab er 24hr 300 mg (LAMOTRIGINE ER)	16
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leflunomide tab 20 mg	132
lenalidomide cap 10 mg	31
lenalidomide cap 15 mg	31
lenalidomide cap 20 mg	31
lenalidomide cap 25 mg	31
lenalidomide cap 5 mg	31
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leucovorin calcium tab 15 mg	31
leucovorin calcium tab 25 mg	32
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LEUKERAN (chlorambucil)	30
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	127
leuprolide acetate inj kit 5 mg/ml	127

levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv).....	147	levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (Rivelsa).....	114
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv).....	147	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Amethia Lo).....	114
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv).....	147	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Camrese Lo).....	114
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....	147	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (LEVONORGEST-ETH ESTRAD 91-DAY).....	114
LEVALBUTEROL TARTRATE.....	148	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Lojaimiess).....	114
levetiracetam oral soln 100 mg/ml.....	16	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia).....	114
levetiracetam tab 1000 mg.....	16	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna).....	114
levetiracetam tab 1000 mg (Roweepra).....	16	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Camrese).....	115
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methylprednisolone tab 4 mg.....	107	metronidazole cream 0.75%.....	9
methylprednisolone tab 8 mg.....	107	metronidazole cream 0.75% (Rosadan).....	9
methylprednisolone tab therapy pack 4 mg (21).....	107	metronidazole gel 0.75%.....	9
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	25	metronidazole gel 0.75% (Rosadan).....	9
metoclopramide hcl tab 10 mg (base equivalent).....	25	metronidazole gel 1%.....	10
metoclopramide hcl tab 5 mg (base equivalent).....	25	metronidazole lotion 0.75%.....	10
metolazone tab 10 mg.....	74	metronidazole tab 250 mg.....	10
metolazone tab 2.5 mg.....	74	metronidazole tab 500 mg.....	10
metolazone tab 5 mg.....	74	metronidazole vaginal gel 0.75%.....	10
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minocycline hcl cap 100 mg	15	morphine sulfate tab er 60 mg (MORPHINE SULFATE ER)	3
minocycline hcl cap 50 mg	15	MOVANTIK (naloxegol oxalate)	100
minocycline hcl cap 75 mg	15	moxifloxacin hcl ophth soln 0.5% (base equiv)142	
minoxidil tab 10 mg	77	moxifloxacin hcl tab 400 mg (base equiv)	14
minoxidil tab 2.5 mg	77	MULTAQ (dronedarone hcl)	60
mirtazapine orally disintegrating tab 15 mg	21	MULTI-VIT-FLOR (pediatric multivitamins w/fl)	94
mirtazapine orally disintegrating tab 30 mg	21	MULTI-VITAMIN/FLUORIDE (pediatric multivitamins w/fl)	94
mirtazapine orally disintegrating tab 45 mg	21	MULTIVITAMIN W/FLUORIDE (pediatric multivitamins w/fl)	94
mirtazapine tab 15 mg	21	MULTIVITAMIN/FLUORIDE (pediatric multivitamins w/fl)	94
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mirtazapine tab 45 mg	21	MYALEPT (metreleptin)	103
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misoprostol tab 100 mcg	108	mycophenolate mofetil for oral susp 200 mg/ml	133
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modafinil tab 100 mg	153	mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	133
modafinil tab 200 mg	153	mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	133
mometasone furoate cream 0.1%	89	N	
mometasone furoate oint 0.1%	89	nabumetone tab 500 mg	2
mometasone furoate solution 0.1% (lotion)	89	nabumetone tab 750 mg	2
MONOJECT INSULIN SYRINGE	138	nadolol tab 20 mg	62
MONOJECT ULTRA COMFORT SYRINGE	138	nadolol tab 40 mg	62
montelukast sodium chew tab 4 mg (base equiv)	146	nadolol tab 80 mg	62
montelukast sodium chew tab 5 mg (base equiv)	146	NAFRINSE DROPS (sodium fluoride)	94
montelukast sodium oral granules packet 4 mg (base equiv)	146	NALOXONE HCL	8
montelukast sodium tab 10 mg (base equiv)	146	naloxone hcl inj 0.4 mg/ml	8
MORPHINE SULFATE	5,6	naloxone hcl inj 4 mg/10ml	8
morphine sulfate oral soln 10 mg/5ml	6	naloxone hcl nasal spray 4 mg/0.1ml	8
morphine sulfate oral soln 20 mg/5ml	6	naloxone hcl soln prefilled syringe 2 mg/2ml	8
morphine sulfate tab 15 mg	6	naltrexone hcl tab 50 mg	8
morphine sulfate tab 30 mg	6	naproxen tab 250 mg	2
morphine sulfate tab er 100 mg (MORPHINE SULFATE ER)	3		
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naproxen tab 500 mg	2	NEVIRAPINE ER	44
naproxen tab ec 375 mg	2	nevirapine tab 200 mg	44
naproxen tab ec 375 mg (EC-NAPROXEN)	2	nevirapine tab er 24hr 400 mg (NEVIRAPINE ER)	44
naproxen tab ec 500 mg	2	NEXTSTELLIS (drospirenone-estetrol)	117
naproxen tab ec 500 mg (EC-NAPROXEN)	2	NIACIN (ANTIHYPERSLIPIDEMIC)	76
naproxen tab ec 500 mg (NAPROXEN DR)	2	niacin tab er 1000 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERSLIPIDEMIC))	76
naratriptan hcl tab 1 mg (base equiv)	28	niacin tab er 500 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERSLIPIDEMIC))	76
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nateglinide tab 60 mg	51	nicardipine hcl cap 30 mg	63
neбиволол hcl tab 10 mg (base equivalent)	62	NICOTROL (nicotine)	8
neбиволол hcl tab 2.5 mg (base equivalent)	62	NICOTROL NS (nicotine)	8
neбиволол hcl tab 20 mg (base equivalent)	62	nifedipine cap 10 mg	63
neбиволол hcl tab 5 mg (base equivalent)	62	nifedipine cap 20 mg	63
NEFAZODONE HCL	22	nifedipine tab er 24hr 30 mg (NIFEDIPINE ER)	63
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PERINDOPRIL ERBUMINE	59	phenytoin sodium extended cap 300 mg (Phenytek)	19
perindopril erbumine tab 2 mg	59	phenytoin susp 125 mg/5ml	19
perindopril erbumine tab 4 mg	59	PHEXXI (lactic acid-citric acid-potassium bitartrate)	105
perindopril erbumine tab 8 mg	59	PHOSPHOLINE IODIDE (echothiophate iodide)	144
permethrin cream 5%	92	pilocarpine hcl ophth soln 1%	144
perphenazine tab 16 mg	25	pilocarpine hcl ophth soln 2%	144
perphenazine tab 2 mg	25	pilocarpine hcl ophth soln 4%	144
perphenazine tab 4 mg	25	pilocarpine hcl tab 5 mg	85
perphenazine tab 8 mg	25	pilocarpine hcl tab 7.5 mg	85
PERPHENAZINE-AMITRIPTYLINE	21	pimecrolimus cream 1%	89
phenazopyridine hcl tab 100 mg	105	PIMOZIDE	39
phenazopyridine hcl tab 200 mg	105	pioglitazone hcl tab 15 mg (base equiv)	52
phendimetrazine tartrate tab 35 mg	83	pioglitazone hcl tab 30 mg (base equiv)	52
PHENELZINE SULFATE	21	pioglitazone hcl tab 45 mg (base equiv)	52
phenelzine sulfate tab 15 mg	21	pioglitazone hcl-metformin hcl tab 15-500 mg	52
phenobarbital elixir 20 mg/5ml	17	pioglitazone hcl-metformin hcl tab 15-850 mg	52
phenobarbital tab 100 mg	17	PIRFENIDONE	149
phenobarbital tab 15 mg	17	pirfenidone cap 267 mg	149
phenobarbital tab 16.2 mg	17	pirfenidone tab 267 mg	149
phenobarbital tab 30 mg	17	pirfenidone tab 801 mg	149
phenobarbital tab 32.4 mg	18	piroxicam cap 10 mg	2
phenobarbital tab 60 mg	18	piroxicam cap 20 mg	2
phenobarbital tab 64.8 mg	18	PNV TABS 29-1 (prenatal vit w/ iron carbonyl- folic acid)	95
phenobarbital tab 97.2 mg	18	PNV-DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	95
phenoxybenzamine hcl cap 10 mg	58	PNV-OMEGA (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3)	95
phentermine hcl cap 15 mg	83	PNV-SELECT (prenatal vit w/ ferrous fumarate- l methylfolate-folic acid)	95
phentermine hcl cap 30 mg	83	POCKET CHAMBER	139
phentermine hcl cap 37.5 mg	83		
phentermine hcl tab 37.5 mg	84		
phenylephrine hcl ophth soln 10%	141		
phenylephrine hcl ophth soln 10% (Altafrin)	141		
phenylephrine hcl ophth soln 2.5%	141		
phenylephrine hcl ophth soln 2.5% (Altafrin)	141		
phenytoin chew tab 50 mg	19		
phenytoin chew tab 50 mg (PHENYTOIN INFATABS)	19		

POCKET SPACER.....	139	potassium chloride microencapsulated crys er tab 15 meq (POTASSIUM CHLORIDE CRY ER).....	95
PODOFILOX.....	91	potassium chloride microencapsulated crys er tab 20 meq (Klor-Con M20).....	95
podofilox soln 0.5%.....	91	potassium chloride microencapsulated crys er tab 20 meq (POTASSIUM CHLORIDE CRY ER).....	96
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....	142	potassium chloride oral soln 10% (20 meq/15ml).....	96
POMALYST (pomalidomide).....	31	potassium chloride oral soln 20% (40 meq/15ml).....	96
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospha 250 Neutral) ..	105	potassium chloride powder packet 20 meq ..	96
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospho-Trin 250 Neutral).....	105	potassium chloride powder packet 20 meq (Klor-Con).....	96
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phosphorous).....	105	potassium chloride tab er 10 meq (Klor-Con 10).....	96
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-Phos 250 Neutral) ..	105	potassium chloride tab er 10 meq (POTASSIUM CHLORIDE ER).....	96
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Wes-Phos 250 Neutral) ..	106	potassium chloride tab er 20 meq (1500 mg) (POTASSIUM CHLORIDE ER).....	96
potassium bicarbonate effer tab 25 meq (Effer- K).....	95	potassium chloride tab er 8 meq (600 mg) (Klor-Con).....	96
potassium bicarbonate effer tab 25 meq (K- PRIME).....	95	potassium chloride tab er 8 meq (600 mg) (POTASSIUM CHLORIDE ER).....	96
potassium bicarbonate effer tab 25 meq (Klor- Con/ef).....	95	potassium citrate & citric acid powder pack 3300-1002 mg (Taron-Crystals).....	106
potassium chloride cap er 10 meq (Klor-Con Sprinkle).....	95	potassium citrate & citric acid soln 1100-334 mg/5ml (POTASSIUM CITRATE-CITRIC ACID).....	106
potassium chloride cap er 10 meq (POTASSIUM CHLORIDE ER).....	95	potassium citrate tab er 10 meq (1080 mg) (POTASSIUM CITRATE ER).....	96
potassium chloride cap er 8 meq (Klor-Con Sprinkle).....	95	potassium citrate tab er 15 meq (1620 mg) (POTASSIUM CITRATE ER).....	96
potassium chloride cap er 8 meq (POTASSIUM CHLORIDE ER).....	95	potassium citrate tab er 5 meq (540 mg) (POTASSIUM CITRATE ER).....	96
POTASSIUM CHLORIDE ER.....	95	potassium phosphate monobasic tab 500 mg (Phospho-Trin K500).....	106
potassium chloride microencapsulated crys er tab 10 meq (Klor-Con M10).....	95	pramipexole dihydrochloride tab 0.125 mg ..	37
potassium chloride microencapsulated crys er tab 10 meq (POTASSIUM CHLORIDE CRY ER).....	95	pramipexole dihydrochloride tab 0.25 mg ..	37
potassium chloride microencapsulated crys er tab 15 meq (Klor-Con M15).....	95	pramipexole dihydrochloride tab 0.5 mg ..	37

pramipexole dihydrochloride tab 0.75 mg	37	pregabalin cap 100 mg	84
pramipexole dihydrochloride tab 1 mg	37	pregabalin cap 150 mg	84
pramipexole dihydrochloride tab 1.5 mg	37	pregabalin cap 200 mg	84
prasugrel hcl tab 10 mg (base equiv)	57	pregabalin cap 225 mg	84
prasugrel hcl tab 5 mg (base equiv)	57	pregabalin cap 25 mg	84
pravastatin sodium tab 10 mg	74	pregabalin cap 300 mg	84
pravastatin sodium tab 20 mg	75	pregabalin cap 50 mg	84
pravastatin sodium tab 40 mg	75	pregabalin cap 75 mg	84
pravastatin sodium tab 80 mg	75	pregabalin soln 20 mg/ml	84
praziquantel tab 600 mg	35	PREMARIN (estrogens, conjugated vaginal)	124
prazosin hcl cap 1 mg	58	PREMARIN (estrogens, conjugated)	124
prazosin hcl cap 2 mg	58	PREMPRO (conjugated estrogens- medroxyprogesterone acetate)	124
prazosin hcl cap 5 mg	58	PRENAISSANCE (prenatal w/o vit a w/ fe fumarate-dss-fa-dha)	96
PREDNICARBATE	89	PRENATAL (prenatal vit w/ ferrous fumarate- folic acid)	96
prednisolone acetate ophth susp 1%	143	PRENATAL 19 (prenatal vit w/ docusate-fe fumarate-folic acid)	96
PREDNISOLONE ACETATE P-F (prednisolone acetate (ophth))	143	PRENATAL 19 (prenatal vit w/ ferrous fumarate-folic acid)	96
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (PREDNISOLONE SODIUM PHOSPHATE)	107	PRENATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid)	96
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE)	107	PRENATAL PLUS IRON (prenatal vit w/ iron carbonyl-folic acid)	96
PREDNISOLONE SODIUM PHOSPHATE	107	PRENATAL PLUS VITAMIN/MINERAL (prenatal vit w/ ferrous fumarate-folic acid)	97
PREDNISOLONE SODIUM PHOSPHATE (prednisolone sodium phosphate (ophth))	143	PRENATAL VITAMIN PLUS LOW IRON (prenatal vit w/ ferrous fumarate-folic acid)	97
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	107	PRENATAL-U (prenatal without a vit w/ fe fumarate-folic acid)	97
prednisolone soln 15 mg/5ml	107	PREPLUS (prenatal vit w/ ferrous fumarate- folic acid)	97
PREDNISON	107	PRETAB (prenatal vit w/ ferrous fumarate-folic acid)	97
PREDNISON INTENSOL	107	PREZCOBIX (darunavir-cobicistat)	47
prednisone tab 1 mg	107	PREZISTA (darunavir ethanolate)	47
prednisone tab 10 mg	107	PRIFTIN (rifapentine)	30
prednisone tab 2.5 mg	107	PRIMAQUINE PHOSPHATE	36
prednisone tab 20 mg	107	primaquine phosphate tab 26.3 mg (15 mg base)	36
prednisone tab 5 mg	107		
prednisone tab 50 mg	107		
prednisone tab therapy pack 10 mg (21)	108		
prednisone tab therapy pack 10 mg (48)	108		
prednisone tab therapy pack 5 mg (21)	108		
prednisone tab therapy pack 5 mg (48)	108		

PRIMEAIRE HOLDING CHAMBER.....	139	propafenone hcl cap er 12hr 325 mg (PROPAFENONE HCL ER).....	61
PRIMIDONE.....	18	propafenone hcl cap er 12hr 425 mg (PROPAFENONE HCL ER).....	61
primidone tab 250 mg.....	18	propafenone hcl tab 150 mg.....	61
primidone tab 50 mg.....	18	propafenone hcl tab 225 mg.....	61
PRO COMFORT PEN NEEDLES.....	139	propafenone hcl tab 300 mg.....	61
probenecid tab 500 mg.....	27	PROPANTHELINE BROMIDE.....	102
PROCHAMBER VHC.....	139	proparacaine hcl ophth soln 0.5%.....	141
prochlorperazine maleate tab 10 mg (base equivalent).....	25	PROPRANOLOL HCL.....	62
prochlorperazine maleate tab 5 mg (base equivalent).....	25	propranolol hcl cap er 24hr 120 mg (PROPRANOLOL HCL ER).....	63
prochlorperazine suppos 25 mg.....	25	propranolol hcl cap er 24hr 160 mg (PROPRANOLOL HCL ER).....	63
prochlorperazine suppos 25 mg (Compro)....	25	propranolol hcl cap er 24hr 60 mg (PROPRANOLOL HCL ER).....	63
progesterone cap 100 mg.....	125	propranolol hcl cap er 24hr 80 mg (PROPRANOLOL HCL ER).....	63
progesterone cap 200 mg.....	125	propranolol hcl oral soln 20 mg/5ml.....	63
promethazine & phenylephrine syrup 6.25-5 mg/5ml (PROMETHAZINE VC).....	151	propranolol hcl tab 10 mg.....	63
promethazine & phenylephrine syrup 6.25-5 mg/5ml (PROMETHAZINE- PHENYLEPHRINE).....	151	propranolol hcl tab 20 mg.....	63
promethazine hcl oral soln 6.25 mg/5ml.....	146	propranolol hcl tab 40 mg.....	63
promethazine hcl suppos 12.5 mg.....	25	propranolol hcl tab 60 mg.....	63
promethazine hcl suppos 12.5 mg (Promethegan).....	25	propranolol hcl tab 80 mg.....	63
promethazine hcl suppos 25 mg.....	25	PROPRANOLOL-HCTZ (propranolol & hydrochlorothiazide).....	71
promethazine hcl suppos 25 mg (Promethegan).....	25	propylthiouracil tab 50 mg.....	128
promethazine hcl tab 12.5 mg.....	25	protriptyline hcl tab 10 mg.....	24
promethazine hcl tab 25 mg.....	25	protriptyline hcl tab 5 mg.....	24
promethazine hcl tab 50 mg.....	25	PROVIDA OB (prenatal without a vit w/ fe fum- iron polysacch complex -fa).....	97
PROMETHAZINE VC/CODEINE (promethazine- phenylephrine-codeine).....	151	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm).....	151
promethazine w/ codeine syrup 6.25-10 mg/5ml (PROMETHAZINE-CODEINE).....	151	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (PSEUDOEPH-BROMPHEN-DM)....	151
promethazine-dm syrup 6.25-15 mg/5ml.....	151	PSORCON (diflorasone diacetate).....	89
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (PROMETHAZINE- PHENYLEPH-CODEINE).....	151	pyrazinamide tab 500 mg.....	30
PROMETHEGAN (promethazine hcl).....	25	PYRIDOSTIGMINE BROMIDE.....	29
propafenone hcl cap er 12hr 225 mg (PROPAFENONE HCL ER).....	60	pyridostigmine bromide tab 60 mg.....	29
		pyrimethamine tab 25 mg.....	36

Q

QSYMIA (phentermine hcl-topiramate).....	84
QUETIAPINE FUMARATE.....	41
quetiapine fumarate tab 100 mg.....	41
quetiapine fumarate tab 200 mg.....	41
quetiapine fumarate tab 25 mg.....	41
quetiapine fumarate tab 300 mg.....	41
quetiapine fumarate tab 400 mg.....	41
quetiapine fumarate tab 50 mg.....	41
quinapril hcl tab 10 mg.....	59
quinapril hcl tab 20 mg.....	59
quinapril hcl tab 40 mg.....	59
quinapril hcl tab 5 mg.....	59
QUINAPRIL-HYDROCHLOROTHIAZIDE.....	72
quinapril-hydrochlorothiazide tab 10-12.5 mg.....	72
quinapril-hydrochlorothiazide tab 20-12.5 mg.....	72
quinapril-hydrochlorothiazide tab 20-25 mg.....	72
QUINIDINE SULFATE.....	61
quinidine sulfate tab 200 mg.....	61
quinidine sulfate tab 300 mg.....	61
quinine sulfate cap 324 mg.....	36
QVAR REDHALER (beclomethasone dipropionate hfa).....	145

R

rabeprazole sodium ec tab 20 mg.....	103
RADIOGARDASE (prussian blue insoluble (ferric hexacyanoferrate ii)).....	139
raloxifene hcl tab 60 mg.....	125
ramelteon tab 8 mg.....	152
ramipril cap 1.25 mg.....	60
ramipril cap 10 mg.....	60
ramipril cap 2.5 mg.....	60
ramipril cap 5 mg.....	60
ranolazine tab er 12hr 1000 mg (RANOLAZINE ER).....	72
ranolazine tab er 12hr 500 mg (RANOLAZINE ER).....	72
rasagiline mesylate tab 0.5 mg (base equiv).....	39
rasagiline mesylate tab 1 mg (base equiv).....	39

RELENZA DISKHALER (zanamivir).....	47
RELEXXII (methylphenidate hcl).....	83
RELNATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids).....	97
repaglinide tab 0.5 mg.....	52
repaglinide tab 1 mg.....	52
repaglinide tab 2 mg.....	52
REPATHA (evolocumab).....	76
REPATHA PUSHTRONEX SYSTEM (evolocumab).....	76
REPATHA SURECLICK (evolocumab).....	76
RESTASIS (cyclosporine (ophth)).....	141
RESTASIS MULTIDOSE (cyclosporine (ophth)).....	141
RETACRIT (epoetin alfa-epbx).....	56
REVLIMID (lenalidomide).....	31
REYATAZ (atazanavir sulfate).....	47
RIBAVIRIN (ribavirin (hepatitis c)).....	43
ribavirin cap 200 mg.....	43
ribavirin tab 200 mg.....	43
RIDAURA (auranofin).....	129
rifabutin cap 150 mg.....	29
rifampin cap 150 mg.....	30
rifampin cap 300 mg.....	30
RIFATER (isoniazid-rifampin w/ pyrazinamide).....	30
riluzole tab 50 mg.....	78
RIMANTADINE HCL (rimantadine hydrochloride).....	47
RINVOQ (upadacitinib).....	129
RINVOQ LQ (upadacitinib).....	130
risedronate sodium tab 150 mg.....	134
risedronate sodium tab 30 mg.....	134
risedronate sodium tab 35 mg.....	134
risedronate sodium tab 5 mg.....	134
risedronate sodium tab delayed release 35 mg.....	134
risperidone soln 1 mg/ml.....	41
risperidone tab 0.25 mg.....	41
risperidone tab 0.5 mg.....	41
risperidone tab 1 mg.....	41
risperidone tab 2 mg.....	41

risperidone tab 3 mg	41	ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (ROPINIROLE HCL ER)	38
risperidone tab 4 mg	41	ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (ROPINIROLE HCL ER)	38
RITEFLO	139	ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (ROPINIROLE HCL ER)	38
ritonavir tab 100 mg	47	ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (ROPINIROLE HCL ER)	38
rivastigmine tartrate cap 1.5 mg (base equivalent)	20	rosuvastatin calcium tab 10 mg	75
rivastigmine tartrate cap 3 mg (base equivalent)	20	rosuvastatin calcium tab 20 mg	75
rivastigmine tartrate cap 4.5 mg (base equivalent)	20	rosuvastatin calcium tab 40 mg	75
rivastigmine tartrate cap 6 mg (base equivalent)	20	rosuvastatin calcium tab 5 mg	75
rivastigmine td patch 24hr 13.3 mg/24hr	20	RUZURGI (amifampridine)	84
rivastigmine td patch 24hr 4.6 mg/24hr	20	RYBELSUS (semaglutide)	52
rivastigmine td patch 24hr 9.5 mg/24hr	20		
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	28	S	
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	28	SALICYLIC ACID	91
rizatriptan benzoate tab 10 mg (base equivalent)	28	salicylic acid film forming liquid 27.5%	91
rizatriptan benzoate tab 5 mg (base equivalent)	28	salicylic acid film forming liquid 27.5% (SALICYLIC ACID WART REMOVER)	91
roflumilast tab 250 mcg	148	scopolamine td patch 72hr 1 mg/3days	25
roflumilast tab 500 mcg	148	SE-NATAL 19 (prenatal vit w/ docusate-fe fumarate-folic acid)	97
ropinirole hydrochloride tab 0.25 mg (ROPINIROLE HCL)	37	selegiline hcl cap 5 mg	39
ropinirole hydrochloride tab 0.5 mg (ROPINIROLE HCL)	37	selegiline hcl tab 5 mg	39
ropinirole hydrochloride tab 1 mg (ROPINIROLE HCL)	37	selenium sulfide lotion 2.5%	89
ropinirole hydrochloride tab 2 mg (ROPINIROLE HCL)	37	SELZENTRY (maraviroc)	46
ropinirole hydrochloride tab 3 mg (ROPINIROLE HCL)	37	sertraline hcl oral concentrate for solution 20 mg/ml	23
ropinirole hydrochloride tab 4 mg (ROPINIROLE HCL)	38	sertraline hcl tab 100 mg	23
ropinirole hydrochloride tab 5 mg (ROPINIROLE HCL)	38	sertraline hcl tab 25 mg	23
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (ROPINIROLE HCL ER)	38	sertraline hcl tab 50 mg	23
		sevelamer carbonate packet 0.8 gm	99
		sevelamer carbonate packet 2.4 gm	99
		sevelamer carbonate tab 800 mg	99
		sildenafil citrate tab 100 mg	106
		sildenafil citrate tab 20 mg	149
		sildenafil citrate tab 25 mg	106
		sildenafil citrate tab 50 mg	106
		silodosin cap 4 mg	105
		silodosin cap 8 mg	105

silver sulfadiazine cream 1%	91	sodium polystyrene sulfonate oral susp 15 gm/60ml (Kionex)	99
silver sulfadiazine cream 1% (Ssd)	91	sodium polystyrene sulfonate susp 15 gm/60ml (Kionex)	99
SIMBRINZA (brinzolamide-brimonidine tartrate)	144	sodium polystyrene sulfonate susp 15 gm/60ml (Sps (sodium Polystyrene Sulf))	99
SIMPONI (golimumab)	133	SODIUM SULFACETAMIDE-BAKUCHIOL (sulfacetamide sodium in bakuchiol vehicle)	91
simvastatin tab 10 mg	75	solifenacin succinate tab 10 mg	104
simvastatin tab 20 mg	75	solifenacin succinate tab 5 mg	104
simvastatin tab 40 mg	75	sorafenib tosylate tab 200 mg (base equivalent)	34
simvastatin tab 5 mg	75	sotalol hcl (afib/afi) tab 120 mg (Sotalol Hcl (af))	61
simvastatin tab 80 mg	75	sotalol hcl (afib/afi) tab 160 mg (Sotalol Hcl (af))	61
sirolimus oral soln 1 mg/ml	133	sotalol hcl (afib/afi) tab 80 mg (Sotalol Hcl (af))	61
sirolimus tab 0.5 mg	133	sotalol hcl tab 120 mg	61
sirolimus tab 1 mg	133	sotalol hcl tab 120 mg (Sorine)	61
sirolimus tab 2 mg	133	sotalol hcl tab 160 mg	61
SKYRIZI (150 MG DOSE) (risankizumab-rzaa)	130	sotalol hcl tab 160 mg (Sorine)	61
SKYRIZI (risankizumab-rzaa (crohn's))	130	sotalol hcl tab 240 mg	61
SKYRIZI (risankizumab-rzaa)	130	sotalol hcl tab 240 mg (Sorine)	61
SKYRIZI PEN (risankizumab-rzaa)	130	sotalol hcl tab 80 mg	61
SLYND (drospirenone)	125	sotalol hcl tab 80 mg (Sorine)	61
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (NA SULFATE-K SULFATE-MG SULF)	101	SOTYKTU (deucravacitinib)	130
sodium chloride soln nebu 0.9%	152	SPINOSAD	92
sodium chloride soln nebu 10%	152	SPIRIVA HANDIHALER (tiotropium bromide monohydrate)	146
sodium chloride soln nebu 3%	152	SPIRIVA RESPIMAT (tiotropium bromide monohydrate)	146
sodium chloride soln nebu 3% (Nebusal)	152	spironolactone & hydrochlorothiazide tab 25-25 mg (SPIRONOLACTONE-HCTZ)	72
sodium chloride soln nebu 7%	152	spironolactone tab 100 mg	76
sodium chloride soln nebu 7% (Pulmosal)	152	spironolactone tab 25 mg	76
SODIUM FLUORIDE	97	spironolactone tab 50 mg	76
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	97	SPRYCEL (dasatinib)	34
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	97	SPS (SODIUM POLYSTYRENE SULF) (sodium polystyrene sulfonate)	99
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	97	SSS 10-5 (sulfacetamide sodium w/ sulfur)	91
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (NAFRINSE)	97		
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab)	97		
sodium polystyrene sulfonate oral susp 15 gm/60ml	99		

STAVUDINE	45	sulfacetamide sodium w/ sulfur lotion 10-5% (SULFACETAMIDE SODIUM-SULFUR)	92
stavudine cap 15 mg	45	sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR)	92
stavudine cap 20 mg	45	sulfacetamide sodium w/ sulfur susp 10-5% (SULFACETAMIDE SODIUM-SULFUR)	92
stavudine cap 30 mg	45	sulfacetamide sodium w/ sulfur susp 8-4% (SULFACETAMIDE SODIUM-SULFUR)	92
stavudine cap 40 mg	45	sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacleanse 8/4)	92
STELARA (ustekinumab)	130	sulfacetamide sodium w/ sulfur wash 9-4% (SULFACETAMIDE SOD-SULFUR WASH)	92
STIVARGA (regorafenib)	34	sulfacetamide sodium w/ sulfur wash 9-4% (SULFACETAMIDE SODIUM-SULFUR)	92
STRIVERDI RESPIMAT (olodaterol hcl)	148	SULFACETAMIDE-PREDNISOLONE (sulfacetamide sod-prednisolone)	141
sucralfate susp 1 gm/10ml	103	sulfadiazine tab 500 mg	14
sucralfate tab 1 gm	103	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	14
SULFACETAMIDE SODIUM (sulfacetamide sodium (ophth))	142	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml (Sulfatrim Pediatric)	14
sulfacetamide sodium liquid 10%	91	sulfamethoxazole-trimethoprim tab 400-80 mg	14
sulfacetamide sodium liquid 10% (SODIUM SULFACETAMIDE WASH)	91	sulfamethoxazole-trimethoprim tab 800-160 mg	14
sulfacetamide sodium lotion 10% (acne) (SULFACETAMIDE SODIUM (ACNE))	86	sulfasalazine tab 500 mg	133
sulfacetamide sodium ophth soln 10%	142	sulfasalazine tab delayed release 500 mg	133
sulfacetamide sodium shampoo 10% (SODIUM SULFACETAMIDE)	91	sulindac tab 150 mg	2
sulfacetamide sodium w/ sulfur cleanser 10-2% (SULFACETAMIDE SODIUM-SULFUR)	91	sulindac tab 200 mg	2
sulfacetamide sodium w/ sulfur cleanser 10-5% (Avar Cleanser)	91	sumatriptan nasal spray 20 mg/act	28
sulfacetamide sodium w/ sulfur cleanser 10-5% (SULFACETAMIDE SODIUM-SULFUR)	91	sumatriptan nasal spray 5 mg/act	28
sulfacetamide sodium w/ sulfur cleanser 9-4% (SULFACETAMIDE SODIUM-SULFUR)	91	SUMATRIPTAN SUCCINATE	28
sulfacetamide sodium w/ sulfur cleanser 9.8- 4.8% (SULFACETAMIDE SODIUM-SULFUR)	92	sumatriptan succinate inj 6 mg/0.5ml	28
sulfacetamide sodium w/ sulfur cleansing pad 10-4% (SULFACETAMIDE SODIUM-SULFUR)	92	SUMATRIPTAN SUCCINATE REFILL	28
sulfacetamide sodium w/ sulfur cream 10-2% (SULFACETAMIDE SODIUM-SULFUR)	92	sumatriptan succinate solution auto-injector 4 mg/0.5ml	28
sulfacetamide sodium w/ sulfur cream 10-5% (Sss 10-5)	92	sumatriptan succinate solution auto-injector 6 mg/0.5ml	28
sulfacetamide sodium w/ sulfur cream 10-5% (SULFACETAMIDE SODIUM-SULFUR)	92	sumatriptan succinate solution cartridge 4 mg/0.5ml (SUMATRIPTAN SUCCINATE REFILL)	28
sulfacetamide sodium w/ sulfur cream 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR)	92		

sumatriptan succinate solution cartridge 6 mg/0.5ml (SUMATRIPTAN SUCCINATE REFILL).....	29
sumatriptan succinate tab 100 mg.....	29
sumatriptan succinate tab 25 mg.....	29
sumatriptan succinate tab 50 mg.....	29
sunitinib malate cap 12.5 mg (base equivalent).....	34
sunitinib malate cap 25 mg (base equivalent).....	34
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SYNAREL (nafarelin acetate).....	128
SYNJARDY (empagliflozin-metformin hcl).....	52
SYNJARDY XR (empagliflozin-metformin hcl).....	52
SYNTHROID (levothyroxine sodium).....	127

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tacrolimus cap 0.5 mg.....	133
tacrolimus cap 1 mg.....	133
tacrolimus cap 5 mg.....	133
tacrolimus oint 0.03%.....	89
tacrolimus oint 0.1%.....	89
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tadalafil tab 20 mg (pah) (TADALAFIL (PAH)).....	149
TAFINLAR (dabrafenib mesylate).....	34
TAGRISSO (osimertinib mesylate).....	34
tamoxifen citrate tab 10 mg (base equivalent).....	31
tamoxifen citrate tab 20 mg (base equivalent).....	31
tamsulosin hcl cap 0.4 mg.....	105
TARON-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3).....	97
TASIGNA (nilotinib hcl).....	34
telmisartan tab 20 mg.....	58
telmisartan tab 40 mg.....	58
telmisartan tab 80 mg.....	58

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telmisartan-amlodipine tab 40-10 mg.....	72
telmisartan-amlodipine tab 40-5 mg.....	72
telmisartan-amlodipine tab 80-10 mg.....	72
telmisartan-amlodipine tab 80-5 mg.....	72
telmisartan-hydrochlorothiazide tab 40-12.5 mg (TELMISARTAN-HCTZ).....	72
telmisartan-hydrochlorothiazide tab 80-12.5 mg (TELMISARTAN-HCTZ).....	72
telmisartan-hydrochlorothiazide tab 80-25 mg (TELMISARTAN-HCTZ).....	72
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temazepam cap 30 mg.....	153
temazepam cap 7.5 mg.....	153
TEMIXYS (lamivudine-tenofovir disoproxil fumarate).....	45
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terazosin hcl cap 1 mg (base equivalent).....	58
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testosterone cypionate im inj in oil 100 mg/ml (Depo-Testosterone).....	109
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testosterone cypionate im inj in oil 200 mg/ml (Depo-Testosterone).....	109
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testosterone td gel 12.5 mg/act (1%).....	109
testosterone td gel 20.25 mg/1.25gm (1.62%).....	109
testosterone td gel 20.25 mg/act (1.62%).....	109
testosterone td gel 25 mg/2.5gm (1%).....	109

testosterone td gel 40.5 mg/2.5gm (1.62%)	109	tizanidine hcl tab 2 mg (base equivalent)	42
testosterone td gel 50 mg/5gm (1%)	109	tizanidine hcl tab 4 mg (base equivalent)	42
tetracycline hcl cap 250 mg	15	TOBRADEX (tobramycin-dexamethasone)	141
tetracycline hcl cap 500 mg	15	TOBRAMYCIN	148
THALOMID (thalidomide)	31	tobramycin nebu soln 300 mg/5ml	148
theophylline elixir 80 mg/15ml	148	tobramycin ophth soln 0.3%	142
theophylline elixir 80 mg/15ml (Elixophyllin)	148	tobramycin-dexamethasone ophth susp 0.3-0.1%	141
THEOPHYLLINE ER	148	tolterodine tartrate cap er 24hr 2 mg (TOLTERODINE TARTRATE ER)	104
theophylline soln 80 mg/15ml	148	tolterodine tartrate cap er 24hr 4 mg (TOLTERODINE TARTRATE ER)	104
theophylline tab er 12hr 300 mg (THEOPHYLLINE ER)	148	tolterodine tartrate tab 1 mg	104
theophylline tab er 12hr 450 mg (THEOPHYLLINE ER)	148	tolterodine tartrate tab 2 mg	104
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thioridazine hcl tab 10 mg	39	topiramate tab 100 mg	17
thioridazine hcl tab 100 mg	40	topiramate tab 200 mg	17
thioridazine hcl tab 25 mg	40	topiramate tab 25 mg	17
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thiothixene cap 10 mg	40	torsemide tab 10 mg	73
thiothixene cap 2 mg	40	torsemide tab 100 mg	73
thiothixene cap 5 mg	40	torsemide tab 20 mg	73
THRIVITE RX (prenatal vit w/ iron carbonyl-folic acid)	97	torsemide tab 5 mg	73
THYROID	127	TOUJEO MAX SOLOSTAR (insulin glargine)	54
TIBSOVO (ivosidenib)	34	TOUJEO SOLOSTAR (insulin glargine)	54
timolol maleate ophth gel forming soln 0.25%	143	TRACLEER (bosentan)	149
timolol maleate ophth gel forming soln 0.5%	143	TRAMADOL HCL (ER BIPHASIC)	3
timolol maleate ophth soln 0.25%	143	tramadol hcl tab 100 mg	7
timolol maleate ophth soln 0.5%	143	tramadol hcl tab 50 mg	7
tinidazole tab 250 mg	10	tramadol hcl tab er 24hr 100 mg (TRAMADOL HCL ER)	3
tinidazole tab 500 mg	10	tramadol hcl tab er 24hr 200 mg (TRAMADOL HCL ER)	3
tiopronin tab 100 mg	106	tramadol hcl tab er 24hr 300 mg (TRAMADOL HCL ER)	3
tiopronin tab delayed release 100 mg	106	tramadol hcl tab er 24hr biphasic release 100 mg (TRAMADOL HCL (ER BIPHASIC))	3
tiopronin tab delayed release 300 mg	106		
TIVICAY (dolutegravir sodium)	43		
TIVICAY PD (dolutegravir sodium)	43		

tramadol hcl tab er 24hr biphasic release 200 mg (TRAMADOL HCL (ER BIPHASIC))	3	triamcinolone acetonide dental paste 0.1% (Oralone)	85
tramadol hcl tab er 24hr biphasic release 300 mg (TRAMADOL HCL (ER BIPHASIC))	3	triamcinolone acetonide lotion 0.025%	90
tramadol-acetaminophen tab 37.5-325 mg	7	triamcinolone acetonide lotion 0.1%	90
trandolapril tab 1 mg	60	triamcinolone acetonide oint 0.025%	90
trandolapril tab 2 mg	60	triamcinolone acetonide oint 0.1%	90
trandolapril tab 4 mg	60	triamcinolone acetonide oint 0.5%	90
tranexamic acid tab 650 mg	56	triamterene & hydrochlorothiazide cap 37.5-25 mg (TRIAMTERENE-HCTZ)	72
tranylcypromine sulfate tab 10 mg	21	triamterene & hydrochlorothiazide tab 37.5-25 mg (TRIAMTERENE-HCTZ)	72
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (TRAVOPROST (BAK FREE))	144	triamterene & hydrochlorothiazide tab 75-50 mg (TRIAMTERENE-HCTZ)	72
trazodone hcl tab 100 mg	23	TRICARE (prenatal vit w/ ferrous fumarate-folic acid)	97
trazodone hcl tab 150 mg	23	trifluoperazine hcl tab 1 mg (base equivalent)	40
trazodone hcl tab 300 mg	23	trifluoperazine hcl tab 10 mg (base equivalent)	40
trazodone hcl tab 50 mg	23	trifluoperazine hcl tab 2 mg (base equivalent)	40
TRECATOR (ethionamide)	30	trifluoperazine hcl tab 5 mg (base equivalent)	40
TRELEGY ELLIPTA (fluticasone-umeclidinium-vilanterol)	152	TRIFLURIDINE	142
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TRESIBA (insulin degludec)	54	trihexyphenidyl hcl oral soln 0.4 mg/ml	36
TRESIBA FLEXTOUCH (insulin degludec)	54	trihexyphenidyl hcl tab 2 mg	36
tretinoin cap 10 mg	35	trihexyphenidyl hcl tab 5 mg	36
tretinoin cream 0.025%	86	trimethobenzamide hcl cap 300 mg	25
tretinoin cream 0.05%	86	TRIMETHOPRIM	10
tretinoin cream 0.1%	87	trimethoprim tab 100 mg	10
tretinoin gel 0.01%	87	trimipramine maleate cap 100 mg	24
tretinoin gel 0.025%	87	trimipramine maleate cap 25 mg	24
tretinoin gel 0.05%	87	trimipramine maleate cap 50 mg	25
TRI-VITE/FLUORIDE (pediatric vitamins acid w/ fluoride)	100	TRINATAL RX 1 (prenatal vit w/ ferrous fumarate-folic acid)	97
triamcinolone acetonide cream 0.025%	90	TRINATE (prenatal vit w/ ferrous fumarate-folic acid)	98
triamcinolone acetonide cream 0.1%	90	TRIUMEQ (abacavir-dolutegravir-lamivudine)	45
triamcinolone acetonide cream 0.1% (Triderm)	90	TRIUMEQ PD (abacavir-dolutegravir-lamivudine)	46
triamcinolone acetonide cream 0.5%	90	tropicamide ophth soln 0.5%	141
triamcinolone acetonide cream 0.5% (Triderm)	90	tropicamide ophth soln 1%	141
triamcinolone acetonide dental paste 0.1%	85		
triamcinolone acetonide dental paste 0.1% (Kourzeq)	85		

trosopium chloride tab 20 mg	104
TRULICITY (dulaglutide)	52
TWIRLA (levonorgestrel-ethinyl estradiol)	124
TYBLUME (levonorgestrel & eth estradiol)	124
TYMLOS (abaloparatide)	134

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ULTICARE INSULIN SAFETY SYR	139
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V

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valacyclovir hcl tab 500 mg	48
valganciclovir hcl for soln 50 mg/ml (base equiv)	42
valganciclovir hcl tab 450 mg (base equivalent)	42
valproate sodium oral soln 250 mg/5ml (base equiv) (VALPROIC ACID)	17
valproic acid cap 250 mg	17
valsartan tab 160 mg	58
valsartan tab 320 mg	58
valsartan tab 40 mg	58
valsartan tab 80 mg	58
valsartan-hydrochlorothiazide tab 160-12.5 mg	72
valsartan-hydrochlorothiazide tab 160-25 mg	72
valsartan-hydrochlorothiazide tab 320-12.5 mg	72
valsartan-hydrochlorothiazide tab 320-25 mg	73
valsartan-hydrochlorothiazide tab 80-12.5 mg	73
vancomycin hcl cap 125 mg (base equivalent)	10
vancomycin hcl cap 250 mg (base equivalent)	10
varenicline tartrate tab 0.5 mg (base equiv)	9
varenicline tartrate tab 1 mg (base equiv)	9

varenicline tartrate tab 1 mg (base equiv) (VARENICLINE TARTRATE(CONTINUE))	9
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack (VARENICLINE TARTRATE (STARTER))	9
VELIVET (desogestrel-ethinyl estradiol (triphasic))	124
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (VENLAFAXINE HCL ER)	23
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (VENLAFAXINE HCL ER)	23
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (VENLAFAXINE HCL ER)	23
venlafaxine hcl tab 100 mg (base equivalent)	23
venlafaxine hcl tab 25 mg (base equivalent)	23
venlafaxine hcl tab 37.5 mg (base equivalent)	23
venlafaxine hcl tab 50 mg (base equivalent)	23
venlafaxine hcl tab 75 mg (base equivalent)	23
verapamil hcl cap er 24hr 120 mg (VERAPAMIL HCL ER)	66
verapamil hcl cap er 24hr 180 mg (VERAPAMIL HCL ER)	66
verapamil hcl cap er 24hr 240 mg (VERAPAMIL HCL ER)	66
VERAPAMIL HCL ER	66
verapamil hcl tab 120 mg	66
verapamil hcl tab 40 mg	66
verapamil hcl tab 80 mg	66
verapamil hcl tab er 120 mg (VERAPAMIL HCL ER)	66
verapamil hcl tab er 180 mg (VERAPAMIL HCL ER)	67
verapamil hcl tab er 240 mg (VERAPAMIL HCL ER)	67
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VICTOZA (liraglutide)	52
VINATE II (prenatal vit w/ fe bisglycinate chelate-folic acid)	98
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VIRT-NATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids).....	98	warfarin sodium tab 7.5 mg.....	56
VIRT-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha).....	98	warfarin sodium tab 7.5 mg (Jantoven).....	56
VIRT-PN PLUS (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3).....	98	WATCHHALER.....	139
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VIVA DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids).....	98	WESCAP-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha).....	98
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voriconazole tab 50 mg.....	27	WIDE-SEAL DIAPHRAGM 70 (diaphragm wide seal).....	140
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W

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warfarin sodium tab 1 mg (Jantoven).....	55	XALKORI (crizotinib).....	35
warfarin sodium tab 10 mg.....	55	XARELTO (rivaroxaban).....	56
warfarin sodium tab 10 mg (Jantoven).....	55	XARELTO STARTER PACK (rivaroxaban).....	56
warfarin sodium tab 2 mg.....	55	XELJANZ (tofacitinib citrate).....	130
warfarin sodium tab 2 mg (Jantoven).....	55	XELJANZ XR (tofacitinib citrate).....	130
warfarin sodium tab 2.5 mg.....	55	XGEVA (denosumab).....	35
warfarin sodium tab 2.5 mg (Jantoven).....	55	XIFAXAN (rifaximin).....	10
warfarin sodium tab 3 mg.....	55	XIGDUO XR (dapagliflozin propanediol-metformin hcl).....	52
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XOFLUZA (80 MG DOSE) (baloxavir marboxil)	48
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Z

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zaleplon cap 10 mg	153
zaleplon cap 5 mg	153
ZARXIO (filgrastim-sndz)	56
ZATEAN-PN DHA (prenatal without a w/ fumarate-l methylfolate-fa-dha)	98
ZATEAN-PN PLUS (prenatal without a w/ fumarate-l methylfolate-fa-omega 3)	99
ZENPEP (pancrelipase (lipase-protease-amylase))	104
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