



Performance Drug Formulary

March 2025

Blue Shield of California

This formulary corresponds with the following plans:

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

This formulary was last updated on 03/01/2025 . This formulary is subject to change, and all previous versions of the formulary no longer apply. For the most current information about the *Performance 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 Performance 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.
BL	Benefit limit	Coverage for this drug may be limited by your plan. Please see your <i>Evidence of Coverage (EOC)</i> for more detailed information.
CW	Cost waived	This drug may be available with no out of pocket cost. Certain benefit limitations may apply. Please see your <i>Evidence of Coverage (EOC)</i> for more detailed information.
GL	Gender limit	Prior authorization may be required if the FDA, manufacturer, or treatment guidelines do not recommend the drug for a gender.
OAC	Oral anti-cancer	There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs. Please see your <i>Summary of Benefits</i> for more detailed information.
PA	Prior authorization	Prior authorization is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

PH	Preventive health drugs	Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, are covered at \$0 when specific criteria are met.*
QLC	Quantity limit	The prescription quantity covered is limited. Prior authorization is required for amounts greater than the limit.
RO	Retail only	This prescription can be dispensed at retail pharmacies only. It is not covered through mail service.
SF	Starter fill	Blue Shield's Starter Fill Specialty Drug Program allows initial prescriptions for select specialty drugs to be filled for up to a 15-day supply. When this occurs, the copayment or coinsurance will be prorated.
SP	Specialty pharmacy	These drugs are available exclusively through select specialty pharmacies.
ST	Step therapy	Step therapy is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria are met.

* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010. See your *Evidence of Coverage (EOC)* for further details about your benefit.

How often will the formulary change?

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

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

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

- Moving a drug or dosage form to a higher tier,
- Removal of a drug or dosage form from the formulary,
- Adding or changing utilization management requirements or limits for a drug.
 - When a step therapy utilization management requirement changes, the new requirement will not require you to repeat the step therapy if you are already taking the drug for your condition as long as the drug is still appropriate, your provider continues to prescribe the drug, and the drug is still considered safe and effective for your condition.

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

For the most current information about the Blue Shield Performance 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 their 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 exception 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 contraceptive 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.

Home delivery pharmacy

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

Categorical List of Prescription Drugs

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANALGESICS (Drugs for Pain)		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)		
BUTALBITAL-ASPIRIN-CAFFEINE --50-325-40 MG TAB	1	QLC (6 tabs/day)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	1	QLC (6 caps/day; max 48 caps/30 days)
<i>celecoxib cap 100 mg</i>	1	QLC (2 caps/day)
<i>celecoxib cap 200 mg</i>	1	QLC (2 caps/day)
<i>celecoxib cap 400 mg</i>	1	QLC (1 cap/day)
<i>celecoxib cap 50 mg</i>	1	QLC (2 caps/day)
<i>diclofenac potassium tab 50 mg</i>	1	
diclofenac potassium tab 50 mg (Cataflam)	1	
<i>diclofenac sodium soln 1.5%</i>	1	QLC (1 bottle/month)
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i> (DICLOFENAC SODIUM ER)	1	
ELYXYB (<i>celecoxib (migraine)</i>) 120 MG/4.8ML SOLUTION	4	PA, QLC (4.8 ml/day)
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i> (ETODOLAC ER)	1	
<i>etodolac tab er 24hr 500 mg</i> (ETODOLAC ER)	1	
<i>etodolac tab er 24hr 600 mg</i> (ETODOLAC ER)	1	

AL1 - Age Limit; BL - Benefit 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
FLURBIPROFEN 50 MG TAB	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
<i>ibuprofen tab 600 mg</i>	1	
<i>ibuprofen tab 800 mg</i>	1	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i> (INDOMETHACIN ER)	1	
<i>ketorolac tromethamine tab 10 mg</i>	2	QLC (20 tabs/30 days)
<i>meloxicam tab 15 mg</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
<i>naproxen tab ec 375 mg</i> (EC- NAPROXEN)	1	
<i>naproxen tab ec 500 mg</i>	1	
<i>naproxen tab ec 500 mg</i> (EC- NAPROXEN)	1	
<i>naproxen tab ec 500 mg</i> (NAPROXEN DR)	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	

AL1 - Age Limit; BL - Benefit 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
OPIOID ANALGESICS, LONG-ACTING (Long-acting Narcotic Pain Relievers)		
<i>fentanyl td patch 72hr 100 mcg/hr</i>	2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	2	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	2	PA, QLC (20 patches/month)
METHADONE HCL 10 MG/5ML SOLUTION	1	PA, QLC (90 ml/day)
METHADONE HCL 5 MG/5ML SOLUTION	1	PA, QLC (180 ml/day)
<i>methadone hcl conc 10 mg/ml</i>	1	PA, QLC (18 ml/day)
methadone hcl conc 10 mg/ml (Methadone Hcl Intenso)	1	PA, QLC (18 ml/day)
<i>methadone hcl soln 10 mg/5ml</i>	1	PA, QLC (90 ml/day)
<i>methadone hcl soln 5 mg/5ml mg/ml</i>	1	PA, QLC (180 ml/day)
<i>methadone hcl tab 10 mg</i>	1	PA, QLC (18 tabs/day)
<i>methadone hcl tab 5 mg</i>	1	PA, QLC (36 tabs/day)
<i>methadone hcl tab for oral susp 40 mg</i>	3	PA, QLC (5 tabs/day)
methadone hcl tab for oral susp 40 mg (Methadose)	3	PA, QLC (5 tabs/day)
<i>morphine sulfate tab er 100 mg</i> (MORPHINE SULFATE ER)	1	QLC (3 tabs/day)
<i>morphine sulfate tab er 15 mg</i> (MORPHINE SULFATE ER)	1	QLC (6 tabs/day)
<i>morphine sulfate tab er 200 mg</i> (MORPHINE SULFATE ER)	1	QLC (3 tabs/day)
<i>morphine sulfate tab er 30 mg</i> (MORPHINE SULFATE ER)	1	QLC (6 tabs/day)
<i>morphine sulfate tab er 60 mg</i> (MORPHINE SULFATE ER)	1	QLC (5 tabs/day)
NUCYNTA ER (<i>tapentadol hcl</i>) ER 50 MG TAB ER 12H, ER 100 MG TAB ER 12H, ER 150 MG TAB ER 12H, ER 200 MG TAB ER 12H, ER 250 MG TAB ER 12H	2	PA, QLC (2 tabs/day)
TRAMADOL HCL (ER BIPHASIC) 100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H	1	PA, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tramadol hcl tab er 24hr 100 mg</i> (TRAMADOL HCL ER)	1	QLC (3 tabs/day)
<i>tramadol hcl tab er 24hr 200 mg</i> (TRAMADOL HCL ER)	1	QLC (1 tab/day)
<i>tramadol hcl tab er 24hr 300 mg</i> (TRAMADOL HCL ER)	1	QLC (1 tab/day)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i> (TRAMADOL HCL (ER BIPHASIC))	1	PA, QLC (1 tab/day)
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i> (TRAMADOL HCL (ER BIPHASIC))	1	PA, QLC (1 tab/day)
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i> (TRAMADOL HCL (ER BIPHASIC))	1	PA, QLC (1 tab/day)
XTAMPZA ER (<i>oxycodone</i>) ER 9 MG CP12 DETER, ER 13.5 MG CP12 DETER, ER 18 MG CP12 DETER, ER 27 MG CP12 DETER, ER 36 MG CP12 DETER	2	PA, QLC (2 caps/day)

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

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> (ACETAMINOPHEN-CODEINE) 0	1	QLC (90 ml/day; max 1350 ml/month)
<i>acetaminophen w/ codeine tab 300-15 mg</i> (ACETAMINOPHEN-CODEINE)	1	QLC (12 tabs/day; max 180 tabs/month)
<i>acetaminophen w/ codeine tab 300-30 mg</i> (ACETAMINOPHEN-CODEINE)	1	QLC (12 tabs/day; max 180 tabs/month)
<i>acetaminophen w/ codeine tab 300-60 mg</i> (ACETAMINOPHEN-CODEINE)	1	QLC (6 tabs/day; max 90 tabs/month)
ACETAMINOPHEN-CODEINE (<i>acetaminophen w/ codeine</i>) -120-12 MG/5ML SOLUTION, -300-30 MG/12.5ML SOLUTION	1	QLC (90 ml/day; max 1350 ml/month)
APAP-CAFF-DIHYDROCODEINE (<i>acetaminophen-caff-dihydrocod</i>) -- 320.5-30-16 MG CAP	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)	1	QLC (6 caps/day; max 90 caps/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine)	1	QLC (6 caps/day; max 90 caps/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> (BUTALBITAL-ASA-CAFF-CODEINE)	1	QLC (6 caps/day; max 90 caps/30 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	QLC (4 canisters/month at 2 canisters/fill)
CODEINE SULFATE 15 MG TAB	1	QLC (24 tabs/day; max 360 tabs/month)
CODEINE SULFATE 30 MG TAB	1	QLC (12 tabs/day; max 180 tabs/month)
CODEINE SULFATE 60 MG TAB	1	QLC (6 tabs/day; max 90 tabs/month)
<i>codeine sulfate tab 30 mg</i>	1	QLC (12 tabs/day; max 180 tabs/month)
FENTANYL CITRATE 200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE	2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 1200 mcg fentnyl citrte hndle</i>	2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 1600 mcg fentnyl citrte hndle</i>	2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 200 mcg fentnyl citrte hndle</i>	2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 400 mcg fentnyl citrte hndle</i>	2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 600 mcg fentnyl citrte hndle</i>	2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 800 mcg fentnyl citrte hndle</i>	2	PA, QLC (4 lozenges/day; max 56 lozenges/month)
HYDROCODONE-ACETAMINOPHEN - 2.5-325 MG TAB	1	QLC (8 tabs/day, max 120 tabs/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	1	QLC (6 tabs/day; max 90 tabs/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	1	QLC (8 tabs/day; max 120 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	1	QLC (6 tabs/day; max 90 tabs/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	2	QLC (5 tabs/day; max 75 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydromorphone hcl tab 2 mg</i>	1	QLC (11 tabs/day; max 165 tabs/month)
<i>hydromorphone hcl tab 4 mg</i>	1	QLC (6 tabs/day; max 90 tabs/month)
<i>hydromorphone hcl tab 8 mg</i>	1	QLC (3 tabs/day; max 45 tabs/month)
<i>meperidine hcl tab 50 mg</i>	1	AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 270 tabs/month)
MORPHINE SULFATE 10 MG SUPPOS	1	QLC (9 suppositories/day; max 135 suppositories/month)
MORPHINE SULFATE 10 MG/5ML SOLUTION	1	QLC (45 ml/day; max 675 ml/month)
MORPHINE SULFATE 15 MG TAB	1	QLC (6 tabs/day; max 90 tabs/month)
MORPHINE SULFATE 20 MG SUPPOS	1	QLC (5 suppositories/day; max 75 suppositories/month)
MORPHINE SULFATE 20 MG/5ML SOLUTION	1	QLC (25 ml/day; max 375 ml/month)
MORPHINE SULFATE 30 MG SUPPOS	1	QLC (3 suppositories/day; max 45 suppositories/month)
MORPHINE SULFATE 30 MG TAB	1	QLC (3 tabs/day; max 45 tabs/month)
MORPHINE SULFATE 5 MG SUPPOS	1	QLC (12 suppositories/day; max 180 suppositories/month)
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	QLC (45 ml/day; max 675 ml/month)
<i>morphine sulfate oral soln 20 mg/5ml</i>	1	QLC (25 ml/day; max 375 ml/month)
<i>morphine sulfate tab 15 mg</i>	1	QLC (6 tabs/day; max 90 tabs/month)
<i>morphine sulfate tab 30 mg</i>	1	QLC (3 tabs/day; max 45 tabs/month)
<i>oxycodone hcl soln 5 mg/5ml mg/ml</i>	2	QLC (60 ml/day; max 900 ml/month)
<i>oxycodone hcl tab 10 mg</i>	1	QLC (84 tabs/month)
<i>oxycodone hcl tab 15 mg</i>	1	QLC (4 tabs/day; max 60 tabs/month)
<i>oxycodone hcl tab 20 mg</i>	1	QLC (3 tabs/day; max 45 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxycodone hcl tab 30 mg</i>	1	QLC (2 tabs/day; max 30 tabs/month)
<i>oxycodone hcl tab 5 mg</i>	1	QLC (12 tabs/day; max 180 tabs/month)
oxycodone w/ acetaminophen tab 10-325 mg (Endocet)	2	QLC (6 tabs/day; max 90 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	2	QLC (6 tabs/day; max 90 tabs/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)	2	QLC (12 tabs/day; not to exceed 180 tabs/month)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	2	QLC (12 tabs/day; not to exceed 180 tabs/month)
oxycodone w/ acetaminophen tab 5-325 mg (Endocet)	2	QLC (12 tabs/day; not to exceed 180 tabs/month)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	2	QLC (12 tabs/day; not to exceed 180 tabs/month)
oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)	2	QLC (8 tabs/day; max 120 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	2	QLC (8 tabs/day; max 120 tabs/30 days)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -5-325 MG/5ML SOLUTION	1	QLC (840 ml/month)
OXYCODONE-ASPIRIN -4.8355-325 MG TAB	2	QLC (12 tabs/day; max 180 tabs/month)
<i>tramadol hcl tab 100 mg</i>	1	QLC (4 tabs/day)
<i>tramadol hcl tab 50 mg</i>	1	QLC (8 tabs/day)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	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>	1	
LIDOCAINE HCL URETHRAL/MUCOSAL 2% GEL	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	
lidocaine hcl urethral/mucosal gel prefilled syringe 2% (Glydo)	1	
<i>lidocaine hcl viscous soln 2%</i> (LIDOCAINE VISCOUS HCL)	1	
<i>lidocaine oint 5%</i>	3	QLC (50 gm/month)
<i>lidocaine oint 5%</i> (PREMIUM LIDOCAINE)	3	QLC (50 gm/month)
<i>lidocaine patch 5%</i>	1	QLC (90 patches/month)
<i>lidocaine patch 5%</i> (LIDOCAN)	1	QLC (90 patches/month)
lidocaine patch 5% (Lidocan)	1	QLC (90 patches/month)
lidocaine patch 5% (Tridacaine li)	1	QLC (90 patches/month)
lidocaine patch 5% (Tridacaine lii)	1	QLC (90 patches/month)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	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>	2	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	

OPIOID DEPENDENCE (Drugs for Opioid Dependence)

BELBUCA (<i>buprenorphine hcl</i>) 600 MCG FILM	2	PA, QLC (2 films/day)
BELBUCA (<i>buprenorphine hcl</i>) 75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 750 MCG FILM, 900 MCG FILM	2	PA, QLC (2 films/day)
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	QLC (12 tabs/day)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	QLC (3 tabs/day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QLC (2 films/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QLC (5 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QLC (5 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QLC (3 films/day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QLC (12 tabs/day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QLC (3 tabs/day)
LUCEMYRA (<i>lofexidine hcl</i>) 0.18 MG TAB	3	PA, QLC (16 tabs/day, not to exceed 224 tabs/6 months)
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB	3	QLC (3 tabs/day)
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 2.9-0.71 MG SL TAB, 11.4-2.9 MG SL TAB	3	QLC (1 tab/day)
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 8.6-2.1 MG SL TAB	3	QLC (2 tabs/day)
OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose)		
KLOXXADO (<i>naloxone hcl</i>) 8 MG/0.1ML LIQUID	2	PA, QLC (2 nasal sprays/30 days)
NALOXONE HCL 0.4 MG/ML SOLN PRSYR	1	QLC (2 syringes/30 days)
<i>naloxone hcl inj 0.4 mg/ml</i>	1	QLC (two 1 ml vials/month)
<i>naloxone hcl inj 4 mg/10ml</i>	1	QLC (two 1 ml vials/month)
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	2	QLC (2 doses/month)
<i>naloxone hcl soln prefilled syringe 2 mg/2ml mg/ml</i>	1	QLC (2 syringes/month)
<i>naltrexone hcl tab 50 mg</i>	1	
SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking)		
APO-VARENICLINE (<i>varenicline tartrate</i>) -0.5 MG TAB, -1 MG TAB	3	ACA (Preventive Health), QLC (2 tabs/day)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> (BUPROPION HCL ER (SMOKING DET))	1	ACA (Preventive Health), QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NICOTROL (<i>nicotine</i>) 10 MG INHALER	3	ACA (Preventive Health), QLC (16 cartridges/day)
NICOTROL NS (<i>nicotine</i>) 10 MG/ML SOLUTION	3	ACA (Preventive Health), QLC (2 ml/day)
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	1	ACA (Preventive Health), QLC (2 tabs/day)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	1	ACA (Preventive Health), QLC (2 tabs/day)
<i>varenicline tartrate tab 1 mg (base equiv)</i> (VARENICLINE TARTRATE(CONTINUE))	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))	1	ACA (Preventive Health), QLC (1 starting month box/28 days)

ANTIBACTERIALS (Drugs for Bacterial Infections)

AMINOGLYCOSIDES

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

ANTIBACTERIALS, OTHER

CAYSTON (<i>aztreonam lysine</i>) 75 MG RECON SOLN	4	PA, LA, S (Specialty Drug), QLC (1 box/2 months)
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
<i>clindamycin phosphate vaginal cream 2%</i>	1	
CLINDESSE (<i>clindamycin phosphate (one dose)</i>) 2 % CREAM	3	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	3	QLC (1 packet/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>linezolid for susp 100 mg/5ml</i>	1	PA
<i>linezolid tab 600 mg</i>	1	PA
<i>methenamine hippurate tab 1 gm</i>	1	
<i>metronidazole cream 0.75%</i>	1	
metronidazole cream 0.75% (Rosadan)	1	
<i>metronidazole gel 0.75%</i>	1	
metronidazole gel 0.75% (Rosadan)	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
NEOMYCIN-POLYMYXIN B GU (<i>neomycin/polymyxin b gu</i>) -40- 200000 SOLUTION	1	PA, QLC (1 ml/day)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (NITROFURANTOIN MONOHYD MACRO)	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
<i>tinidazole tab 250 mg</i>	1	QLC (40 tabs/fill)
<i>tinidazole tab 500 mg</i>	1	QLC (20 tabs/fill)
TRIMETHOPRIM 100 MG TAB	1	
<i>trimethoprim tab 100 mg</i>	1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	
XIFAXAN (<i>rifaximin</i>) 200 MG TAB	3	QLC (8 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XIFAXAN (<i>rifaximin</i>) 550 MG TAB	2	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	2	
CEFACLOR ER (<i>cefaclor monohydrate</i>) 500 MG TAB 12H	2	
CEFADROXIL 1 GM TAB	2	
<i>cefadroxil cap 500 mg</i>	2	
<i>cefadroxil for susp 250 mg/5ml</i>	2	
<i>cefadroxil for susp 500 mg/5ml</i>	2	
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	2	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	2	
<i>cefpodoxime proxetil tab 100 mg</i>	2	
<i>cefpodoxime proxetil tab 200 mg</i>	2	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BETA-LACTAM, PENICILLINS		
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	1	QLC (2 tabs/day)
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
AMOXICILLIN 125 MG CHEW TAB, 250 MG CHEW TAB, 400 MG/5ML RECON SUSP	1	
AMOXICILLIN-POT CLAVULANATE (<i>amoxicillin & pot clavulanate</i>) -200-28.5 MG CHEW TAB, -400-57 MG CHEW TAB	2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AMOXICILLIN-POT CLAVULANATE ER (<i>amoxicillin & pot clavulanate</i>) -1000- 62.5 MG TAB 12H	2	
<i>ampicillin cap 500 mg</i>	1	
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
MACROLIDES		
AZITHROMYCIN 1 GM PACKET	1	
<i>azithromycin for susp 100 mg/5ml</i>	1	
<i>azithromycin for susp 200 mg/5ml</i>	1	
<i>azithromycin tab 250 mg</i>	1	QLC (12 tabs/30 days)
<i>azithromycin tab 500 mg</i>	1	
<i>azithromycin tab 600 mg</i>	1	
CLARITHROMYCIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP	1	
<i>clarithromycin tab 250 mg</i>	1	QLC (42 tabs/fill)
<i>clarithromycin tab 500 mg</i>	1	QLC (42 tabs/fill)
<i>clarithromycin tab er 24hr 500 mg</i> (CLARITHROMYCIN ER)	1	QLC (28 tabs/30 days)
DIFICID (<i>fidaxomicin</i>) 200 MG TAB	2	PA, QLC (20 tabs/month)
DIFICID (<i>fidaxomicin</i>) 40 MG/ML RECON SUSP	2	PA, QLC (136 ml/30 days)
<i>erythromycin tab 250 mg</i> (ERYTHROMYCIN BASE)	3	
<i>erythromycin tab 500 mg</i> (ERYTHROMYCIN BASE)	3	
<i>erythromycin tab delayed release 250 mg</i>	3	
erythromycin tab delayed release 250 mg (Ery-Tab)	3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>erythromycin tab delayed release 250 mg</i> (ERYTHROMYCIN BASE)	3	
<i>erythromycin tab delayed release 333 mg</i>	3	
erythromycin tab delayed release 333 mg (Ery-Tab)	3	
<i>erythromycin tab delayed release 333 mg</i> (ERYTHROMYCIN BASE)	3	
<i>erythromycin tab delayed release 500 mg</i>	3	
erythromycin tab delayed release 500 mg (Ery-Tab)	3	
<i>erythromycin tab delayed release 500 mg</i> (ERYTHROMYCIN BASE)	3	

QUINOLONES

BAXDELA (<i>delafloxacin meglumine</i>) 450 MG TAB	4	PA, QLC (28 tabs/month)
BESIVANCE (<i>besifloxacin hcl</i>) 0.6 % SUSPENSION	2	QLC (5 ml/month)
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	1	QLC (2 bottles/fill)
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	1	QLC (3 bottles/fill)
CIPROFLOXACIN HCL 100 MG TAB	1	QLC (2 tabs/day)
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	1	QLC (2 tabs/day)
<i>levofloxacin oral soln 25 mg/ml</i>	2	QLC (300 ml/30 days)
<i>levofloxacin tab 250 mg</i>	1	QLC (14 tabs/30 days)
<i>levofloxacin tab 500 mg</i>	1	QLC (1 tab/day)
<i>levofloxacin tab 750 mg</i>	1	QLC (14 tabs/30 days)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	1	QLC (21 tabs/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OFLOXACIN 300 MG TAB	3	
<i>ofloxacin tab 400 mg</i>	3	
SULFONAMIDES		
<i>sulfadiazine tab 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	2	
<i>demeclocycline hcl tab 300 mg</i>	2	
<i>doxycycline hyclate cap 100 mg</i>	1	
doxycycline hyclate cap 100 mg (Morgidox)	1	
<i>doxycycline hyclate cap 50 mg</i>	1	
<i>doxycycline hyclate tab 100 mg</i>	1	
<i>doxycycline hyclate tab 20 mg</i>	1	QLC (2 tabs/day)
<i>doxycycline monohydrate cap 100 mg</i>	1	
doxycycline monohydrate cap 100 mg (Mondoxylene NI)	1	
<i>doxycycline monohydrate cap 50 mg</i>	1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	1	
<i>doxycycline monohydrate tab 100 mg</i>	1	
doxycycline monohydrate tab 100 mg (Avidoxy)	1	
<i>doxycycline monohydrate tab 150 mg</i>	2	
<i>doxycycline monohydrate tab 50 mg</i>	2	
<i>doxycycline monohydrate tab 75 mg</i>	2	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>minocycline hcl cap 75 mg</i>	1	
ORACEA (<i>doxycycline (rosacea)</i>) 40 MG CAP DR	2	QLC (1 cap/day)
<i>tetracycline hcl cap 250 mg</i>	2	
<i>tetracycline hcl cap 500 mg</i>	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	4	ST, QLC (2 tabs/day)
BRIVIACT (<i>brivaracetam</i>) 10 MG/ML SOLUTION	4	ST, QLC (20 ml/day)
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i> (DIVALPROEX SODIUM ER)	1	
<i>divalproex sodium tab er 24 hr 500 mg</i> (DIVALPROEX SODIUM ER)	1	
EPIDIOLEX (<i>cannabidiol</i>) 100 MG/ML SOLUTION	4	PA, LA, S (Specialty Drug), QLC (4 bottles/28 days)
<i>felbamate tab 400 mg</i>	2	
<i>felbamate tab 600 mg</i>	2	
FYCOMPA (<i>perampanel</i>) 0.5 MG/ML SUSPENSION	2	ST, QLC (24 ml/day)
FYCOMPA (<i>perampanel</i>) 2 MG TAB	2	ST, QLC (3 tabs/day)
FYCOMPA (<i>perampanel</i>) 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	2	ST, QLC (1 tab/day)
<i>lamotrigine tab 100 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lamotrigine tab 100 mg (Subvenite)	1	
<i>lamotrigine tab 150 mg</i>	1	
lamotrigine tab 150 mg (Subvenite)	1	
<i>lamotrigine tab 200 mg</i>	1	
lamotrigine tab 200 mg (Subvenite)	1	
<i>lamotrigine tab 25 mg</i>	1	
lamotrigine tab 25 mg (Subvenite)	1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	1	
<i>lamotrigine tab er 24hr 100 mg</i> (LAMOTRIGINE ER)	2	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 200 mg</i> (LAMOTRIGINE ER)	2	ST, QLC (3 tabs/day)
<i>lamotrigine tab er 24hr 25 mg</i> (LAMOTRIGINE ER)	2	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 250 mg</i> (LAMOTRIGINE ER)	2	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 300 mg</i> (LAMOTRIGINE ER)	2	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 50 mg</i> (LAMOTRIGINE ER)	2	ST, QLC (1 tab/day)
<i>levetiracetam oral soln 100 mg/ml</i>	1	
<i>levetiracetam tab 1000 mg</i>	1	
<i>levetiracetam tab 250 mg</i>	1	
<i>levetiracetam tab 500 mg</i>	1	
levetiracetam tab 500 mg (Roweepra)	1	
<i>levetiracetam tab 750 mg</i>	1	
<i>levetiracetam tab er 24hr 500 mg</i> (LEVETIRACETAM ER)	1	QLC (6 tabs/day)
<i>levetiracetam tab er 24hr 750 mg</i> (LEVETIRACETAM ER)	1	QLC (4 tabs/day)
SPRITAM (<i>levetiracetam</i>) 1000 MG TAB	3	PA, QLC (3 tabs/day)
SPRITAM (<i>levetiracetam</i>) 250 MG TAB	3	PA, QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SPRITAM (<i>levetiracetam</i>) 500 MG TAB	3	PA, QLC (2 tabs/day)
SPRITAM (<i>levetiracetam</i>) 750 MG TAB	3	PA, QLC (4 tabs/day)
<i>topiramate cap er 24hr 100 mg</i> (TOPIRAMATE ER)	2	PA, QLC (3 caps/day)
<i>topiramate cap er 24hr 200 mg</i> (TOPIRAMATE ER)	2	PA, QLC (2 caps/day)
<i>topiramate cap er 24hr 25 mg</i> (TOPIRAMATE ER)	2	PA, QLC (3 caps/day)
<i>topiramate cap er 24hr 50 mg</i> (TOPIRAMATE ER)	2	PA, QLC (7 caps/day)
<i>topiramate cap er 24hr sprinkle 100 mg</i> (TOPIRAMATE ER)	2	PA, QLC (1 cap/day)
<i>topiramate cap er 24hr sprinkle 150 mg</i> (TOPIRAMATE ER)	2	PA, QLC (2 caps/day)
<i>topiramate cap er 24hr sprinkle 200 mg</i> (TOPIRAMATE ER)	2	PA, QLC (2 caps/day)
<i>topiramate cap er 24hr sprinkle 25 mg</i> (TOPIRAMATE ER)	2	PA, QLC (1 cap/day)
<i>topiramate cap er 24hr sprinkle 50 mg</i> (TOPIRAMATE ER)	2	PA, QLC (1 cap/day)
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml</i> (<i>base equiv</i>)(VALPROIC ACID)	1	
<i>valproic acid cap 250 mg</i>	1	
XCOPRI (<i>cenobamate</i>) 150 MG TAB, 200 MG TAB	4	PA, QLC (2 tabs/day)
XCOPRI (<i>cenobamate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	4	PA, QLC (1 tab/day)
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide cap 250 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ethosuximide soln 250 mg/5ml</i>	1	
GAMMA-AMINOBTYRIC ACID (GABA) MODULATING AGENTS		
<i>clobazam suspension 2.5 mg/ml</i>	2	ST, QLC (16 ml/day)
<i>clobazam tab 10 mg</i>	2	ST, QLC (4 tabs/day)
<i>clobazam tab 20 mg</i>	2	ST, QLC (2 tabs/day)
DIAZEPAM (<i>diazepam (anticonvulsant)</i>) 2.5 MG GEL	1	QLC (1 kit [2 doses]/fill)
<i>diazepam rectal gel delivery system 10 mg</i>	1	QLC (1 kit [2 doses]/fill)
<i>diazepam rectal gel delivery system 20 mg</i>	1	QLC (1 kit [2 doses]/fill)
<i>gabapentin cap 100 mg</i>	1	
<i>gabapentin cap 300 mg</i>	1	
<i>gabapentin cap 400 mg</i>	1	
<i>gabapentin oral soln 250 mg/5ml</i>	1	
<i>gabapentin tab 600 mg</i>	1	
<i>gabapentin tab 800 mg</i>	1	
NAYZILAM (<i>midazolam (anticonvulsant)</i>) 5 MG/0.1ML SOLUTION	4	PA, QLC (5 fills/30 days)
<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
PRIMIDONE 125 MG TAB	1	
<i>primidone tab 250 mg</i>	1	
<i>primidone tab 50 mg</i>	1	
VALTOCO 10 MG DOSE (<i>diazepam (anticonvulsant)</i>) /0.1ML LIQUID	4	PA, QLC (10 sprays/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VALTOCO 15 MG DOSE (<i>diazepam (anticonvulsant)</i>) 2 X 7.5 /0.1ML LIQD THPK	4	PA, QLC (10 sprays/30 days)
VALTOCO 20 MG DOSE (<i>diazepam (anticonvulsant)</i>) 0 X 10 /0.1ML LIQD THPK	4	PA, QLC (10 sprays/30 days)
VALTOCO 5 MG DOSE (<i>diazepam (anticonvulsant)</i>) /0.1ML LIQUID	4	PA, QLC (10 sprays/30 days)
SODIUM CHANNEL AGENTS		
APTIOM (<i>eslicarbazepine acetate</i>) 200 MG TAB, 400 MG TAB	2	ST, QLC (1 tab/day)
APTIOM (<i>eslicarbazepine acetate</i>) 600 MG TAB, 800 MG TAB	2	ST, QLC (2 tabs/day)
CARBAMAZEPINE 200 MG CHEW TAB	2	PA
<i>carbamazepine cap er 12hr 100 mg</i> (CARBAMAZEPINE ER)	1	
<i>carbamazepine cap er 12hr 200 mg</i> (CARBAMAZEPINE ER)	1	
<i>carbamazepine cap er 12hr 300 mg</i> (CARBAMAZEPINE ER)	1	
<i>carbamazepine chew tab 100 mg</i>	1	
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tab 200 mg</i>	1	
carbamazepine tab 200 mg (Epiol)	1	
<i>carbamazepine tab er 12hr 100 mg</i> (CARBAMAZEPINE ER)	1	
<i>carbamazepine tab er 12hr 200 mg</i> (CARBAMAZEPINE ER)	1	
<i>carbamazepine tab er 12hr 400 mg</i> (CARBAMAZEPINE ER)	1	
DILANTIN (<i>phenytoin sodium extended</i>) 30 MG CAP, 100 MG CAP	2	
DILANTIN (<i>phenytoin</i>) 125 MG/5ML SUSPENSION	2	
DILANTIN INFATABS (<i>phenytoin</i>) 50 MG CHEW	2	
DILANTIN-125 (<i>phenytoin</i>) -MG/5ML SUSPENSION	2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lacosamide oral solution 10 mg/ml</i>	1	QLC (40 ml/day)
<i>lacosamide tab 100 mg</i>	1	QLC (2 tabs/day)
<i>lacosamide tab 150 mg</i>	1	QLC (2 tabs/day)
<i>lacosamide tab 200 mg</i>	1	QLC (2 tabs/day)
<i>lacosamide tab 50 mg</i>	1	QLC (2 tabs/day)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	2	QLC (40 ml/day)
<i>oxcarbazepine tab 150 mg</i>	1	QLC (16 tabs/day)
<i>oxcarbazepine tab 300 mg</i>	1	QLC (8 tabs/day)
<i>oxcarbazepine tab 600 mg</i>	1	QLC (4 tabs/day)
<i>oxcarbazepine tab er 24hr 150 mg</i> (OXCARBAZEPINE ER)	2	ST, QLC (1 tab/day)
<i>oxcarbazepine tab er 24hr 300 mg</i> (OXCARBAZEPINE ER)	2	ST, QLC (1 tab/day)
<i>oxcarbazepine tab er 24hr 600 mg</i> (OXCARBAZEPINE ER)	2	ST, QLC (4 tabs/day)
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin chew tab 50 mg</i> (PHENYTOIN INFATABS)	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
phenytoin sodium extended cap 200 mg (Phenytek)	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
phenytoin sodium extended cap 300 mg (Phenytek)	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
XCOPRI (250 MG DAILY DOSE) (<i>cenobamate</i>) MG 50 200 MG TAB THPK, MG 100 150 MG TAB THPK	4	PA, QLC (2 tabs/day)
XCOPRI (350 MG DAILY DOSE) (<i>cenobamate</i>) 150 & 200 TAB THPK	4	PA, QLC (2 tabs/day)
XCOPRI (<i>cenobamate</i>) COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK	4	PA, QLC (28 tabs/84 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>zonisamide cap 100 mg</i>	1	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	

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

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB	3	
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CHOLINESTERASE INHIBITORS

<i>donepezil hydrochloride orally disintegrating tab 10 mg</i> (DONEPEZIL HCL)	1	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i> (DONEPEZIL HCL)	1	
<i>donepezil hydrochloride tab 10 mg</i> (DONEPEZIL HCL)	1	
<i>donepezil hydrochloride tab 23 mg</i> (DONEPEZIL HCL)	1	ST, QLC (1 tab/day)
<i>donepezil hydrochloride tab 5 mg</i> (DONEPEZIL HCL)	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i> (GALANTAMINE HYDROBROMIDE ER)	2	
<i>galantamine hydrobromide cap er 24hr 24 mg</i> (GALANTAMINE HYDROBROMIDE ER) <i>hr</i>	2	
<i>galantamine hydrobromide cap er 24hr 8 mg</i> (GALANTAMINE HYDROBROMIDE ER)	2	
<i>galantamine hydrobromide tab 12 mg</i>	2	
<i>galantamine hydrobromide tab 4 mg</i>	2	
<i>galantamine hydrobromide tab 8 mg</i>	2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	3	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	3	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	3	QLC (1 patch/day)

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

<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 10 mg</i>	1	QLC (2 tabs/day)
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
<i>memantine hcl tab 5 mg</i>	1	QLC (2 tabs/day)

ANTIDEPRESSANTS (Drugs for Depression)

ANTIDEPRESSANTS, OTHER

<i>bupropion hcl tab 100 mg</i>	1	QLC (4 tabs/day)
<i>bupropion hcl tab 75 mg</i>	1	QLC (6 tabs/day)
<i>bupropion hcl tab er 12hr 100 mg (BUPROPION HCL ER (SR))</i>	1	QLC (4 tabs/day)
<i>bupropion hcl tab er 12hr 150 mg (BUPROPION HCL ER (SR))</i>	1	QLC (3 tabs/day)
<i>bupropion hcl tab er 12hr 200 mg (BUPROPION HCL ER (SR))</i>	1	QLC (2 tabs/day)
<i>bupropion hcl tab er 24hr 150 mg (BUPROPION HCL ER (XL))</i>	1	QLC (3 tabs/day)
<i>bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL))</i>	1	QLC (1 tab/day)
LYBALVI (<i>olanzapine-samidorphan l-malate</i>) 5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB	4	ST, QLC (1 tab/day)
MAPROTILINE HCL 25 MG TAB, 50 MG TAB, 75 MG TAB	1	
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
PERPHENAZINE-AMITRIPTYLINE -2-10 MG TAB, -2-25 MG TAB, -4-10 MG TAB, -4-25 MG TAB, -4-50 MG TAB	1	
ZURZUVAE (<i>zuranolone</i>) 20 MG CAP, 25 MG CAP	2	QLC (2 caps/day; max 28 caps/365 days)
ZURZUVAE (<i>zuranolone</i>) 30 MG CAP	2	QLC (1 cap/day; max 14 caps/365 days)
MONOAMINE OXIDASE INHIBITORS		
PHENELZINE SULFATE 15 MG TAB	1	
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	2	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	QLC (40 mg/day)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	QLC (4 tabs/day)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	QLC (2 tabs/day)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	2	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	2	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	2	QLC (1 tab/day)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv) mg/ml</i>	2	QLC (24 ml/day)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	QLC (4 tabs/day)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	QLC (2 tabs/day)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	QLC (8 tabs/day)
FETZIMA (<i>levomilnacipran hcl</i>) 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H	3	PA, QLC (1 cap/day)
FETZIMA TITRATION (<i>levomilnacipran hcl</i>) 20 & 40 MG CP24 THPK	3	PA, QLC (1 cap/day)
FLUOXETINE HCL (PMDD) 10 MG TAB, 20 MG TAB	1	QLC (1 tab/day)
FLUOXETINE HCL 90 MG CAP DR	1	QLC (4 caps/month)
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	2	
<i>fluoxetine hcl tab 20 mg</i>	2	
<i>fluvoxamine maleate tab 100 mg</i>	1	QLC (3 tabs/day)
<i>fluvoxamine maleate tab 25 mg</i>	1	QLC (12 tabs/day)
<i>fluvoxamine maleate tab 50 mg</i>	1	QLC (6 tabs/day)
NEFAZODONE HCL 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>trimipramine maleate cap 100 mg</i>	3	
<i>trimipramine maleate cap 25 mg</i>	3	
<i>trimipramine maleate cap 50 mg</i>	3	

ANTIEMETICS (Drugs for Nausea and Vomiting)

ANTIEMETICS, OTHER (Other Drugs for Nausea and Vomiting)

BONJESTA (<i>doxylamine-pyridoxine</i>) 20-20 MG TAB ER	3	QLC (2 tabs/day)
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) mg/ml</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	2	
prochlorperazine suppos 25 mg (Compro)	2	
<i>promethazine hcl suppos 12.5 mg</i>	2	
promethazine hcl suppos 12.5 mg (Promethegan)	2	
<i>promethazine hcl suppos 25 mg</i>	2	
promethazine hcl suppos 25 mg (Promethegan)	2	
<i>promethazine hcl tab 12.5 mg</i>	1	
<i>promethazine hcl tab 25 mg</i>	1	
<i>promethazine hcl tab 50 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROMETHEGAN (<i>promethazine hcl</i>) 50 MG SUPPOS	2	QLC (1 suppository/day)
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)		
ANZEMET (<i>dolasetron mesylate</i>) 50 MG TAB	3	QLC (2 tabs/fill)
<i>aprepitant capsule 125 mg</i>	2	QLC (4 caps/28 days)
<i>aprepitant capsule 40 mg</i>	2	QLC (1 cap/month)
<i>aprepitant capsule 80 mg</i>	2	QLC (8 caps/28 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	2	QLC (12 caps/28 days)
<i>granisetron hcl tab 1 mg</i>	1	QLC (12 tabs/30 days)
ONDANSETRON HCL 24 MG TAB	1	QLC (1 tab/30 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	1	QLC (1 bottle (50 ml)/ 30 days)
<i>ondansetron hcl tab 4 mg</i>	1	QLC (6 tabs/day)
<i>ondansetron hcl tab 8 mg</i>	1	QLC (3 tabs/day)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QLC (6 tabs/day)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QLC (3 tabs/day)
VARUBI (180 MG DOSE) (<i>rolapitant hcl</i>) 2 X 90 TAB THPK	2	LA, QLC (2 tabs/14 days)

ANTIFUNGALS (Drugs for Fungal Infections)

<i>clotrimazole troche 10 mg</i>	1	
<i>econazole nitrate cream 1%</i>	1	
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>fluconazole tab 50 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>griseofulvin microsize susp 125 mg/5ml</i>	2	
GYNAZOLE-1 (<i>butoconazole nitrate (one dose)</i>) -2 % CREAM	3	
<i>itraconazole cap 100 mg</i>	2	QLC (4 caps/day)
JUBLIA (<i>efinaconazole</i>) 10 % SOLUTION	2	QLC (1 bottle (4ml)/month)
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
MICONAZOLE 3 (<i>miconazole nitrate vaginal</i>) 200 MG SUPPOS	1	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
nystatin topical powder 100000 unit/gm (Klayesta)	1	
nystatin topical powder 100000 unit/gm (Nyamyc)	1	
nystatin topical powder 100000 unit/gm (Nystop)	1	
<i>terbinafine hcl tab 250 mg</i>	1	QLC (30 tabs/month)
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>voriconazole for susp 40 mg/ml</i>	2	PA
<i>voriconazole tab 200 mg</i>	2	PA
<i>voriconazole tab 50 mg</i>	2	PA

ANTIGOUT AGENTS (Drugs for Gout)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>colchicine tab 0.6 mg</i>	1	QLC (4 tabs/day)
<i>colchicine w/ probenecid tab 0.5-500 mg</i> (COLCHICINE-PROBENECID)	1	
<i>probenecid tab 500 mg</i>	1	

ANTIMIGRAINE AGENTS (Drugs for Migraine)

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AIMOVIG (<i>erenumab-aooe</i>) IMOVIG 140 MG/ML SOLN -INJ	2	PA, QLC (1 injection/28 days)
AIMOVIG (<i>erenumab-aooe</i>) IMOVIG 70 MG/ML SOLN -INJ	2	PA, QLC (1 injection/28 days)
AJOVY (<i>fremanezumab-vfrm</i>) 225 MG/1.5ML SOLN PRSYR	2	PA, QLC (3 syringes/84 days)
AJOVY (<i>fremanezumab-vfrm</i>) JOVY 225 MG/1.5ML SOLN -INJ	2	PA, QLC (3 autoinjectors/84 days)
EMGALITY (300 MG DOSE) (<i>galcanezumab-gnlm</i>) 100 /ML SOLN PRSYR	2	PA, QLC (3 syringes/30 days)
EMGALITY (<i>galcanezumab-gnlm</i>) 120 MG/ML SOLN PRSYR	2	PA, QLC (1 syringe/30 days)
EMGALITY (<i>galcanezumab-gnlm</i>) EMGLITY 120 MG/ML SOLN -INJ	2	PA, QLC (1 pen injector/30 days)
NURTEC (<i>rimegepant sulfat</i> e) 75 MG TAB DISP	2	PA, QLC (16 tabs/30 days)
QULIPTA (<i>atogepant</i>) 10 MG TAB, 30 MG TAB, 60 MG TAB	2	PA, QLC (1 tab/day)
UBRELVY (<i>ubrogepant</i>) 50 MG TAB, 100 MG TAB	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>	4	PA, QLC (24 ml/28 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	4	PA, QLC (8 vials/month)
ERGOTAMINE-CAFFEINE (<i>ergotamine w/ caffeine</i>) -1-100 MG TAB	3	QLC (10 tabs/week)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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SEROTONIN (5-HT) RECEPTOR AGONIST (Drugs for Acute Migraine)

<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QLC (18 tabs/month)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QLC (18 tabs/month)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QLC (18 tabs/month)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QLC (18 tabs/month)
REYVOW (<i>lasmiditan succinate</i>) 50 MG TAB, 100 MG TAB	2	PA, QLC (8 tabs/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QLC (24 tabs/month)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QLC (24 tabs/month)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QLC (24 tabs/month)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QLC (24 tabs/month)
<i>sumatriptan nasal spray 20 mg/act</i>	2	QLC (18 nasal sprays/month)
<i>sumatriptan nasal spray 5 mg/act</i>	2	QLC (18 nasal sprays/month)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	2	QLC (8 injections/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	2	QLC (8 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	2	QLC (12 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	2	QLC (8 injections/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	2	QLC (12 injections/30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	2	QLC (8 injections/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	2	QLC (12 injections/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	2	QLC (8 injections/30 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QLC (18 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sumatriptan succinate tab 25 mg</i>	1	QLC (18 tabs/month)
<i>sumatriptan succinate tab 50 mg</i>	1	QLC (18 tabs/month)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	2	QLC (18 tabs/month)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	2	QLC (18 tabs/month)
<i>zolmitriptan tab 2.5 mg</i>	2	QLC (18 tabs/month)
<i>zolmitriptan tab 5 mg</i>	2	QLC (18 tabs/month)

ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)

PARASYMPATHOMIMETICS

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

ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)

ANTIMYCOBACTERIALS, OTHER (Other Drugs for Mycobacterial Infection)

<i>dapsone tab 100 mg</i>	1	
<i>dapsone tab 25 mg</i>	1	
<i>rifabutin cap 150 mg</i>	2	

ANTITUBERCULARS (Drugs for Tuberculosis)

<i>cycloserine cap 250 mg</i>	3	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
PASER (<i>aminosalicylic acid</i>) 4 GM PACKET	3	
PRIFTIN (<i>rifapentine</i>) 150 MG TAB	2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
TRECTOR (<i>ethionamide</i>) 250 MG TAB	3	

ANTINEOPLASTICS (Drugs for Cancer)

ALKYLATING AGENTS

CYCLOPHOSPHAMIDE 25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB	2	OAC
<i>cyclophosphamide cap 25 mg</i>	2	OAC
<i>cyclophosphamide cap 50 mg</i>	2	OAC
GLEOSTINE (<i>lomustine</i>) 10 MG CAP, 40 MG CAP, 100 MG CAP	4	OAC
LEUKERAN (<i>chlorambucil</i>) 2 MG TAB	4	OAC
MATULANE (<i>procarbazine hcl</i>) 50 MG CAP	4	LA, OAC

ANTIANDROGENS

<i>abiraterone acetate tab 250 mg</i>	4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>abiraterone acetate tab 500 mg</i>	4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
<i>bicalutamide tab 50 mg</i>	1	OAC
ERLEADA (<i>apalutamide</i>) 240 MG TAB	4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
ERLEADA (<i>apalutamide</i>) 60 MG TAB	4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
FLUTAMIDE 125 MG CAP	1	OAC
NUBEQA (<i>darolutamide</i>) 300 MG TAB	4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
XTANDI (<i>enzalutamide</i>) 40 MG CAP	4	PA, LA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
XTANDI (<i>enzalutamide</i>) 40 MG TAB	4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
XTANDI (<i>enzalutamide</i>) 80 MG TAB	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
YONSA (<i>abiraterone acetate</i>) 125 MG TAB	4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
ANTIANGIOGENIC AGENTS		
<i>lenalidomide cap 10 mg</i>	4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 15 mg</i>	4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 20 mg</i>	4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 25 mg</i>	4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 5 mg</i>	4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide caps 2.5 mg</i>	4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
POMALYST (<i>pomalidomide</i>) 1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP	4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
REVLIMID (<i>lenalidomide</i>) 2.5 MG CAP, 20 MG CAP	4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
REVLIMID (<i>lenalidomide</i>) 5 MG CAP, 10 MG CAP, 15 MG CAP, 25 MG CAP	4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
THALOMID (<i>thalidomide</i>) 150 MG CAP, 200 MG CAP	4	PA, LA, S (Specialty Drug), QLC (2 caps/day), OAC
THALOMID (<i>thalidomide</i>) 50 MG CAP, 100 MG CAP	4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
ANTIESTROGENS/MODIFIERS		
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	1	ACA (Preventive Health), OAC
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	1	ACA (Preventive Health), OAC
<i>toremifene citrate tab 60 mg (base equivalent)</i>	4	OAC
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	4	S (Specialty Drug), OAC
<i>capecitabine tab 500 mg</i>	4	S (Specialty Drug), OAC
<i>mercaptopurine tab 50 mg</i>	1	OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TABLOID (<i>thioguanine</i>) LOID 40 MG	4	OAC
ANTINEOPLASTICS, OTHER (Other Drugs for Cancer)		
<i>hydroxyurea cap 500 mg</i>	1	OAC
<i>leucovorin calcium tab 10 mg</i>	1	OAC
<i>leucovorin calcium tab 15 mg</i>	1	OAC
<i>leucovorin calcium tab 25 mg</i>	1	OAC
<i>leucovorin calcium tab 5 mg</i>	1	OAC
LYSODREN (<i>mitotane</i>) 500 MG TAB	4	SF, OAC
ZOLINZA (<i>vorinostat</i>) 100 MG CAP	4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
AROMATASE INHIBITORS, 3RD GENERATION		
<i>anastrozole tab 1 mg</i>	1	ACA (Preventive Health), OAC
<i>exemestane tab 25 mg</i>	2	OAC
<i>letrozole tab 2.5 mg</i>	1	OAC
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAP	4	OAC
MOLECULAR TARGET INHIBITORS		
ALECENSA (<i>allectinib hcl</i>) 150 MG CAP	4	PA, LA, S (Specialty Drug), QLC (8 caps/day), SF, OAC
BOSULIF (<i>bosutinib</i>) 100 MG CAP	4	PA, S (Specialty Drug), QLC (6 caps/day), OAC
BOSULIF (<i>bosutinib</i>) 100 MG TAB	4	PA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
BOSULIF (<i>bosutinib</i>) 400 MG TAB, 500 MG TAB	4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
BOSULIF (<i>bosutinib</i>) 50 MG CAP	4	PA, S (Specialty Drug), QLC (1 cap/day), OAC
BRAFTOVI (<i>encorafenib</i>) 75 MG CAP	4	PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC
BRUKINSA (<i>zanubrutinib</i>) 80 MG CAP	4	PA, LA, QLC (4 caps/day), SF, OAC
CABOMETYX (<i>cabozantinib s-malate</i>) 20 MG TAB, 40 MG TAB, 60 MG TAB	4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
CALQUENCE (<i>acalabrutinib maleate</i>) 100 MG TAB	4	PA, LA, QLC (2 caps/day), SF, OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CALQUENCE (<i>acalabrutinib</i>) 100 MG CAP	4	PA, LA, QLC (2 caps/day), SF, OAC
CAPRELSA (<i>vandetanib</i>) 100 MG TAB	4	PA, LA, QLC (2 tabs/day), OAC
CAPRELSA (<i>vandetanib</i>) 300 MG TAB	4	PA, LA, QLC (1 tab/day), OAC
COMETRIQ (100 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 80 & 20 KIT	4	PA, LA, S (Specialty Drug), QLC (56 caps/28 days), OAC
COMETRIQ (140 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 3 X 20 & 80 KIT	4	PA, LA, S (Specialty Drug), QLC (112 caps/28 days), OAC
COMETRIQ (60 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 20 KIT	4	PA, LA, S (Specialty Drug), QLC (84 caps/28 days), OAC
<i>dasatinib tab 100 mg</i>	4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>dasatinib tab 140 mg</i>	4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>dasatinib tab 20 mg</i>	4	PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
<i>dasatinib tab 50 mg</i>	4	PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
<i>dasatinib tab 70 mg</i>	4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
<i>dasatinib tab 80 mg</i>	4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
<i>everolimus tab 10 mg</i>	4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
<i>everolimus tab 2.5 mg</i>	4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>everolimus tab 5 mg</i>	4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>everolimus tab 7.5 mg</i>	4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
<i>everolimus tab for oral susp 2 mg</i>	4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>everolimus tab for oral susp 3 mg</i>	4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>everolimus tab for oral susp 5 mg</i>	4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
GILOTRIF (<i>afatinib dimaleate</i>) 20 MG TAB, 30 MG TAB, 40 MG TAB	4	PA, LA, QLC (1 tab/day), OAC
IBRANCE (<i>palbociclib</i>) 75 MG CAP, 100 MG CAP, 125 MG CAP	4	PA, LA, S (Specialty Drug), QLC (21 caps/28 days), OAC
IBRANCE (<i>palbociclib</i>) 75 MG TAB, 100 MG TAB, 125 MG TAB	4	PA, LA, S (Specialty Drug), QLC (21 tabs/28 days), OAC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (8 tabs/day), SF, OAC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
IMBRUVICA (<i>ibrutinib</i>) 140 MG CAP	4	PA, LA, QLC (3 caps/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 140 MG TAB, 280 MG TAB, 420 MG TAB	4	PA, LA, QLC (1 tab/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 70 MG CAP	4	PA, LA, QLC (1 cap/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 70 MG/ML SUSPENSION	4	PA, LA, QLC (6 ml/day), OAC
INLYTA (<i>axitinib</i>) 1 MG TAB	4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), SF, OAC
INLYTA (<i>axitinib</i>) 5 MG TAB	4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
JAKAFI (<i>ruxolitinib phosphate</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
KISQALI (200 MG DOSE) (<i>ribociclib succinate</i>) (TAB THPK	4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI (400 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK	4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI (600 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK	4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (200 MG DOSE) (<i>ribociclib succinate-letrozole</i>) (& 2.5 TAB THPK	4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (400 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KISQALI FEMARA (600 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	3	PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC
LENVIMA (10 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) CAP THPK	4	PA, LA, S (Specialty Drug), QLC (30 caps/month), OAC
LENVIMA (12 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 3 X 4 CAP THPK	4	PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC
LENVIMA (14 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (110 & CAP THPK	4	PA, LA, S (Specialty Drug), QLC (60 caps/month), OAC
LENVIMA (18 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 10 & 2 X 4 CAP THPK	4	PA, LA, S (Specialty Drug), QLC (90 caps/month), OAC
LENVIMA (20 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (0 X 10 CAP THPK	4	PA, LA, S (Specialty Drug), QLC (60 caps/month), OAC
LENVIMA (24 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (X 10 & CAP THPK	4	PA, LA, S (Specialty Drug), QLC (90 caps/month), OAC
LENVIMA (4 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (CAP THPK	4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
LENVIMA (8 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 2 X 4 CAP THPK	4	PA, LA, S (Specialty Drug), QLC (60 caps/month), OAC
LORBRENA (<i>lorlatinib</i>) 100 MG TAB	4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
LORBRENA (<i>lorlatinib</i>) 25 MG TAB	4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
LUMAKRAS (<i>sotorasib</i>) 120 MG TAB	4	PA, LA, S (Specialty Drug), QLC (8 tabs/day), SF, OAC
LUMAKRAS (<i>sotorasib</i>) 320 MG TAB	4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
LYNPARZA (<i>olaparib</i>) 100 MG TAB, 150 MG TAB	4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.05 MG/ML RECON SOLN	4	PA, LA, S (Specialty Drug), QLC (40 ml/day), OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.5 MG TAB	4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 2 MG TAB	4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
MEKTOVI (<i>binimetinib</i>) 15 MG TAB	4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ODOMZO (<i>sonidegib phosphate</i>) 200 MG CAP	4	PA, LA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
<i>pazopanib hcl tab 200 mg (base equiv)</i>	4	PA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
PIQRAY (200 MG DAILY DOSE) (<i>apfelisib</i>) (TAB THPK)	4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
PIQRAY (250 MG DAILY DOSE) (<i>apfelisib</i>) 200 & TAB THPK	4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
PIQRAY (300 MG DAILY DOSE) (<i>apfelisib</i>) 2 X 150 TAB THPK	4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
ROZLYTREK (<i>entrectinib</i>) 100 MG CAP	4	PA, LA, S (Specialty Drug), QLC (5 caps/day), SF, OAC
ROZLYTREK (<i>entrectinib</i>) 200 MG CAP	4	PA, LA, S (Specialty Drug), QLC (3 caps/day), SF, OAC
RYDAPT (<i>midostaurin</i>) 25 MG CAP	4	PA, S (Specialty Drug), QLC (56 caps/21 days [#56 package size] or 224 caps/28 days), OAC
SCEMBLIX (<i>asciminib hcl</i>) 100 MG TAB	4	PA, LA, QLC (4 tabs/day), OAC
SCEMBLIX (<i>asciminib hcl</i>) 20 MG TAB	4	PA, LA, QLC (2 tabs/day), OAC
SCEMBLIX (<i>asciminib hcl</i>) 40 MG TAB	4	PA, LA, QLC (8 tabs/day), OAC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
STIVARGA (<i>regorafenib</i>) 40 MG TAB	4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (3 caps/day), SF, OAC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	4	PA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
TABRECTA (<i>capmatinib hcl</i>) 150 MG TAB, 200 MG TAB	4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
TAFINLAR (<i>dabrafenib mesylate</i>) 10 MG TAB SOL	4	PA, LA, S (Specialty Drug), QLC (30 tabs/day), OAC
TAFINLAR (<i>dabrafenib mesylate</i>) 50 MG CAP, 75 MG CAP	4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TAGRISSO (<i>osimertinib mesylate</i>) 40 MG TAB, 80 MG TAB	4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
TALZENNA (<i>talazoparib tosylate</i>) 0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP	4	PA, LA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
TALZENNA (<i>talazoparib tosylate</i>) 0.25 MG CAP	4	PA, LA, S (Specialty Drug), QLC (3 caps/day), SF, OAC
TALZENNA (<i>talazoparib tosylate</i>) 1 MG CAP	4	PA, LA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
TASIGNA (<i>nilotinib hcl</i>) 50 MG CAP, 150 MG CAP, 200 MG CAP	4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
TIBSOVO (<i>ivosidenib</i>) 250 MG TAB	4	PA, LA, QLC (2 tabs/day), SF, OAC
VERZENIO (<i>abemaciclib</i>) 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC
VITRAKVI (<i>larotrectinib sulfat</i> e) 100 MG CAP	4	PA, LA, S (Specialty Drug), QLC (2 caps/day), SF, OAC
VITRAKVI (<i>larotrectinib sulfat</i> e) 20 MG/ML SOLUTION	4	PA, LA, S (Specialty Drug), QLC (10 ml/day), SF, OAC
VITRAKVI (<i>larotrectinib sulfat</i> e) 25 MG CAP	4	PA, LA, S (Specialty Drug), QLC (6 caps/day), SF, OAC
VIZIMPRO (<i>dacomitinib</i>) 15 MG TAB, 30 MG TAB, 45 MG TAB	4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
XALKORI (<i>crizotinib</i>) 150 MG CAP SPRINK	4	PA, LA, S (Specialty Drug), QLC (6 caps/day), SF, OAC
XALKORI (<i>crizotinib</i>) 20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP	4	PA, LA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
ZEJULA (<i>niraparib tosylate</i>) 100 MG CAP	4	PA, LA, S (Specialty Drug), QLC (3 caps/day), SF, OAC
ZEJULA (<i>niraparib tosylate</i>) 100 MG TAB, 200 MG TAB, 300 MG TAB	4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
ZELBORAF (<i>vemurafenib</i>) 240 MG TAB	4	PA, LA, S (Specialty Drug), QLC (8 tabs/day), OAC
ZYKADIA (<i>ceritinib</i>) 150 MG TAB	4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC

MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE

XGEVA (<i>denosumab</i>) 120 MG/1.7ML SOLUTION	4	PA, S (Specialty Drug), QLC (1 vial/month)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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RETINOIDS

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

TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)

<i>mesna tab 400 mg</i>	2	
MESNEX (<i>mesna</i>) 400 MG TAB	2	OAC

ANTIPARASITICS (Drugs for Parasitic Infections)

ANTHELMINTHICS

<i>albendazole tab 200 mg</i>	3	QLC (4 tabs/day)
<i>ivermectin tab 3 mg</i>	1	QLC (8 tabs/30 days; max 2 fills/365 days)
<i>praziquantel tab 600 mg</i>	3	

ANTIPROTOZOALS (Drugs for Protozoal Infection)

<i>atovaquone susp 750 mg/5ml</i>	3	PA
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	QLC (1 tab/day)
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	QLC (3 tabs/day)
<i>chloroquine phosphate tab 250 mg</i>	1	QLC (25 tabs/30 days)
<i>chloroquine phosphate tab 500 mg</i>	1	QLC (25 tabs/30 days)
COARTEM (<i>artemether-lumefantrine</i>) 20-120 MG TAB	3	QLC (24 tabs/30 days)
<i>hydroxychloroquine sulfate tab 100 mg</i>	1	QLC (2 tabs/day)
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	QLC (3 tabs/day)
<i>hydroxychloroquine sulfate tab 300 mg</i>	1	QLC (2 tabs/day)
<i>hydroxychloroquine sulfate tab 400 mg</i>	1	QLC (1 tab/day)
KRINTAFEL (<i>tafenoquine succinate</i>) 150 MG TAB	3	QLC (2 tabs/28 days)
<i>mefloquine hcl tab 250 mg</i>	1	QLC (5 tabs/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NITAZOXANIDE 500 MG TAB	3	PA, QLC (6 tabs/fill)
<i>nitazoxanide tab 500 mg</i>	3	PA, QLC (6 tabs/fill)
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>pyrimethamine tab 25 mg</i>	4	PA
<i>quinine sulfate cap 324 mg</i>	1	QLC (6 caps/day)

ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)

ANTICHOLINERGICS

<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
TRIHXYPHENIDYL HCL 0.4 MG/ML SOLUTION	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	

ANTIPARKINSON AGENTS, OTHER

<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
CARBIDOPA-LEVODOPA-ENTACAPONE --12.5-50-200 MG TAB, -18.75-75-200 MG TAB, --37.5-150-200 MG TAB	2	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	2	
<i>entacapone tab 200 mg</i>	2	QLC (8 tabs/day)
DOPAMINE AGONISTS		
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	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	3	QLC (1 patch/day)
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg (ROPINIROLE HCL)</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg (ROPINIROLE HCL)</i>	1	
<i>ropinirole hydrochloride tab 1 mg (ROPINIROLE HCL)</i>	1	
<i>ropinirole hydrochloride tab 2 mg (ROPINIROLE HCL)</i>	1	
<i>ropinirole hydrochloride tab 3 mg (ROPINIROLE HCL)</i>	1	
<i>ropinirole hydrochloride tab 4 mg (ROPINIROLE HCL)</i>	1	
<i>ropinirole hydrochloride tab 5 mg (ROPINIROLE HCL)</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i> (ROPINIROLE HCL ER)	1	QLC (2 tabs/day)
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i> (ROPINIROLE HCL ER) <i>4hr</i>	1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i> (ROPINIROLE HCL ER) <i>2hr</i>	1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i> (ROPINIROLE HCL ER)	1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i> (ROPINIROLE HCL ER)	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)	1	QLC (8 tabs/day)
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	1	QLC (8 tabs/day)
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	1	QLC (8 tabs/day)
<i>carbidopa & levodopa tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	1	
<i>carbidopa & levodopa tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	1	
<i>carbidopa & levodopa tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	1	
<i>carbidopa & levodopa tab er 25-100 mg</i> (CARBIDOPA-LEVODOPA ER)	1	
<i>carbidopa & levodopa tab er 50-200 mg</i> (CARBIDOPA-LEVODOPA ER)	1	
<i>carbidopa tab 25 mg</i>	2	
CARBIDOPA-LEVODOPA -10-100 MG TAB DISP, -25-100 MG TAB DISP, -25-250 MG TAB DISP	1	QLC (8 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RYTARY (<i>carbidopa-levodopa</i>) 23.75-95 MG CAP ER	3	ST, QLC (25 caps/day)
RYTARY (<i>carbidopa-levodopa</i>) 36.25-145 MG CAP ER	3	ST, QLC (16 caps/day)
RYTARY (<i>carbidopa-levodopa</i>) 48.75-195 MG CAP ER	3	ST, QLC (12 caps/day)
RYTARY (<i>carbidopa-levodopa</i>) 61.25-245 MG CAP ER	3	ST, QLC (10 caps/day)

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

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

ANTIPSYCHOTICS (Drugs for Mental Health)

1ST GENERATION/TYPICAL

<i>chlorpromazine hcl tab 10 mg</i>	2	
<i>chlorpromazine hcl tab 100 mg</i>	2	
<i>chlorpromazine hcl tab 200 mg</i>	2	
<i>chlorpromazine hcl tab 25 mg</i>	2	
<i>chlorpromazine hcl tab 50 mg</i>	2	
<i>fluphenazine hcl tab 1 mg</i>	2	
<i>fluphenazine hcl tab 10 mg</i>	2	
<i>fluphenazine hcl tab 2.5 mg</i>	2	
<i>fluphenazine hcl tab 5 mg</i>	2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>haloperidol tab 20 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
PIMOZIDE 1 MG TAB, 2 MG TAB	1	
THIORIDAZINE HCL 10 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB	1	
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
2ND GENERATION/ATYPICAL		
<i>aripiprazole oral solution 1 mg/ml</i>	2	QLC (25 ml/day)
<i>aripiprazole tab 10 mg</i>	1	QLC (1 tab/day)
<i>aripiprazole tab 15 mg</i>	1	QLC (1 tab/day)
<i>aripiprazole tab 2 mg</i>	1	QLC (4 tabs/day)
<i>aripiprazole tab 20 mg</i>	1	QLC (1 tab/day)
<i>aripiprazole tab 30 mg</i>	1	QLC (1 tab/day)
<i>aripiprazole tab 5 mg</i>	1	QLC (2 tabs/day)
CAPLYTA (<i>lumateperone tosylate</i>) 10.5 MG CAP, 21 MG CAP, 42 MG CAP	4	ST, QLC (1 cap/day)
<i>lurasidone hcl tab 120 mg</i>	2	QLC (1 tab/day)
<i>lurasidone hcl tab 20 mg</i>	2	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lurasidone hcl tab 40 mg</i>	2	QLC (1 tab/day)
<i>lurasidone hcl tab 60 mg</i>	2	QLC (1 tab/day)
<i>lurasidone hcl tab 80 mg</i>	2	QLC (2 tabs/day)
<i>olanzapine orally disintegrating tab 10 mg</i>	2	
<i>olanzapine orally disintegrating tab 15 mg</i>	2	
<i>olanzapine orally disintegrating tab 20 mg</i>	2	
<i>olanzapine orally disintegrating tab 5 mg</i>	2	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
QUETIAPINE FUMARATE 150 MG TAB	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
REXULTI (<i>brexpiprazole</i>) 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB	2	QLC (1 tab/day)
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>risperidone tab 4 mg</i>	1	
SECUADO (<i>asenapine</i>) 3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR	4	PA, QLC (1 patch/day)
VRAYLAR (<i>cariprazine hcl</i>) 1.5 & 3 MG CAP THPK	2	QLC (1 pack/month)
VRAYLAR (<i>cariprazine hcl</i>) 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	2	QLC (1 cap/day)
<i>ziprasidone hcl cap 20 mg</i>	1	
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
TREATMENT-RESISTANT		
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)		
<i>baclofen tab 10 mg</i>	1	QLC (8 tabs/day)
<i>baclofen tab 15 mg</i>	2	QLC (4 tabs/day)
<i>baclofen tab 20 mg</i>	1	QLC (4 tabs/day)
<i>baclofen tab 5 mg</i>	2	QLC (3 tabs/day)
<i>dantrolene sodium cap 100 mg</i>	2	
<i>dantrolene sodium cap 25 mg</i>	2	
<i>dantrolene sodium cap 50 mg</i>	2	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	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>	1	QLC (18 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QLC (2 tabs/day)
ANTI-HEPATITIS B (HBV) AGENTS (Drugs for Hepatitis B)		
<i>adefovir dipivoxil tab 10 mg</i>	4	QLC (1 tab/day)
BARACLUDE (<i>entecavir</i>) 0.05 MG/ML SOLUTION	2	QLC (3 bottles/month)
<i>entecavir tab 0.5 mg</i>	4	QLC (1 tab/day)
<i>entecavir tab 1 mg</i>	4	QLC (1 tab/day)
<i>lamivudine tab 100 mg (hbv)</i>	1	QLC (1 tab/day)
VEMLIDY (<i>tenofovir alafenamide fumarate</i>) 25 MG TAB	2	QLC (1 tab/day)
ANTI-HEPATITIS C (HCV) AGENTS (Drugs for Hepatitis C)		
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 150-37.5 MG PACKET	4	PA, S (Specialty Drug), QLC (1 packet/day)
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 200-50 MG PACKET	4	PA, S (Specialty Drug), QLC (2 packets/day)
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 200-50 MG TAB, 400-100 MG TAB	4	PA, S (Specialty Drug), QLC (1 tab/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 33.75-150 MG PACKET	4	PA, S (Specialty Drug), QLC (1 packet/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 45-200 MG PACKET	4	PA, S (Specialty Drug), QLC (2 packets/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 45-200 MG TAB, 90-400 MG TAB	4	PA, S (Specialty Drug), QLC (1 tab/day)
MAVYRET (<i>glecaprevir-pibrentasvir</i>) 100-40 MG TAB	4	PA, S (Specialty Drug), QLC (3 tabs/day)
MAVYRET (<i>glecaprevir-pibrentasvir</i>) 50-20 MG PACKET	4	PA, S (Specialty Drug), QLC (6 packets/day)
PEGINTRON (<i>peginterferon alfa-2b</i>) 50 MCG/0.5ML KIT	4	S (Specialty Drug)
RIBAVIRIN (<i>ribavirin (hepatitis c)</i>) 200 MG CAP, 200 MG TAB	1	S (Specialty Drug)
<i>ribavirin cap 200 mg</i>	1	S (Specialty Drug)
<i>ribavirin tab 200 mg</i>	1	S (Specialty Drug)
SOVALDI (<i>sofosbuvir</i>) 150 MG PACKET	4	PA, S (Specialty Drug), QLC (1 packet/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SOVALDI (<i>sofosbuvir</i>) 200 MG PACKET	4	PA, S (Specialty Drug), QLC (2 packets/day)
SOVALDI (<i>sofosbuvir</i>) 200 MG TAB, 400 MG TAB	4	PA, S (Specialty Drug), QLC (1 tab/day)
VOSEVI (<i>sofosbuvir-velpatasvir-voxilaprevir</i>) 400-100-100 MG TAB	4	PA, S (Specialty Drug), QLC (1 tab/day)

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

BIKTARVY (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>) 30-120-15 MG TAB, 50-200-25 MG TAB	2	QLC (1 tab/day)
DOVATO (<i>dolutegravir sodium-lamivudine</i>) 50-300 MG TAB	2	QLC (1 tab/day)
GENVOYA (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>) 150-150-200-10 MG	3	QLC (1 tab/day)
ISENTRESS (<i>raltegravir potassium</i>) 100 MG PACKET	2	QLC (2 packets/day)
ISENTRESS (<i>raltegravir potassium</i>) 25 MG CHEW TAB, 100 MG CHEW TAB	2	QLC (6 tabs/day)
ISENTRESS (<i>raltegravir potassium</i>) 400 MG TAB	2	QLC (4 tabs/day)
ISENTRESS HD (<i>raltegravir potassium</i>) 600 MG TAB	2	QLC (2 tabs/day)
JULUCA (<i>dolutegravir sodium-rilpivirine hcl</i>) 50-25 MG TAB	2	QLC (1 tab/day)
TIVICAY (<i>dolutegravir sodium</i>) 10 MG TAB, 25 MG TAB, 50 MG TAB	3	QLC (2 tabs/day)
TIVICAY PD (<i>dolutegravir sodium</i>) 5 MG TAB SOL	3	QLC (5 tabs/day)

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>efavirenz tab 600 mg</i>	2	QLC (1 tab/day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (EFAVIRENZ-EMTRICITAB-TENOFO DF)	2	QLC (1 tab/day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	QLC (1 tab/day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	QLC (1 tab/day)
<i>etravirine tab 100 mg</i>	2	QLC (4 tabs/day)
<i>etravirine tab 200 mg</i>	2	QLC (2 tabs/day)
INTELENCE (<i>etravirine</i>) 25 MG TAB	2	QLC (12 tabs/day)
NEVIRAPINE 50 MG/5ML SUSPENSION	1	QLC (40 ml/day)
NEVIRAPINE ER 100 MG TAB 24H	1	QLC (3 tabs/day)
<i>nevirapine tab 200 mg</i>	1	QLC (2 tabs/day)
<i>nevirapine tab er 24hr 400 mg</i> (NEVIRAPINE ER)	1	QLC (1 tab/day)
ODEFSEY (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>) 200-25-25 MG	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>	1	QLC (30 ml/day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	QLC (2 tabs/day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	QLC (1 tab/day)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> (ABACAVIR-LAMIVUDINE-ZIDOVUDINE)	1	QLC (2 tabs/day)
CIMDUO (<i>lamivudine-tenofovir disoproxil fumarate</i>) 300-300 MG TAB	2	QLC (1 tab/day)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate</i>) 120-15 MG	2	QLC (1 tab/day)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate</i>) 200-25 MG	2	ACA (Preventive Health), QLC (1 tab/day; requires confirmation of pre-exposure prophylaxis use.)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>emtricitabine caps 200 mg</i>	2	QLC (1 cap/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (EMTRICITABINE-TENOFOVIR DF)	2	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (EMTRICITABINE-TENOFOVIR DF)	2	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (EMTRICITABINE-TENOFOVIR DF)	2	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (EMTRICITABINE-TENOFOVIR DF)	1	ACA (Preventive Health), QLC (1 tab/day)
EMTRIVA (<i>emtricitabine</i>) 10 MG/ML SOLUTION	2	QLC (24 ml/day)
<i>lamivudine oral soln 10 mg/ml</i>	1	QLC (30 ml/day)
<i>lamivudine tab 150 mg</i>	1	QLC (2 tabs/day)
<i>lamivudine tab 300 mg</i>	1	QLC (1 tab/day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	QLC (2 tabs/day)
STAVUDINE 15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP	1	QLC (2 caps/day)
TEMIXYS (<i>lamivudine-tenofovir disoproxil fumarate</i>) 300-300 MG TAB	2	QLC (1 tab/day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	2	QLC (1 tab/day)
TRIUMEQ (<i>abacavir-dolutegravir-lamivudine</i>) 600-50-300 MG TAB	2	QLC (1 tab/day)
TRIUMEQ PD (<i>abacavir-dolutegravir-lamivudine</i>) 60-5-30 MG TAB SOL	2	QLC (6 tabs/day)
VIREAD (<i>tenofovir disoproxil fumarate</i>) 150 MG TAB, 200 MG TAB, 250 MG TAB	2	QLC (1 tab/day)
VIREAD (<i>tenofovir disoproxil fumarate</i>) 40 MG/GM POWDER	2	QLC (3 bottles/month)
<i>zidovudine cap 100 mg</i>	1	QLC (5 caps/day)
<i>zidovudine syrup 10 mg/ml</i>	1	QLC (60 ml/day)
<i>zidovudine tab 300 mg</i>	1	QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTI-HIV AGENTS, OTHER		
FUZEON (<i>enfuvirtide</i>) 90 MG RECON SOLN	4	S (Specialty Drug), QLC (1 kit/month)
<i>maraviroc tab 150 mg</i>	2	QLC (2 tabs/day)
<i>maraviroc tab 300 mg</i>	2	QLC (4 tabs/day)
SELZENTRY (<i>maraviroc</i>) 20 MG/ML SOLUTION	2	QLC (60 ml/day)
SELZENTRY (<i>maraviroc</i>) 25 MG TAB	2	QLC (8 tabs/day)
SELZENTRY (<i>maraviroc</i>) 75 MG TAB	2	QLC (2 tabs/day)
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS (<i>tipranavir</i>) 100 MG/ML SOLUTION	2	QLC (10 ml/day)
APTIVUS (<i>tipranavir</i>) 250 MG CAP	2	QLC (4 caps/day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	2	QLC (2 caps/day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	2	QLC (2 caps/day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	2	QLC (1 cap/day)
CRIXIVAN (<i>indinavir sulfate</i>) 400 MG CAP	2	QLC (6 caps/day)
<i>darunavir tab 600 mg</i>	2	QLC (2 tabs/day)
<i>darunavir tab 800 mg</i>	2	QLC (1 tab/day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	2	QLC (4 tabs/day)
INVIRASE (<i>saquinavir mesylate</i>) 500 MG TAB	2	QLC (4 tabs/day)
LEXIVA (<i>fosamprenavir calcium</i>) 50 MG/ML SUSPENSION	2	QLC (56 ml/day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	2	QLC (10 ml/day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	2	QLC (4 tabs/day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	2	QLC (4 tabs/day)
NORVIR (<i>ritonavir</i>) 100 MG CAP	2	QLC (12 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NORVIR (<i>ritonavir</i>) 80 MG/ML SOLUTION	2	QLC (15 ml/day)
PREZCOBIX (<i>darunavir-cobicistat</i>) 800-150 MG TAB	2	QLC (1 tab/day)
PREZISTA (<i>darunavir ethanolate</i>) 100 MG/ML SUSPENSION	2	QLC (12 ml/day)
PREZISTA (<i>darunavir ethanolate</i>) 150 MG TAB	2	QLC (4 tabs/day)
PREZISTA (<i>darunavir ethanolate</i>) 75 MG TAB	2	QLC (2 tabs/day)
REYATAZ (<i>atazanavir sulfate</i>) 50 MG PACKET	2	QLC (5 packs/day)
<i>ritonavir tab 100 mg</i>	2	QLC (12 tabs/day)
VIRACEPT (<i>nelfinavir mesylate</i>) 250 MG TAB	2	QLC (9 tabs/day)
VIRACEPT (<i>nelfinavir mesylate</i>) 625 MG TAB	2	QLC (4 tabs/day)
ANTI-INFLUENZA AGENTS (Drugs for Flu)		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	2	QLC (40 caps/6 months)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	2	QLC (20 caps/6 months)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	2	QLC (20 caps/6 months)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	2	QLC (6 bottles/6 months)
RELENZA DISKHALER (<i>zanamivir</i>) 5 MG/ACT AER POW BA	2	QLC (2 inhalers/6 months)
RIMANTADINE HCL (<i>rimantadine hydrochloride</i>) 100 MG TAB	1	
XOFLUZA (40 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 1 TAB THPK	3	QLC (1 tab/day; max 2 tabs/180 days)
XOFLUZA (40 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 2 20 TAB THPK	3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)
XOFLUZA (80 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 1 TAB THPK	3	QLC (1 tab/day; max 2 tabs/180 days)
XOFLUZA (80 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 2 40 TAB THPK	3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)

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

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	

ANTIVIRAL, CORONAVIRUS AGENTS

LAGEVRIO (<i>molnupiravir</i>) 200 MG CAP	2	AL1 (At least 18 yrs old), QLC (40 caps/30 days; COVID treatment covered at \$0), CW
PAXLOVID (150/100) (<i>nirmatrelvir-ritonavir</i>) MG & OMG TAB THPK	2	AL1 (At least 12 yrs old), QLC (20 tabs/30 days; COVID treatment covered at \$0), CW
PAXLOVID (300/100) (<i>nirmatrelvir-ritonavir</i>) 20 150 MG & OMG TAB THPK	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>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	

BENZODIAZEPINES

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>alprazolam tab 0.5 mg</i>	1	QLC (4 tabs/day)
<i>alprazolam tab 1 mg</i>	1	QLC (4 tabs/day)
<i>alprazolam tab 2 mg</i>	1	QLC (2 tabs/day)
<i>chlordiazepoxide hcl cap 10 mg</i>	1	QLC (30 caps/day)
<i>chlordiazepoxide hcl cap 25 mg</i>	1	QLC (12 caps/day)
<i>chlordiazepoxide hcl cap 5 mg</i>	1	QLC (60 caps/day)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	
<i>clonazepam orally disintegrating tab 1 mg</i>	1	
<i>clonazepam orally disintegrating tab 2 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	QLC (40 tabs/day)
<i>clonazepam tab 1 mg</i>	1	QLC (20 tabs/day)
<i>clonazepam tab 2 mg</i>	1	QLC (10 tabs/day)
<i>clorazepate dipotassium tab 15 mg</i>	1	QLC (6 tabs/day)
<i>clorazepate dipotassium tab 3.75 mg</i>	1	QLC (24 tabs/day)
<i>clorazepate dipotassium tab 7.5 mg</i>	1	QLC (12 tabs/day)
<i>diazepam conc 5 mg/ml</i>	1	QLC (12 bottles/month)
<i>diazepam conc 5 mg/ml (DIAZEPAM INTENSOL)</i>	1	QLC (12 bottles/month)
<i>diazepam oral soln 1 mg/ml</i>	1	QLC (60 ml/day)
<i>diazepam tab 10 mg</i>	1	QLC (6 tabs/day)
<i>diazepam tab 2 mg</i>	1	QLC (30 tabs/day)
<i>diazepam tab 5 mg</i>	1	QLC (12 tabs/day)
<i>lorazepam conc 2 mg/ml</i>	1	QLC (150 ml/month)
lorazepam conc 2 mg/ml (Lorazepam Intensol)	1	QLC (150 ml/month)
<i>lorazepam tab 0.5 mg</i>	1	QLC (20 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lorazepam tab 1 mg</i>	1	QLC (10 tabs/day)
<i>lorazepam tab 2 mg</i>	1	QLC (5 tabs/day)
<i>oxazepam cap 10 mg</i>	2	QLC (12 caps/day)
<i>oxazepam cap 15 mg</i>	2	QLC (8 caps/day)
<i>oxazepam cap 30 mg</i>	2	QLC (4 caps/day)

BIPOLAR AGENTS (Drugs for Bipolar Disorder)

MOOD STABILIZERS

LITHIUM CARBONATE 150 MG CAP, 300 MG CAP, 600 MG CAP	1	
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i> (LITHIUM CARBONATE ER)	1	
<i>lithium carbonate tab er 450 mg</i> (LITHIUM CARBONATE ER)	1	
<i>lithium oral solution 8 meq/5ml</i>	1	

BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)

ANTIDIABETIC AGENTS (Drugs for High Blood Sugar)

<i>acarbose tab 100 mg</i>	1	
<i>acarbose tab 25 mg</i>	1	
<i>acarbose tab 50 mg</i>	1	
BYDUREON BCISE (<i>exenatide</i>) 2 MG/0.85ML -INJ	3	PA, QLC (4 injectors/28 days)
<i>glimepiride tab 1 mg</i>	1	
<i>glimepiride tab 2 mg</i>	1	
<i>glimepiride tab 4 mg</i>	1	
GLIPIZIDE 2.5 MG TAB	1	QLC (1 tab/day)
<i>glipizide tab 10 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>glipizide tab 5 mg</i>	1	
<i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE ER)	1	
<i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE XL)	1	
<i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE ER)	1	
<i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE XL)	1	
<i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE ER)	1	
<i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE XL)	1	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	
GLYBURIDE MICRONIZED 1.5 MG TAB, 3 MG TAB, 6 MG TAB	1	
<i>glyburide tab 1.25 mg</i>	1	
<i>glyburide tab 2.5 mg</i>	1	
<i>glyburide tab 5 mg</i>	1	
<i>glyburide-metformin tab 1.25-250 mg</i>	1	
<i>glyburide-metformin tab 2.5-500 mg</i>	1	
<i>glyburide-metformin tab 5-500 mg</i>	1	
GLYXAMBI (<i>empagliflozin-linagliptin</i>) 10-5 MG TAB, 25-5 MG TAB	2	ST, QLC (1 tab/day)
JANUMET (<i>sitagliptin-metformin hcl</i>) 50-1000 MG TAB, 50-500 MG TAB	2	ST, QLC (2 tabs/day)
JANUMET XR (<i>sitagliptin-metformin hcl</i>) 50-1000 MG TAB ER 24H	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	2	ST, QLC (1 tab/day)
JANUVIA (<i>sitagliptin phosphate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	2	ST, QLC (1 tab/day)
<i>metformin hcl tab 1000 mg</i>	1	
<i>metformin hcl tab 500 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>metformin hcl tab 850 mg</i>	1	
<i>metformin hcl tab er 24hr 500 mg</i> (METFORMIN HCL ER)	1	
<i>metformin hcl tab er 24hr 750 mg</i> (METFORMIN HCL ER)	1	
MOUNJARO (<i>tirzepatide</i>) MOUNJRO 2.5 MG/0.5ML SOLN -INJ, MOUNJRO 5 MG/0.5ML SOLN -INJ, MOUNJRO 7.5 MG/0.5ML SOLN -INJ, MOUNJRO 10 MG/0.5ML SOLN -INJ, MOUNJRO 12.5 MG/0.5ML SOLN -INJ, MOUNJRO 15 MG/0.5ML SOLN -INJ	2	PA, QLC (4 pens (2 ml)/28 days)
<i>nateglinide tab 120 mg</i>	1	
<i>nateglinide tab 60 mg</i>	1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (<i>semaglutide</i>) (MG/1.5ML SOLN PEN)	2	PA, QLC (1 pen/28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (<i>semaglutide</i>) (MG/3ML SOLN PEN)	2	PA, QLC (3 ml/28 days)
OZEMPIC (1 MG/DOSE) (<i>semaglutide</i>) 2 MG/1.5ML SOLN PEN	2	PA, QLC (2 pens/28 days)
OZEMPIC (1 MG/DOSE) (<i>semaglutide</i>) 4 MG/3ML SOLN PEN	2	PA, QLC (3 ml/ 28 days)
OZEMPIC (2 MG/DOSE) (<i>semaglutide</i>) 8 MG/3ML SOLN PEN	2	PA, QLC (1 pen (3ml)/28 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	
<i>pioglitazone hcl-metformin hcl tab 15- 500 mg</i>	1	QLC (3 tabs/day)
<i>pioglitazone hcl-metformin hcl tab 15- 850 mg</i>	1	QLC (3 tabs/day)
<i>repaglinide tab 0.5 mg</i>	1	
<i>repaglinide tab 1 mg</i>	1	
<i>repaglinide tab 2 mg</i>	1	
RYBELSUS (<i>semaglutide</i>) 3 MG TAB, 7 MG TAB, 14 MG TAB	2	PA, QLC (1 tab/day)
SOLIQUA (<i>insulin glargine-lixisenatide</i>) 100-33 UNT-MCG/ML SOLN PEN	2	PA, QLC (6 pens/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYNJARDY (<i>empagliflozin-metformin hcl</i>) 5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB	2	ST, QLC (2 tabs/day)
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>) 25-1000 MG TAB ER 24H	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	2	ST, QLC (2 tabs/day)
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin</i>) 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	2	ST, QLC (1 tab/day)
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin</i>) 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	2	ST, QLC (2 tabs/day)
TRULICITY (<i>dulaglutide</i>) 0.75 MG/0.5ML SOLN -INJ	2	PA, QLC (4 pens (2 ml)/ 28 days)
TRULICITY (<i>dulaglutide</i>) 1.5 MG/0.5ML SOLN -INJ, 3 MG/0.5ML SOLN -INJ, 4.5 MG/0.5ML SOLN -INJ	2	PA, QLC (4 pens (2 ml)/28 days)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>) 10-1000 MG TAB ER 24H	2	ST, QLC (1 tab/day)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>) 5-1000 MG TAB ER 24H	2	ST, QLC (2 tabs/day)
XIGDUO XR (<i>dapagliflozin-metformin hcl</i>) 2.5-1000 MG TAB ER 24H	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	2	ST, QLC (1 tab/day)
XULTOPHY (<i>insulin degludec-liraglutide</i>) 100-3.6 UNIT-MG/ML SOLN PEN	2	PA, QLC (5 pens/month)
GLYCEMIC AGENTS (Drugs for Low Blood Sugar)		
BAQSIMI ONE PACK (<i>glucagon</i>) 3 MG/DOSE POWDER	2	QLC (2 sprayers/30 days)
BAQSIMI TWO PACK (<i>glucagon</i>) 3 MG/DOSE POWDER	2	QLC (2 sprayers/30 days)
GLUCAGEN HYPOKIT (<i>glucagon hcl (rdna)</i>) 1 MG RECON SOLN	2	QLC (2 injections/fill)
GLUCAGON EMERGENCY (<i>glucagon (rdna)</i>) 1 MG KIT	2	QLC (2 kits/fill)

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

INSULINS

FIASP (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLUTION	2	
FIASP FLEXTOUCH (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN PEN	2	
FIASP PENFILL (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN CART	2	
FIASP PUMPCART (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN	2	
HUMALOG (<i>insulin lispro</i>) 100 UNIT/ML SOLN CART, 100 UNIT/ML SOLUTION	2	
HUMALOG JUNIOR KWIKPEN (<i>insulin lispro</i>) KWIK100 UNIT/ML SOLN	2	
HUMALOG KWIKPEN (<i>insulin lispro</i>) 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN	2	
HUMALOG MIX 50/50 (<i>insulin lispro protamine & lispro</i>) (50-50) 100 UNIT/ML SUSPENSION	2	
HUMALOG MIX 50/50 KWIKPEN (<i>insulin lispro protamine & lispro</i>) KWIK(50-50) 100 UNIT/ML SUSP	2	
HUMALOG MIX 75/25 (<i>insulin lispro protamine & lispro</i>) (75-25) 100 UNIT/ML SUSPENSION	2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMALOG MIX 75/25 KWIKPEN (<i>insulin lispro protamine & lispro</i>) KWIK(75-25) 100 UNIT/ML SUSP	2	
HUMALOG TEMPO PEN (<i>insulin lispro</i>) 100 UNIT/ML SOLN	2	
HUMULIN R U-500 (CONCENTRATED) (<i>insulin regular (human)</i>) HMLIN - (CONCENTATED) NIT/ML SOLTION	2	
HUMULIN R U-500 KWIKPEN (<i>insulin regular (human)</i>) HMLIN -KWIKNIT/ML SOLN	2	
LEVEMIR (<i>insulin detemir</i>) 100 UNIT/ML SOLUTION	2	QLC (40 ml/month)
LEVEMIR FLEXPEN (<i>insulin detemir</i>) FLEX100 UNIT/ML SOLN	2	QLC (45 ml/month)
LEVEMIR FLEXTOUCH (<i>insulin detemir</i>) 100 UNIT/ML SOLN PEN	2	QLC (45 ml/month)
LYUMJEV (<i>insulin lispro-aabc</i>) 100 UNIT/ML SOLUTION	2	
LYUMJEV KWIKPEN (<i>insulin lispro-aabc</i>) 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN	2	
LYUMJEV TEMPO PEN (<i>insulin lispro-aabc</i>) 100 UNIT/ML SOLN	2	
NOVOLOG (<i>insulin aspart</i>) 100 UNIT/ML SOLUTION	2	
NOVOLOG FLEXPEN (<i>insulin aspart</i>) FLEX100 UNIT/ML SOLN	2	
NOVOLOG MIX 70/30 (<i>insulin aspart protamine & aspart (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	2	
NOVOLOG MIX 70/30 FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	2	
NOVOLOG PENFILL (<i>insulin aspart</i>) 100 UNIT/ML SOLN CART	2	
SEMGLEE (YFGN) (<i>insulin glargine-yfgn</i>) 100 UNIT/ML SOLN PEN	2	QLC (45 ml/30 days)
SEMGLEE (YFGN) (<i>insulin glargine-yfgn</i>) 100 UNIT/ML SOLUTION	2	QLC (40 ml/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TOUJEO MAX SOLOSTAR (<i>insulin glargine</i>) 300 UNIT/ML SOLN PEN	2	QLC (6 pens/month)
TOUJEO SOLOSTAR (<i>insulin glargine</i>) 300 UNIT/ML SOLN PEN	2	QLC (12 pens/month)
TRESIBA (<i>insulin degludec</i>) 100 UNIT/ML SOLUTION	2	QLC (3 vials/30 days)
TRESIBA FLEXTOUCH (<i>insulin degludec</i>) 100 UNIT/ML SOLN PEN	2	QLC (10 pens/month)
TRESIBA FLEXTOUCH (<i>insulin degludec</i>) 200 UNIT/ML SOLN PEN	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	2	QLC (2 tabs/day)
ELIQUIS DVT/PE STARTER PACK (<i>apixaban</i>) 5 MG TAB THPK	2	QLC (74 tabs/180 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	4	QLC (2 ml/day)
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	4	QLC (2 syringes/day)
FRAGMIN (<i>dalteparin sodium</i>) 10000 UNIT/4ML SOLUTION	4	QLC (2 vials/day)
FRAGMIN (<i>dalteparin sodium</i>) 10000 UNIT/ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR	4	QLC (1 syringe/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FRAGMIN (<i>dalteparin sodium</i>) 12500 UNIT/0.5ML SOLN PRSYR	4	QLC (1 syringe/day)
FRAGMIN (<i>dalteparin sodium</i>) 2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR	4	QLC (2 syringes/day)
FRAGMIN (<i>dalteparin sodium</i>) 95000 UNIT/3.8ML SOLUTION	4	QLC (0.8 ml/day)
HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR	1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION	1	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	
<i>warfarin sodium tab 1 mg</i>	1	
warfarin sodium tab 1 mg (Jantoven)	1	
<i>warfarin sodium tab 10 mg</i>	1	
warfarin sodium tab 10 mg (Jantoven)	1	
<i>warfarin sodium tab 2 mg</i>	1	
warfarin sodium tab 2 mg (Jantoven)	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
warfarin sodium tab 2.5 mg (Jantoven)	1	
<i>warfarin sodium tab 3 mg</i>	1	
warfarin sodium tab 3 mg (Jantoven)	1	
<i>warfarin sodium tab 4 mg</i>	1	
warfarin sodium tab 4 mg (Jantoven)	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>warfarin sodium tab 5 mg</i>	1	
warfarin sodium tab 5 mg (Jantoven)	1	
<i>warfarin sodium tab 6 mg</i>	1	
warfarin sodium tab 6 mg (Jantoven)	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
warfarin sodium tab 7.5 mg (Jantoven)	1	
XARELTO (<i>rivaroxaban</i>) 1 MG/ML RECON SUSP	2	QLC (20 ml/day)
XARELTO (<i>rivaroxaban</i>) 10 MG TAB, 15 MG TAB, 20 MG TAB	2	QLC (1 tab/day)
XARELTO (<i>rivaroxaban</i>) 2.5 MG TAB	2	QLC (2 tabs/day)
XARELTO STARTER PACK (<i>rivaroxaban</i>) 15 & 20 MG TAB THPK	2	QLC (1 starter pack/6 months)
ZONTIVITY (<i>vorapaxar sulfate</i>) 2.08 MG TAB	3	QLC (1 tab/day)

BLOOD PRODUCTS AND MODIFIERS, OTHER (Blood Formation Drugs)

<i>anagrelide hcl cap 0.5 mg</i>	2	
<i>anagrelide hcl cap 1 mg</i>	2	
ARANESP (ALBUMIN FREE) (<i>darbepoetin alfa</i>) 10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (1 syringe or vial/week)
FABHALTA (<i>iptacopan hcl</i>) 200 MG CAP	4	PA, LA, QLC (2 caps/day)
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	4	PA, S (Specialty Drug)
NYVEPRIA (<i>pegfilgrastim-apgf</i>) 6 MG/0.6ML SOLN PRSYR	4	PA, S (Specialty Drug)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROMACTA (<i>eltrombopag olamine</i>) 12.5 MG PACKET	4	PA, LA, S (Specialty Drug), QLC (1 packet/day)
PROMACTA (<i>eltrombopag olamine</i>) 12.5 MG TAB	4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
PROMACTA (<i>eltrombopag olamine</i>) 25 MG PACKET	4	PA, LA, S (Specialty Drug), QLC (6 packets/day)
PROMACTA (<i>eltrombopag olamine</i>) 25 MG TAB, 50 MG TAB	4	PA, LA, S (Specialty Drug), QLC (3 tabs/day)
PROMACTA (<i>eltrombopag olamine</i>) 75 MG TAB	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
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	4	PA, S (Specialty Drug)
UDENYCA (<i>pegfilgrastim-cbqv</i>) 6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR	4	PA, S (Specialty Drug)
ZARXIO (<i>filgrastim-sndz</i>) 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	4	PA, S (Specialty Drug)

HEMOSTASIS AGENTS (Drugs to Stop Bleeding)

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

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (ASPIRIN-DIPYRIDAMOLE ER)	2	
BRILINTA (<i>ticagrelor</i>) 60 MG TAB, 90 MG TAB	2	QLC (2 tabs/day)
CABLIVI (<i>caplacizumab-yhdp</i>) 11 MG KIT	4	PA, LA, QLC (1 kit/day)
<i>cilostazol tab 100 mg</i>	1	
<i>cilostazol tab 50 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	QLC (1 tab/day)
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dipyridamole tab 75 mg</i>	1	
DOPTELET (<i>avatrombopag maleate</i>) 20 MG TAB	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	QLC (1 tab/day)
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	QLC (1 tab/day)
TAVALISSE (<i>fostamatinib disodium</i>) 100 MG TAB, 150 MG TAB	4	PA, LA, QLC (2 tabs/day)

CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)

ALPHA-ADRENERGIC AGONISTS

<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	2	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
METHYLDOPA 250 MG TAB, 500 MG TAB	1	
<i>methyldopa tab 250 mg</i>	1	
<i>methyldopa tab 500 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	

ALPHA-ADRENERGIC BLOCKING AGENTS

<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	4	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tab 16 mg</i>	1	ST, QLC (2 tabs/day)
<i>candesartan cilexetil tab 32 mg</i>	1	ST, QLC (1 tab/day)
<i>candesartan cilexetil tab 4 mg</i>	1	ST, QLC (8 tabs/day)
<i>candesartan cilexetil tab 8 mg</i>	1	ST, QLC (4 tabs/day)
<i>irbesartan tab 150 mg</i>	1	QLC (1 tab/day)
<i>irbesartan tab 300 mg</i>	1	QLC (1 tab/day)
<i>irbesartan tab 75 mg</i>	1	QLC (1 tab/day)
<i>losartan potassium tab 100 mg</i>	1	QLC (1 tab/day)
<i>losartan potassium tab 25 mg</i>	1	QLC (4 tabs/day)
<i>losartan potassium tab 50 mg</i>	1	QLC (2 tabs/day)
<i>olmesartan medoxomil tab 20 mg</i>	1	QLC (1 tab/day)
<i>olmesartan medoxomil tab 40 mg</i>	1	QLC (1 tab/day)
<i>olmesartan medoxomil tab 5 mg</i>	1	QLC (3 tabs/day)
<i>telmisartan tab 20 mg</i>	1	QLC (1 tab/day)
<i>telmisartan tab 40 mg</i>	1	QLC (1 tab/day)
<i>telmisartan tab 80 mg</i>	1	QLC (2 tabs/day)
<i>valsartan tab 160 mg</i>	1	QLC (2 tabs/day)
<i>valsartan tab 320 mg</i>	1	QLC (1 tab/day)
<i>valsartan tab 40 mg</i>	1	QLC (2 tabs/day)
<i>valsartan tab 80 mg</i>	1	QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

<i>benazepril hcl tab 10 mg</i>	1	QLC (1 tab/day)
<i>benazepril hcl tab 20 mg</i>	1	QLC (1 tab/day)
<i>benazepril hcl tab 40 mg</i>	1	QLC (2 tabs/day)
<i>benazepril hcl tab 5 mg</i>	1	QLC (1 tab/day)
<i>captopril tab 100 mg</i>	1	
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	QLC (1 tab/day)
<i>fosinopril sodium tab 20 mg</i>	1	QLC (1 tab/day)
<i>fosinopril sodium tab 40 mg</i>	1	QLC (2 tabs/day)
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
PERINDOPRIL ERBUMINE 2 MG TAB	1	QLC (1 tab/day)
PERINDOPRIL ERBUMINE 8 MG TAB	1	QLC (2 tabs/day)
<i>perindopril erbumine tab 2 mg</i>	1	QLC (1 tab/day)
<i>perindopril erbumine tab 4 mg</i>	1	QLC (1 tab/day)
<i>perindopril erbumine tab 8 mg</i>	1	QLC (2 tabs/day)
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>quinapril hcl tab 5 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)		
<i>amiodarone hcl tab 100 mg</i>	1	
<i>amiodarone hcl tab 200 mg</i>	1	
amiodarone hcl tab 200 mg (Pacerone)	1	
<i>amiodarone hcl tab 400 mg</i>	1	
DIGOXIN 0.05 MG/ML SOLUTION	1	QLC (5 ml/day)
<i>digoxin oral soln 0.05 mg/ml</i>	1	QLC (5 ml/day)
<i>digoxin tab 125 mcg (0.125 mg) (0.</i>	1	QLC (1 tab/day)
digoxin tab 125 mcg (0.125 mg) (Digitek) (0.	1	QLC (1 tab/day)
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	QLC (1 tab/day)
digoxin tab 250 mcg (0.25 mg) (Digitek)	1	QLC (1 tab/day)
<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>dofetilide cap 125 mcg (0.125 mg) (0.</i>	3	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	3	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	3	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>flecainide acetate tab 50 mg</i>	1	
<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>mexiletine hcl cap 250 mg</i>	1	
MULTAQ (<i>dronedaronе hcl</i>) 400 MG TAB	3	QLC (2 tabs/day)
<i>propafenone hcl cap er 12hr 225 mg</i> (PROPAFENONE HCL ER)	3	
<i>propafenone hcl cap er 12hr 325 mg</i> (PROPAFENONE HCL ER)	3	
<i>propafenone hcl cap er 12hr 425 mg</i> (PROPAFENONE HCL ER)	3	
<i>propafenone hcl tab 150 mg</i>	1	
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
<i>quinidine gluconate tab er 324 mg</i> (QUINIDINE GLUCONATE ER)	1	
QUINIDINE SULFATE 200 MG TAB, 300 MG TAB	1	
<i>quinidine sulfate tab 200 mg</i>	1	
<i>quinidine sulfate tab 300 mg</i>	1	
sotalol hcl (afib/af) tab 120 mg (Sotalol Hcl (af))	1	
sotalol hcl (afib/af) tab 160 mg (Sotalol Hcl (af))	1	
sotalol hcl (afib/af) tab 80 mg (Sotalol Hcl (af))	1	
<i>sotalol hcl tab 120 mg</i>	1	
sotalol hcl tab 120 mg (Sorine)	1	
<i>sotalol hcl tab 160 mg</i>	1	
sotalol hcl tab 160 mg (Sorine)	1	
<i>sotalol hcl tab 240 mg</i>	1	
sotalol hcl tab 240 mg (Sorine)	1	
<i>sotalol hcl tab 80 mg</i>	1	
sotalol hcl tab 80 mg (Sorine)	1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl cap 200 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	2	
<i>betaxolol hcl tab 20 mg</i>	2	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
HEMANGEOL (<i>propranolol hcl</i>) 4.28 MG/ML SOLUTION	2	LA, QLC (2 bottles/month)
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	2	QLC (1 tab/day)
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	2	QLC (1 tab/day)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	2	QLC (2 tabs/day)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	2	QLC (1 tab/day)
PROPRANOLOL HCL 20 MG/5ML SOLUTION, 40 MG/5ML SOLUTION	1	
<i>propranolol hcl cap er 24hr 120 mg (PROPRANOLOL HCL ER)</i>	1	
<i>propranolol hcl cap er 24hr 160 mg (PROPRANOLOL HCL ER)</i>	1	
<i>propranolol hcl cap er 24hr 60 mg (PROPRANOLOL HCL ER)</i>	1	
<i>propranolol hcl cap er 24hr 80 mg (PROPRANOLOL HCL ER)</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>felodipine tab er 24hr 10 mg (FELODIPINE ER)</i>	1	
<i>felodipine tab er 24hr 2.5 mg (FELODIPINE ER)</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>felodipine tab er 24hr 5 mg</i> (FELODIPINE ER)	1	
<i>nicardipine hcl cap 20 mg</i>	1	
<i>nicardipine hcl cap 30 mg</i>	1	
<i>nifedipine cap 10 mg</i>	1	
<i>nifedipine cap 20 mg</i>	1	
<i>nifedipine tab er 24hr 30 mg</i> (NIFEDIPINE ER)	1	
<i>nifedipine tab er 24hr 60 mg</i> (NIFEDIPINE ER)	1	
<i>nifedipine tab er 24hr 90 mg</i> (NIFEDIPINE ER)	1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	1	
<i>nimodipine cap 30 mg</i>	3	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
<i>diltiazem hcl cap er 12hr 120 mg</i> (DILTIAZEM HCL ER)	2	
<i>diltiazem hcl cap er 12hr 60 mg</i> (DILTIAZEM HCL ER)	2	
<i>diltiazem hcl cap er 12hr 90 mg</i> (DILTIAZEM HCL ER)	2	
diltiazem hcl cap er 24hr 120 mg (Dilt-Xr)	1	
<i>diltiazem hcl cap er 24hr 120 mg</i> (DILTIAZEM HCL ER)	1	
diltiazem hcl cap er 24hr 180 mg (Dilt-Xr)	1	
<i>diltiazem hcl cap er 24hr 180 mg</i> (DILTIAZEM HCL ER)	1	
diltiazem hcl cap er 24hr 240 mg (Dilt-Xr)	1	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diltiazem hcl extended release beads cap er 24hr 240 mg (Taztia Xt)	1	
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiadylt Er)	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (DILTIAZEM HCL ER BEADS)	1	
diltiazem hcl extended release beads cap er 24hr 300 mg (Taztia Xt)	1	
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiadylt Er)	1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (DILTIAZEM HCL ER BEADS)	1	
diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt)	1	
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiadylt Er)	1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> (DILTIAZEM HCL ER BEADS)	1	
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiadylt Er)	1	
<i>diltiazem hcl tab 120 mg</i>	1	
<i>diltiazem hcl tab 30 mg</i>	1	
<i>diltiazem hcl tab 60 mg</i>	1	
<i>diltiazem hcl tab 90 mg</i>	1	
<i>diltiazem hcl tab er 24hr 120 mg</i> (DILTIAZEM HCL ER)	1	
<i>diltiazem hcl tab er 24hr 180 mg</i> (DILTIAZEM HCL ER)	1	
diltiazem hcl tab er 24hr 180 mg (Matzim La)	1	
<i>diltiazem hcl tab er 24hr 240 mg</i> (DILTIAZEM HCL ER)	1	
diltiazem hcl tab er 24hr 240 mg (Matzim La)	1	
<i>diltiazem hcl tab er 24hr 300 mg</i> (DILTIAZEM HCL ER)	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diltiazem hcl tab er 24hr 300 mg (Matzim La)	1	
<i>diltiazem hcl tab er 24hr 360 mg</i> (DILTIAZEM HCL ER)	1	
diltiazem hcl tab er 24hr 360 mg (Matzim La)	1	
<i>diltiazem hcl tab er 24hr 420 mg</i> (DILTIAZEM HCL ER)	1	
diltiazem hcl tab er 24hr 420 mg (Matzim La)	1	
<i>verapamil hcl cap er 24hr 120 mg</i> (VERAPAMIL HCL ER)	1	
<i>verapamil hcl cap er 24hr 180 mg</i> (VERAPAMIL HCL ER)	1	
<i>verapamil hcl cap er 24hr 240 mg</i> (VERAPAMIL HCL ER)	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	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i> (VERAPAMIL HCL ER)	1	
<i>verapamil hcl tab er 180 mg</i> (VERAPAMIL HCL ER)	1	
<i>verapamil hcl tab er 240 mg</i> (VERAPAMIL HCL ER)	1	
CARDIOVASCULAR AGENTS, OTHER (Other Drugs for Heart and Circulation Conditions)		
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>amiloride & hydrochlorothiazide tab 5- 50 mg</i> (AMILORIDE- HYDROCHLOROTHIAZIDE)	1	
AMILORIDE-HYDROCHLOROTHIAZIDE (<i>amiloride & hydrochlorothiazide</i>) -5-50 MG TAB	1	

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	1	QLC (1 tab/day)
<i>atenolol & chlorthalidone tab 100-25 mg</i> (ATENOLOL-CHLORTHALIDONE)	1	
<i>atenolol & chlorthalidone tab 50-25 mg</i> (ATENOLOL-CHLORTHALIDONE)	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	2	ST, QLC (2 tabs/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	2	ST, QLC (1 tab/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	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	1	
CORLANOR (<i>ivabradine hcl</i>) 5 MG/5ML SOLUTION	2	QLC (20 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)	1	
ENTRESTO (<i>sacubitril-valsartan</i>) 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	2	QLC (2 tabs/day)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ)	1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ)	1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	1	QLC (2 tabs/day)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	1	QLC (1 tab/day)
<i>ivabradine hcl tab 5 mg (base equiv)</i>	2	QLC (2 tabs/day)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	2	QLC (2 tabs/day)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)	1	QLC (1 tab/day)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (LOSARTAN POTASSIUM-HCTZ)	1	QLC (1 tab/day)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)	1	QLC (2 tabs/day)
METHYLDOPA-HYDROCHLOROTHIAZIDE (<i>methyldopa & hydrochlorothiazide</i>) -250-15 MG TAB, -250-25 MG TAB	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	1	
NEXLETOL (<i>bempedoic acid</i>) 180 MG TAB	2	PA, QLC (1 tab/day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	1	QLC (1 tab/day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	1	QLC (1 tab/day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	1	QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	1	ST, QLC (1 tab/day)
<i>pentoxifylline tab er 400 mg</i> (PENTOXIFYLLINE ER)	1	
PROPRANOLOL-HCTZ (<i>propranolol & hydrochlorothiazide</i>) -40-25 MG TAB, -80-25 MG TAB	1	
QUINAPRIL-HYDROCHLOROTHIAZIDE -20-25 MG TAB	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i> (RANOLAZINE ER)	1	QLC (2 tabs/day)
<i>ranolazine tab er 12hr 500 mg</i> (RANOLAZINE ER)	1	QLC (2 tabs/day)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> (SPIRONOLACTONE-HCTZ)	1	
TELMISARTAN-AMLODIPINE -40-10 MG TAB, -40-5 MG TAB, -80-10 MG TAB, -80-5 MG TAB	2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-10 mg</i>	2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-5 mg</i>	2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-10 mg</i>	2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-5 mg</i>	2	ST, QLC (1 tab/day)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (TELMISARTAN-HCTZ)	2	ST, QLC (3 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (TELMISARTAN-HCTZ)	2	ST, QLC (2 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (TELMISARTAN-HCTZ)	2	ST, QLC (2 tabs/day)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> (TRIAMTERENE-HCTZ)	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (TRIAMTERENE-HCTZ)	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (TRIAMTERENE-HCTZ)	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	QLC (2 tabs/day)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	QLC (2 tabs/day)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	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>	1	QLC (1 tab/day)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	QLC (2 tabs/day)
VERQUVO (<i>vericiguat</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	2	PA, QLC (1 tab/day)
DIURETICS, LOOP		
<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>ethacrynic acid tab 25 mg</i>	4	PA, QLC (8 tabs/day)
FUROSCIX (<i>furosemide</i>) 80 MG/10ML CART KIT	4	PA, LA, QLC (1 kit/day)
FUROSEMIDE 8 MG/ML SOLUTION	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>torseamide tab 10 mg</i>	1	
<i>torseamide tab 100 mg</i>	1	
<i>torseamide tab 20 mg</i>	1	
<i>torseamide tab 5 mg</i>	1	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl tab 5 mg</i>	1	
<i>eplerenone tab 25 mg</i>	2	
<i>eplerenone tab 50 mg</i>	2	
DIURETICS, THIAZIDE		
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	

DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES (Drugs for High Cholesterol)

<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	1	QLC (1 cap/day)
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	1	QLC (1 cap/day)
<i>fenofibrate micronized cap 134 mg</i>	1	QLC (1 cap/day)
<i>fenofibrate micronized cap 200 mg</i>	1	QLC (1 cap/day)
<i>fenofibrate micronized cap 67 mg</i>	1	QLC (1 cap/day)
<i>fenofibrate tab 145 mg</i>	1	QLC (1 tab/day)
<i>fenofibrate tab 48 mg</i>	1	QLC (2 tabs/day)
<i>fenofibrate tab 54 mg</i>	1	QLC (2 tabs/day)
<i>gemfibrozil tab 600 mg</i>	1	QLC (2.5 tabs/day)

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

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	1	QL (1 PER 1 DAY(S)), ACA (Preventive Health), QLC (1 tab/day)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	1	ACA (Preventive Health), QLC (1 tab/day)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	1	QLC (1 tab/day)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	1	QLC (1 tab/day)
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	2	QLC (1 cap/day)
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	2	QLC (2 caps/day)
<i>lovastatin tab 10 mg</i>	1	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lovastatin tab 20 mg</i>	1	QLC (1 tab/day)
<i>lovastatin tab 40 mg</i>	1	QLC (2 tabs/day)
<i>pravastatin sodium tab 10 mg</i>	1	QLC (1 tab/day)
<i>pravastatin sodium tab 20 mg</i>	1	QLC (1 tab/day)
<i>pravastatin sodium tab 40 mg</i>	1	QLC (1 tab/day)
<i>pravastatin sodium tab 80 mg</i>	1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 10 mg</i>	1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 20 mg</i>	1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 40 mg</i>	1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 5 mg</i>	1	QLC (1 tab/day)
<i>simvastatin tab 10 mg</i>	1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 20 mg</i>	1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 40 mg</i>	1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 5 mg</i>	1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 80 mg</i>	1	QLC (1 tab/day)
DYSLIPIDEMICS, OTHER (Other Drugs for High Cholesterol)		
<i>cholestyramine light powder 4 gm/dose</i>	1	
cholestyramine light powder 4 gm/dose (Prevalite)	1	
<i>cholestyramine light powder packets 4 gm</i>	1	
cholestyramine light powder packets 4 gm (Prevalite)	1	
<i>cholestyramine powder 4 gm/dose</i>	1	
<i>cholestyramine powder packets 4 gm</i>	1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	2	
<i>colesevelam hcl tab 625 mg</i>	2	
<i>colestipol hcl granule packets 5 gm</i>	1	
<i>colestipol hcl granules 5 gm</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>colestipol hcl tab 1 gm</i>	1	
<i>ezetimibe tab 10 mg</i>	1	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	2	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	2	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	2	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	2	QLC (1 tab/day)
NEXLIZET (<i>bempedoic acid-ezetimibe</i>) 180-10 MG TAB	2	PA, QLC (1 tab/day)
NIACIN (ANTHYPERLIPIDEMIC) 500 MG TAB	1	
<i>niacin tab er 1000 mg</i> (<i>antihyperlipidemic</i>)(NIACIN ER (ANTHYPERLIPIDEMIC))	1	QLC (2 tabs/day)
<i>niacin tab er 500 mg</i> (<i>antihyperlipidemic</i>)(NIACIN ER (ANTHYPERLIPIDEMIC))	1	QLC (4 tabs/day)
<i>niacin tab er 750 mg</i> (<i>antihyperlipidemic</i>)(NIACIN ER (ANTHYPERLIPIDEMIC))	1	QLC (2 tabs/day)
NIACOR (<i>niacin (antihyperlipidemic)</i>) 500 MG TAB	1	
<i>omega-3-acid ethyl esters cap 1 gm</i>	1	QLC (4 caps/day)
REPATHA (<i>evolocumab</i>) 140 MG/ML SOLN PRSYR	2	PA, QLC (2 syringes/month)
REPATHA PUSHTRONEX SYSTEM (<i>evolocumab</i>) 420 MG/3.5ML SOLN CART	2	PA, QLC (1 injector/month)
REPATHA SURECLICK (<i>evolocumab</i>) REPTH140 MG/ML SOLN -INJ	2	PA, QLC (2 pens/month)
VASCEPA (<i>icosapent ethyl</i>) 0.5 GM CAP	2	QLC (2 caps/day)
VASCEPA (<i>icosapent ethyl</i>) 1 GM CAP	2	QLC (4 caps/day)
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA (<i>finerenone</i>) 10 MG TAB, 20 MG TAB	2	ST, QLC (1 tab/day)
<i>spironolactone tab 100 mg</i>	1	
<i>spironolactone tab 25 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>spironolactone tab 50 mg</i>	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
FARXIGA (<i>dapagliflozin propanediol</i>) 5 MG TAB, 10 MG TAB	2	ST, QLC (1 tab/day)
JARDIANCE (<i>empagliflozin</i>) 10 MG TAB, 25 MG TAB	2	ST, QLC (1 tab/day)
VASODILATORS, DIRECT-ACTING ARTERIAL (Drugs for Relaxing Arteries)		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
<i>minoxidil tab 2.5 mg</i>	1	
VASODILATORS, DIRECT-ACTING ARTERIAL (Drugs for Relaxing Arteries)/VENOUS		
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide dinitrate tab 40 mg</i>	1	
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i> (ISOSORBIDE MONONITRATE ER)	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i> (ISOSORBIDE MONONITRATE ER)	1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i> (ISOSORBIDE MONONITRATE ER)	1	
NITRO-BID (<i>nitroglycerin</i>) -2 % OINTMENT	3	
NITRO-TIME (<i>nitroglycerin</i>) -2.5 MG CAP ER, -6.5 MG CAP ER, -9 MG CAP ER	1	
<i>nitroglycerin sl tab 0.3 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
nitroglycerin td patch 24hr 0.1 mg/hr (Minitran)	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
nitroglycerin td patch 24hr 0.2 mg/hr (Minitran)	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
nitroglycerin td patch 24hr 0.4 mg/hr (Minitran)	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
nitroglycerin td patch 24hr 0.6 mg/hr (Minitran)	1	
RECTIV (<i>nitroglycerin (intra-anal)</i>) 0.4 % OINTMENT	3	QLC (30 gm/30 days)

CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

RADICAVA ORS (<i>edaravone</i>) 105 MG/5ML SUSPENSION	4	PA, LA, S (Specialty Drug), QLC (50 ml/28 days)
RADICAVA ORS STARTER KIT (<i>edaravone</i>) 105 MG/5ML SUSPENSION	4	PA, LA, S (Specialty Drug), QLC (70 ml/28 days; max 2 fills per year)
<i>riluzole tab 50 mg</i>	1	

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine tab 10 mg -dextro</i>	1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 12.5 mg -dextro</i>	1	AL1 (Up to 17 yrs old), QLC (5 tabs/day)
<i>amphetamine-dextroamphetamine tab 15 mg -dextro</i>	1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 20 mg -dextro</i>	1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>amphetamine-dextroamphetamine tab 30 mg -dextro</i>	1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>amphetamine-dextroamphetamine tab 5 mg -dextro</i>	1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 7.5 mg -dextro</i>	1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
AZSTARYS (<i>serdexmethylphenidate chloride-dexmethylphenidate hcl</i>) 26.1-5.2 MG CAP, 39.2-7.8 MG CAP, 52.3-10.4 MG CAP	2	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	2	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	2	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	2	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
<i>dextroamphetamine sulfate tab 10 mg</i>	1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
dextroamphetamine sulfate tab 10 mg (Zenedi)	1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dextroamphetamine sulfate tab 15 mg</i>	1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
dextroamphetamine sulfate tab 15 mg (Zenzedi)	1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dextroamphetamine sulfate tab 2.5 mg (Zenzedi)	1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dextroamphetamine sulfate tab 20 mg</i>	1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
dextroamphetamine sulfate tab 20 mg (Zenzedi)	1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>dextroamphetamine sulfate tab 30 mg</i>	1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dextroamphetamine sulfate tab 30 mg (Zenzedi)	1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
dextroamphetamine sulfate tab 5 mg (Zenzedi)	1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
<i>dextroamphetamine sulfate tab 7.5 mg</i>	1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
dextroamphetamine sulfate tab 7.5 mg (Zenzedi)	1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
DYANAVEL XR (<i>amphetamine</i>) 2.5 MG/ML SUSP	3	ST, AL1 (Up to 17 yrs old), QLC (8 ml/day)
DYANAVEL XR (<i>amphetamine</i>) 5 MG TAB ER, 10 MG TAB ER, 15 MG TAB ER, 20 MG TAB ER	3	ST, AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate cap 10 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	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 60 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	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	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>	2	QLC (4 caps/day)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	2	QLC (1 cap/day)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	2	QLC (4 caps/day)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	2	QLC (4 caps/day)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	2	QLC (2 caps/day)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	2	QLC (1 cap/day)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	2	QLC (1 cap/day)
<i>clonidine hcl tab er 12hr 0.1 mg</i> (CLONIDINE HCL ER)	1	QLC (4 tabs/day)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> (DEXMETHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> (DEXMETHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> (DEXMETHYLPHENIDATE HCL ER)	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)	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> (DEXMETHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> (DEXMETHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> (DEXMETHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> (DEXMETHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl tab 5 mg</i>	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)	1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> (GUANFACINE HCL ER) 4hr	1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> (GUANFACINE HCL ER)	1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> (GUANFACINE HCL ER) 2hr	1	QLC (1 tab/day)
JORNAY PM (<i>methylphenidate hcl</i>) 20 MG CAP ER 24H, 40 MG CAP ER 24H, 60 MG CAP ER 24H, 80 MG CAP ER 24H, 100 MG CAP ER 24H	3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 10 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 20 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	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))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	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))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	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))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 30 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 40 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 50 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 60 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl chew tab 10 mg</i>	1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl chew tab 5 mg</i>	1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
METHYLPHENIDATE HCL ER 36 MG TAB 24H	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	1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl soln 10 mg/5ml</i>	3	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
<i>methylphenidate hcl soln 5 mg/5ml mg/ml</i>	3	ST, AL1 (Up to 17 yrs old), QLC (60 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl tab 10 mg</i>	1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl tab 20 mg</i>	1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>methylphenidate hcl tab 5 mg</i>	1	AL1 (Up to 17 yrs old), QLC (12 tabs/day)
<i>methylphenidate hcl tab er 10 mg</i> (METHYLPHENIDATE HCL ER)	1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl tab er 20 mg</i> (METHYLPHENIDATE HCL ER)	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))	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)	1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER (OSM))	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)	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))	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)	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 (OSM))	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)	1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 72 mg</i> (METHYLPHENIDATE HCL ER (OSM))	2	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
QUILLICHEW ER (<i>methylphenidate hcl</i>) 30 MG CH	2	PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
QUILLICHEW ER (<i>methylphenidate hcl</i>) ER 20 MG, ER 40 MG	2	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QUILLIVANT XR (<i>methylphenidate hcl</i>) 25 MG/5ML SRER	2	PA, AL1 (Up to 17 yrs old), QLC (12 ml/day)
CENTRAL NERVOUS SYSTEM, OTHER		
ADIPEX-P (<i>phentermine hcl</i>) ADIEX-37.5 MG CA	1	PA, QLC (1 cap/day)
AUSTEDO (<i>deutetrabenazine</i>) 6 MG TAB, 9 MG TAB, 12 MG TAB	3	PA, S (Specialty Drug), QLC (4 tabs/day)
AUSTEDO XR (<i>deutetrabenazine</i>) 12 MG TAB ER 24H	3	PA, S (Specialty Drug), QLC (1 tab/day)
AUSTEDO XR (<i>deutetrabenazine</i>) 24 MG TAB ER 24H	3	PA, S (Specialty Drug), QLC (2 tabs/day)
AUSTEDO XR (<i>deutetrabenazine</i>) 6 MG TAB ER 24H, 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H	3	PA, S (Specialty Drug), QLC (1 tab/day)
AUSTEDO XR PATIENT TITRATION (<i>deutetrabenazine</i>) 12 & 18 & 24 & 30 MG TBER THPK	3	PA, S (Specialty Drug), QLC (28 tabs/28 day; max 2 fills/365 days)
AUSTEDO XR PATIENT TITRATION (<i>deutetrabenazine</i>) 6 & 12 & 24 MG TBER THPK	3	PA, S (Specialty Drug), QLC (42 tabs/28 days; max 2 fills/year)
BENZPHETAMINE HCL 25 MG TAB	1	PA, QLC (3 tabs/day)
<i>benzphetamine hcl tab 50 mg</i>	1	PA, QLC (3 tabs/day)
<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BAC)	1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)	1	QLC (6 tabs/day; max 48 tabs/30 days)
DIETHYLPROPION HCL ER 75 MG TAB 24H	1	PA, QLC (1 tab/day)
<i>diethylpropion hcl tab 25 mg</i>	1	PA, QLC (3 tabs/day)
GRALISE (<i>gabapentin (once-daily)</i>) 300 MG TAB	3	ST, QLC (1 tab/day)
GRALISE (<i>gabapentin (once-daily)</i>) 450 MG TAB	3	ST, QLC (3 tabs/day)
GRALISE (<i>gabapentin (once-daily)</i>) 600 MG TAB	3	ST, QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GRALISE (<i>gabapentin (once-daily)</i>) 750 MG TAB, 900 MG TAB	3	ST, QLC (2 tabs/day)
HORIZANT (<i>gabapentin enacarbil</i>) 300 MG TAB ER, 600 MG TAB ER	3	PA, QLC (2 tabs/day)
INGREZZA (<i>valbenazine tosylate</i>) 40 & 80 MG CAP THPK	4	PA, LA, S (Specialty Drug), QLC (1 packet/6 months)
INGREZZA (<i>valbenazine tosylate</i>) 40 MG CAP, 60 MG CAP, 80 MG CAP	4	PA, LA, S (Specialty Drug), QLC (1 cap/day)
LOMAIRA (<i>phentermine hcl</i>) 8 MG TAB	1	PA, QLC (3 tabs/day)
NUDEXTA (<i>dextromethorphan hbr-quinidine sulfate</i>) 20-10 MG CAP	2	PA, QLC (2 caps/day)
<i>phendimetrazine tartrate tab 35 mg</i>	1	PA, QLC (6 tabs/day)
<i>phentermine hcl cap 15 mg</i>	1	PA, QLC (1 cap/day)
<i>phentermine hcl cap 30 mg</i>	1	PA, QLC (1 cap/day)
<i>phentermine hcl cap 37.5 mg</i>	1	PA, QLC (1 cap/day)
<i>phentermine hcl tab 37.5 mg</i>	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	3	PA, QLC (1 cap/day)
RUZURGI (<i>amifampridine</i>) 10 MG TAB	4	PA, LA, QLC (10 tabs/day)
VYLEESI (<i>bremelanotide acetate</i>) 1.75 MG/0.3ML SOLN -INJ	3	PA, LA, QLC (8 doses/30 days)

FIBROMYALGIA AGENTS

<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	QLC (2 caps/day)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	QLC (3 caps/day)
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	QLC (2 caps/day)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	QLC (2 caps/day)
<i>pregabalin cap 100 mg</i>	2	QLC (3 caps/day)
<i>pregabalin cap 150 mg</i>	2	QLC (3 caps/day)
<i>pregabalin cap 200 mg</i>	2	QLC (3 caps/day)
<i>pregabalin cap 225 mg</i>	2	QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pregabalin cap 25 mg</i>	2	QLC (3 caps/day)
<i>pregabalin cap 300 mg</i>	2	QLC (2 caps/day)
<i>pregabalin cap 50 mg</i>	2	QLC (3 caps/day)
<i>pregabalin cap 75 mg</i>	2	QLC (3 caps/day)
<i>pregabalin soln 20 mg/ml</i>	2	QLC (30 ml/day)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN (<i>interferon beta-1a</i>) 30 MCG/0.5ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (4 injections/month)
AVONEX PREFILLED (<i>interferon beta-1a</i>) ILLED 30 MCG/0.5ML SY KT	4	PA, S (Specialty Drug), QLC (4 injections/month)
BETASERON (<i>interferon beta-1b</i>) 0.3 MG KIT	4	PA, S (Specialty Drug), QLC (15 injections/month)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	S (Specialty Drug), QLC (2 caps/day)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	S (Specialty Drug), QLC (2 caps/day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (DIMETHYL FUMARATE STARTER PACK)	1	S (Specialty Drug), QLC (2 tabs/day)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	4	S (Specialty Drug), QLC (1 cap/day)
GILENYA (<i>fingolimod hcl</i>) 0.25 MG CAP	4	PA, S (Specialty Drug), QLC (1 cap/day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	4	S (Specialty Drug), QLC (1 syringe/day)
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	4	S (Specialty Drug), QLC (1 syringe/day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	4	S (Specialty Drug), QLC (12 syringes/month)
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)	4	S (Specialty Drug), QLC (12 syringes/month)
KESIMPTA (<i>ofatumumab (ms)</i>) 20 MG/0.4ML SOLN -INJ	4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
MAVENCLAD (10 TABS) (<i>cladribine (multiple sclerosis)</i>) S) MG THPK	4	PA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (4 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	4	PA, S (Specialty Drug), QLC (20 tabs/year)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MAVENCLAD (5 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	4	PA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (6 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	4	PA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (7 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	4	PA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (8 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	4	PA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (9 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	4	PA, S (Specialty Drug), QLC (20 tabs/year)
MAYZENT (<i>siponimod fumarate</i>) 0.25 MG TAB	4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)
MAYZENT (<i>siponimod fumarate</i>) 1 MG TAB, 2 MG TAB	4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
MAYZENT STARTER PACK (<i>siponimod fumarate</i>) 0.25 MG TAB THPK	4	PA, LA, S (Specialty Drug), QLC (7 tabs/28 days; max 2 fills/year)
MAYZENT STARTER PACK (<i>siponimod fumarate</i>) 12 X 0.25 MG TAB THPK	4	PA, LA, S (Specialty Drug), QLC (12 tabs/28 days; max 2 fills/year)
PLEGRIDY (<i>peginterferon beta-1a</i>) 125 MCG/0.5ML SOLN -INJ	4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
PLEGRIDY (<i>peginterferon beta-1a</i>) 125 MCG/0.5ML SOLN PRSYR	4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
PLEGRIDY STARTER PACK (<i>peginterferon beta-1a</i>) PACK 63 94 MCG/0.5ML SOLN A-INJ, PACK 63 94 MCG/0.5ML SOLN PRSYR	4	PA, LA, S (Specialty Drug), QLC (1 starter pack/12 months)
REBIF (<i>interferon beta-1a</i>) 22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (12 injections/month)
REBIF REBIDOSE (<i>interferon beta-1a</i>) 22 MCG/0.5ML SOLN -INJ, 44 MCG/0.5ML SOLN -INJ	4	PA, S (Specialty Drug), QLC (12 injections/month)
REBIF REBIDOSE TITRATION PACK (<i>interferon beta-1a</i>) TITRTION PCK 6X8.8 & 6X22 MCG SOLN -INJ	4	PA, S (Specialty Drug), QLC (4.2 ml/28 days; max 2 fills/year)
REBIF TITRATION PACK (<i>interferon beta-1a</i>) 6X8.8 & 6X22 MCG SOLN PRSYR	4	PA, S (Specialty Drug), QLC (4.2 ml/28 days; max 2 fills/year)
<i>teriflunomide tab 14 mg</i>	4	PA, S (Specialty Drug), QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>teriflunomide tab 7 mg</i>	4	PA, S (Specialty Drug), QLC (1 tab/day)
VUMERITY (<i>diroximel fumarate</i>) 231 MG CAP DR	4	PA, S (Specialty Drug), QLC (4 caps/day)
ZEPOSIA (<i>ozanimod hcl</i>) 0.92 MG CAP	4	PA, LA, S (Specialty Drug), QLC (1 cap/day)
ZEPOSIA 7-DAY STARTER PACK (<i>ozanimod hcl</i>) -4 X 0.23MG & 3 X 0.46MG CAP THPK	4	PA, LA, S (Specialty Drug), QLC (7 caps/28 days; max 2 fills/year)
ZEPOSIA STARTER KIT (<i>ozanimod hcl</i>) 0.23MG & 0.46MG & 0.92MG CAP THPK	4	PA, LA, S (Specialty Drug), QLC (1 packet/37 days; max 2 fills/year)
ZEPOSIA STARTER KIT (<i>ozanimod hcl</i>) 0.23MG & 0.46MG 0.92MG(21) CAP THPK	4	PA, LA, S (Specialty Drug), QLC (28 caps/28 days; max 2 fills/year)

DENTAL AND ORAL AGENTS (Drugs for the Mouth)

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

DERMATOLOGICAL AGENTS (Drugs for the Skin)

ACNE AND ROSACEA AGENTS

ABSORICA LD (<i>isotretinoin micronized</i>) 8 MG CAP, 16 MG CAP, 24 MG CAP, 32 MG CAP	4	
<i>acitretin cap 10 mg</i>	3	QLC (4 caps/day)
<i>acitretin cap 17.5 mg</i>	3	QLC (2 caps/day)
<i>acitretin cap 25 mg</i>	3	QLC (2 caps/day)
<i>adapalene cream 0.1%</i>	1	ST, AL1 (Up to 39 yrs old)
<i>adapalene gel 0.3%</i>	1	ST, AL1 (Up to 39 yrs old)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	3	ST, AL1 (Up to 39 yrs old)
AKLIEF (<i>trifarotene</i>) 0.005 % CREAM	3	PA, QLC (45 gm/30 days)
AMZEEQ (<i>minocycline hcl micronized (acne)</i>) 4 % FOAM	3	PA, QLC (1 bottle/month)
<i>azelaic acid gel 15%</i>	1	ST, QLC (1 tube/month)
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	1	ST
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	1	ST
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	1	ST
<i>isotretinoin cap 10 mg</i>	1	
isotretinoin cap 10 mg (Accutane)	1	
isotretinoin cap 10 mg (Amnesteem)	1	
isotretinoin cap 10 mg (Claravis)	1	
isotretinoin cap 10 mg (Myorisan)	1	
isotretinoin cap 10 mg (Zenatane)	1	
<i>isotretinoin cap 20 mg</i>	1	
isotretinoin cap 20 mg (Accutane)	1	
isotretinoin cap 20 mg (Amnesteem)	1	
isotretinoin cap 20 mg (Claravis)	1	
isotretinoin cap 20 mg (Myorisan)	1	
isotretinoin cap 20 mg (Zenatane)	1	
<i>isotretinoin cap 30 mg</i>	1	
isotretinoin cap 30 mg (Accutane)	1	
isotretinoin cap 30 mg (Claravis)	1	
isotretinoin cap 30 mg (Myorisan)	1	
isotretinoin cap 30 mg (Zenatane)	1	
<i>isotretinoin cap 40 mg</i>	1	
isotretinoin cap 40 mg (Accutane)	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
isotretinoin cap 40 mg (Amnesteem)	1	
isotretinoin cap 40 mg (Claravis)	1	
isotretinoin cap 40 mg (Myorisan)	1	
isotretinoin cap 40 mg (Zenatane)	1	
<i>sulfacetamide sodium lotion 10% (acne)</i> (SULFACETAMIDE SODIUM (ACNE))	1	
<i>tazarotene cream 0.05%</i>	1	
<i>tazarotene cream 0.1%</i>	1	
<i>tazarotene gel 0.05%</i>	1	
<i>tazarotene gel 0.1%</i>	1	
<i>tretinoin cream 0.025%</i>	1	ST, AL1 (Up to 39 yrs old)
<i>tretinoin cream 0.05%</i>	1	ST, AL1 (Up to 39 yrs old)
<i>tretinoin cream 0.1%</i>	1	ST, AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.01%</i>	2	ST, AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.025%</i>	1	ST, AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.05%</i>	2	PA, ST
WINLEVI (<i>clascoterone</i>) 1 % CREAM	4	QLC (60 gm/30 days)
ZILXI (<i>minocycline hcl micronized (rosacea)</i>) 1.5 % FOAM	2	QLC (1 bottle/30 days)

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

ADBRY (<i>tralokinumab-ldrm</i>) 150 MG/ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADBRY (<i>tralokinumab-ldrm</i>) DBRY 300 MG/2ML SOLN -INJ	4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT	1	
<i>alclometasone dipropionate cream 0.05%</i>	1	
<i>alclometasone dipropionate oint 0.05%</i>	1	
ANUSOL-HC (<i>hydrocortisone (rectal)</i>) - 2.5 % CREAM	1	
BETAMETHASONE DIPROPIONATE AUG (<i>betamethasone dipropionate augmented</i>) 0.05 % GEL	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>betamethasone dipropionate augmented cream 0.05%</i>	1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	1	
<i>betamethasone dipropionate cream 0.05%</i>	1	
<i>betamethasone dipropionate lotion 0.05%</i>	1	
<i>betamethasone dipropionate oint 0.05%</i>	1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	
<i>clobetasol propionate cream 0.05%</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i> (CLOBETASOL PROP EMOLLIENT BASE)	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	
clobetasol propionate shampoo 0.05% (Clodan)	1	
<i>clobetasol propionate soln 0.05%</i>	1	
DERMA-SMOOTH/FS SCALP (<i>fluocinolone acetonide</i>) -0.01 % OIL	2	
<i>desonide cream 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>desoximetasone cream 0.05%</i>	3	ST
<i>desoximetasone cream 0.25%</i>	3	ST
DIFLORASONE DIACETATE 0.05 % CREAM	3	ST

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EUCRISA (<i>crisaborole</i>) 2 % OINTMENT	2	QLC (100 gm/month)
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i> (FLUOCINOLONE ACETONIDE BODY)	2	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> (FLUOCINOLONE ACETONIDE SCALP)	2	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	2	
FLUOCINONIDE 0.05 % GEL	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
HYDROCORTISONE (<i>hydrocortisone (topical)</i>) 2.5 % LOTION	1	
<i>hydrocortisone acetate suppos 25 mg</i>	1	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	1	ST
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT, 0.1 % SOLUTION	1	
<i>hydrocortisone butyrate cream 0.1%</i>	1	ST
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
hydrocortisone cream 2.5% (Ala-Cort)	1	
<i>hydrocortisone lotion 2.5%</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i> (HYDROCORTISONE (PERIANAL))	1	
hydrocortisone perianal cream 2.5% (Procto-Med Hc)	1	
hydrocortisone perianal cream 2.5% (Proctosol Hc)	1	
hydrocortisone perianal cream 2.5% (Proctozone-Hc)	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1%</i> (lotion)	1	
<i>pimecrolimus cream 1%</i>	2	QLC (100 gm/month)
PREDNICARBATE 0.1 % CREAM, 0.1 % OINTMENT	1	
<i>selenium sulfide lotion 2.5%</i>	1	QLC (1 bottle/month)
<i>tacrolimus oint 0.03%</i>	2	QLC (100 gm/month)
<i>tacrolimus oint 0.1%</i>	2	AL1 (At least 16 yrs old), QLC (100 gm/month)
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
triamcinolone acetonide cream 0.1% (Triderm)	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
triamcinolone acetonide cream 0.5% (Triderm)	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VTAMA (<i>tapinarof</i>) 1 % CREAM	4	PA, QLC (60 gm/30 days)
DERMATOLOGICAL AGENTS, OTHER (Other Drugs for the Skin)		
CALCIPOTRIENE 0.005 % SOLUTION	1	
<i>calcipotriene cream 0.005%</i>	1	
<i>calcipotriene oint 0.005%</i>	1	
calcipotriene oint 0.005% (Calcitrene)	1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	1	
CALCITRIOL (<i>calcitriol (topical)</i>) 3 MCG/GM OINTMENT	2	QLC (800 gm/month)
CIBINQO (<i>abrocitinib</i>) 50 MG TAB, 100 MG TAB, 200 MG TAB	4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	1	
CLOTRIMAZOLE-BETAMETHASONE (<i>clotrimazole w/ betamethasone</i>) -1-0.05 % LOTION	1	
DUOBRII (<i>halobetasol propionate-tazarotene</i>) 0.01-0.045 % LOTION	4	PA, QLC (200 gm/28 days)
ENSTILAR (<i>calcipotriene-betamethasone dipropionate</i>) 0.005-0.064 % FOAM	2	QLC (420gm/30 days)
FLUOROURACIL (<i>fluorouracil (topical)</i>) 2 % SOLUTION	1	
<i>fluorouracil cream 5%</i>	1	
<i>fluorouracil soln 5%</i>	1	
HYDROCORTISONE ACE-PRAMOXINE (<i>hydrocortisone acetate w/ pramoxine</i>) -1-1 % CREAM	1	
<i>imiquimod cream 5%</i>	1	QLC (24 packs/month, max of 48 packs/6 months)
KLISYRI (250 MG) (<i>tirbanibulin</i>) 1 % OINTMENT	4	QLC (5 packets/30 days)
KLISYRI (350 MG) (<i>tirbanibulin</i>) 1 % OINTMENT	4	QLC (5 packets/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
METHOXSALEN RAPID 10 MG CAP	1	
<i>methoxsalen rapid cap 10 mg</i>	1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	1	
OPZELURA (<i>ruxolitinib phosphate (topical)</i>) 1.5 % CREAM	3	PA, QLC (240 gm/28 days)
OTEZLA (<i>apremilast</i>) 20 MG TAB, 30 MG TAB	4	PA, S (Specialty Drug), QLC (2 tabs/day)
PODOFILOX 0.5 % SOLUTION	1	
<i>podofilox soln 0.5%</i>	1	
PROCTOFOAM HC (<i>hydrocortisone acetate w/ pramoxine</i>) PROCTO1	3	
<i>salicylic acid film forming liquid 27.5%</i> (SALICYLIC ACID WART REMOVER)	2	
<i>silver sulfadiazine cream 1%</i>	1	
silver sulfadiazine cream 1% (Ssd)	1	
SODIUM SULFACETAMIDE-BAKUCHIOL (<i>sulfacetamide sodium in bakuchiol vehicle</i>) -10 % LIQUID	1	
SSS 10-5 (<i>sulfacetamide sodium w/ sulfur</i>) --% FOAM	1	
<i>sulfacetamide sodium liquid 10%</i>	1	
<i>sulfacetamide sodium liquid 10%</i> (SODIUM SULFACETAMIDE WASH)	1	
<i>sulfacetamide sodium shampoo 10%</i> (SODIUM SULFACETAMIDE)	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i> (SULFACETAMIDE SODIUM-SULFUR)	1	
sulfacetamide sodium w/ sulfur cleanser 10-5% (Avar Cleanser)	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	1	
<i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)	1	ST, QLC (1 bottle/month)
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	1	
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i> (SULFACETAMIDE SODIUM-SULFUR)	1	
sulfacetamide sodium w/ sulfur cream 10-5% (Sss 10-5)	1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	1	
<i>sulfacetamide sodium w/ sulfur cream 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)	1	ST, QLC (1 bottle/month)
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	1	
<i>sulfacetamide sodium w/ sulfur lotion 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)	1	ST, QLC (1 bottle/month)
<i>sulfacetamide sodium w/ sulfur susp 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	1	
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	1	
sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacleanse 8/4)	1	
<i>sulfacetamide sodium w/ sulfur wash 9-4%</i> (SULFACETAMIDE SODIUM-SULFUR WASH)	1	
<i>sulfacetamide sodium w/ sulfur wash 9-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	1	
SULFACETAMIDE SODIUM-SULFUR (<i>sulfacetamide sodium w/ sulfur</i>) -10-2% CREAM	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PEDICULICIDES/SCABICIDES (Drugs for Scabies and Lice)		
LINDANE 1 % SHAMPOO	1	
<i>malathion lotion 0.5%</i>	2	
<i>permethrin cream 5%</i>	1	
SOOLANTRA (<i>ivermectin (rosacea)</i>) 1 % CREAM	3	QLC (1 bottle (45gm)/month)
SPINOSAD 0.9 % SUSPENSION	1	QLC (1 bottle/fill)
TOPICAL ANTI-INFECTIVES (Drugs for Skin Infection)		
<i>acyclovir oint 5%</i>	1	QLC (30gm/30 days, max 180gm/year)
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>ciclopirox solution 8%</i>	1	
ciclopirox solution 8% (Ciclodan)	1	
<i>clindamycin phosphate gel 1%</i>	1	ST
<i>clindamycin phosphate lotion 1%</i>	1	ST
<i>clindamycin phosphate soln 1%</i>	1	ST
<i>clindamycin phosphate swab 1%</i>	1	ST
clindamycin phosphate swab 1% (Clindacin Etz)	1	ST
clindamycin phosphate swab 1% (Clindacin-P)	1	ST
<i>dapsone gel 5%</i>	3	ST, QLC (90 gm/month)
<i>dapsone gel 7.5%</i>	3	ST, QLC (90 gm/month)
ERY (<i>erythromycin (acne aid)</i>) 2 % PAD	1	ST
<i>erythromycin gel 2%</i>	1	ST
<i>erythromycin soln 2%</i>	1	ST
MAFENIDE ACETATE 5 % PACKET	1	

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

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** (MULTI-VITAMIN/FLUORIDE/IRON)</i>	1	ACA (Preventive Health)
ATABEX OB (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) AEX 29-1 MG	1	
C-NATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) -28-1-200 MG AP	1	
CO-NATAL FA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB	1	
COMPLETENATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 29-1 MG CHEW TAB	1	
CONCEPT DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) 53.5-38-1 MG CAP	1	
CONCEPT OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 130-92.4-1 MG CAP	1	
ELITE-OB (<i>prenatal vit w/ iron carbonyl-folic acid</i>) -50-1.25 MG TAB	1	
FOLIVANE-OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) -85-1 MG CAP	1	
M-NATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 G TAB	1	
MULTI-VIT-FLOR (<i>pediatric multivitamins w/fl</i>) --0.25 MG CHEW TAB	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	1	ACA (Preventive Health), QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MULTI-VITAMIN/FLUORIDE (<i>pediatric multivitamins w/fl</i>) -0.25 MG/ML SOLUTION, -0.5 MG/ML SOLUTION	1	ACA (Preventive Health)
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 0.25 MG CHEW TAB	1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 0.5 MG CHEW TAB	1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 1 MG CHEW TAB	1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 0.25 MG CHEW TAB	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	1	ACA (Preventive Health), QLC (1 tab/day)
NAFRINSE DROPS (<i>sodium fluoride</i>) 0.275 (0.125 F) MG/DROP SOLUTION	1	ACA (Preventive Health)
NEONATAL COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	1	
NEONATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	2	
NIVA-PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 MG TAB	1	
ONE VITE WOMENS PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	1	
PNV TABS 29-1 (<i>prenatal vit w/ iron carbonyl-folic acid</i>) S --MG	1	
PNV-DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) -27-0.6-0.4-300 MG CAP	1	
PNV-OMEGA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>) -28-0.6-0.4-340 MG CAP	1	
PNV-SELECT (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>) -27-0.6-0.4 MG TAB	2	
potassium bicarbonate effer tab 25 meq (Effer-K)	1	
<i>potassium bicarbonate effer tab 25 meq</i> (K-PRIME)	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
potassium bicarbonate effer tab 25 meq (Klor-Con/ef)	1	
<i>potassium chloride cap er 10 meq</i> (POTASSIUM CHLORIDE ER)	1	
<i>potassium chloride cap er 8 meq</i> (POTASSIUM CHLORIDE ER)	1	
POTASSIUM CHLORIDE ER ER 8 TAB ER, ER 15 TAB ER	1	
potassium chloride microencapsulated crys er tab 10 meq (Klor-Con M10)	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i> (POTASSIUM CHLORIDE CRYs ER)	1	
potassium chloride microencapsulated crys er tab 15 meq (Klor-Con M15)	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i> (POTASSIUM CHLORIDE CRYs ER)	1	
potassium chloride microencapsulated crys er tab 20 meq (Klor-Con M20)	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i> (POTASSIUM CHLORIDE CRYs ER)	1	
<i>potassium chloride powder packet 20 meq</i>	1	
potassium chloride powder packet 20 meq (Klor-Con)	1	
potassium chloride tab er 10 meq (Klor-Con 10)	1	
<i>potassium chloride tab er 10 meq</i> (POTASSIUM CHLORIDE ER)	1	
<i>potassium chloride tab er 20 meq (1500 mg)</i> (POTASSIUM CHLORIDE ER)	1	
potassium chloride tab er 8 meq (600 mg) (Klor-Con)	1	
<i>potassium chloride tab er 8 meq (600 mg)</i> (POTASSIUM CHLORIDE ER)	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i> (POTASSIUM CITRATE ER)	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>potassium citrate tab er 15 meq (1620 mg)</i> (POTASSIUM CITRATE ER)	1	
<i>potassium citrate tab er 5 meq (540 mg)</i> (POTASSIUM CITRATE ER) (40)	1	
PRENAISSANCE (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) 29-1.25-325 MG CAP	1	
PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	1	
PRENATAL 19 (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) 9 29-MG TAB	1	
PRENATAL 19 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 19 CHEW TAB, 19 29-1 MG CHEW TAB	1	
PRENATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	1	
PRENATAL PLUS IRON (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 29-1 MG TAB	1	
PRENATAL PLUS VITAMIN/MINERAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	1	
PRENATAL VITAMIN PLUS LOW IRON (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	1	
PRENATAL-U (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) -106.5-1 MG CAP	1	
PREPLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	1	
PRETAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) PRE29-1 MG	1	
PROVIDA OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 20-20-1.25 MG CAP	1	
RELNATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	2	
SE-NATAL 19 (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) -9 29-MG TAB	1	
SODIUM FLUORIDE 1.1 (0.5 F) MG/ML SOLUTION	1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) luoride</i>	1	ACA (Preventive Health)
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) luoride</i>	1	ACA (Preventive Health)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)(NAFRINSE) luoride</i>	1	ACA (Preventive Health)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) luoride</i>	1	ACA (Preventive Health)
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab) luoride	1	ACA (Preventive Health)
TARON-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) -35-1 MG AP	1	
THRIVITE RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 29-1 MG TAB	1	
TRICARE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	1	
TRINATAL RX 1 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 60-MG TAB	1	
TRINATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	1	
VINATE II (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) 29-1 MG TAB	1	
VINATE ONE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 60-1 MG TAB	1	
VIRT-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) -53.5-38-1 MG AP	1	
VIRT-NATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) -28-1-200 MG CAP	1	
VIRT-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) -27-0.6-0.4-300 MG CAP	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	1	
VITATHELY WITH GINGER (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIVA DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	1	
WESCAP-C DHA (<i>prenatal vit w/ fe fumarate iron polysacch complex -fa-omega 3</i>) WESAP-53.5-38-1 MG AP	1	
WESCAP-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) WES-27-0.6-0.4-300 MG	1	
WESNATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	1	
WESTAB PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) WES27-1 MG	1	
ZATEAN-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) -27-0.6-0.4-300 MG CAP	1	
ZATEAN-PN PLUS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>) -28-0.6-0.4-340 MG CAP	1	

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

CHEMET (<i>succimer</i>) 100 MG CAP	2	
<i>deferasirox tab for oral susp 125 mg</i>	4	S (Specialty Drug), SF
<i>deferasirox tab for oral susp 250 mg</i>	4	S (Specialty Drug), SF
<i>deferasirox tab for oral susp 500 mg</i>	4	S (Specialty Drug), SF
JYNARQUE (<i>tolvaptan</i>) 15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK	4	PA, LA, QLC (2 tabs/day)
JYNARQUE (<i>tolvaptan</i>) 15 MG TAB, 30 MG TAB	4	PA, LA, QLC (1 tab/day)
<i>penicillamine tab 250 mg</i>	4	PA, S (Specialty Drug), QLC (16 tabs/day)

PHOSPHATE BINDERS (Drugs to Lower Phosphate)

AURYXIA (<i>ferric citrate</i>) 1 GM 210 MG(FE) TAB	3	PA, QLC (12 tabs/day)
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 PA - Prior Authorization;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> (CALCIUM ACETATE (PHOS BINDER))	1	
<i>sevelamer carbonate packet 0.8 gm</i>	2	PA
<i>sevelamer carbonate packet 2.4 gm</i>	2	PA
<i>sevelamer carbonate tab 800 mg</i>	1	
VELPHORO (<i>sucroferric oxyhydroxide</i>) 500 MG CHEW TAB	2	

POTASSIUM BINDERS (Drugs to Lower Potassium)

<i>*sodium polystyrene sulfonate powder**</i>	1	
LOKELMA (<i>sodium zirconium cyclosilicate</i>) 10 GM PACKET	2	QLC (1 pack/day)
LOKELMA (<i>sodium zirconium cyclosilicate</i>) 5 GM PACKET	2	QLC (3 packs/day)
sodium polystyrene sulfonate susp 15 gm/60ml (Kionex)	1	
sodium polystyrene sulfonate susp 15 gm/60ml (Sps (sodium Polystyrene Sulf))	1	
SPS (SODIUM POLYSTYRENE SULF) (<i>sodium polystyrene sulfonate</i>) 30 GM/120ML SUSPENSION	1	
VELTASSA (<i>patiromer sorbitex calcium</i>) 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET	4	QLC (1 packet/day)

VITAMINS

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	1	
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
cyanocobalamin inj 1000 mcg/ml (Dodex)	1	
<i>folic acid tab 1 mg</i>	1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> (LEVOCARNITINE SF) <i>gm/0ml (0%)</i>	1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> <i>gm/0ml (0%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NASCOBAL (<i>cyanocobalamin</i>) 500 MCG/0.1ML SOLUTION	3	QLC (1 bottle/week)
TRI-VITE/FLUORIDE (<i>pediatric vitamins acd w/ fluoride</i>) -0.25 MG/ML SOLUTION, -0.5 MG/ML SOLUTION	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)	1	
lactulose (encephalopathy) solution 10 gm/15ml (Generlac)	1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> (LACTULOSE ENCEPHALOPATHY)	1	
<i>lactulose solution 10 gm/15ml</i>	1	
lactulose solution 10 gm/15ml (Constulose)	1	
LINZESS (<i>linaclotide</i>) 72 MCG CAP, 145 MCG CAP, 290 MCG CAP	2	AL1 (At least 18 yrs old), QLC (1 cap/day)
MOVANTI (<i>naloxegol oxalate</i>) 12.5 MG TAB, 25 MG TAB	2	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)	1	ACA (Preventive Health)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (PEG 3350-KCL-NA BICARB-NACL)	1	ACA (Preventive Health)
PEG-PREP (<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i>) --210 MG-GM KIT	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)	1	ACA (Preventive Health)
SYMPROIC (<i>naldemedine tosylate</i>) 0.2 MG TAB	2	PA, QLC (1 tab/day)
TRULANCE (<i>plecanatide</i>) 3 MG TAB	2	AL1 (At least 18 yrs old), QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTI-DIARRHEAL AGENTS (Drugs for Diarrhea)

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	4	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	4	PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (DIPHENOXYLATE-ATROPINE)	1	
DIPHENOXYLATE-ATROPINE (<i>diphenoxylate w/ atropine</i>) -2.5-0.025 MG/5ML LIQUID	2	
VIBERZI (<i>eluxadoline</i>) 75 MG TAB, 100 MG TAB	2	QLC (2 tabs/day)

ANTISPASMODICS, GASTROINTESTINAL (Other Drugs for Bowel and Stomach)

<i>dicyclomine hcl cap 10 mg</i>	1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1	
<i>dicyclomine hcl tab 20 mg</i>	1	
<i>glycopyrrolate tab 1 mg</i>	1	
<i>glycopyrrolate tab 2 mg</i>	1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1	
hyoscyamine sulfate elixir 0.125 mg/5ml (Hyosyne)	1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1	
hyoscyamine sulfate sl tab 0.125 mg (Oscimin)	1	
hyoscyamine sulfate sl tab 0.125 mg (Symax-SI)	1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1	
hyoscyamine sulfate soln 0.125 mg/ml (Hyosyne)	1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	1	
hyoscyamine sulfate tab 0.125 mg (Oscimin)	1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1	
hyoscyamine sulfate tab disint 0.125 mg (Ed-Spaz)	1	
hyoscyamine sulfate tab disint 0.125 mg (Nulev)	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (HYOSCYAMINE SULFATE ER)	1	
hyoscyamine sulfate tab er 12hr 0.375 mg (Oscimin Sr)	1	
hyoscyamine sulfate tab er 12hr 0.375 mg (Symax-Sr)	1	
GASTROINTESTINAL AGENTS, OTHER (Other Drugs for the Bowel and Stomach)		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	2	
GAVILYTE-C (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) -240 GM REON SOLN	1	ACA (Preventive Health)
OMNITROPE (<i>somatropin</i>) 10 MG/1.5ML SOLN CART	4	PA, S (Specialty Drug)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-G) ---cl-	1	ACA (Preventive Health)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (PEG-3350/ELECTROLYTES) ---cl-	1	ACA (Preventive Health)
TALICIA (<i>amoxicillin-rifabutin-omeprazole</i>) 250-12.5-10 MG CAP DR	2	QLC (168 caps/28 days)
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS (Drugs for Acid Reflux and Ulcers)		
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	2	
<i>famotidine tab 40 mg</i>	1	
NIZATIDINE 300 MG CAP	2	
<i>nizatidine cap 150 mg</i>	2	
PROTECTANTS (Drugs for Acid Reflux and Ulcers)		
<i>sucralfate susp 1 gm/10ml gm/0ml</i>	3	
<i>sucralfate tab 1 gm</i>	1	

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

<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	2	ST, QLC (2 caps/day)
<i>lansoprazole cap delayed release 30 mg</i>	1	QLC (2 caps/day)
<i>omeprazole cap delayed release 10 mg</i>	1	QLC (8 caps/day)
<i>omeprazole cap delayed release 20 mg</i>	1	QLC (4 caps/day)
<i>omeprazole cap delayed release 40 mg</i>	1	QLC (2 caps/day)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	QLC (4 tabs/day)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	QLC (2 tabs/day)
<i>rabeprazole sodium ec tab 20 mg</i>	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>	4	PA, LA, QLC (35 tabs/day)
CERDELGA (<i>eliglustat tartrate</i>) 84 MG CAP	4	PA, LA, S (Specialty Drug), QLC (2 caps/day)
CREON (<i>pancrelipase (lipase-protease-amylase)</i>) 3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART	2	
CYSTAGON (<i>cysteamine bitartrate</i>) 150 MG CAP	3	LA, S (Specialty Drug), QLC (26 caps/day)
CYSTAGON (<i>cysteamine bitartrate</i>) 50 MG CAP	3	LA, S (Specialty Drug), QLC (4 caps/day)
DROXIA (<i>hydroxyurea (sickle cell disease)</i>) 200 MG CAP, 300 MG CAP, 400 MG CAP	2	
ENDARI (<i>glutamine (sickle cell)</i>) 5 GM PACKET	4	PA, LA, S (Specialty Drug), QLC (6 packets/day)
MYALEPT (<i>metreleptin</i>) 11.3 MG RECON SOLN	4	PA, LA, QLC (1 vial/day)
NITYR (<i>nitisinone</i>) 10 MG TAB	4	PA, LA, QLC (14 tabs/day)
NITYR (<i>nitisinone</i>) 2 MG TAB	4	PA, LA, QLC (70 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NITYR (<i>nitisinone</i>) 5 MG TAB	4	PA, LA, QLC (28 tabs/day)
STRENSIQ (<i>asfotase alfa</i>) 18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION	4	PA, LA, QLC (24 vials/28 days)
TEGSEDI (<i>inotersen sodium</i>) 284 MG/1.5ML SOLN PRSYR	4	PA, LA, QLC (1 syringe/week)
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	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	2	QLC (1 tab/day)
<i>fesoterodine fumarate tab er 24hr 8 mg</i> (FESOTERODINE FUMARATE ER)	2	QLC (1 tab/day)
<i>flavoxate hcl tab 100 mg</i>	1	
GEMTESA (<i>vibegron</i>) 75 MG TAB	3	QLC (1 tab/day)
MYRBETRIQ (<i>mirabegron</i>) 25 MG TAB ER 24H, 50 MG TAB ER 24H	2	QLC (1 tab/day)
MYRBETRIQ (<i>mirabegron</i>) 8 MG/ML SRER	2	QLC (10 ml/day)
<i>oxybutynin chloride solution 5 mg/5ml mg/ml</i>	1	QLC (20 ml/day)
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i> (OXYBUTYNIN CHLORIDE ER)	1	QLC (3 tabs/day)
<i>oxybutynin chloride tab er 24hr 15 mg</i> (OXYBUTYNIN CHLORIDE ER)	1	QLC (2 tabs/day)
<i>oxybutynin chloride tab er 24hr 5 mg</i> (OXYBUTYNIN CHLORIDE ER)	1	QLC (1 tab/day)
<i>solifenacin succinate tab 10 mg</i>	1	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>solifenacin succinate tab 5 mg</i>	1	QLC (1 tab/day)
<i>tolterodine tartrate cap er 24hr 2 mg</i> (TOLTERODINE TARTRATE ER) <i>4hr</i>	2	QLC (1 tab/day)
<i>tolterodine tartrate cap er 24hr 4 mg</i> (TOLTERODINE TARTRATE ER) <i>2hr</i>	2	QLC (1 tab/day)
<i>tolterodine tartrate tab 1 mg</i>	2	QLC (2 tabs/day)
<i>tolterodine tartrate tab 2 mg</i>	2	QLC (2 tabs/day)
<i>tropium chloride cap er 24hr 60 mg</i> (TROSPIMUM CHLORIDE ER)	2	QLC (1 cap/day)
<i>tropium chloride tab 20 mg</i>	1	QLC (2 tabs/day)

BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)

<i>alfuzosin hcl tab er 24hr 10 mg</i> (ALFUZOSIN HCL ER)	1	
<i>dutasteride cap 0.5 mg</i>	1	QLC (1 cap/day)
<i>finasteride tab 5 mg</i>	1	
<i>silodosin cap 4 mg</i>	1	QLC (1 cap/day)
<i>silodosin cap 8 mg</i>	1	QLC (1 cap/day)
<i>tadalafil tab 10 mg</i>	1	RO (Retail Only), QLC (8 tabs/month)
<i>tadalafil tab 2.5 mg</i>	1	RO (Retail Only), QLC (1 tab/day)
<i>tadalafil tab 20 mg</i>	1	RO (Retail Only), QLC (8 tabs/month)
<i>tadalafil tab 5 mg</i>	1	RO (Retail Only), QLC (1 tab/day)
<i>tamsulosin hcl cap 0.4 mg</i>	1	

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

<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
CYTRA K CRYSTALS (<i>potassium citrate-citric acid</i>) 3300-1002 MG PACET	1	
ELMIRON (<i>pentosan polysulfate sodium</i>) 100 MG CAP	3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>phenazopyridine hcl tab 100 mg</i>	1	
<i>phenazopyridine hcl tab 200 mg</i>	1	
PHEXXI (<i>lactic acid-citric acid-potassium bitartrate</i>) 1.8-1-0.4 % GEL	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	1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospho-Trin 250 Neutral) ic	1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phosphorous) ic	1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-Phos 250 Neutral) ic	1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Wes-Phos 250 Neutral) ic	1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i> (POTASSIUM CITRATE-CITRIC ACID)	1	
potassium phosphate monobasic tab 500 mg (Phospho-Trin K500)	1	
<i>sildenafil citrate tab 100 mg</i>	1	RO (Retail Only), QLC (8 tabs/month)
<i>sildenafil citrate tab 25 mg</i>	1	RO (Retail Only), QLC (8 tabs/month)
<i>sildenafil citrate tab 50 mg</i>	1	RO (Retail Only), QLC (8 tabs/month)
<i>tiopronin tab 100 mg</i>	4	PA, S (Specialty Drug)
<i>tiopronin tab delayed release 100 mg</i>	4	PA, LA
<i>tiopronin tab delayed release 300 mg</i>	4	PA, LA

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

ACTHAR (<i>corticotropin</i>) 80 UNIT/ML GEL	4	PA, LA, S (Specialty Drug)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ACTHAR GEL (<i>corticotropin</i>) CTHR 40 UNIT/0.5ML -INJ	4	PA, LA, S (Specialty Drug), QLC (0.5 ml/day)
ACTHAR GEL (<i>corticotropin</i>) CTHR 80 UNIT/ML -INJ	4	PA, LA, S (Specialty Drug), QLC (1 ml/day)
CORTISONE ACETATE 25 MG TAB	1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	1	
<i>dexamethasone tab 0.5 mg</i>	1	
dexamethasone tab 0.5 mg (Decadron)	1	
<i>dexamethasone tab 0.75 mg</i>	1	
dexamethasone tab 0.75 mg (Decadron)	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
dexamethasone tab 4 mg (Decadron)	1	
<i>dexamethasone tab 6 mg</i>	1	
dexamethasone tab 6 mg (Decadron)	1	
<i>fludrocortisone acetate tab 0.1 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	
MIFEPREX (<i>mifepristone</i>) 200 MG TAB	3	QLC (1 tablet/fill)
<i>mifepristone tab 200 mg</i>	1	QLC (1 tablet/fill)
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> (PREDNISOLONE SODIUM PHOSPHATE)	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)	1	
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	
PREDNISONONE 5 MG/5ML SOLUTION	1	
PREDNISONONE INTENSOL 5 MG/ML CONC	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
RAYOS (<i>prednisone</i>) 1 MG TAB DR	4	QLC (1 tab/day)
RAYOS (<i>prednisone</i>) 2 MG TAB DR	4	QLC (2 tabs/day)
RAYOS (<i>prednisone</i>) 5 MG TAB DR	4	QLC (12 tabs/day)

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

<i>desmopressin acetate nasal spray soln 0.01%</i> (DESMOPRESSIN ACETATE SPRAY)	1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> (DESMOPRESSIN ACE SPRAY REFRIG)	1	
<i>desmopressin acetate tab 0.1 mg</i>	1	
<i>desmopressin acetate tab 0.2 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FOLLISTIM AQ (<i>follitropin beta</i>) 300 UNT/0.36ML SOLUTION, 600 UNT/0.72ML SOLUTION, 900 UNT/1.08ML SOLUTION	4	PA, S (Specialty Drug)
GENOTROPIN (<i>somatropin</i>) 5 MG CARTRIDGE, 12 MG CARTRIDGE	4	PA, S (Specialty Drug)
GENOTROPIN MINIQUICK (<i>somatropin</i>) 0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR	4	PA, S (Specialty Drug)
INCRELEX (<i>mecasermin</i>) 40 MG/4ML SOLUTION	4	PA, LA
MENOPUR (<i>menotropins</i>) 75 UNIT RECON SOLN	4	PA, S (Specialty Drug)
MYFEMBREE (<i>relugolix-estradiol-norethindrone acetate</i>) 40-1-0.5 MG TAB	2	PA, QLC (1 tab/day)
OMNITROPE (<i>somatropin</i>) 5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN	4	PA, S (Specialty Drug)
OVIDREL (<i>choriogonadotropin alfa</i>) 250 MCG/0.5ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (1 syringe/28 days)
PREGNYL (<i>chorionic gonadotropin</i>) 10000 UNIT RECON SOLN	4	PA, S (Specialty Drug)
SKYTROFA (<i>lonapegsomatropin-tcga</i>) 3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE	4	PA, S (Specialty Drug)

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

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

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

ANABOLIC STEROIDS

OXANDROLONE 10 MG TAB	3	QLC (2 tabs/day)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OXANDROLONE 2.5 MG TAB	3	QLC (8 tabs/day)
<i>oxandrolone tab 10 mg</i>	3	QLC (2 tabs/day)
<i>oxandrolone tab 2.5 mg</i>	3	QLC (8 tabs/day)
ANDROGENS		
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
<i>danazol cap 50 mg</i>	1	
METHITEST (<i>methyltestosterone</i>) 10 MG TAB	3	PA
TESTOSTERONE 12.5 MG/ACT (1%) GEL, 50 MG/5GM (1%) GEL	1	PA, QLC (300 grams/month)
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	QLC (10 ml/month)
testosterone cypionate im inj in oil 100 mg/ml (Depo-Testosterone)	1	QLC (10 ml/month)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	QLC (10 ml/month)
testosterone cypionate im inj in oil 200 mg/ml (Depo-Testosterone)	1	QLC (10 ml/month)
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	1	QLC (5 ml/month)
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	PA, QLC (300 grams/month)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	PA, QLC (1 packet/day)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	PA, QLC (2 bottles/month)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA, QLC (300 grams/month)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	PA, QLC (2 packets/day)
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	PA, QLC (300 grams/month)
XYOSTED (<i>testosterone enanthate</i>) 50 MG/0.5ML SOLN -INJ, 75 MG/0.5ML SOLN -INJ, 100 MG/0.5ML SOLN -INJ	3	PA, QLC (1 injection/week)
ESTROGENS (Contraceptives and Drugs for Menopause)		
ANGELIQ (<i>drospirenone-estradiol</i>) 0.25-0.5 MG TAB, 0.5-1 MG TAB	3	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANNOVERA (<i>segesterone acetate-ethinyl estradiol</i>) 0.013-0.15 MG/24HR RING	3	ACA (Preventive Health), QLC (1 ring/ 365 days)
CLIMARA PRO (<i>estradiol-levonorgestrel</i>) 0.045-0.015 MG/DAY PATCH WK	2	QLC (4 patches/month)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)	1	ACA (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (DESOGESTREL-ETHINYL ESTRADIOL)	1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtrea)	1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya)	1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea)	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---	1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)	1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq)	1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred)	1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (DESOGESTREL-ETHINYL ESTRADIOL)	1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)	1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)	1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom)	1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber)	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 (Kalliga)	1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)	1	ACA (Preventive Health)
DROSPIREN-ETH ESTRAD-LEVOMEFOL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>) --3-0.03-0.451 MG TAB	1	ACA (Preventive Health)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (DROSPIREN-ETH ESTRAD-LEVOMEFOL)	1	ACA (Preventive Health)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy) ---0.0-	1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Gianvi)	1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Jasmiel)	1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Lo-Zumandimine)	1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna)	1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki)	1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Vestura)	1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella)	1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda)	1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Zumandimine)	1	ACA (Preventive Health)
ELESTRIN (<i>estradiol</i>) 0.52 MG/0.87 GM (0.06%) GEL	3	QLC (1 bottle/month)
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Covaryx Hs)	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)	1	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST HS)</i>	1	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST)</i>	1	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Estratest H.s.)	1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Covaryx)	1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Eemt)	1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST DS)</i>	1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST)</i>	1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.s.)	1	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	2	QLC (1 bottle/month)
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	2	QLC (1 pack/day)
<i>estradiol td gel 0.5 mg/0.5gm (0.1%) mg/gm</i>	2	QLC (1 pack/day)
<i>estradiol td gel 0.75 mg/0.75gm (0.1%) mg/gm</i>	2	QLC (1 pack/day)
<i>estradiol td gel 1 mg/gm (0.1%) (0.%)</i>	2	QLC (1 pack/day)
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	2	QLC (1 pack/day)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	
<i>estradiol vaginal tab 10 mcg</i>	1	
estradiol vaginal tab 10 mcg (YuvaFem)	1	
<i>estradiol valerate im in oil 10 mg/ml</i>	1	
<i>estradiol valerate im in oil 20 mg/ml</i>	1	
<i>estradiol valerate im in oil 40 mg/ml</i>	1	
ESTRING (<i>estradiol vaginal</i>) 2 MG RING, 7.5 MCG/24HR RING	2	QLC (1 ring/90 days)
ESTROGEL (<i>estradiol</i>) 0.75 MG/1.25 GM (0.06%)	2	QLC (1 bottle/month)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35)	1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28))	1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e (28))	1	ACA (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Valtya 1/50)	1	ACA (Preventive Health)
EVAMIST (<i>estradiol</i>) 1.53 MG/SPRAY SOLUTION	3	QLC (2 bottles/month)
FEMLYV (<i>norethindrone acet & eth estra</i>) 1-0.02 MG TAB DISP	3	ACA (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Fayosim)	1	ACA (Preventive Health)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (LEVONORGEST-ETH EST & ETH EST)	1	ACA (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa)	1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Amethia Lo)	1	ACA (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Camrese Lo)	1	ACA (Preventive Health)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (LEVONORGEST-ETH ESTRAD 91-DAY)	1	ACA (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Lojaimiess)	1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia)	1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna)	1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Camrese)	1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Daysee)	1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Jaimiess)	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)	1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Simpesse)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Iclevia)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolessa)	1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (LEVONORGEST-ETH ESTRAD 91-DAY)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq)	1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Larissia)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina)	1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienva)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Ayuna)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo)	1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30 (28))	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Lillow)	1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa)	1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28)	1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28)	1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest)	1	ACA (Preventive Health)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (LEVONORG-ETH ESTRAD TRIPHASIC)	1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora (28))	1	ACA (Preventive Health)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst)	1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale)	1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Joyeaux)	3	ACA (Preventive Health)
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i> (LEVONORGEST-ETH ESTRADIOL-IRON)	3	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Minzoya)	3	ACA (Preventive Health)
LO LOESTRIN FE (<i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>) ESTRIN 1 MG-10 MCG 10 MCG TAB	2	ACA (Preventive Health)
MENEST (<i>esterified estrogens</i>) 0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB	3	
NATAZIA (<i>estradiol valerate-dienogest</i>) 3/2-2/2-3/1 MG TAB	3	ACA (Preventive Health)
NEXTSTELLIS (<i>drospirenone-estetrol</i>) 3-14.2 MG TAB	3	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (NORELGESTROMIN-ETH ESTRADIOL)	1	ACA (Preventive Health)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	1	ACA (Preventive Health)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva)	1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (BRIELLYN)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35 (28))	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Cyclafem 1/35)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (21))	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (28))	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nylia 1/35)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Pirmella 1/35)	1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> (NORETHIN-ETH ESTRADIOL-FE)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Wymzya Fe)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Kaitlib Fe)	1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Layolis Fe)	1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (NORETHIN-ETH ESTRADIOL-FE)	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/--	1	ACA (Preventive Health)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe) ---20/-30/--	1	ACA (Preventive Health)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tri-Legest Fe) --20/-30/--	1	ACA (Preventive Health)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Xarah Fe) ---20/-30/--	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Aurovela 1/20)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Junel 1/20)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Larin 1/20)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20 (21))	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Microgestin 1/20)	1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i> (NORETHINDRONE ACET-ETHINYL EST)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Aurovela 1.5/30)	1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Hailey 1.5/30)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Larin 1.5/30)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30 (21))	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Microgestin 1.5/30)	1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (NORETHINDRONE ACET-ETHINYL EST)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Aurovela Fe 1/20)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Blisovi Fe 1/20)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Feirza 1/20)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Hailey Fe 1/20)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Junel Fe 1/20)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Larin Fe 1/20)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Microgestin Fe 1/20)	1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i> (NORETHIN ACE-ETH ESTRAD-FE)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20 Eq)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Aurovela Fe 1.5/30)	1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Blisovi Fe 1.5/30)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Feirza 1.5/30)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Hailey Fe 1.5/30)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Larin Fe 1.5/30)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin Fe 1.5/30)	1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Microgestin Fe 1.5/30)	1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (NORETHIN ACE-ETH ESTRAD-FE)	1	ACA (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Charlotte 24 Fe)	1	ACA (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Finzala)	1	ACA (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe)	1	ACA (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Mibelas 24 Fe)	1	ACA (Preventive Health)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE)	1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Gemmily)	3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Merzee)	3	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE)	3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taysofy)	3	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 (24) (Aurovela 24 Fe)	1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Blisovi 24 Fe)	1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Hailey 24 Fe)	1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Junel Fe 24)	1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Microgestin 24 Fe)	1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Tarina 24 Fe)	1	ACA (Preventive Health)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Fyavolv)	1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (NORETHINDRONE-ETH ESTRADIOL)	1	QLC (1 tab/day)
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Fyavolv)	1	QLC (1 tab/day)
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)	1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (NORETHINDRONE-ETH ESTRADIOL)	1	QLC (1 tab/day)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7) ---/1--	1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Cyclafem 7/7/7) ---/1--	1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7) ---/1--	1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7) ---/1--	1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nylia 7/7/7) -- -/1--	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 (Pirmella 7/7/7) ---/1--	1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Aranelle) --/1--	1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena) --/1---	1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Estarylla)	1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Femynor)	1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mili)	1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mono-Linyah)	1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (NORGESTIMATE-ETH ESTRADIOL)	1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Nymyo)	1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Previfem)	1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Sprintec 28)	1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Vylibra)	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.--	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.--	1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Marzia) --/0.215-/0.--	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.--	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-Sprintec) --/0.215-/0.--	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.--	1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (NORGESTIM-ETH ESTRAD TRIPHASIC) <i>--/0.215-/0.25--</i>	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--	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--	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--	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--	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--	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--	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--	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--	1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)	1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)	1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-Ogestrel)	1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Turqoz)	1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NUVARING (<i>etonogestrel-ethinyl estradiol</i>) NUVA0.12-0.015 MG/24HR	2	ACA (Preventive Health)
PREMARIN (<i>estrogens, conjugated vaginal</i>) 0.625 MG/GM CREAM	2	
PREMARIN (<i>estrogens, conjugated</i>) 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	3	
PREMPHASE (<i>conjugated estrogens-medroxyprogesterone acetate</i>) 0.625-5 MG TAB	2	QLC (28 tabs/month)
PREMPRO (<i>conjugated estrogens-medroxyprogesterone acetate</i>) 0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB	2	QLC (28 tabs/month)
TYBLUME (<i>levonorgestrel & eth estradiol</i>) 0.1-20 MG-MCG CHEW TAB	3	ACA (Preventive Health)
VELIVET (<i>desogestrel-ethinyl estradiol (triphasic)</i>) 0.1/0.125/0.15 -0.025 MG TAB	1	ACA (Preventive Health)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS), OTHER		
COMBIPATCH (<i>estradiol & norethindrone acetate</i>) 0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW	3	QLC (8 patches/month)
estradiol & norethindrone acetate tab 0.5-0.1 mg (Amabelz)	1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (ESTRADIOL-NORETHINDRONE ACET)	1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (Amabelz)	1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (ESTRADIOL-NORETHINDRONE ACET)	1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey)	1	QLC (1 tab/day)
PROGESTINS		
ELLA (<i>ulipristal acetate</i>) 30 MG TAB	3	ACA (Preventive Health), QLC (1 tab/fill)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ENDOMETRIN (<i>progesterone (vaginal)</i>) 100 MG INSERT	3	PA
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>megestrol acetate susp 40 mg/ml</i>	1	OAC
<i>megestrol acetate tab 20 mg</i>	1	OAC
<i>megestrol acetate tab 40 mg</i>	1	OAC
<i>norethindrone acetate tab 5 mg</i>	1	
norethindrone acetate tab 5 mg (Gallifrey)	1	
<i>norethindrone tab 0.35 mg</i>	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Camila)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Deblitane)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Emzahh)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Errin)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Heather)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Incassia)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Jencycla)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Lyleq)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Lyza)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Nora-Be)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Norlyda)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Norlyroc)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Sharobel)	1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Tulana)	1	ACA (Preventive Health)
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
SLYND (<i>drospirenone</i>) 4 MG TAB	3	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

CLOMIPHENE CITRATE 50 MG TAB	1	
<i>clomiphene citrate tab 50 mg</i>	1	
clomiphene citrate tab 50 mg (Clomid)	1	
DUAVEE (<i>conjugated estrogens-bazedoxifene</i>) 0.45-20 MG TAB	2	QLC (1 tab/day)
<i>raloxifene hcl tab 60 mg</i>	1	ACA (Preventive Health), QLC (1 tab/day)

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	3	
ERMEZA (<i>levothyroxine sodium</i>) 150 MCG/5ML SOLUTION	3	PA, QLC (10ml/day)
<i>levothyroxine sodium tab 100 mcg</i>	1	
levothyroxine sodium tab 100 mcg (Euthyrox)	1	
levothyroxine sodium tab 100 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 112 mcg</i>	1	
levothyroxine sodium tab 112 mcg (Euthyrox)	1	
levothyroxine sodium tab 112 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 125 mcg</i>	1	
levothyroxine sodium tab 125 mcg (Euthyrox)	1	
levothyroxine sodium tab 125 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 137 mcg</i>	1	
levothyroxine sodium tab 137 mcg (Euthyrox)	1	
levothyroxine sodium tab 137 mcg (Levoxyl)	3	

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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
<i>levothyroxine sodium tab 150 mcg</i>	1	
levothyroxine sodium tab 150 mcg (Euthyrox)	1	
levothyroxine sodium tab 150 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 175 mcg</i>	1	
levothyroxine sodium tab 175 mcg (Euthyrox)	1	
levothyroxine sodium tab 175 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 200 mcg</i>	1	
levothyroxine sodium tab 200 mcg (Euthyrox)	1	
levothyroxine sodium tab 200 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 25 mcg</i>	1	
levothyroxine sodium tab 25 mcg (Euthyrox)	1	
levothyroxine sodium tab 25 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 300 mcg</i>	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
levothyroxine sodium tab 50 mcg (Euthyrox)	1	
levothyroxine sodium tab 50 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 75 mcg</i>	1	
levothyroxine sodium tab 75 mcg (Euthyrox)	1	
levothyroxine sodium tab 75 mcg (Levoxyl)	3	
<i>levothyroxine sodium tab 88 mcg</i>	1	
levothyroxine sodium tab 88 mcg (Euthyrox)	1	
levothyroxine sodium tab 88 mcg (Levoxyl)	3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>liothyronine sodium tab 25 mcg</i>	1	
<i>liothyronine sodium tab 5 mcg</i>	1	
<i>liothyronine sodium tab 50 mcg</i>	1	
NP THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB	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	2	
THYQUIDITY (<i>levothyroxine sodium</i>) 100 MCG/5ML SOLUTION	3	QLC (300 ml/30 days)
THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB	3	
TIROSINT (<i>levothyroxine sodium</i>) 13 MCG CAP, 25 MCG CAP, 37.5 MCG CAP, 44 MCG CAP, 50 MCG CAP, 62.5 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP	3	
TIROSINT-SOL (<i>levothyroxine sodium</i>) - SOL 13 MCG/ML SOLUTION, -SOL 25 MCG/ML SOLUTION, -SOL 37.5 MCG/ML SOLUTION, -SOL 44 MCG/ML SOLUTION, -SOL 50 MCG/ML SOLUTION, -SOL 62.5 MCG/ML SOLUTION, -SOL 75 MCG/ML SOLUTION, -SOL 88 MCG/ML SOLUTION, -SOL 100 MCG/ML SOLUTION, -SOL 112 MCG/ML SOLUTION, -SOL 125 MCG/ML SOLUTION, -SOL 137 MCG/ML SOLUTION, -SOL 150 MCG/ML SOLUTION, -SOL 175 MCG/ML SOLUTION, -SOL 200 MCG/ML SOLUTION	3	

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

<i>cabergoline tab 0.5 mg</i>	1	QLC (16 tabs/month)
<i>cetrotorelix acetate for inj kit 0.25 mg</i>	4	PA, S (Specialty Drug)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	4	PA, S (Specialty Drug)
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Fyremadel)	4	PA, S (Specialty Drug)
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	4	PA, S (Specialty Drug)
<i>leuprolide acetate inj kit 5 mg/ml</i>	4	PA, S (Specialty Drug)
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR	4	PA, S (Specialty Drug)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	PA, S (Specialty Drug)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	PA, S (Specialty Drug)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	PA, S (Specialty Drug)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	PA, S (Specialty Drug)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	PA, S (Specialty Drug)
ORIAHNN (<i>elagolix sodium-estradiol-norethindrone acetate</i>) 300-1-0.5 & 300 MG CAP THPK	4	PA, QLC (2 caps/day)
ORILISSA (<i>elagolix sodium</i>) 150 MG TAB	4	PA, QLC (1 tab/day)
ORILISSA (<i>elagolix sodium</i>) 200 MG TAB	4	PA, QLC (2 tabs/day)
SYNAREL (<i>nafarelin acetate</i>) 2 MG/ML SOLUTION	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>	1	
<i>methimazole tab 5 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	

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

ANGIOEDEMA AGENTS

HAEGARDA (<i>c1 esterase inhibitor (human)</i>) 2000 RECON SOLN, 3000 RECON SOLN	4	PA, LA, S (Specialty Drug)
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	4	PA, S (Specialty Drug), QLC (3 syringes/month)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir)	4	PA, LA, QLC (3 syringes/month)
ORLADEYO (<i>berotralstat hcl</i>) 110 MG CAP	4	PA, LA, QLC (1 cap/day)
TAKHZYRO (<i>lanadelumab-flyo</i>) 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR	4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
TAKHZYRO (<i>lanadelumab-flyo</i>) 300 MG/2ML SOLUTION	4	PA, LA, S (Specialty Drug), QLC (2 vials/28 days)

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

ARCALYST (<i>rilonacept</i>) 220 MG RECON SOLN	4	PA, LA, S (Specialty Drug)
COSENTYX (300 MG DOSE) (<i>secukinumab</i>) 150 /ML SOLN PRSYR	4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
COSENTYX (<i>secukinumab</i>) 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	4	PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)
COSENTYX SENSOREADY (300 MG) (<i>secukinumab</i>) SENSOREADY 150 MG/ML SOLN -INJ	4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
COSENTYX SENSOREADY PEN (<i>secukinumab</i>) SENSOREADY 150 MG/ML SOLN -INJ	4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
COSENTYX UNOREADY (<i>secukinumab</i>) 300 MG/2ML SOLN -INJ	4	PA, LA, S (Specialty Drug), QLC (1 auto-injector/28 days)
DUPIXENT (<i>dupilumab</i>) 100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
DUPIXENT (<i>dupilumab</i>) 200 MG/1.14ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DUPIXENT (<i>dupilumab</i>) 300 MG/2ML SOLN -INJ	4	PA, S (Specialty Drug), QLC (2 pens (4 ml)/ 28 days)
GRASTEK (<i>timothy grass pollen allergen extract</i>) 2800 BAU SL TAB	3	PA, QLC (1 tab/day)
KEVZARA (<i>sarilumab</i>) 150 MG/1.14ML SOLN PRSYR, 200 MG/1.14ML SOLN PRSYR	4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
KEVZARA (<i>sarilumab</i>) KEVZR150 MG/1.14ML SOLN -INJ, KEVZR200 MG/1.14ML SOLN -INJ	4	PA, LA, S (Specialty Drug), QLC (1 pen/14 days)
ODACTRA (<i>dust mite mixed allergen extract</i>) 12 SQ-HDM SL TAB	3	PA, QLC (1 tab/day)
OLUMIANT (<i>baricitinib</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB	4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORALAIR (<i>grass mixed pollens allergen extract</i>) ORALA300 SL TAB	3	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORALAIR ADULT STARTER PACK (<i>grass mixed pollens allergen extract</i>) ORALA300 SL TAB	3	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORENCIA (<i>abatacept</i>) 50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (1 syringe/week)
ORENCIA CLICKJECT (<i>abatacept</i>) ORENCI125 MG/ML SOLN -INJ	4	PA, S (Specialty Drug), QLC (1 syringe/week)
OTEZLA (<i>apremilast</i>) 10 & 20 & 30 MG TAB THPK	4	PA, S (Specialty Drug), QLC (1 pack/month)
OTEZLA (<i>apremilast</i>) 4 X 10 & 51 X20 MG TAB THPK	4	PA, S (Specialty Drug), QLC (55 tabs/28 days, max 2 fills/year)
RIDAURA (<i>auranofin</i>) 3 MG CAP	2	
RINVOQ (<i>upadacitinib</i>) 15 MG TAB ER 24H, 30 MG TAB ER 24H	4	PA, S (Specialty Drug), QLC (1 tab/day)
RINVOQ (<i>upadacitinib</i>) 45 MG TAB ER 24H	4	PA, S (Specialty Drug), QLC (1 tab/day; max 84 tabs/365 days)
RINVOQ LQ (<i>upadacitinib</i>) 1 MG/ML SOLUTION	4	PA, S (Specialty Drug), QLC (12 ml/day)
SKYRIZI (150 MG DOSE) (<i>risankizumab-rzaa</i>) 75 /0.83ML PREF SY KT	4	PA, S (Specialty Drug), QLC (1 kit/84 days)
SKYRIZI (<i>risankizumab-rzaa (crohn's)</i>) 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART	4	PA, S (Specialty Drug), QLC (1 syringe/56 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SKYRIZI (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
SKYRIZI PEN (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN -INJ	4	PA, S (Specialty Drug), QLC (1 auto-injector/ 84 days)
SOTYKTU (<i>deucravacitinib</i>) 6 MG TAB	4	PA, S (Specialty Drug), QLC (1 tab/day)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLUTION	4	PA, S (Specialty Drug), QLC (1 vial/84 days)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN -INJ	4	PA, S (Specialty Drug), QLC (1 injection/8 weeks)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (1 syringe/8 weeks)
TREMFYA (<i>guselkumab</i>) 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (2 ml/28 days)
TYENNE (<i>tocilizumab-aazg</i>) 162 MG/0.9ML SOLN -INJ	4	PA, S (Specialty Drug), QLC (4 pens/28 days)
TYENNE (<i>tocilizumab-aazg</i>) 162 MG/0.9ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (4 syringes/28 days)
XELJANZ (<i>tofacitinib citrate</i>) 1 MG/ML SOLUTION	4	PA, S (Specialty Drug), QLC (10 ml/day)
XELJANZ (<i>tofacitinib citrate</i>) 5 MG TAB, 10 MG TAB	4	PA, S (Specialty Drug), QLC (2 tabs/day)
XELJANZ XR (<i>tofacitinib citrate</i>) 11 MG TAB ER 24H, 22 MG TAB ER 24H	4	PA, S (Specialty Drug), QLC (1 tab/day)
XOLAIR (<i>omalizumab</i>) 300 MG/2ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (4 syringes/28 days)
XOLAIR (<i>omalizumab</i>) 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
XOLAIR (<i>omalizumab</i>) XOLIR 300 MG/2ML SOLN -INJ	4	PA, S (Specialty Drug), QLC (4 pens/28 days)
XOLAIR (<i>omalizumab</i>) XOLIR 75 MG/0.5ML SOLN -INJ, XOLIR 150 MG/ML SOLN -INJ	4	PA, S (Specialty Drug), QLC (2 pens/28 days)

IMMUNOSTIMULANTS (Drugs that Stimulate the Immune System)

ACTIMMUNE (<i>interferon gamma-1b</i>) 2000000 UNIT/0.5ML SOLUTION	4	PA, LA, S (Specialty Drug)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	4	LA, S (Specialty Drug)
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/0.5ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (1 pen/week)
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/ML SOLUTION	4	PA, S (Specialty Drug), QLC (1 vial/week)

IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)

ADALIMUMAB-AATY (1 PEN) -40 MG/0.4ML -KIT, -80 MG/0.8ML -KIT	4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ADALIMUMAB-AATY (2 PEN) -40 MG/0.4ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ADALIMUMAB-AATY (2 SYRINGE) - RINGE) 20 MG/0.2ML PREF KT	4	PA, S (Specialty Drug), QLC (1 kit/28 days)
ADALIMUMAB-AATY (2 SYRINGE) - RINGE) 40 MG/0.4ML PREF KT	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADALIMUMAB-ADAZ -20 MG/0.2ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADALIMUMAB-ADAZ -40 MG/0.4ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADALIMUMAB-ADAZ DLIMUMB-DZ 40 MG/0.4ML SOLN -INJ	4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ADALIMUMAB-ADAZ DLIMUMB-DZ 80 MG/0.8ML SOLN -INJ	4	PA, S (Specialty Drug), QLC (Starter Pack (3 pens/year); maintenance (2 pens/28 days))
<i>azathioprine tab 50 mg</i>	1	
CIMZIA (2 SYRINGE) (<i>certolizumab pegol</i>) RINGE) 200 MG/ML PREF KT	4	PA, S (Specialty Drug), QLC (1 kit/28 days)
CIMZIA-STARTER (<i>certolizumab pegol</i>) - 200 MG/ML PREF SY KT	4	PA, S (Specialty Drug), QLC (3 set (1 kit = 3 sets of 2 syringes)/180 days)
<i>cyclosporine cap 100 mg</i>	1	
<i>cyclosporine cap 25 mg</i>	1	
<i>cyclosporine modified cap 100 mg</i>	1	
cyclosporine modified cap 100 mg (Gengraf)	1	
<i>cyclosporine modified cap 25 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
cyclosporine modified cap 25 mg (Gengraf)	1	
<i>cyclosporine modified cap 50 mg</i>	1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	1	
cyclosporine modified oral soln 100 mg/ml (Gengraf)	1	
ENBREL (<i>etanercept</i>) 25 MG RECON SOLN	4	PA, S (Specialty Drug), QLC (8 vials/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (4 ml/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLUTION	4	PA, S (Specialty Drug), QLC (4 ml/ 28 days)
ENBREL MINI (<i>etanercept</i>) 50 MG/ML SOLN CART	4	PA, S (Specialty Drug), QLC (4 ml/ 28 days)
ENBREL SURECLICK (<i>etanercept</i>) 50 MG/ML SOLN -INJ	4	PA, S (Specialty Drug), QLC (4 ml/28 days)
HADLIMA (<i>adalimumab-bwwd</i>) 40 MG/0.4ML SOLN PRSYR, 40 MG/0.8ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
HADLIMA PUSHTOUCH (<i>adalimumab-bwwd</i>) 40 MG/0.4ML SOLN -INJ, 40 MG/0.8ML SOLN -INJ	4	PA, S (Specialty Drug), QLC (2 pens/28 days)
HUMIRA (2 PEN) (<i>adalimumab</i>) 40 MG/0.4ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (2 pens [1 kit]/28 days)
HUMIRA (2 PEN) (<i>adalimumab</i>) 40 MG/0.8ML AUT-IJ KIT	4	PA, S (Specialty Drug), 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	4	PA, S (Specialty Drug), QLC (2 pens (1 kit)/ 28 days)
HUMIRA (2 SYRINGE) (<i>adalimumab</i>) RINGE) 40 MG/0.8ML PREF KT	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
HUMIRA (<i>adalimumab</i>) 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT	4	PA, S (Specialty Drug), QLC (2 syringes [1 kit]/28 days)
HUMIRA (<i>adalimumab</i>) 40 MG/0.4ML PREF SY KT	4	PA, S (Specialty Drug), QLC (2 syringes (1 kit)/28 days)
HUMIRA-CD/UC/HS STARTER (<i>adalimumab</i>) -40 MG/0.8ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton])/ year; Maintenance (2 pens/28 days))

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMIRA-CD/UC/HS STARTER (<i>adalimumab</i>) -80 MG/0.8ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (1 carton/year)
HUMIRA-PED<40KG CROHNS STARTER (<i>adalimumab</i>) -80 MG/0.8ML & 40MG/0.4ML PREF SY KT	4	PA, S (Specialty Drug), QLC (2 syr [1 kit])/year)
HUMIRA-PED>/=40KG CROHNS START (<i>adalimumab</i>) -80 MG/0.8ML PREF SY KT	4	PA, S (Specialty Drug), QLC (3 syr [1 kit])/year)
HUMIRA-PED>/=40KG UC STARTER (<i>adalimumab</i>) -80 MG/0.8ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (1 carton/year)
HUMIRA-PS/UV/ADOL HS STARTER (<i>adalimumab</i>) -40 MG/0.8ML AUT-IJ KIT	4	PA, S (Specialty Drug), 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	4	PA, S (Specialty Drug), QLC (1 carton/year)
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
LUPKYNIS (<i>voclosporin</i>) 7.9 MG CAP	4	PA, LA, QLC (6 caps/day)
METHOTREXATE SODIUM (PF) 1 GM/40ML SOLUTION, 1000 MG/40ML SOLUTION	1	QLC (8 ml/month)
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	1	QLC (8 ml/month)
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	1	QLC (8 ml/month)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	1	OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>mycophenolate mofetil cap 250 mg</i>	1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	1	
<i>mycophenolate mofetil tab 500 mg</i>	1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	3	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	3	
OTREXUP (<i>methotrexate (antirheumatic)</i>) 10 MG/0.4ML SOLN - INJ, 12.5 MG/0.4ML SOLN -INJ, 15 MG/0.4ML SOLN -INJ, 17.5 MG/0.4ML SOLN -INJ, 20 MG/0.4ML SOLN -INJ, 22.5 MG/0.4ML SOLN -INJ, 25 MG/0.4ML SOLN -INJ	4	PA, S (Specialty Drug), QLC (1 syringe/week)
REDITREX (<i>methotrexate (antirheumatic)</i>) 7.5 MG/0.3ML SOLN PRSYR, 10 MG/0.4ML SOLN PRSYR, 12.5 MG/0.5ML SOLN PRSYR, 15 MG/0.6ML SOLN PRSYR, 17.5 MG/0.7ML SOLN PRSYR, 20 MG/0.8ML SOLN PRSYR, 22.5 MG/0.9ML SOLN PRSYR, 25 MG/ML SOLN PRSYR	4	PA, LA, S (Specialty Drug), QLC (4 syringes/28 days)
SIMLANDI (1 PEN) (<i>adalimumab-ryvk</i>) 40 MG/0.4ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (2 pens/28 days)
SIMLANDI (1 SYRINGE) (<i>adalimumab-ryvk</i>) RINGE) 80 MG/0.8ML PREF KT	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
SIMLANDI (2 PEN) (<i>adalimumab-ryvk</i>) 40 MG/0.4ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (2 pens/28 days)
SIMLANDI (2 SYRINGE) (<i>adalimumab-ryvk</i>) RINGE) 20 MG/0.2ML PREF KT	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
SIMLANDI (2 SYRINGE) (<i>adalimumab-ryvk</i>) RINGE) 40 MG/0.4ML PREF KT	4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
SIMPONI (<i>golimumab</i>) 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	4	PA, S (Specialty Drug), QLC (1 syringe/28 days)
<i>sirolimus oral soln 1 mg/ml</i>	2	
<i>sirolimus tab 0.5 mg</i>	2	
<i>sirolimus tab 1 mg</i>	2	
<i>sirolimus tab 2 mg</i>	2	
<i>tacrolimus cap 0.5 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tacrolimus cap 1 mg</i>	1	
<i>tacrolimus cap 5 mg</i>	1	
ZYMFENTRA (1 PEN) (<i>infliximab-dyyb</i>) 120 MG/ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (2 kits/28 days)
ZYMFENTRA (2 PEN) (<i>infliximab-dyyb</i>) 120 MG/ML AUT-IJ KIT	4	PA, S (Specialty Drug), QLC (1 kit/28 days)
ZYMFENTRA (2 SYRINGE) (<i>infliximab-dyyb</i>) RINGE) 120 MG/ML PEF KT	4	PA, S (Specialty Drug), QLC (1 kit/28 days)

INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)

AMINOSALICYLATES

<i>balsalazide disodium cap 750 mg</i>	1	QLC (9 caps/day)
<i>mesalamine cap er 24hr 0.375 gm</i> (MESALAMINE ER)	2	QLC (4 caps/day)
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine suppos 1000 mg</i>	2	QLC (1 suppository/day)
<i>mesalamine tab delayed release 1.2 gm</i>	2	QLC (4 tabs/day)
<i>sulfasalazine tab 500 mg</i>	1	
<i>sulfasalazine tab delayed release 500 mg</i>	1	

GLUCOCORTICOIDS

<i>budesonide delayed release particles cap 3 mg</i>	1	PA, QLC (3 caps/day)
<i>hydrocortisone enema 100 mg/60ml</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	

METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	QLC (4 tabs/month)
<i>alendronate sodium tab 70 mg</i>	1	QLC (4 tabs/month)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	QLC (1 bottle/month)
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol cap 0.5 mcg</i>	1	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	4	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	4	PA
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> (VITAMIN D (ERGOCALCIFEROL))	1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	QLC (1 tab/month)
<i>risedronate sodium tab 150 mg</i>	2	QLC (1 tab/month)
<i>risedronate sodium tab 30 mg</i>	1	PA
<i>risedronate sodium tab 35 mg</i>	2	QLC (4 tabs/month)
<i>risedronate sodium tab 5 mg</i>	2	QLC (1 tab/day)
<i>risedronate sodium tab delayed release 35 mg</i>	2	QLC (4 tabs/month)
<i>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</i>	4	PA, S (Specialty Drug), QLC (1 pen/month)
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	4	PA, S (Specialty Drug), QLC (1 pen/month)
TYMLOS (<i>abaloparatide</i>) 3120 MCG/1.56ML SOLN PEN	4	PA, LA, S (Specialty Drug), QLC (1 pen/month)

MISCELLANEOUS THERAPEUTIC AGENTS

AEROCHAMBER HOLDING CHAMBER DEVICE	2	
AEROCHAMBER MINI CHAMBER DEVICE	2	
AEROCHAMBER MV MISC	2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	2	
AEROCHAMBER PLUS FLO-VU - MISC	2	
AEROCHAMBER PLUS FLO-VU INTERM - DEVICE	2	
AEROCHAMBER PLUS FLO-VU LARGE - DEVICE, - MISC	2	
AEROCHAMBER PLUS FLO-VU MEDIUM - DEVICE, - MISC	2	
AEROCHAMBER PLUS FLO-VU SMALL - DEVICE, - MISC	2	
AEROCHAMBER PLUS FLO-VU W/MASK - MISC	2	
AEROCHAMBER PLUS FLOW VU MISC	2	
AEROCHAMBER W/FLOWSIGNAL MISC	2	
AEROCHAMBER Z-STAT PLUS - MISC	2	
AEROCHAMBER Z-STAT PLUS CHAMBR - MISC	2	
AEROCHAMBER Z-STAT PLUS/LARGE - MISC	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM - MISC	2	
AEROCHAMBER Z-STAT PLUS/SMALL - MISC	2	
AEROVENT PLUS DEVICE	2	
AQ INSULIN SYRINGE 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	2	
AQINJECT PEN NEEDLE PEN 31G 5 MISC, PEN 32G 4 MISC	2	
ASSURE ID INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	2	
BD INSULIN SYRINGE U-500 -31G X 6MM 0.5 ML MISC	2	
BD MICROTAINER LANCETS MISC	2	QLC (200 lancets/month)
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	2	
BREATHE EASE LARGE DEVICE	2	
BREATHE EASE MEDIUM DEVICE	2	
BREATHE EASE SMALL DEVICE	2	
BREATHERITE VALVED MDI CHAMBER DEVICE	2	
CAYA (<i>diaphragm arc-spring</i>)	2	ACA (Preventive Health)
CLEVER CHOICE HOLDING CHAMBER DEVICE	2	
COMPACT SPACE CHAMBER DEVICE	2	
COMPACT SPACE CHAMBER/LG MASK DEVICE	2	
COMPACT SPACE CHAMBER/MED MASK DEVICE	2	
COMPACT SPACE CHAMBER/SM MASK DEVICE	2	
DEXCOM G5 MOB/G4 PLAT SENSOR MISC	2	PA, QLC (1 box/month)
DEXCOM G5 MOBILE RECEIVER DEVICE	2	PA, QLC (One receiver/reader per year)
DEXCOM G5 MOBILE TRANSMITTER MISC	2	PA, QLC (1 transmitter/90 days)
DEXCOM G5 RECEIVER KIT DEVICE	2	PA, QLC (One receiver/reader per year)
DEXCOM G6 RECEIVER DEVICE	2	PA, QLC (One receiver/reader per year)
DEXCOM G6 SENSOR MISC	2	PA, QLC (1 box/month)
DEXCOM G6 TRANSMITTER MISC	2	PA, QLC (1 transmitter/90 days)
DEXCOM G7 RECEIVER DEVICE	2	PA, QLC (One reader/receiver per year)
DEXCOM G7 SENSOR MISC	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	2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EASIVENT MASK LARGE MISC	2	
EASIVENT MASK MEDIUM MISC	2	
EASIVENT MASK SMALL MISC	2	
EASIVENT MISC	2	
EQ SPACE CHAMBER ANTI-STATIC - DEVICE	2	
EQ SPACE CHAMBER ANTI-STATIC L - DEVICE	2	
EQ SPACE CHAMBER ANTI-STATIC M - DEVICE	2	
EQ SPACE CHAMBER ANTI-STATIC S - TATIC DEVICE	2	
FEMCAP (<i>cervical caps</i>) 22 DEVICE, 26 DEVICE, 30 DEVICE	2	ACA (Preventive Health)
FLEXICHAMBER ADULT MASK/SMALL MISC	2	
FLEXICHAMBER CHILD MASK/LARGE MISC	2	
FLEXICHAMBER CHILD MASK/SMALL MISC	2	
FLEXICHAMBER DEVICE	2	
INSPIRACHAMBER/LARGE DEVICE	2	
INSPIRACHAMBER/MEDIUM DEVICE	2	
INSPIRACHAMBER/MOUTHPIECE DEVICE	2	
INSPIRACHAMBER/SMALL DEVICE	2	
INSPIREASE MISC	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	2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	2	
MARATHON MEDICAL PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	2	
<i>methylergonovine maleate tab 0.2 mg</i>	1	QLC (28 tabs/30 days)
methylergonovine maleate tab 0.2 mg (Methergine)	1	QLC (28 tabs/30 days)
MICROCHAMBER DEVICE, MISC	2	
MICROSPACER MISC	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	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	2	
OMNIFLEX DIAPHRAGM (<i>diaphragms</i>)	2	ACA (Preventive Health)
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	3	PA, QLC (1 pod/2 days)
OMNIPOD 5 G6 INTRO (GEN 5) KIT	3	PA, QLC (1 kit/2 years)
OMNIPOD 5 G6 PODS (GEN 5) MISC	3	PA, QLC (1 pod/2 days)
OMNIPOD 5 G7 INTRO (GEN 5) KIT	3	PA, QLC (1 kit/2 years)
OMNIPOD 5 G7 PODS (GEN 5) MISC	3	PA, QLC (1 pod/2 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	3	PA, QLC (1 pod/2 days)
OMNIPOD CLASSIC PODS (GEN 3) MISC	3	PA, QLC (1 pod/2 days)
OMNIPOD DASH INTRO (GEN 4) KIT	3	PA, QLC (1 kit/2 years)
OMNIPOD DASH PODS (GEN 4) MISC	3	PA, QLC (1 pod/2 days)
OPTICHAMBER DIAMOND DEVICE, MISC	2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPTICHAMBER DIAMOND-LG MASK - DEVICE	2	
OPTICHAMBER DIAMOND-MD MASK - MISC	2	
OPTICHAMBER DIAMOND-SM MASK - MISC	2	
PEN NEEDLES PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	2	
PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	2	
POCKET CHAMBER DEVICE	2	
POCKET SPACER DEVICE	2	
PRO COMFORT PEN NEEDLES PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC	2	
PROCHAMBER VHC DEVICE	2	
RITEFLO DEVICE	2	
SURE COMFORT PEN NEEDLES PEN 31G 6 MISC, PEN 32G 4 MISC	2	
ULTICARE INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	2	
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	2	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK - DEVICE	2	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
VOWST (<i>fecal microbiota spores, live-brpk</i>) CAP	4	PA, LA, QLC (12 caps/30 days)
WIDE-SEAL DIAPHRAGM 60 (<i>diaphragm wide seal</i>)	2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 65 (<i>diaphragm wide seal</i>)	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>)	2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 75 (<i>diaphragm wide seal</i>)	2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 80 (<i>diaphragm wide seal</i>)	2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 85 (<i>diaphragm wide seal</i>)	2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 90 (<i>diaphragm wide seal</i>)	2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 95 (<i>diaphragm wide seal</i>)	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	1	
<i>atropine sulfate ophth soln 1%</i>	1	
bacitracin-polymyxin b ophth oint (Ak-Poly-Bac) acitracin	1	
bacitracin-polymyxin b ophth oint (Polycin) acitracin	1	
<i>bacitracin-polymyxin b ophth oint acitracin</i>	1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> (BACITRA-NEOMYCIN-POLYMYXIN-HC)	1	
bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc)	1	
<i>cyclopentolate hcl ophth soln 0.5%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 2%</i>	1	
DORZOLAMIDE HCL-TIMOLOL MAL (<i>dorzolamide hcl-timolol maleate</i>) -22.3-6.8 MG/ML SOLUTION	1	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF)	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>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF)	2	QLC (2 droperettes/day)
HOMATROPAIRE (<i>homatropine hbr</i>) 5 % SOLUTION	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (Neo-Polycin)	1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> (NEOMYCIN-BACITRACIN ZN-POLYMYX)	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN --1.75-10000-.025 SOLUTION	1	
NEOMYCIN-POLYMYXIN-HC (<i>neomycin-polymyxin-hc (ophth)</i>) --3.5-10000-1 SUSPENSION	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	
phenylephrine hcl ophth soln 10% (Altafrin)	1	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
phenylephrine hcl ophth soln 2.5% (Altafrin)	1	
<i>proparacaine hcl ophth soln 0.5%</i>	1	
RESTASIS (<i>cyclosporine (ophth)</i>) 0.05 % EMULSION	1	QLC (2 vials/day)
RESTASIS MULTIDOSE (<i>cyclosporine (ophth)</i>) 0.05 % EMULSION	2	QLC (one 5.5 ml bottle/month)
ROCKLATAN (<i>netarsudil dimesylate-latanoprost</i>) 0.02-0.005 % SOLUTION	3	PA, QLC (2.5 ml/25 days)
SULFACETAMIDE-PREDNISOLONE (<i>sulfacetamide sod-prednisolone</i>) -10-0.23 % SOLUTION	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TOBRADEX (<i>tobramycin-dexamethasone</i>) 0.3-0.1 % OINTMENT	3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
<i>tropicamide ophth soln 0.5%</i>	1	
<i>tropicamide ophth soln 1%</i>	1	
TYRVAYA (<i>varenicline tartrate (cholinergic agonist)</i>) 0.03 MG/ACT SOLUTION	3	QLC (2 bottles (8.4 ml)/30 days)
ZYLET (<i>loteprednol etabonate-tobramycin</i>) 0.5-0.3 % SUSPENSION	3	

OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)

<i>azelastine hcl ophth soln 0.05%</i>	1	
CROMOLYN SODIUM (<i>cromolyn sodium (ophth)</i>) 4 % SOLUTION	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	

OPHTHALMIC ANTI-INFECTIVES (Drugs for Eye Infections)

BACITRACIN (<i>bacitracin (ophthalmic)</i>) 500 UNIT/GM OINTMENT	1	
ERYTHROMYCIN (<i>erythromycin (ophth)</i>) 5 MG/GM OINTMENT	1	
<i>erythromycin ophth oint 5 mg/gm</i>	1	
<i>gatifloxacin ophth soln 0.5%</i>	1	QLC (one 2.5 ml bottle/month)
GENTAK (<i>gentamicin sulfate (ophth)</i>) 0.3 % OINTMENT	1	
<i>gentamicin sulfate ophth soln 0.3%</i>	1	
LEVOFLOXACIN (<i>levofloxacin (ophth)</i>) 0.5 % SOLUTION, 1.5 % SOLUTION	1	
<i>levofloxacin ophth soln 0.5%</i>	1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	1	
<i>ofloxacin ophth soln 0.3%</i>	1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SULFACETAMIDE SODIUM (<i>sulfacetamide sodium (ophth)</i>) 10 % OINTMENT	1	
<i>sulfacetamide sodium ophth soln 10%</i>	1	
<i>tobramycin ophth soln 0.3%</i>	1	
TRIFLURIDINE 1 % SOLUTION	1	
OPHTHALMIC ANTI-INFLAMMATORIES (Drugs for Eye Inflammation)		
ALREX (<i>loteprednol etabonate</i>) 0.2 % SUSPENSION	3	
DEXAMETHASONE SODIUM PHOSPHATE (<i>dexamethasone sodium phosphate (ophth)</i>) 0.1 % SOLUTION	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
EYSUVIS (<i>loteprednol etabonate</i>) 0.25 % SUSPENSION	2	QLC (1 bottle (8.3 ml)/30 days)
FLAREX (<i>fluorometholone acetate</i>) 0.1 % SUSPENSION	3	
<i>fluorometholone ophth susp 0.1%</i>	1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	1	
ILEVRO (<i>nepafenac</i>) 0.3 % SUSPENSION	3	QLC (1 bottle/month)
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
LOTEMAX (<i>loteprednol etabonate</i>) 0.5 % OINTMENT	2	QLC (1 tube/month)
LOTEMAX SM (<i>loteprednol etabonate</i>) 0.38 % GEL	2	
<i>loteprednol etabonate ophth susp 0.2%</i>	2	
<i>loteprednol etabonate ophth susp 0.5%</i>	2	
<i>prednisolone acetate ophth susp 1%</i>	1	
PREDNISOLONE ACETATE P-F (<i>prednisolone acetate (ophth)</i>) REDNISOLONE -1 % SUSENSION	1	
PREDNISOLONE SODIUM PHOSPHATE (<i>prednisolone sodium phosphate (ophth)</i>) 1 % SOLUTION	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS (Drugs for Glaucoma)

BETAXOLOL HCL (<i>betaxolol hcl (ophth)</i>) 0.5 % SOLUTION	1	
<i>betaxolol hcl ophth soln 0.5%</i>	1	
CARTEOLOL HCL (<i>carteolol hcl (ophth)</i>) 1 % SOLUTION	1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	2	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER (Drugs for Glaucoma)

<i>acetazolamide cap er 12hr 500 mg</i> (ACETAZOLAMIDE ER)	1	
APRACLONIDINE HCL 0.5 % SOLUTION	1	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	1	
<i>brimonidine tartrate ophth soln 0.15%</i>	3	
<i>brimonidine tartrate ophth soln 0.2%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>methazolamide tab 25 mg</i>	2	
<i>methazolamide tab 50 mg</i>	2	
PHOSPHOLINE IODIDE (<i>echothiophate iodide</i>) 0.125 % RECON SOLN	3	PA, QLC (5 ml/30 days)
<i>pilocarpine hcl ophth soln 1%</i>	1	
<i>pilocarpine hcl ophth soln 2%</i>	1	
<i>pilocarpine hcl ophth soln 4%</i>	1	
RHOPRESSA (<i>netarsudil dimesylate</i>) 0.02 % SOLUTION	3	PA, QLC (1 bottle/month)
SIMBRINZA (<i>brinzolamide-brimonidine tartrate</i>) 1-0.2 % SUSPENSION	3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)

LATANOPROST 0.005 % SOLUTION	1	QLC (5 ml/ month)
<i>latanoprost ophth soln 0.005%</i>	1	QLC (5 ml/ month)
LUMIGAN (<i>bimatoprost</i>) 0.01 % SOLUTION	2	QLC (5 ml/month)
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free) (TRAVOPROST (BAK FREE))</i>	3	ST, QLC (5 ml/month)
VYZULTA (<i>latanoprostene bunod</i>) 0.024 % SOLUTION	3	QLC (1 bottle/month)

OTIC AGENTS (Drugs for the Ears)

<i>acetic acid otic soln 2%</i>	1	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	3	
DERMOTIC (<i>fluocinolone acetonide (otic)</i>) 0.01 % OIL	2	
<i>hydrocortisone w/ acetic acid otic soln 1-2% (HYDROCORTISONE-ACETIC ACID)</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	

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	2	QLC (1 inhaler/month)
ASMANEX (120 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 220 MCG/ACT AER POW BA	2	QLC (1 inhaler/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ASMANEX (14 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 220 MCG/ACT AER POW BA	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	2	QLC (1 inhaler/month)
ASMANEX (60 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 220 MCG/ACT AER POW BA	2	QLC (1 inhaler/month)
ASMANEX (7 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 110 MCG/ACT AER POW BA	2	QLC (1 inhaler/month)
ASMANEX HFA (<i>mometasone furoate (inhalation)</i>) 50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL	2	QLC (1 inhaler/month)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QLC (4 ml/day)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QLC (4 ml/day)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QLC (2 ml/day)
QVAR REDIHALER (<i>beclomethasone dipropionate hfa</i>) 40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA	2	QLC (2 inhalers/month)
XHANCE (<i>fluticasone propionate (nasal)</i>) 93 MCG/ACT EXHU	3	PA, QLC (2 bottles/month)
ANTIHISTAMINES (Drugs for Allergies)		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/)</i>	1	QLC (1 bottle/25 days)
<i>carbinoxamine maleate tab 4 mg</i>	1	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl tab 4 mg</i>	1	
<i>desloratadine tab 5 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
HYDROXYZINE PAMOATE 100 MG CAP	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	1	
ANTILEUKOTRIENES (Drugs for Asthma)		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	QLC (1 tab/day)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	QLC (1 tab/day)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	QLC (1 pack/day)
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	QLC (1 tab/day)
<i>zafirlukast tab 10 mg</i>	2	
<i>zafirlukast tab 20 mg</i>	2	
BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)		
ATROVENT HFA (<i>ipratropium bromide hfa</i>) 17 MCG/ACT AERO SOLN	3	QLC (2 inhalers/month)
INCRUSE ELLIPTA (<i>umeclidinium bromide</i>) 62.5 MCG/ACT AER POW BA	2	QLC (1 inhaler/month)
<i>ipratropium bromide inhal soln 0.02%</i>	1	QLC (120 doses/month)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	QLC (1 bottle/month)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	QLC (3 bottles/month)
SPIRIVA HANDIHALER (<i>tiotropium bromide monohydrate</i>) 18 MCG CAP	2	QLC (30 caps/month)
SPIRIVA RESPIMAT (<i>tiotropium bromide monohydrate</i>) 1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN	2	QLC (1 inhaler/month)
BRONCHODILATORS, SYMPATHOMIMETIC (Drugs for Asthma and COPD Symptoms)		
<i>albuterol hfa (generic proair hfa)</i>	1	QLC (2 inhalers/month)
<i>albuterol hfa (generic proventil hfa)</i>	1	QLC (2 inhalers/month)
<i>albuterol hfa (generic ventolin hfa)</i>	1	QLC (2 inhalers/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	1	QLC (4 bottles/month)
ALBUTEROL SULFATE 2.5 MG/0.5ML NEBU SOLN	1	QLC (5 boxes (150 ml)/ month)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> (ALBUTEROL SULFATE HFA)	1	QLC (2 inhalers/month)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QLC (375 ml/month)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QLC (4 bottles/month)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QLC (5 boxes (375 ml)/month)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QLC (5 boxes (375 ml)/month)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
AUVI-Q (<i>epinephrine (anaphylaxis)</i>) UVI-0.1 MG/0.1ML SOLN -INJ, UVI-0.15 MG/0.15ML SOLN -INJ, UVI-0.3 MG/0.3ML SOLN -INJ	2	QLC (4 injections/30 days; max 6 fills per year)
EPINEPHRINE (<i>epinephrine (anaphylaxis)</i>) 0.15 MG/0.15ML SOLN -INJ, 0.3 MG/0.3ML SOLN -INJ	1	QLC (4 injections/30 days; max 6 fills per year)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	1	QLC (4 injections/30 days; max 6 fills per year)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	QLC (4 injections/30 days; max 6 fills per year)
EPIPEN 2-PAK (<i>epinephrine (anaphylaxis)</i>) -PK 0.3 MG/0.3ML SOLN -INJ	2	QLC (4 injections/30 days; max 6 fills per year)
EPIPEN JR 2-PAK (<i>epinephrine (anaphylaxis)</i>) -PK 0.15 MG/0.3ML SOLN -INJ	2	QLC (4 injections/30 days; max 6 fills per year)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QLC (90 vials/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	1	QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order)
SEREVENT DISKUS (<i>salmeterol xinafoate</i>) 50 MCG/ACT AER POW BA	2	QLC (1 inhaler/month)
STRIVERDI RESPIMAT (<i>olodaterol hcl</i>) 2.5 MCG/ACT AERO SOLN	2	QLC (1 inhaler/month)
VENTOLIN HFA (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AERO SOLN	2	QLC (2 inhalers/month)

CYSTIC FIBROSIS AGENTS

KALYDECO (<i>ivacaftor</i>) 150 MG TAB	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
KALYDECO (<i>ivacaftor</i>) 5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET	4	PA, LA, S (Specialty Drug), QLC (2 packets/day)
KALYDECO (<i>ivacaftor</i>) 50 MG PACKET, 75 MG PACKET	4	PA, LA, S (Specialty Drug), QLC (2 packs/day)
KITABIS PAK (<i>tobramycin</i>) 300 MG/5ML NEBU SOLN	4	PA, LA, S (Specialty Drug), QLC (1 box/2 months)
SYMDEKO (<i>tezacaftor-ivacaftor</i>) 50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
TOBI PODHALER (<i>tobramycin</i>) 28 MG CAP	4	LA, S (Specialty Drug), QLC (224 caps/2 months)
<i>tobramycin nebu soln 300 mg/5ml</i>	3	PA, S (Specialty Drug), QLC (1 box/2 months)

MAST CELL STABILIZERS (Drugs to Block Mast Cells)

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	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>	1	
<i>roflumilast tab 250 mcg</i>	2	PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months)
<i>roflumilast tab 500 mcg</i>	2	PA, QLC (1 tab/day)
<i>theophylline elixir 80 mg/15ml</i>	1	
theophylline elixir 80 mg/15ml (Elixophyllin)	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
THEOPHYLLINE ER ER 100 MG TAB ER 12H, ER 200 MG TAB ER 12H	1	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i> (THEOPHYLLINE ER)	1	
<i>theophylline tab er 12hr 450 mg</i> (THEOPHYLLINE ER)	1	
<i>theophylline tab er 24hr 400 mg</i> (THEOPHYLLINE ER)	1	
<i>theophylline tab er 24hr 600 mg</i> (THEOPHYLLINE ER)	1	
PULMONARY ANTIHYPERTENSIVES (Drugs for Pulmonary Hypertension)		
ADEMPAS (<i>riociguat</i>) 0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB	4	PA, LA, S (Specialty Drug), QLC (3 tabs/day)
<i>ambrisentan tab 10 mg</i>	4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>ambrisentan tab 5 mg</i>	4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>bosentan tab 125 mg</i>	4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>bosentan tab 62.5 mg</i>	4	PA, S (Specialty Drug), QLC (2 tabs/day)
OPSUMIT (<i>macitentan</i>) 10 MG TAB	4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORENITRAM (<i>treprostinil diolamine</i>) 0.125 MG TAB ER, 0.25 MG TAB ER	4	PA, LA, S (Specialty Drug), QLC (9 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 1 MG TAB ER	4	PA, LA, S (Specialty Drug), QLC (42 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 2.5 MG TAB ER	4	PA, LA, S (Specialty Drug), QLC (16 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 5 MG TAB ER	4	PA, LA, S (Specialty Drug), QLC (8 tabs/day)
ORENITRAM MONTH 1 (<i>treprostinil diolamine</i>) 0.25 & 0.25 MG TBER THPK	4	PA, LA, S (Specialty Drug), QLC (168 tabs/28 days)
ORENITRAM MONTH 2 (<i>treprostinil diolamine</i>) 0.15 & 0.5 MG TBER THPK	4	PA, LA, S (Specialty Drug), QLC (336 tabs/28 days)
ORENITRAM MONTH 3 (<i>treprostinil diolamine</i>) 0.125 & 0.25 & 1 MG TBER THPK	4	PA, LA, S (Specialty Drug), QLC (252 tabs/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sildenafil citrate tab 20 mg</i>	1	PA, S (Specialty Drug), QLC (12 tabs/day)
tadalafil tab 20 mg (pah) (Alyq)	4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>tadalafil tab 20 mg (pah)</i> (TADALAFIL (PAH))	4	PA, S (Specialty Drug), QLC (2 tabs/day)
TRACLEER (<i>bosentan</i>) 32 MG TAB SOL	4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)
UPTRAVI (<i>selexipag</i>) 200 & 800 MCG TAB THPK	4	PA, LA, S (Specialty Drug), QLC (200 tabs/6 months)
UPTRAVI (<i>selexipag</i>) 200 MCG TAB	4	PA, LA, S (Specialty Drug), QLC (pckg size #60= 2 tabs/day; pckg size #140= 140 tabs/6 months)
UPTRAVI (<i>selexipag</i>) 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
PULMONARY FIBROSIS AGENTS		
OFEV (<i>nintedanib esylate</i>) 100 MG CAP, 150 MG CAP	4	PA, LA, S (Specialty Drug), QLC (2 caps/day)
PIRFENIDONE 534 MG TAB	4	PA, S (Specialty Drug), QLC (3 tabs/day)
<i>pirfenidone cap 267 mg</i>	4	PA, S (Specialty Drug), QLC (9 caps/day)
<i>pirfenidone tab 267 mg</i>	4	PA, S (Specialty Drug), QLC (9 tabs/day)
<i>pirfenidone tab 801 mg</i>	4	PA, S (Specialty Drug), QLC (3 tabs/day)
RESPIRATORY TRACT AGENTS, OTHER (Drugs for Allergies, Cough, Cold, and Other Conditions)		
<i>acetylcysteine inhal soln 10%</i>	3	
<i>acetylcysteine inhal soln 20%</i>	3	
ADVAIR HFA (<i>fluticasone-salmeterol</i>) 45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL	2	QLC (1 inhaler/month)
ANORO ELLIPTA (<i>umeclidinium-vilanterol</i>) 62.5-25 MCG/ACT AER POW BA	2	QLC (1 inhaler/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BENZONATATE 150 MG CAP	1	
<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>) 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA	2	QLC (1 inhaler/month)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>) 50-25 MCG/INH AER POW BA	2	QLC (1 inhaler (60 blisters)/30 days)
BREZTRI AEROSPHERE (<i>budesonide-glycopyrrolate-formoterol fumarate</i>) 160-9-4.8 MCG/ACT AEROSOL	2	QLC (1 inhaler/30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	2	QLC (1 inhaler/month)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breynd)	2	QLC (1 inhaler/month)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	2	QLC (1 inhaler/month)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breynd)	2	QLC (1 inhaler/month)
COMBIVENT RESPIMAT (<i>ipratropium-albuterol</i>) 20-100 MCG/ACT AERO SOLN	2	QLC (1 inhaler/month)
DULERA (<i>mometasone furoate-formoterol fumarate dihydrate</i>) 50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL	2	QLC (1 inhaler/month)
FASENRA PEN (<i>benralizumab</i>) 30 MG/ML SOLN -INJ	4	PA, S (Specialty Drug), QLC (1 pen/56 days)
<i>flunisolide nasal soln 25 mcg/act (0.025%) (0.0%)</i>	1	QLC (2 bottles/month)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	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	1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QLC (1 inhaler/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)	1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 250-50 mcg/act (Wixela Inhub) -2-	1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act -2-</i>	1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)	1	QLC (1 inhaler/month)
HYDROCOD POLI-CHLORPHE POLI ER (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>) -10-8 MG/5ML SUSP	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)	1	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> (HYDROCODONE BIT-HOMATROP MBR) --1.mg/ml	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) --1.mg/ml	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)	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>	1	QLC (6 boxes [30 doses/box]/month)
NUCALA (<i>mepolizumab</i>) 100 MG/ML SOLN PRSYR	4	PA, LA, S (Specialty Drug), QLC (3 syringes/28 days)
NUCALA (<i>mepolizumab</i>) 40 MG/0.4ML SOLN PRSYR	4	PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)
NUCALA (<i>mepolizumab</i>) NUCL100 MG/ML SOLN -INJ	4	PA, LA, S (Specialty Drug), QLC (3 auto-injectors/28 days)
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i> (PROMETHAZINE-PHENYLEPHRINE) -mg/ml	1	
PROMETHAZINE VC (<i>promethazine & phenylephrine</i>) 6.25-5 MG/5ML SYRUP	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROMETHAZINE VC/CODEINE (<i>promethazine-phenylephrine-codeine</i>) 6.25-5-10 MG/5ML SYRUP	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)	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>	1	
PROMETHAZINE-PHENYLEPHRINE (<i>promethazine & phenylephrine</i>) -6.25-5 MG/5ML SYRUP	1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> (PROMETHAZINE-PHENYLEPH-CODEINE) ---- <i>mg/ml</i>	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)	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> (BROMPHEN-PSEUDOEPH-DM)	1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> (PSEUDOEPH-BROMPHEN-DM)	1	
<i>sodium chloride soln nebu 0.9%</i>	1	
<i>sodium chloride soln nebu 10%</i>	1	
<i>sodium chloride soln nebu 3%</i>	1	
sodium chloride soln nebu 3% (Nebusal)	1	
<i>sodium chloride soln nebu 7%</i>	1	
sodium chloride soln nebu 7% (Pulmosal)	1	
STIOLTO RESPIMAT (<i>tiotropium bromide-olodaterol hcl</i>) 2.5-2.5 MCG/ACT AERO SOLN	2	QLC (1 inhaler/month)
TEZSPIRE (<i>tezepelumab-ekko</i>) 210 MG/1.91ML SOLN -INJ	4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
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	2	QLC (60 blister packs/30 days)

SKELETAL MUSCLE RELAXANTS (Drugs for the Muscle Tightness)

<i>carisoprodol tab 350 mg</i>	1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
carisoprodol tab 350 mg (Vanadom)	1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>cyclobenzaprine hcl tab 10 mg</i>	1	AL1 (Up to 64 yrs old)
<i>cyclobenzaprine hcl tab 5 mg</i>	1	AL1 (Up to 64 yrs old)
<i>methocarbamol tab 500 mg</i>	1	AL1 (Up to 64 yrs old)
<i>methocarbamol tab 750 mg</i>	1	AL1 (Up to 64 yrs old)

SLEEP DISORDER AGENTS (Drugs for Sleep Problems)

SLEEP PROMOTING AGENTS (Drugs for Insomnia)

BELSOMRA (<i>suvorexant</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	2	ST, QLC (1 tab/day)
<i>estazolam tab 1 mg</i>	1	QLC (2 tabs/day)
<i>estazolam tab 2 mg</i>	1	QLC (1 tab/day)
<i>eszopiclone tab 1 mg</i>	1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>eszopiclone tab 2 mg</i>	1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>eszopiclone tab 3 mg</i>	1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>ramelteon tab 8 mg</i>	2	ST, QLC (1 tab/day)
<i>temazepam cap 15 mg</i>	1	QLC (2 caps/day)
<i>temazepam cap 22.5 mg</i>	3	QLC (1 cap/day)
<i>temazepam cap 30 mg</i>	1	QLC (1 cap/day)
<i>temazepam cap 7.5 mg</i>	3	QLC (4 caps/day)
<i>zaleplon cap 10 mg</i>	1	AL1 (Up to 64 yrs old), QLC (2 caps/day)
<i>zaleplon cap 5 mg</i>	1	AL1 (Up to 64 yrs old), QLC (4 caps/day)
<i>zolpidem tartrate tab 10 mg</i>	1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate tab 5 mg</i>	1	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
<i>zolpidem tartrate tab er 12.5 mg</i> (ZOLPIDEM TARTRATE ER)	2	AL1 (Up to 64 yrs old), QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>zolpidem tartrate tab er 6.25 mg</i> (ZOLPIDEM TARTRATE ER)	2	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)		
LUMRYZ (<i>sodium oxybate</i>) 4.5 GM PACKET, 6 GM PACKET, 7.5 GM PACKET, 9 GM PACKET	4	PA, LA, S (Specialty Drug), QLC (1 packet/day)
<i>modafinil tab 100 mg</i>	1	QLC (3 tabs/day)
<i>modafinil tab 200 mg</i>	1	QLC (2 tabs/day)
SUNOSI (<i>solriamfetol hcl</i>) 75 MG TAB, 150 MG TAB	2	PA, QLC (1 tab/day)
XYWAV (<i>calcium, magnesium, potassium, & sodium oxybates</i>) 500 MG/ML SOLUTION	4	PA, LA, QLC (18 ml/day)
WEIGHT LOSS AGENTS		
SAXENDA (<i>liraglutide (weight management)</i>) 18 MG/3ML SOLN PEN	3	PA, QLC (5 pens/month)
WEGOVY (<i>semaglutide (weight management)</i>) 0.25 MG/0.5ML SOLN - INJ, 0.5 MG/0.5ML SOLN -INJ, 1.7 MG/0.75ML SOLN -INJ, 2.4 MG/0.75ML SOLN -INJ	3	PA, QLC (4 pens/month)
WEGOVY (<i>semaglutide (weight management)</i>) 1 MG/0.5ML SOLN -INJ	3	PA, QLC (4 pens/28 days)
ZEPBOUND (<i>tirzepatide (weight management)</i>) 2.5 MG/0.5ML SOLN - INJ, 5 MG/0.5ML SOLN -INJ, 7.5 MG/0.5ML SOLN -INJ, 10 MG/0.5ML SOLN -INJ, 12.5 MG/0.5ML SOLN -INJ, 15 MG/0.5ML SOLN -INJ	3	PA, QLC (4 pens/28 days)

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buprenorphine hcl sl tab 8 mg (base equiv)	9	Butalbital-Aspirin-Caffeine	2
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	9	butalbital-aspirin-caffeine cap 50-325-40 mg	2
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	10	butorphanol tartrate nasal soln 10 mg/ml	6
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bupropion hcl tab er 12hr 150 mg (buPROPion HCl ER (SR))	25	calcipotriene cream 0.005%	109
bupropion hcl tab er 12hr 200 mg (BuPROPion HCl ER (SR))	25	calcipotriene oint 0.005%	109
bupropion hcl tab er 24hr 150 mg (buPROPion HCl ER (XL))	25	calcipotriene oint 0.005% (Calcitrene)	109
bupropion hcl tab er 24hr 300 mg (BuPROPion HCl ER (XL))	25	calcipotriene soln 0.005% (50 mcg/ml)	109
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captopril tab 25 mg	72	carbidopa-levodopa-entacapone tabs 25-100- 200 mg	45
captopril tab 50 mg	72	carbidopa-levodopa-entacapone tabs 31.25- 125-200 mg	45
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carbamazepine tab 200 mg (Epitol)	22	carvedilol tab 25 mg	75
carbamazepine tab er 12hr 100 mg (carBAMazepine ER)	22	carvedilol tab 3.125 mg	75
carbamazepine tab er 12hr 200 mg (carBAMazepine ER)	22	carvedilol tab 6.25 mg	75
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clindamycin hcl cap 300 mg	11	clomipramine hcl cap 75 mg	29
clindamycin hcl cap 75 mg	11	clonazepam orally disintegrating tab 0.125 mg	59
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	11	clonazepam orally disintegrating tab 0.25 mg	59
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Clindamycin Phos-Benzoyl Perox)	104	clonazepam orally disintegrating tab 0.5 mg	59
clindamycin phosphate gel 1%	112	clonazepam orally disintegrating tab 1 mg	59
clindamycin phosphate lotion 1%	112	clonazepam orally disintegrating tab 2 mg	59
clindamycin phosphate soln 1%	112	clonazepam tab 0.5 mg	59
clindamycin phosphate swab 1%	112	clonazepam tab 1 mg	59
clindamycin phosphate swab 1% (Clindacin Etz)	112	clonazepam tab 2 mg	59
clindamycin phosphate swab 1% (Clindacin-P)	112	clonidine hcl tab 0.1 mg	70
clindamycin phosphate vaginal cream 2%	11	clonidine hcl tab 0.2 mg	70
clindamycin phosphate-benzoyl peroxide gel 1-5% (Clindamycin Phos-Benzoyl Perox)	104	clonidine hcl tab 0.3 mg	70
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		clopidogrel bisulfate tab 75 mg (base equiv)	69
		clorazepate dipotassium tab 15 mg	59
		clorazepate dipotassium tab 3.75 mg	59
		clorazepate dipotassium tab 7.5 mg	59
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ezetimibe-simvastatin tab 10-10 mg	90
ezetimibe-simvastatin tab 10-20 mg	90
ezetimibe-simvastatin tab 10-40 mg	90
ezetimibe-simvastatin tab 10-80 mg	90

F

Fabhalta (iptacopan hcl)	68
famciclovir tab 125 mg	58
famciclovir tab 250 mg	58
famciclovir tab 500 mg	58
famotidine for susp 40 mg/5ml	122
famotidine tab 40 mg	122
Farxiga (dapagliflozin propanediol)	91
Fasenra Pen (benralizumab)	178
felbamate tab 400 mg	18
felbamate tab 600 mg	18
felodipine tab er 24hr 10 mg (Felodipine ER) . .	76
felodipine tab er 24hr 2.5 mg (Felodipine ER) .	76
felodipine tab er 24hr 5 mg (Felodipine ER) . .	77
FemCap (cervical caps)	163
Femlyv (norethindrone acet & eth estra)	135
fenofibrate micronized cap 134 mg	88
fenofibrate micronized cap 200 mg	88
fenofibrate micronized cap 67 mg	88
fenofibrate tab 145 mg	88
fenofibrate tab 48 mg	88
fenofibrate tab 54 mg	88
FentaNYL Citrate	6
fentanyl citrate lozenge on a handle 1200 mcg .	6
fentanyl citrate lozenge on a handle 1600 mcg .	6
fentanyl citrate lozenge on a handle 200 mcg .	6
fentanyl citrate lozenge on a handle 400 mcg .	6
fentanyl citrate lozenge on a handle 600 mcg .	6
fentanyl citrate lozenge on a handle 800 mcg .	6
fentanyl td patch 72hr 100 mcg/hr	4
fentanyl td patch 72hr 12 mcg/hr	4
fentanyl td patch 72hr 25 mcg/hr	4
fentanyl td patch 72hr 50 mcg/hr	4
fentanyl td patch 72hr 75 mcg/hr	4
fesoterodine fumarate tab er 24hr 4 mg (Fesoterodine Fumarate ER)	124
fesoterodine fumarate tab er 24hr 8 mg (Fesoterodine Fumarate ER)	124
Fetzima (levomilnacipran hcl)	27
Fetzima Titration (levomilnacipran hcl)	27

Fiasp (insulin aspart (with niacinamide))	64	Fluorouracil (fluorouracil (topical))	109
Fiasp FlexTouch (insulin aspart (with niacinamide))	64	fluorouracil cream 5%	109
Fiasp PenFill (insulin aspart (with niacinamide))	64	fluorouracil soln 5%	109
Fiasp PumpCart (insulin aspart (with niacinamide))	64	FLUoxetine HCl	27
finasteride tab 5 mg	125	FLUoxetine HCl (PMDD)	27
fingolimod hcl cap 0.5 mg (base equiv)	101	fluoxetine hcl cap 10 mg	27
Flarex (fluorometholone acetate)	169	fluoxetine hcl cap 20 mg	27
flavoxate hcl tab 100 mg	124	fluoxetine hcl cap 40 mg	27
flecainide acetate tab 100 mg	73	fluoxetine hcl solution 20 mg/5ml	27
flecainide acetate tab 150 mg	73	fluoxetine hcl tab 10 mg	27
flecainide acetate tab 50 mg	73	fluoxetine hcl tab 20 mg	27
Flexichamber	163	fluphenazine hcl tab 1 mg	48
Flexichamber Adult Mask/Small	163	fluphenazine hcl tab 10 mg	48
Flexichamber Child Mask/Large	163	fluphenazine hcl tab 2.5 mg	48
Flexichamber Child Mask/Small	163	fluphenazine hcl tab 5 mg	48
fluconazole for susp 10 mg/ml	31	Flurbiprofen	3
fluconazole for susp 40 mg/ml	31	Flurbiprofen Sodium	169
fluconazole tab 100 mg	31	flurbiprofen tab 100 mg	3
fluconazole tab 150 mg	31	Flutamide	36
fluconazole tab 200 mg	31	fluticasone propionate cream 0.05%	107
fluconazole tab 50 mg	31	fluticasone propionate nasal susp 50 mcg/act	178
fludrocortisone acetate tab 0.1 mg	127	fluticasone propionate oint 0.005%	107
flunisolide nasal soln 25 mcg/act (0.025%)	178	Fluticasone-Salmeterol	178
fluocinolone acetonide cream 0.01%	107	fluticasone-salmeterol aer powder ba 100-50 mcg/act	178
fluocinolone acetonide cream 0.025%	107	fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)	179
fluocinolone acetonide oil 0.01% (body oil) (Fluocinolone Acetonide Body)	107	fluticasone-salmeterol aer powder ba 250-50 mcg/act	179
fluocinolone acetonide oil 0.01% (scalp oil) (Fluocinolone Acetonide Scalp)	107	fluticasone-salmeterol aer powder ba 250-50 mcg/act (Wixela Inhub)	179
fluocinolone acetonide oint 0.025%	107	fluticasone-salmeterol aer powder ba 500-50 mcg/act	179
fluocinolone acetonide soln 0.01%	107	fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)	179
Fluocinonide	107	fluvastatin sodium cap 20 mg (base equivalent)	88
fluocinonide cream 0.05%	107	fluvastatin sodium cap 40 mg (base equivalent)	88
fluocinonide emulsified base cream 0.05%	107	flvoxamine maleate tab 100 mg	27
fluocinonide gel 0.05%	107		
fluocinonide oint 0.05%	107		
fluocinonide soln 0.05%	107		
fluorometholone ophth susp 0.1%	169		

fluvoxamine maleate tab 25 mg	27	galantamine hydrobromide tab 4 mg	24
fluvoxamine maleate tab 50 mg	27	galantamine hydrobromide tab 8 mg	24
folic acid tab 1 mg	119	ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	151
Folivane-OB (prenatal without a vit w/ fe fum- iron polysacch complex -fa)	113	ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Fyremadel)	151
Follistim AQ (follitropin beta)	129	gatifloxacin ophth soln 0.5%	168
fosamprenavir calcium tab 700 mg (base equiv)	56	GaviLyte-C (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	122
fosfomycin tromethamine powd pack 3 gm (base equivalent)	11	gemfibrozil tab 600 mg	88
fosinopril sodium & hydrochlorothiazide tab 10- 12.5 mg (Fosinopril Sodium-HCTZ)	84	Gemtesa (vibegron)	124
fosinopril sodium & hydrochlorothiazide tab 20- 12.5 mg (Fosinopril Sodium-HCTZ)	84	Genotropin (somatropin)	129
fosinopril sodium tab 10 mg	72	Genotropin MiniQuick (somatropin)	129
fosinopril sodium tab 20 mg	72	Gentak (gentamicin sulfate (ophth))	168
fosinopril sodium tab 40 mg	72	gentamicin sulfate cream 0.1%	11
Fragmin (dalteparin sodium)	66,67	gentamicin sulfate oint 0.1%	11
Furoscix (furosemide)	87	gentamicin sulfate ophth soln 0.3%	168
Furosemide	87	Genvoya (elvitegravir-cobicistat-emtricitabine- tenofovir alafenamide)	53
furosemide oral soln 10 mg/ml	87	Gilenya (fingolimod hcl)	101
furosemide tab 20 mg	87	Gilotrif (afatinib dimaleate)	40
furosemide tab 40 mg	87	glatiramer acetate soln prefilled syringe 20 mg/ml	101
furosemide tab 80 mg	87	glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	101
Fuzeon (enfuvirtide)	56	glatiramer acetate soln prefilled syringe 40 mg/ml	101
Fycompa (perampanel)	18	glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)	101
G		Gleostine (lomustine)	36
gabapentin cap 100 mg	21	glimepiride tab 1 mg	60
gabapentin cap 300 mg	21	glimepiride tab 2 mg	60
gabapentin cap 400 mg	21	glimepiride tab 4 mg	60
gabapentin oral soln 250 mg/5ml	21	gliPiZIDE	60
gabapentin tab 600 mg	21	glipizide tab 10 mg	60
gabapentin tab 800 mg	21	glipizide tab 5 mg	61
galantamine hydrobromide cap er 24hr 16 mg (Galantamine Hydrobromide ER)	24	glipizide tab er 24hr 10 mg (GliPiZIDE ER)	61
galantamine hydrobromide cap er 24hr 24 mg (Galantamine Hydrobromide ER)	24	glipizide tab er 24hr 10 mg (GliPiZIDE XL)	61
galantamine hydrobromide cap er 24hr 8 mg (Galantamine Hydrobromide ER)	24	glipizide tab er 24hr 2.5 mg (GliPiZIDE ER)	61
galantamine hydrobromide tab 12 mg	24	glipizide tab er 24hr 2.5 mg (GliPiZIDE XL)	61
		glipizide tab er 24hr 5 mg (GliPiZIDE ER)	61

glipizide tab er 24hr 5 mg (GlipiZIDE XL)	61	Hadlima PushTouch (adalimumab-bwwd)	156
glipizide-metformin hcl tab 2.5-250 mg	61	Haegarda (c1 esterase inhibitor (human))	152
glipizide-metformin hcl tab 2.5-500 mg	61	halobetasol propionate cream 0.05%	107
glipizide-metformin hcl tab 5-500 mg	61	halobetasol propionate oint 0.05%	107
GlucaGen HypoKit (glucagon hcl (rdna))	63	haloperidol lactate oral conc 2 mg/ml	48
Glucagon Emergency (glucagon (rdna))	63	haloperidol tab 0.5 mg	48
Glucagon Emergency (glucagon hcl)	64	haloperidol tab 1 mg	48
GlyBURIDE Micronized	61	haloperidol tab 10 mg	48
glyburide tab 1.25 mg	61	haloperidol tab 2 mg	48
glyburide tab 2.5 mg	61	haloperidol tab 20 mg	49
glyburide tab 5 mg	61	haloperidol tab 5 mg	49
glyburide-metformin tab 1.25-250 mg	61	Harvoni (ledipasvir-sofosbuvir)	52
glyburide-metformin tab 2.5-500 mg	61	Hemangeol (propranolol hcl)	75
glyburide-metformin tab 5-500 mg	61	Heparin Sodium (Porcine)	67
glycopyrrolate tab 1 mg	121	heparin sodium (porcine) inj 1000 unit/ml	67
glycopyrrolate tab 2 mg	121	heparin sodium (porcine) inj 10000 unit/ml	67
Glyxambi (empagliflozin-linagliptin)	61	heparin sodium (porcine) inj 20000 unit/ml	67
Gralise (gabapentin (once-daily))	99,100	heparin sodium (porcine) inj 5000 unit/ml	67
granisetron hcl tab 1 mg	31	Heparin Sodium (Porcine) PF	67
Grastek (timothy grass pollen allergen extract)	153	heparin sodium (porcine) pf inj 1000 unit/ml	67
griseofulvin microsize susp 125 mg/5ml	32	heparin sodium (porcine) pf inj 5000 unit/0.5ml	67
guanfacine hcl tab 1 mg	70	Homatropaire (homatropine hbr)	167
guanfacine hcl tab 2 mg	70	Horizant (gabapentin enacarbil)	100
guanfacine hcl tab er 24hr 1 mg (base equiv) (guanFACINE HCl ER)	96	HumaLOG (insulin lispro)	64
guanfacine hcl tab er 24hr 2 mg (base equiv) (GuanFACINE HCl ER)	96	HumaLOG Junior KwikPen (insulin lispro)	64
guanfacine hcl tab er 24hr 3 mg (base equiv) (guanFACINE HCl ER)	96	HumaLOG KwikPen (insulin lispro)	64
guanfacine hcl tab er 24hr 4 mg (base equiv) (GuanFACINE HCl ER)	96	HumaLOG Mix 50/50 (insulin lispro protamine & lispro)	64
Guanidine HCl	35	HumaLOG Mix 50/50 KwikPen (insulin lispro protamine & lispro)	64
Gvoke HypoPen 1-Pack (glucagon)	64	HumaLOG Mix 75/25 (insulin lispro protamine & lispro)	64
Gvoke HypoPen 2-Pack (glucagon)	64	HumaLOG Mix 75/25 KwikPen (insulin lispro protamine & lispro)	65
Gvoke Kit (glucagon)	64	HumaLOG Tempo Pen (insulin lispro)	65
Gvoke PFS (glucagon)	64	Humira (2 Pen) (adalimumab)	156
Gynazole-1 (butoconazole nitrate (one dose))	32	Humira (2 Syringe) (adalimumab)	156
H		Humira (adalimumab)	156
Hadlima (adalimumab-bwwd)	156	Humira-CD/UC/HS Starter (adalimumab)	156,157

Humira-Ped<40kg Crohns Starter (adalimumab).....	157	Hydrocortisone Ace-Pramoxine (hydrocortisone acetate w/ pramoxine).....	109
Humira-Ped>/=40kg Crohns Start (adalimumab).....	157	hydrocortisone acetate suppos 25 mg.....	107
Humira-Ped>/=40kg UC Starter (adalimumab).....	157	Hydrocortisone Butyrate.....	107
Humira-Ps/UV/Adol HS Starter (adalimumab).....	157	hydrocortisone butyrate cream 0.1%.....	107
Humira-Psoriasis/Uveit Starter (adalimumab).....	157	hydrocortisone butyrate oint 0.1%.....	107
HumuLIN R U-500 (CONCENTRATED) (insulin regular (human)).....	65	hydrocortisone cream 2.5%.....	107
HumuLIN R U-500 KwikPen (insulin regular (human)).....	65	hydrocortisone cream 2.5% (Ala-Cort).....	107
hydralazine hcl tab 10 mg.....	91	hydrocortisone enema 100 mg/60ml.....	159
hydralazine hcl tab 100 mg.....	91	hydrocortisone lotion 2.5%.....	107
hydralazine hcl tab 25 mg.....	91	hydrocortisone oint 2.5%.....	108
hydralazine hcl tab 50 mg.....	91	hydrocortisone perianal cream 2.5% (Hydrocortisone (Perianal)).....	108
hydrochlorothiazide cap 12.5 mg.....	87	hydrocortisone perianal cream 2.5% (Procto-Med Hc).....	108
hydrochlorothiazide tab 12.5 mg.....	87	hydrocortisone perianal cream 2.5% (Proctosol Hc).....	108
hydrochlorothiazide tab 25 mg.....	88	hydrocortisone perianal cream 2.5% (Proctozone-Hc).....	108
hydrochlorothiazide tab 50 mg.....	88	hydrocortisone tab 10 mg.....	159
Hydrocod Poli-Chlorphe Poli ER (hydrocodone polistirex-chlorpheniramine polistirex).....	179	hydrocortisone tab 20 mg.....	159
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml (Hydrocod Poli-Chlorphe Poli ER)....	179	hydrocortisone tab 5 mg.....	159
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (HYDROcodone Bit-Homatrop MBr).....	179	hydrocortisone valerate cream 0.2%.....	108
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hydromet).....	179	hydrocortisone valerate oint 0.2%.....	108
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (HYDROcodone Bit-Homatrop MBr).....	179	hydrocortisone w/ acetic acid otic soln 1-2% (Hydrocortisone-Acetic Acid).....	171
HYDROcodone-Acetaminophen.....	6	hydromorphone hcl tab 2 mg.....	7
hydrocodone-acetaminophen tab 10-325 mg..	6	hydromorphone hcl tab 4 mg.....	7
hydrocodone-acetaminophen tab 5-325 mg..	6	hydromorphone hcl tab 8 mg.....	7
hydrocodone-acetaminophen tab 7.5-325 mg.	6	hydroxychloroquine sulfate tab 100 mg.....	44
hydrocodone-ibuprofen tab 7.5-200 mg.....	6	hydroxychloroquine sulfate tab 200 mg.....	44
Hydrocortisone (hydrocortisone (topical))....	107	hydroxychloroquine sulfate tab 300 mg.....	44
		hydroxychloroquine sulfate tab 400 mg.....	44
		hydroxyurea cap 500 mg.....	38
		hydroxyzine hcl syrup 10 mg/5ml.....	172
		hydroxyzine hcl tab 10 mg.....	172
		hydroxyzine hcl tab 25 mg.....	172
		hydroxyzine hcl tab 50 mg.....	172
		HydrOXYzine Pamoate.....	172
		hydroxyzine pamoate cap 25 mg.....	173
		hydroxyzine pamoate cap 50 mg.....	173

hyoscyamine sulfate elixir 0.125 mg/5ml	121	Imbruvica (ibrutinib)	40
hyoscyamine sulfate elixir 0.125 mg/5ml (Hyosyne)	121	imipramine hcl tab 10 mg	29
hyoscyamine sulfate sl tab 0.125 mg	121	imipramine hcl tab 25 mg	29
hyoscyamine sulfate sl tab 0.125 mg (Oscimin)	121	imipramine hcl tab 50 mg	29
hyoscyamine sulfate sl tab 0.125 mg (Symax- Sl)	121	imiquimod cream 5%	109
hyoscyamine sulfate soln 0.125 mg/ml	121	Increlex (mecasermin)	129
hyoscyamine sulfate soln 0.125 mg/ml (Hyosyne)	121	Incruse Ellipta (umeclidinium bromide)	173
hyoscyamine sulfate tab 0.125 mg	121	indapamide tab 1.25 mg	88
hyoscyamine sulfate tab 0.125 mg (Oscimin) . .	121	indapamide tab 2.5 mg	88
hyoscyamine sulfate tab disint 0.125 mg	121	indomethacin cap 25 mg	3
hyoscyamine sulfate tab disint 0.125 mg (Ed- Spaz)	121	indomethacin cap 50 mg	3
hyoscyamine sulfate tab disint 0.125 mg (Nulev)	121	indomethacin cap er 75 mg (Indomethacin ER) .	3
hyoscyamine sulfate tab er 12hr 0.375 mg (Hyoscyamine Sulfate ER)	122	Ingrezza (valbenazine tosylate)	100
hyoscyamine sulfate tab er 12hr 0.375 mg (Oscimin Sr)	122	Inlyta (axitinib)	40
hyoscyamine sulfate tab er 12hr 0.375 mg (Symax-Sr)	122	InspiraChamber/Large	163
		InspiraChamber/Medium	163
		InspiraChamber/Mouthpiece	163
		InspiraChamber/Small	163
		Inspirease	163
		Insulin Syringe-Needle U-100	163
		Intelence (etravirine)	54
		Intron A (interferon alfa-2b)	155
		Invirase (saquinavir mesylate)	56
		ipratropium bromide inhal soln 0.02%	173
		ipratropium bromide nasal soln 0.03% (21 mcg/spray)	173
		ipratropium bromide nasal soln 0.06% (42 mcg/spray)	173
		ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	179
		irbesartan tab 150 mg	71
		irbesartan tab 300 mg	71
		irbesartan tab 75 mg	71
		irbesartan-hydrochlorothiazide tab 150-12.5 mg	84
		irbesartan-hydrochlorothiazide tab 300-12.5 mg	84
		Isentress (raltegravir potassium)	53
		Isentress HD (raltegravir potassium)	53
		isoniazid syrup 50 mg/5ml	35
		isoniazid tab 100 mg	35
I			
ibandronate sodium tab 150 mg (base equivalent)	160		
Ibrance (palbociclib)	40		
ibuprofen tab 400 mg	3		
ibuprofen tab 600 mg	3		
ibuprofen tab 800 mg	3		
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	152		
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir)	152		
Ilevro (nepafenac)	169		
imatinib mesylate tab 100 mg (base equivalent)	40		
imatinib mesylate tab 400 mg (base equivalent)	40		

isoniazid tab 300 mg	35
isosorbide dinitrate tab 10 mg	91
isosorbide dinitrate tab 20 mg	91
isosorbide dinitrate tab 30 mg	91
isosorbide dinitrate tab 40 mg	91
isosorbide dinitrate tab 5 mg	91
isosorbide mononitrate tab 10 mg	91
isosorbide mononitrate tab 20 mg	91
isosorbide mononitrate tab er 24hr 120 mg (Isosorbide Mononitrate ER)	91
isosorbide mononitrate tab er 24hr 30 mg (Isosorbide Mononitrate ER)	91
isosorbide mononitrate tab er 24hr 60 mg (Isosorbide Mononitrate ER)	91
isotretinoin cap 10 mg	104
isotretinoin cap 10 mg (Accutane)	104
isotretinoin cap 10 mg (Amnesteem)	104
isotretinoin cap 10 mg (Claravis)	104
isotretinoin cap 10 mg (Myorisan)	104
isotretinoin cap 10 mg (Zenatane)	104
isotretinoin cap 20 mg	104
isotretinoin cap 20 mg (Accutane)	104
isotretinoin cap 20 mg (Amnesteem)	104
isotretinoin cap 20 mg (Claravis)	104
isotretinoin cap 20 mg (Myorisan)	104
isotretinoin cap 20 mg (Zenatane)	104
isotretinoin cap 30 mg	104
isotretinoin cap 30 mg (Accutane)	104
isotretinoin cap 30 mg (Claravis)	104
isotretinoin cap 30 mg (Myorisan)	104
isotretinoin cap 30 mg (Zenatane)	104
isotretinoin cap 40 mg	104
isotretinoin cap 40 mg (Accutane)	104
isotretinoin cap 40 mg (Amnesteem)	105
isotretinoin cap 40 mg (Claravis)	105
isotretinoin cap 40 mg (Myorisan)	105
isotretinoin cap 40 mg (Zenatane)	105
itraconazole cap 100 mg	32
ivabradine hcl tab 5 mg (base equiv)	84
ivabradine hcl tab 7.5 mg (base equiv)	84
ivermectin tab 3 mg	44

J

Jakafi (ruxolitinib phosphate)	40
Janumet (sitagliptin-metformin hcl)	61
Janumet XR (sitagliptin-metformin hcl)	61
Januvia (sitagliptin phosphate)	61
Jardiance (empagliflozin)	91
Jornay PM (methylphenidate hcl)	96
Jublia (efinaconazole)	32
Juluca (dolutegravir sodium-rilpivirine hcl)	53
Jynarque (tolvaptan)	118

K

Kalydeco (ivacaftor)	175
Kerendia (finerenone)	90
Kesimpta (ofatumumab (ms))	101
ketoconazole cream 2%	32
ketoconazole shampoo 2%	32
ketoconazole tab 200 mg	32
ketorolac tromethamine ophth soln 0.4%	169
ketorolac tromethamine ophth soln 0.5%	169
ketorolac tromethamine tab 10 mg	3
Kevzara (sarilumab)	153
Kisqali (200 MG Dose) (ribociclib succinate)	40
Kisqali (400 MG Dose) (ribociclib succinate)	40
Kisqali (600 MG Dose) (ribociclib succinate)	40
Kisqali Femara (200 MG Dose) (ribociclib succinate-letrozole)	40
Kisqali Femara (400 MG Dose) (ribociclib succinate-letrozole)	40
Kisqali Femara (600 MG Dose) (ribociclib succinate-letrozole)	41
Kitabis Pak (tobramycin)	175
Klisyri (250 mg) (tirbanibulin)	109
Klisyri (350 mg) (tirbanibulin)	109
Kloxxado (naloxone hcl)	10
Krintafel (tafenoquine succinate)	44

L

labetalol hcl tab 100 mg	75
labetalol hcl tab 200 mg	75

labetalol hcl tab 300 mg	75	lamotrigine tab er 24hr 50 mg (LamoTRIGine ER)	19
lacosamide oral solution 10 mg/ml	23	lansoprazole cap delayed release 30 mg	123
lacosamide tab 100 mg	23	lapatinib ditosylate tab 250 mg (base equiv)	41
lacosamide tab 150 mg	23	Latanoprost	171
lacosamide tab 200 mg	23	latanoprost ophth soln 0.005%	171
lacosamide tab 50 mg	23	leflunomide tab 10 mg	157
lactulose (encephalopathy) solution 10 gm/15ml (Enulose)	120	leflunomide tab 20 mg	157
lactulose (encephalopathy) solution 10 gm/15ml (Generlac)	120	lenalidomide cap 10 mg	37
lactulose (encephalopathy) solution 10 gm/15ml (Lactulose Encephalopathy)	120	lenalidomide cap 15 mg	37
lactulose solution 10 gm/15ml	120	lenalidomide cap 20 mg	37
lactulose solution 10 gm/15ml (Constulose)	120	lenalidomide cap 25 mg	37
Lagevrio (molnupiravir)	58	lenalidomide cap 5 mg	37
lamivudine oral soln 10 mg/ml	55	lenalidomide caps 2.5 mg	37
lamivudine tab 100 mg (hbv)	52	Lenvima (10 MG Daily Dose) (lenvatinib mesylate)	41
lamivudine tab 150 mg	55	Lenvima (12 MG Daily Dose) (lenvatinib mesylate)	41
lamivudine tab 300 mg	55	Lenvima (14 MG Daily Dose) (lenvatinib mesylate)	41
lamivudine-zidovudine tab 150-300 mg	55	Lenvima (18 MG Daily Dose) (lenvatinib mesylate)	41
lamotrigine tab 100 mg	18	Lenvima (20 MG Daily Dose) (lenvatinib mesylate)	41
lamotrigine tab 100 mg (Subvenite)	19	Lenvima (24 MG Daily Dose) (lenvatinib mesylate)	41
lamotrigine tab 150 mg	19	Lenvima (4 MG Daily Dose) (lenvatinib mesylate)	41
lamotrigine tab 150 mg (Subvenite)	19	Lenvima (8 MG Daily Dose) (lenvatinib mesylate)	41
lamotrigine tab 200 mg	19	letrozole tab 2.5 mg	38
lamotrigine tab 200 mg (Subvenite)	19	leucovorin calcium tab 10 mg	38
lamotrigine tab 25 mg	19	leucovorin calcium tab 15 mg	38
lamotrigine tab 25 mg (Subvenite)	19	leucovorin calcium tab 25 mg	38
lamotrigine tab chewable dispersible 25 mg	19	leucovorin calcium tab 5 mg	38
lamotrigine tab chewable dispersible 5 mg	19	Leukeran (chlorambucil)	36
lamotrigine tab er 24hr 100 mg (LamoTRIGine ER)	19	leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	151
lamotrigine tab er 24hr 200 mg (LamoTRIGine ER)	19	leuprolide acetate inj kit 5 mg/ml	151
lamotrigine tab er 24hr 25 mg (LamoTRIGine ER)	19	levulbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	174
lamotrigine tab er 24hr 250 mg (LamoTRIGine ER)	19		
lamotrigine tab er 24hr 300 mg (LamoTRIGine ER)	19		

levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv).....	174	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Camrese Lo).....	136
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv).....	174	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Levonorgest-Eth Estrad 91-Day).....	136
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....	174	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Lojaimiess).....	136
Levalbuterol Tartrate.....	175	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia).....	136
Levemir (insulin detemir).....	65	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna).....	136
Levemir FlexPen (insulin detemir).....	65	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Camrese).....	136
Levemir FlexTouch (insulin detemir).....	65	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Daysee).....	136
levetiracetam oral soln 100 mg/ml.....	19	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Jaimiess).....	136
levetiracetam tab 1000 mg.....	19	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Levonorgest-Eth Estrad 91-Day).....	136
levetiracetam tab 250 mg.....	19	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Simpesse).....	136
levetiracetam tab 500 mg.....	19	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Iclevia).....	136
levetiracetam tab 500 mg (Roweepra).....	19	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale).....	136
levetiracetam tab 750 mg.....	19	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolessa).....	136
levetiracetam tab er 24hr 500 mg (LevETIRAcetam ER).....	19	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Levonorgest-Eth Estrad 91-Day).....	136
levetiracetam tab er 24hr 750 mg (levETIRAcetam ER).....	19	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin).....	136
Levobunolol HCl.....	170	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle).....	136
levocarnitine oral soln 1 gm/10ml (10%).....	119	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq).....	136
levocarnitine oral soln 1 gm/10ml (10%) (levOCARNitine SF).....	119	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra).....	137
levocarnitine tab 330 mg.....	119	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane).....	137
levoFLOXacin (levofloxacin (ophth)).....	168		
levofloxacin ophth soln 0.5%.....	168		
levofloxacin oral soln 25 mg/ml.....	16		
levofloxacin tab 250 mg.....	16		
levofloxacin tab 500 mg.....	16		
levofloxacin tab 750 mg.....	16		
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Fayosim).....	135		
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Levonorgest-Eth Est & Eth Est).....	135		
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa).....	135		
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Amethia Lo).....	136		

levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla).....	137	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest).....	138
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina).....	137	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonorg-Eth Estrad Triphasic).....	138
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Larissia).....	137	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora (28)).....	138
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina).....	137	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	138
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Levonorgestrel-Ethinyl Estrad).....	137	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst).....	138
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera).....	137	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale).....	138
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia).....	137	levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Joyeaux).....	138
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx).....	137	levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Levonorgest-Eth Estradiol-Iron).....	138
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienva).....	137	levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Minzoya).....	138
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera).....	137	levothyroxine sodium tab 100 mcg.....	148
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Ayuna).....	137	levothyroxine sodium tab 100 mcg (Euthyrox).....	148
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq).....	137	levothyroxine sodium tab 100 mcg (Levoxy).....	148
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal).....	137	levothyroxine sodium tab 112 mcg.....	148
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo).....	137	levothyroxine sodium tab 112 mcg (Euthyrox).....	148
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levonorgestrel-Ethinyl Estrad).....	137	levothyroxine sodium tab 112 mcg (Levoxy).....	148
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30 (28)).....	137	levothyroxine sodium tab 125 mcg.....	148
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Lillow).....	137	levothyroxine sodium tab 125 mcg (Euthyrox).....	148
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa).....	138	levothyroxine sodium tab 125 mcg (Levoxy).....	148
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28).....	138	levothyroxine sodium tab 137 mcg.....	148
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28).....	138	levothyroxine sodium tab 137 mcg (Euthyrox).....	148
		levothyroxine sodium tab 150 mcg.....	149
		levothyroxine sodium tab 150 mcg (Euthyrox).....	149
		levothyroxine sodium tab 150 mcg (Levoxy).....	149
		levothyroxine sodium tab 175 mcg.....	149
		levothyroxine sodium tab 175 mcg (Euthyrox).....	149
		levothyroxine sodium tab 175 mcg (Levoxy).....	149
		levothyroxine sodium tab 200 mcg.....	149
		levothyroxine sodium tab 200 mcg (Euthyrox).....	149
		levothyroxine sodium tab 200 mcg (Levoxy).....	149

levothyroxine sodium tab 25 mcg	149	lisdexamfetamine dimesylate cap 60 mg	95
levothyroxine sodium tab 25 mcg (Euthyrox) .	149	lisdexamfetamine dimesylate cap 70 mg	95
levothyroxine sodium tab 25 mcg (Levoxyl) . .	149	lisdexamfetamine dimesylate chew tab 10	
levothyroxine sodium tab 300 mcg	149	mg	95
levothyroxine sodium tab 50 mcg	149	lisdexamfetamine dimesylate chew tab 20	
levothyroxine sodium tab 50 mcg (Euthyrox) .	149	mg	95
levothyroxine sodium tab 50 mcg (Levoxyl) . .	149	lisdexamfetamine dimesylate chew tab 30	
levothyroxine sodium tab 75 mcg	149	mg	95
levothyroxine sodium tab 75 mcg (Euthyrox) .	149	lisdexamfetamine dimesylate chew tab 40	
levothyroxine sodium tab 75 mcg (Levoxyl) . .	149	mg	95
levothyroxine sodium tab 88 mcg	149	lisdexamfetamine dimesylate chew tab 50	
levothyroxine sodium tab 88 mcg (Euthyrox) .	149	mg	95
levothyroxine sodium tab 88 mcg (Levoxyl) . .	149	lisdexamfetamine dimesylate chew tab 60	
Lexiva (fosamprenavir calcium)	56	mg	95
lidocaine hcl soln 4%	8	lisinopril & hydrochlorothiazide tab 10-12.5 mg	
Lidocaine HCl Urethral/Mucosal	8	(Lisinopril-hydroCHLOROthiazide)	84
lidocaine hcl urethral/mucosal gel prefilled		lisinopril & hydrochlorothiazide tab 20-12.5 mg	
syringe 2%	9	(Lisinopril-Hydrochlorothiazide)	84
lidocaine hcl urethral/mucosal gel prefilled		lisinopril & hydrochlorothiazide tab 20-25 mg	
syringe 2% (Glydo)	9	(Lisinopril-Hydrochlorothiazide)	84
lidocaine hcl viscous soln 2% (Lidocaine Viscous		lisinopril tab 10 mg	72
HCl)	9	lisinopril tab 2.5 mg	72
lidocaine oint 5%	9	lisinopril tab 20 mg	72
lidocaine oint 5% (Premium Lidocaine)	9	lisinopril tab 30 mg	72
lidocaine patch 5%	9	lisinopril tab 40 mg	72
lidocaine patch 5% (Lidocan)	9	lisinopril tab 5 mg	72
lidocaine patch 5% (Tridacaine li)	9	Lithium Carbonate	60
lidocaine patch 5% (Tridacaine lii)	9	lithium carbonate cap 150 mg	60
lidocaine-prilocaine cream 2.5-2.5%	9	lithium carbonate cap 300 mg	60
Lindane	112	lithium carbonate cap 600 mg	60
linezolid for susp 100 mg/5ml	12	lithium carbonate tab 300 mg	60
linezolid tab 600 mg	12	lithium carbonate tab er 300 mg (Lithium	
Linzess (linaclotide)	120	Carbonate ER)	60
liothyronine sodium tab 25 mcg	150	lithium carbonate tab er 450 mg (Lithium	
liothyronine sodium tab 5 mcg	150	Carbonate ER)	60
liothyronine sodium tab 50 mcg	150	lithium oral solution 8 meq/5ml	60
lisdexamfetamine dimesylate cap 10 mg	94	Lo Loestrin Fe (norethindrone acetate-ethinyl	
lisdexamfetamine dimesylate cap 20 mg	94	estradiol-fe fum (biphasic))	138
lisdexamfetamine dimesylate cap 30 mg	94	Lokelma (sodium zirconium cyclosilicate)	119
lisdexamfetamine dimesylate cap 40 mg	94	Lomaira (phentermine hcl)	100
lisdexamfetamine dimesylate cap 50 mg	94		

lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	56	Lybalvi (olanzapine-samidorphan l-malate) . . 25	
lopinavir-ritonavir tab 100-25 mg	56	Lynparza (olaparib)	41
lopinavir-ritonavir tab 200-50 mg	56	Lysodren (mitotane)	38
lorazepam conc 2 mg/ml	59	Lyumjev (insulin lispro-aabc)	65
lorazepam conc 2 mg/ml (Lorazepam Intenso)	59	Lyumjev KwikPen (insulin lispro-aabc)	65
lorazepam tab 0.5 mg	59	Lyumjev Tempo Pen (insulin lispro-aabc)	65
lorazepam tab 1 mg	60	M	
lorazepam tab 2 mg	60	M-Natal Plus (prenatal vit w/ ferrous fumarate-folic acid)	113
Lorbrena (lorlatinib)	41	Mafenide Acetate	112
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Losartan Potassium-HCTZ)	84	mafenide acetate packet for topical soln 5% (50 gm)	113
losartan potassium & hydrochlorothiazide tab 100-25 mg (Losartan Potassium-HCTZ)	84	Magellan Insulin Safety Syr	164
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Losartan Potassium-HCTZ)	84	malathion lotion 0.5%	112
losartan potassium tab 100 mg	71	Maprotiline HCl	25
losartan potassium tab 25 mg	71	Marathon Medical Pentips	164
losartan potassium tab 50 mg	71	maraviroc tab 150 mg	56
Lotemax (loteprednol etabonate)	169	maraviroc tab 300 mg	56
Lotemax SM (loteprednol etabonate)	169	Matulane (procarbazine hcl)	36
loteprednol etabonate ophth susp 0.2%	169	Mavenclad (10 Tabs) (cladribine (multiple sclerosis))	101
loteprednol etabonate ophth susp 0.5%	169	Mavenclad (4 Tabs) (cladribine (multiple sclerosis))	101
lovastatin tab 10 mg	88	Mavenclad (5 Tabs) (cladribine (multiple sclerosis))	102
lovastatin tab 20 mg	89	Mavenclad (6 Tabs) (cladribine (multiple sclerosis))	102
lovastatin tab 40 mg	89	Mavenclad (7 Tabs) (cladribine (multiple sclerosis))	102
loxapine succinate cap 10 mg	49	Mavenclad (8 Tabs) (cladribine (multiple sclerosis))	102
loxapine succinate cap 25 mg	49	Mavenclad (9 Tabs) (cladribine (multiple sclerosis))	102
loxapine succinate cap 5 mg	49	Mavyret (glecaprevir-pibrentasvir)	52
loxapine succinate cap 50 mg	49	Mayzent (siponimod fumarate)	102
Lucemyra (lofexidine hcl)	10	Mayzent Starter Pack (siponimod fumarate)	102
Lumakras (sotorasib)	41	medroxyprogesterone acetate tab 10 mg	147
Lumigan (bimatoprost)	171	medroxyprogesterone acetate tab 2.5 mg	147
Lumryz (sodium oxybate)	182	medroxyprogesterone acetate tab 5 mg	147
Lupkynis (voclosporin)	157	mefloquine hcl tab 250 mg	44
lurasidone hcl tab 120 mg	49		
lurasidone hcl tab 20 mg	49		
lurasidone hcl tab 40 mg	50		
lurasidone hcl tab 60 mg	50		
lurasidone hcl tab 80 mg	50		

megestrol acetate susp 40 mg/ml.....	147	methazolamide tab 25 mg.....	170
megestrol acetate tab 20 mg.....	147	methazolamide tab 50 mg.....	170
megestrol acetate tab 40 mg.....	147	methenamine hippurate tab 1 gm.....	12
Mekinist (trametinib dimethyl sulfoxide).....	41	methimazole tab 10 mg.....	151
Mektovi (binimetinib).....	41	methimazole tab 5 mg.....	151
meloxicam tab 15 mg.....	3	Methitest (methyltestosterone).....	130
meloxicam tab 7.5 mg.....	3	methocarbamol tab 500 mg.....	181
memantine hcl oral solution 2 mg/ml.....	25	methocarbamol tab 750 mg.....	181
memantine hcl tab 10 mg.....	25	Methotrexate Sodium.....	157
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....	25	Methotrexate Sodium (PF).....	157
memantine hcl tab 5 mg.....	25	methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) (Methotrexate Sodium (PF)).....	157
Menest (esterified estrogens).....	138	methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) (Methotrexate Sodium (PF)).....	157
Menopur (menotropins).....	129	methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) (Methotrexate Sodium (PF)).....	157
meperidine hcl tab 50 mg.....	7	methotrexate sodium tab 2.5 mg (base equiv).....	157
mercaptapurine tab 50 mg.....	37	Methoxsalen Rapid.....	110
mesalamine cap er 24hr 0.375 gm (Mesalamine ER).....	159	methoxsalen rapid cap 10 mg.....	110
mesalamine enema 4 gm.....	159	Methyldopa.....	70
mesalamine suppos 1000 mg.....	159	methyldopa tab 250 mg.....	70
mesalamine tab delayed release 1.2 gm.....	159	methyldopa tab 500 mg.....	70
mesna tab 400 mg.....	44	Methyldopa-Hydrochlorothiazide (methyldopa & hydrochlorothiazide).....	84
Mesnex (mesna).....	44	methylergonovine maleate tab 0.2 mg.....	164
metformin hcl tab 1000 mg.....	61	methylergonovine maleate tab 0.2 mg (Methergine).....	164
metformin hcl tab 500 mg.....	61	methylphenidate hcl cap er 10 mg (cd) (Methylphenidate HCl ER (CD)).....	96
metformin hcl tab 850 mg.....	62	methylphenidate hcl cap er 20 mg (cd) (Methylphenidate HCl ER (CD)).....	96
metformin hcl tab er 24hr 500 mg (MetFORMIN HCl ER).....	62	methylphenidate hcl cap er 24hr 10 mg (la) (Methylphenidate HCl ER (LA)).....	96
metformin hcl tab er 24hr 750 mg (metFORMIN HCl ER).....	62	methylphenidate hcl cap er 24hr 10 mg (xr) (Methylphenidate HCl ER (XR)).....	96
Methadone HCl.....	4	methylphenidate hcl cap er 24hr 15 mg (xr) (Methylphenidate HCl ER (XR)).....	96
methadone hcl conc 10 mg/ml.....	4	methylphenidate hcl cap er 24hr 20 mg (la) (Methylphenidate HCl ER (LA)).....	96
methadone hcl conc 10 mg/ml (Methadone Hcl Intensol).....	4		
methadone hcl soln 10 mg/5ml.....	4		
methadone hcl soln 5 mg/5ml.....	4		
methadone hcl tab 10 mg.....	4		
methadone hcl tab 5 mg.....	4		
methadone hcl tab for oral susp 40 mg.....	4		
methadone hcl tab for oral susp 40 mg (Methadose).....	4		

methylphenidate hcl cap er 24hr 20 mg (xr) (Methylphenidate HCl ER (XR)).....	97	methylphenidate hcl tab er osmotic release (osm) 27 mg (Methylphenidate HCl ER (OSM))..	98
methylphenidate hcl cap er 24hr 30 mg (la) (Methylphenidate HCl ER (LA)).....	97	methylphenidate hcl tab er osmotic release (osm) 27 mg (Methylphenidate HCl ER).....	98
methylphenidate hcl cap er 24hr 30 mg (xr) (Methylphenidate HCl ER (XR)).....	97	methylphenidate hcl tab er osmotic release (osm) 36 mg (Methylphenidate HCl ER (OSM))..	98
methylphenidate hcl cap er 24hr 40 mg (la) (Methylphenidate HCl ER (LA)).....	97	methylphenidate hcl tab er osmotic release (osm) 36 mg (Methylphenidate HCl ER).....	98
methylphenidate hcl cap er 24hr 40 mg (xr) (Methylphenidate HCl ER (XR)).....	97	methylphenidate hcl tab er osmotic release (osm) 54 mg (Methylphenidate HCl ER (OSM))..	98
methylphenidate hcl cap er 24hr 50 mg (xr) (Methylphenidate HCl ER (XR)).....	97	methylphenidate hcl tab er osmotic release (osm) 54 mg (Methylphenidate HCl ER).....	98
methylphenidate hcl cap er 24hr 60 mg (la) (Methylphenidate HCl ER (LA)).....	97	methylphenidate hcl tab er osmotic release (osm) 72 mg (Methylphenidate HCl ER (OSM))..	98
methylphenidate hcl cap er 24hr 60 mg (xr) (Methylphenidate HCl ER (XR)).....	97	methylprednisolone tab 16 mg.....	127
methylphenidate hcl cap er 30 mg (cd) (Methylphenidate HCl ER (CD)).....	97	methylprednisolone tab 32 mg.....	127
methylphenidate hcl cap er 40 mg (cd) (Methylphenidate HCl ER (CD)).....	97	methylprednisolone tab 4 mg.....	127
methylphenidate hcl cap er 50 mg (cd) (Methylphenidate HCl ER (CD)).....	97	methylprednisolone tab 8 mg.....	127
methylphenidate hcl chew tab 10 mg.....	97	methylprednisolone tab therapy pack 4 mg (21).....	127
methylphenidate hcl chew tab 2.5 mg.....	97	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	30
methylphenidate hcl chew tab 5 mg.....	97	metoclopramide hcl tab 10 mg (base equivalent).....	30
Methylphenidate HCl ER.....	97	metoclopramide hcl tab 5 mg (base equivalent).....	30
methylphenidate hcl soln 10 mg/5ml.....	97	metolazone tab 10 mg.....	88
methylphenidate hcl soln 5 mg/5ml.....	97	metolazone tab 2.5 mg.....	88
methylphenidate hcl tab 10 mg.....	98	metolazone tab 5 mg.....	88
methylphenidate hcl tab 20 mg.....	98	metoprolol & hydrochlorothiazide tab 100-25 mg (Metoprolol-Hydrochlorothiazide).....	85
methylphenidate hcl tab 5 mg.....	98	metoprolol & hydrochlorothiazide tab 100-50 mg (Metoprolol-Hydrochlorothiazide).....	85
methylphenidate hcl tab er 10 mg (Methylphenidate HCl ER).....	98	metoprolol & hydrochlorothiazide tab 50-25 mg (Metoprolol-Hydrochlorothiazide).....	85
methylphenidate hcl tab er 20 mg (Methylphenidate HCl ER).....	98	metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Metoprolol Succinate ER)....	75
methylphenidate hcl tab er osmotic release (osm) 18 mg (Methylphenidate HCl ER (OSM))..	98	metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Metoprolol Succinate ER)....	75
methylphenidate hcl tab er osmotic release (osm) 18 mg (Methylphenidate HCl ER).....	98	metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Metoprolol Succinate ER)....	75

metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Metoprolol Succinate ER)	75	modafinil tab 100 mg	182
metoprolol tartrate tab 100 mg	75	modafinil tab 200 mg	182
metoprolol tartrate tab 25 mg	75	mometasone furoate cream 0.1%	108
metoprolol tartrate tab 37.5 mg	75	mometasone furoate oint 0.1%	108
metoprolol tartrate tab 50 mg	75	mometasone furoate solution 0.1% (lotion)	108
metoprolol tartrate tab 75 mg	75	Monoject Insulin Syringe	164
metronidazole cream 0.75%	12	Monoject Ultra Comfort Syringe	164
metronidazole cream 0.75% (Rosadan)	12	montelukast sodium chew tab 4 mg (base equiv)	173
metronidazole gel 0.75%	12	montelukast sodium chew tab 5 mg (base equiv)	173
metronidazole gel 0.75% (Rosadan)	12	montelukast sodium oral granules packet 4 mg (base equiv)	173
metronidazole gel 1%	12	montelukast sodium tab 10 mg (base equiv)	173
metronidazole lotion 0.75%	12	Morphine Sulfate	7
metronidazole tab 250 mg	12	morphine sulfate oral soln 10 mg/5ml	7
metronidazole tab 500 mg	12	morphine sulfate oral soln 20 mg/5ml	7
metronidazole vaginal gel 0.75%	12	morphine sulfate tab 15 mg	7
mexiletine hcl cap 150 mg	73	morphine sulfate tab 30 mg	7
mexiletine hcl cap 200 mg	73	morphine sulfate tab er 100 mg (Morphine Sulfate ER)	4
mexiletine hcl cap 250 mg	74	morphine sulfate tab er 15 mg (Morphine Sulfate ER)	4
Miconazole 3 (miconazole nitrate vaginal)	32	morphine sulfate tab er 200 mg (Morphine Sulfate ER)	4
Microchamber	164	morphine sulfate tab er 30 mg (Morphine Sulfate ER)	4
Microspacer	164	morphine sulfate tab er 60 mg (Morphine Sulfate ER)	4
midodrine hcl tab 10 mg	70	Mounjaro (tirzepatide)	62
midodrine hcl tab 2.5 mg	70	Movantik (naloxegol oxalate)	120
midodrine hcl tab 5 mg	70	moxifloxacin hcl ophth soln 0.5% (base equiv)	168
Mifeprex (mifepristone)	127	moxifloxacin hcl tab 400 mg (base equiv)	16
mifepristone tab 200 mg	127	Multaq (dronedarone hcl)	74
minocycline hcl cap 100 mg	17	Multi-Vit-Flor (pediatric multivitamins w/fl)	113
minocycline hcl cap 50 mg	17	Multi-Vitamin/Fluoride (pediatric multivitamins w/fl)	114
minocycline hcl cap 75 mg	18	Multivitamin w/Fluoride (pediatric multivitamins w/fl)	114
minoxidil tab 10 mg	91		
minoxidil tab 2.5 mg	91		
mirtazapine orally disintegrating tab 15 mg	25		
mirtazapine orally disintegrating tab 30 mg	26		
mirtazapine orally disintegrating tab 45 mg	26		
mirtazapine tab 15 mg	26		
mirtazapine tab 30 mg	26		
mirtazapine tab 45 mg	26		
mirtazapine tab 7.5 mg	26		
misoprostol tab 100 mcg	129		
misoprostol tab 200 mcg	129		

Multivitamin/Fluoride (pediatric multivitamins w/fl)	114
mupirocin oint 2%	113
Myalept (metreleptin)	123
mycophenolate mofetil cap 250 mg	158
mycophenolate mofetil for oral susp 200 mg/ml	158
mycophenolate mofetil tab 500 mg	158
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	158
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	158
Myfembree (relugolix-estradiol-norethindrone acetate)	129
Myrbetriq (mirabegron)	124

N

nabumetone tab 500 mg	3
nabumetone tab 750 mg	3
nadolol tab 20 mg	76
nadolol tab 40 mg	76
nadolol tab 80 mg	76
NaFrinse Drops (sodium fluoride)	114
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Orenitram Month 1 (treprostinil diolamine)	176	oxycodone hcl tab 5 mg	8
Orenitram Month 2 (treprostinil diolamine)	176		
Orenitram Month 3 (treprostinil diolamine)	176		
Oriahnn (elagolix sodium-estradiol-norethindrone acetate)	151		
Orilissa (elagolix sodium)	151		
Orladeyo (berotralstat hcl)	152		

oxycodone w/ acetaminophen tab 10-325 mg (Endocet).....	8	peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (PEG-3350/Electrolytes).....	122
oxycodone w/ acetaminophen tab 10-325 mg (Oxycodone-Acetaminophen).....	8	peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-N With Flavor Pack).....	120
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet).....	8	peg 3350-kcl-sod bicarb-nacl for soln 420 gm (PEG 3350-KCl-Na Bicarb-NaCl).....	120
oxycodone w/ acetaminophen tab 2.5-325 mg (oxyCODONE-Acetaminophen).....	8	PEG-Prep (bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride).....	120
oxycodone w/ acetaminophen tab 5-325 mg (Endocet).....	8	Pegasys (peginterferon alfa-2a).....	155
oxycodone w/ acetaminophen tab 5-325 mg (oxyCODONE-Acetaminophen).....	8	PegIntron (peginterferon alfa-2b).....	52
oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet).....	8	Pen Needles.....	165
oxycodone w/ acetaminophen tab 7.5-325 mg (Oxycodone-Acetaminophen).....	8	penicillamine tab 250 mg.....	118
oxyCODONE-Acetaminophen (oxycodone w/ acetaminophen).....	8	Penicillin V Potassium.....	15
Oxycodone-Aspirin.....	8	penicillin v potassium tab 250 mg.....	15
Ozempic (0.25 or 0.5 MG/DOSE) (semaglutide).....	62	penicillin v potassium tab 500 mg.....	15
Ozempic (1 MG/DOSE) (semaglutide).....	62	PenTips.....	165
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P		Perindopril Erbumine.....	72
Panretin (alitretinoin).....	44	perindopril erbumine tab 2 mg.....	72
pantoprazole sodium ec tab 20 mg (base equiv).....	123	perindopril erbumine tab 4 mg.....	72
pantoprazole sodium ec tab 40 mg (base equiv).....	123	perindopril erbumine tab 8 mg.....	72
paromomycin sulfate cap 250 mg.....	11	permethrin cream 5%.....	112
paroxetine hcl tab 10 mg.....	27	perphenazine tab 16 mg.....	30
paroxetine hcl tab 20 mg.....	27	perphenazine tab 2 mg.....	30
paroxetine hcl tab 30 mg.....	27	perphenazine tab 4 mg.....	30
paroxetine hcl tab 40 mg.....	27	perphenazine tab 8 mg.....	30
Paser (aminosalicylic acid).....	35	Perphenazine-Amitriptyline.....	26
Paxlovid (150/100) (nirmatrelvir-ritonavir)....	58	phenazopyridine hcl tab 100 mg.....	126
Paxlovid (300/100) (nirmatrelvir-ritonavir)....	58	phenazopyridine hcl tab 200 mg.....	126
pazopanib hcl tab 200 mg (base equiv).....	42	phendimetrazine tartrate tab 35 mg.....	100
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-G).....	122	Phenelzine Sulfate.....	26
		phenelzine sulfate tab 15 mg.....	26
		phenobarbital elixir 20 mg/5ml.....	21
		phenobarbital tab 100 mg.....	21
		phenobarbital tab 15 mg.....	21
		phenobarbital tab 16.2 mg.....	21
		phenobarbital tab 30 mg.....	21
		phenobarbital tab 32.4 mg.....	21
		phenobarbital tab 60 mg.....	21
		phenobarbital tab 64.8 mg.....	21

phenobarbital tab 97.2 mg	21	Pirfenidone	177
phenoxybenzamine hcl cap 10 mg	70	pirfenidone cap 267 mg	177
phentermine hcl cap 15 mg	100	pirfenidone tab 267 mg	177
phentermine hcl cap 30 mg	100	pirfenidone tab 801 mg	177
phentermine hcl cap 37.5 mg	100	piroxicam cap 10 mg	3
phentermine hcl tab 37.5 mg	100	piroxicam cap 20 mg	3
phenylephrine hcl ophth soln 10%	167	Plegridy (peginterferon beta-1a)	102
phenylephrine hcl ophth soln 10% (Altafrin)	167	Plegridy Starter Pack (peginterferon beta-1a)	102
phenylephrine hcl ophth soln 2.5%	167	PNV Tabs 29-1 (prenatal vit w/ iron carbonyl-folic acid)	114
phenylephrine hcl ophth soln 2.5% (Altafrin)	167	PNV-DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	114
phenytoin chew tab 50 mg	23	PNV-Omega (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3)	114
phenytoin chew tab 50 mg (Phenytoin Infatabs)	23	PNV-Select (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid)	114
phenytoin sodium extended cap 100 mg	23	Pocket Chamber	165
phenytoin sodium extended cap 200 mg	23	Pocket Spacer	165
phenytoin sodium extended cap 200 mg (Phenytek)	23	Podofilox	110
phenytoin sodium extended cap 300 mg	23	podofilox soln 0.5%	110
phenytoin sodium extended cap 300 mg (Phenytek)	23	polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	168
phenytoin susp 125 mg/5ml	23	Pomalyst (pomalidomide)	37
Phexxi (lactic acid-citric acid-potassium bitartrate)	126	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospha 250 Neutral)	126
Phospholine Iodide (echothiophate iodide)	170	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospho-Trin 250 Neutral)	126
pilocarpine hcl ophth soln 1%	170	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phosphorous)	126
pilocarpine hcl ophth soln 2%	170	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-Phos 250 Neutral)	126
pilocarpine hcl ophth soln 4%	170	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Wes-Phos 250 Neutral)	126
pilocarpine hcl tab 5 mg	103	potassium bicarbonate effer tab 25 meq (Effer-K)	114
pilocarpine hcl tab 7.5 mg	103	potassium bicarbonate effer tab 25 meq (K-Prime)	114
pimecrolimus cream 1%	108	potassium bicarbonate effer tab 25 meq (Klor-Con/ef)	115
Pimozide	49		
pioglitazone hcl tab 15 mg (base equiv)	62		
pioglitazone hcl tab 30 mg (base equiv)	62		
pioglitazone hcl tab 45 mg (base equiv)	62		
pioglitazone hcl-metformin hcl tab 15-500 mg	62		
pioglitazone hcl-metformin hcl tab 15-850 mg	62		
Piqray (200 MG Daily Dose) (alpelisib)	42		
Piqray (250 MG Daily Dose) (alpelisib)	42		
Piqray (300 MG Daily Dose) (alpelisib)	42		

potassium chloride cap er 10 meq (Potassium Chloride ER).....	115	pramipexole dihydrochloride tab 0.25 mg	46
potassium chloride cap er 8 meq (Potassium Chloride ER).....	115	pramipexole dihydrochloride tab 0.5 mg	46
Potassium Chloride ER.....	115	pramipexole dihydrochloride tab 0.75 mg	46
potassium chloride microencapsulated crys er tab 10 meq (Klor-Con M10).....	115	pramipexole dihydrochloride tab 1 mg	46
potassium chloride microencapsulated crys er tab 10 meq (Potassium Chloride Crys ER).....	115	pramipexole dihydrochloride tab 1.5 mg	46
potassium chloride microencapsulated crys er tab 15 meq (Klor-Con M15).....	115	prasugrel hcl tab 10 mg (base equiv).....	70
potassium chloride microencapsulated crys er tab 15 meq (Potassium Chloride Crys ER).....	115	prasugrel hcl tab 5 mg (base equiv).....	70
potassium chloride microencapsulated crys er tab 20 meq (Klor-Con M20).....	115	pravastatin sodium tab 10 mg.....	89
potassium chloride microencapsulated crys er tab 20 meq (Potassium Chloride Crys ER).....	115	pravastatin sodium tab 20 mg.....	89
potassium chloride powder packet 20 meq (Klor-Con).....	115	pravastatin sodium tab 40 mg.....	89
potassium chloride powder packet 20 meq (Klor-Con).....	115	pravastatin sodium tab 80 mg.....	89
potassium chloride tab er 10 meq (Klor-Con 10).....	115	praziquantel tab 600 mg.....	44
potassium chloride tab er 10 meq (Potassium Chloride ER).....	115	prazosin hcl cap 1 mg	71
potassium chloride tab er 20 meq (1500 mg) (Potassium Chloride ER).....	115	prazosin hcl cap 2 mg	71
potassium chloride tab er 8 meq (600 mg) (Klor-Con).....	115	prazosin hcl cap 5 mg	71
potassium chloride tab er 8 meq (600 mg) (Potassium Chloride ER).....	115	Prednicarbate	108
potassium citrate & citric acid soln 1100-334 mg/5ml (Potassium Citrate-Citric Acid).....	126	prednisolone acetate ophth susp 1%.....	169
potassium citrate tab er 10 meq (1080 mg) (Potassium Citrate ER).....	115	PrednisoLONE Acetate P-F (prednisolone acetate (ophth)).....	169
potassium citrate tab er 15 meq (1620 mg) (Potassium Citrate ER).....	116	prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (prednisoLONE Sodium Phosphate).....	127
potassium citrate tab er 5 meq (540 mg) (Potassium Citrate ER).....	116	prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) (PrednisoLONE Sodium Phosphate).....	128
potassium phosphate monobasic tab 500 mg (Phospho-Trin K500).....	126	PrednisoLONE Sodium Phosphate.....	128
pramipexole dihydrochloride tab 0.125 mg	46	PrednisoLONE Sodium Phosphate (prednisolone sodium phosphate (ophth)).....	169
		prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).....	128
		prednisolone soln 15 mg/5ml.....	128
		PredniSONE.....	128
		PredniSONE Intensol.....	128
		prednisone tab 1 mg	128
		prednisone tab 10 mg	128
		prednisone tab 2.5 mg	128
		prednisone tab 20 mg	128
		prednisone tab 5 mg	128
		prednisone tab 50 mg	128
		prednisone tab therapy pack 10 mg (21)	128
		prednisone tab therapy pack 10 mg (48)	128

prednisone tab therapy pack 5 mg (21)	128	Prezista (darunavir ethanolate)	57
prednisone tab therapy pack 5 mg (48)	128	Priftin (rifapentine)	35
pregabalin cap 100 mg	100	Primaquine Phosphate	45
pregabalin cap 150 mg	100	primaquine phosphate tab 26.3 mg (15 mg base)	45
pregabalin cap 200 mg	100	Primidone	21
pregabalin cap 225 mg	100	primidone tab 250 mg	21
pregabalin cap 25 mg	101	primidone tab 50 mg	21
pregabalin cap 300 mg	101	Pro Comfort Pen Needles	165
pregabalin cap 50 mg	101	probenecid tab 500 mg	33
pregabalin cap 75 mg	101	ProChamber VHC	165
pregabalin soln 20 mg/ml	101	prochlorperazine maleate tab 10 mg (base equivalent)	30
Pregnyl (chorionic gonadotropin)	129	prochlorperazine maleate tab 5 mg (base equivalent)	30
Premarin (estrogens, conjugated vaginal)	146	prochlorperazine suppos 25 mg	30
Premarin (estrogens, conjugated)	146	prochlorperazine suppos 25 mg (Compro)	30
Premphase (conjugated estrogens- medroxyprogesterone acetate)	146	Proctofoam HC (hydrocortisone acetate w/ pramoxine)	110
Prempro (conjugated estrogens- medroxyprogesterone acetate)	146	progesterone cap 100 mg	147
Prenaissance (prenatal w/o vit a w/ fe fumarate-dss-fa-dha)	116	progesterone cap 200 mg	147
Prenatal (prenatal vit w/ ferrous fumarate-folic acid)	116	Promacta (eltrombopag olamine)	69
Prenatal 19 (prenatal vit w/ docusate-fe fumarate-folic acid)	116	promethazine & phenylephrine syrup 6.25-5 mg/5ml (Promethazine-Phenylephrine)	179
Prenatal 19 (prenatal vit w/ ferrous fumarate- folic acid)	116	promethazine hcl oral soln 6.25 mg/5ml	173
Prenatal Plus (prenatal vit w/ ferrous fumarate- folic acid)	116	promethazine hcl suppos 12.5 mg	30
Prenatal Plus Iron (prenatal vit w/ iron carbonyl-folic acid)	116	promethazine hcl suppos 12.5 mg (Promethegan)	30
Prenatal Plus Vitamin/Mineral (prenatal vit w/ ferrous fumarate-folic acid)	116	promethazine hcl suppos 25 mg	30
Prenatal Vitamin Plus Low Iron (prenatal vit w/ ferrous fumarate-folic acid)	116	promethazine hcl suppos 25 mg (Promethegan)	30
Prenatal-U (prenatal without a vit w/ fe fumarate-folic acid)	116	promethazine hcl tab 12.5 mg	30
PrePLUS (prenatal vit w/ ferrous fumarate-folic acid)	116	promethazine hcl tab 25 mg	30
PreTAB (prenatal vit w/ ferrous fumarate-folic acid)	116	promethazine hcl tab 50 mg	30
Prezcobix (darunavir-cobicistat)	57	Promethazine VC (promethazine & phenylephrine)	179
		Promethazine VC/Codeine (promethazine- phenylephrine-codeine)	180
		promethazine w/ codeine syrup 6.25-10 mg/5ml (Promethazine-Codeine)	180
		promethazine-dm syrup 6.25-15 mg/5ml	180

Promethazine-Phenylephrine (promethazine & phenylephrine).....180
 promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (Promethazine-Phenyleph-Codeine).....180
 Promethegan (promethazine hcl)..... 31
 propafenone hcl cap er 12hr 225 mg (Propafenone HCl ER).....74
 propafenone hcl cap er 12hr 325 mg (Propafenone HCl ER).....74
 propafenone hcl cap er 12hr 425 mg (Propafenone HCl ER).....74
 propafenone hcl tab 150 mg.....74
 propafenone hcl tab 225 mg.....74
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 propranolol hcl cap er 24hr 120 mg (Propranolol HCl ER).....76
 propranolol hcl cap er 24hr 160 mg (Propranolol HCl ER).....76
 propranolol hcl cap er 24hr 60 mg (Propranolol HCl ER).....76
 propranolol hcl cap er 24hr 80 mg (Propranolol HCl ER).....76
 propranolol hcl tab 10 mg.....76
 propranolol hcl tab 20 mg.....76
 propranolol hcl tab 40 mg.....76
 propranolol hcl tab 60 mg.....76
 propranolol hcl tab 80 mg.....76
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 propylthiouracil tab 50 mg.....151
 protriptyline hcl tab 10 mg.....29
 protriptyline hcl tab 5 mg.....29
 Provida OB (prenatal without a vit w/ fe fum-iron polysacch complex -fa).....116
 pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm).....180
 pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromphen-Pseudoeph-DM).....180

pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Pseudoeph-Bromphen-DM).....180
 pyrazinamide tab 500 mg.....36
 Pyridostigmine Bromide.....35
 pyridostigmine bromide tab 60 mg.....35
 pyrimethamine tab 25 mg.....45

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Qsymia (phentermine hcl-topiramate).....100
 QUETiapine Fumarate.....50
 quetiapine fumarate tab 100 mg.....50
 quetiapine fumarate tab 200 mg.....50
 quetiapine fumarate tab 25 mg.....50
 quetiapine fumarate tab 300 mg.....50
 quetiapine fumarate tab 400 mg.....50
 quetiapine fumarate tab 50 mg.....50
 QuilliChew ER (methylphenidate hcl).....98
 Quillivant XR (methylphenidate hcl).....99
 quinapril hcl tab 10 mg.....72
 quinapril hcl tab 20 mg.....72
 quinapril hcl tab 40 mg.....72
 quinapril hcl tab 5 mg.....73
 Quinapril-hydroCHLOROthiazide.....85
 quinapril-hydrochlorothiazide tab 10-12.5 mg.86
 quinapril-hydrochlorothiazide tab 20-12.5 mg.86
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 quinidine gluconate tab er 324 mg (QuiNIDine Gluconate ER).....74
 quiNIDine Sulfate.....74
 quinidine sulfate tab 200 mg.....74
 quinidine sulfate tab 300 mg.....74
 quinine sulfate cap 324 mg.....45
 Qulipta (atogepant).....33
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ramelteon tab 8 mg	181	rifampin cap 150 mg	36
ramipril cap 1.25 mg	73	rifampin cap 300 mg	36
ramipril cap 10 mg	73	riluzole tab 50 mg	92
ramipril cap 2.5 mg	73	RiMANTAdine HCl (rimantadine hydrochloride)	57
ramipril cap 5 mg	73	Rinvoq (upadacitinib)	153
ranolazine tab er 12hr 1000 mg (Ranolazine ER)	86	Rinvoq LQ (upadacitinib)	153
ranolazine tab er 12hr 500 mg (Ranolazine ER)	86	risedronate sodium tab 150 mg	160
rasagiline mesylate tab 0.5 mg (base equiv)	48	risedronate sodium tab 30 mg	160
rasagiline mesylate tab 1 mg (base equiv)	48	risedronate sodium tab 35 mg	160
Rayos (prednisone)	128	risedronate sodium tab 5 mg	160
Rebif (interferon beta-1a)	102	risedronate sodium tab delayed release 35 mg	160
Rebif Rebidose (interferon beta-1a)	102	risperidone soln 1 mg/ml	50
Rebif Rebidose Titration Pack (interferon beta-1a)	102	risperidone tab 0.25 mg	50
Rebif Titration Pack (interferon beta-1a)	102	risperidone tab 0.5 mg	50
Rectiv (nitroglycerin (intra-anal))	92	risperidone tab 1 mg	50
RediTrex (methotrexate (antirheumatic))	158	risperidone tab 2 mg	50
Relenza Diskhaler (zanamivir)	57	risperidone tab 3 mg	50
Relnate DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	116	risperidone tab 4 mg	51
repaglinide tab 0.5 mg	62	RiteFlo	165
repaglinide tab 1 mg	62	ritonavir tab 100 mg	57
repaglinide tab 2 mg	62	rivastigmine tartrate cap 1.5 mg (base equivalent)	24
Repatha (evolocumab)	90	rivastigmine tartrate cap 3 mg (base equivalent)	24
Repatha Pushtronex System (evolocumab)	90	rivastigmine tartrate cap 4.5 mg (base equivalent)	25
Repatha SureClick (evolocumab)	90	rivastigmine tartrate cap 6 mg (base equivalent)	25
Restasis (cyclosporine (ophth))	167	rivastigmine td patch 24hr 13.3 mg/24hr	25
Restasis MultiDose (cyclosporine (ophth))	167	rivastigmine td patch 24hr 4.6 mg/24hr	25
Retacrit (epoetin alfa-epbx)	69	rivastigmine td patch 24hr 9.5 mg/24hr	25
Revlimid (lenalidomide)	37	rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	34
Rexulti (brexpiprazole)	50	rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	34
Reyataz (atazanavir sulfate)	57	rizatriptan benzoate tab 10 mg (base equivalent)	34
Reyvow (lasmiditan succinate)	34	rizatriptan benzoate tab 5 mg (base equivalent)	34
Rhopressa (netarsudil dimesylate)	170		
Ribavirin (ribavirin (hepatitis c))	52		
ribavirin cap 200 mg	52		
ribavirin tab 200 mg	52		
Ridaura (auranofin)	153		
rifabutin cap 150 mg	35		

rocklatan (netarsudil dimesylate-latanoprost)	167
roflumilast tab 250 mcg	175
roflumilast tab 500 mcg	175
ropinirole hydrochloride tab 0.25 mg (ROPINIRole HCl)	46
ropinirole hydrochloride tab 0.5 mg (ROPINIRole HCl)	46
ropinirole hydrochloride tab 1 mg (ROPINIRole HCl)	46
ropinirole hydrochloride tab 2 mg (ROPINIRole HCl)	46
ropinirole hydrochloride tab 3 mg (ROPINIRole HCl)	46
ropinirole hydrochloride tab 4 mg (ROPINIRole HCl)	46
ropinirole hydrochloride tab 5 mg (ROPINIRole HCl)	46
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (rOPINIRole HCl ER)	47
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (ROPINIRole HCl ER)	47
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (rOPINIRole HCl ER)	47
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (ROPINIRole HCl ER)	47
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (rOPINIRole HCl ER)	47
rosuvastatin calcium tab 10 mg	89
rosuvastatin calcium tab 20 mg	89
rosuvastatin calcium tab 40 mg	89
rosuvastatin calcium tab 5 mg	89
Rozlytrek (entrectinib)	42
Ruzurgi (amifampridine)	100
Rybelsus (semaglutide)	62
Rydapt (midostaurin)	42
Rytary (carbidopa-levodopa)	48

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salicylic acid film forming liquid 27.5% (Salicylic Acid Wart Remover)	110
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Saxenda (liraglutide (weight management))	182
Scemblix (asciminib hcl)	42
scopolamine td patch 72hr 1 mg/3days	31
Se-Natal 19 (prenatal vit w/ docusate-fe fumarate-folic acid)	116
Secuado (asenapine)	51
selegiline hcl cap 5 mg	48
selegiline hcl tab 5 mg	48
selenium sulfide lotion 2.5%	108
Selzentry (maraviroc)	56
Semglee (yfgn) (insulin glargine-yfgn)	65
Serevent Diskus (salmeterol xinafoate)	175
sertraline hcl oral concentrate for solution 20 mg/ml	28
sertraline hcl tab 100 mg	28
sertraline hcl tab 25 mg	28
sertraline hcl tab 50 mg	28
sevelamer carbonate packet 0.8 gm	119
sevelamer carbonate packet 2.4 gm	119
sevelamer carbonate tab 800 mg	119
sildenafil citrate tab 100 mg	126
sildenafil citrate tab 20 mg	177
sildenafil citrate tab 25 mg	126
sildenafil citrate tab 50 mg	126
silodosin cap 4 mg	125
silodosin cap 8 mg	125
silver sulfadiazine cream 1%	110
silver sulfadiazine cream 1% (Ssd)	110
Simbrinza (brinzolamide-brimonidine tartrate)	170
Simlandi (1 Pen) (adalimumab-ryvk)	158
Simlandi (1 Syringe) (adalimumab-ryvk)	158
Simlandi (2 Pen) (adalimumab-ryvk)	158
Simlandi (2 Syringe) (adalimumab-ryvk)	158
Simponi (golimumab)	158
simvastatin tab 10 mg	89
simvastatin tab 20 mg	89
simvastatin tab 40 mg	89
simvastatin tab 5 mg	89
simvastatin tab 80 mg	89
sirolimus oral soln 1 mg/ml	158

sirolimus tab 0.5 mg	158	sotalol hcl (afib/afI) tab 120 mg (Sotalol Hcl (af))	74
sirolimus tab 1 mg	158	sotalol hcl (afib/afI) tab 160 mg (Sotalol Hcl (af))	74
sirolimus tab 2 mg	158	sotalol hcl (afib/afI) tab 80 mg (Sotalol Hcl (af))	74
Skyrizi (150 MG Dose) (risankizumab-rzaa)	153	sotalol hcl tab 120 mg	74
Skyrizi (risankizumab-rzaa (crohn's))	153	sotalol hcl tab 120 mg (Sorine)	74
Skyrizi (risankizumab-rzaa)	154	sotalol hcl tab 160 mg	74
Skyrizi Pen (risankizumab-rzaa)	154	sotalol hcl tab 160 mg (Sorine)	74
Skytrofa (lonapegsomatropin-tcgd)	129	sotalol hcl tab 240 mg	74
Slynd (drospirenone)	147	sotalol hcl tab 240 mg (Sorine)	74
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Na Sulfate-K Sulfate-Mg Sulf)	120	sotalol hcl tab 80 mg	74
sodium chloride soln nebu 0.9%	180	sotalol hcl tab 80 mg (Sorine)	74
sodium chloride soln nebu 10%	180	Sotyktu (deucravacitinib)	154
sodium chloride soln nebu 3%	180	Sovaldi (sofosbuvir)	52,53
sodium chloride soln nebu 3% (Nebusal)	180	Spinosad	112
sodium chloride soln nebu 7%	180	Spiriva HandiHaler (tiotropium bromide monohydrate)	173
sodium chloride soln nebu 7% (Pulmosal)	180	Spiriva Respimat (tiotropium bromide monohydrate)	173
Sodium Fluoride	116	spironolactone & hydrochlorothiazide tab 25-25 mg (Spironolactone-HCTZ)	86
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	117	spironolactone tab 100 mg	90
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	117	spironolactone tab 25 mg	90
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	117	spironolactone tab 50 mg	91
sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (NaFrinse)	117	Spritam (levetiracetam)	19,20
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab)	117	SPS (Sodium Polystyrene Sulf) (sodium polystyrene sulfonate)	119
sodium polystyrene sulfonate susp 15 gm/60ml (Kionex)	119	SSS 10-5 (sulfacetamide sodium w/ sulfur)	110
sodium polystyrene sulfonate susp 15 gm/60ml (Sps (sodium Polystyrene Sulf))	119	Stavudine	55
Sodium Sulfacetamide-Bakuchiol (sulfacetamide sodium in bakuchiol vehicle)	110	Stelara (ustekinumab)	154
solifenacin succinate tab 10 mg	124	Stiolto Respimat (tiotropium bromide-olodaterol hcl)	180
solifenacin succinate tab 5 mg	125	Stivarga (regorafenib)	42
Soliqua (insulin glargine-lixisenatide)	62	Strensiq (asfotase alfa)	124
Soolantra (ivermectin (rosacea))	112	Striverdi Respimat (olodaterol hcl)	175
sorafenib tosylate tab 200 mg (base equivalent)	42	sucralfate susp 1 gm/10ml	122
		sucralfate tab 1 gm	122
		Sulfacetamide Sodium (sulfacetamide sodium (ophth))	169

sulfacetamide sodium liquid 10%	110	sulfacetamide sodium w/ sulfur wash 9-4% (Sulfacetamide Sodium-Sulfur)	111
sulfacetamide sodium liquid 10% (Sodium Sulfacetamide Wash)	110	Sulfacetamide Sodium-Sulfur (sulfacetamide sodium w/ sulfur)	111
sulfacetamide sodium lotion 10% (acne) (Sulfacetamide Sodium (Acne))	105	Sulfacetamide-Prednisolone (sulfacetamide sod-prednisolone)	167
sulfacetamide sodium ophth soln 10%	169	sulfadiazine tab 500 mg	17
sulfacetamide sodium shampoo 10% (Sodium Sulfacetamide)	110	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	17
sulfacetamide sodium w/ sulfur cleanser 10-2% (Sulfacetamide Sodium-Sulfur)	110	sulfamethoxazole-trimethoprim tab 400-80 mg	17
sulfacetamide sodium w/ sulfur cleanser 10-5% (Avar Cleanser)	110	sulfamethoxazole-trimethoprim tab 800-160 mg	17
sulfacetamide sodium w/ sulfur cleanser 10-5% (Sulfacetamide Sodium-Sulfur)	110	sulfasalazine tab 500 mg	159
sulfacetamide sodium w/ sulfur cleanser 9-4% (Sulfacetamide Sodium-Sulfur)	110	sulfasalazine tab delayed release 500 mg . . .	159
sulfacetamide sodium w/ sulfur cleanser 9.8- 4.8% (Sulfacetamide Sodium-Sulfur)	111	sulindac tab 150 mg	3
sulfacetamide sodium w/ sulfur cleansing pad 10-4% (Sulfacetamide Sodium-Sulfur)	111	sulindac tab 200 mg	3
sulfacetamide sodium w/ sulfur cream 10-2% (Sulfacetamide Sodium-Sulfur)	111	sumatriptan nasal spray 20 mg/act	34
sulfacetamide sodium w/ sulfur cream 10-5% (Sss 10-5)	111	sumatriptan nasal spray 5 mg/act	34
sulfacetamide sodium w/ sulfur cream 10-5% (Sulfacetamide Sodium-Sulfur)	111	SUMatriptan Succinate	34
sulfacetamide sodium w/ sulfur cream 9.8-4.8% (Sulfacetamide Sodium-Sulfur)	111	sumatriptan succinate inj 6 mg/0.5ml	34
sulfacetamide sodium w/ sulfur lotion 10-5% (Sulfacetamide Sodium-Sulfur)	111	SUMatriptan Succinate Refill	34
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (Sulfacetamide Sodium-Sulfur)	111	sumatriptan succinate solution auto-injector 4 mg/0.5ml	34
sulfacetamide sodium w/ sulfur susp 10-5% (Sulfacetamide Sodium-Sulfur)	111	sumatriptan succinate solution auto-injector 6 mg/0.5ml	34
sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacetamide Sodium-Sulfur)	111	sumatriptan succinate solution cartridge 4 mg/0.5ml (SUMatriptan Succinate Refill)	34
sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacleanse 8/4)	111	sumatriptan succinate solution cartridge 6 mg/0.5ml (SUMatriptan Succinate Refill)	34
sulfacetamide sodium w/ sulfur wash 9-4% (Sulfacetamide Sod-Sulfur Wash)	111	sumatriptan succinate tab 100 mg	34
		sumatriptan succinate tab 25 mg	35
		sumatriptan succinate tab 50 mg	35
		sunitinib malate cap 12.5 mg (base equivalent)	42
		sunitinib malate cap 25 mg (base equivalent) .	42
		sunitinib malate cap 37.5 mg (base equivalent)	42
		sunitinib malate cap 50 mg (base equivalent) .	42
		Sunosi (solriamfetol hcl)	182
		Sure Comfort Pen Needles	165

Symdeko (tezacaftor-ivacaftor)	175
Symproic (naldemedine tosylate)	120
Synarel (nafarelin acetate)	151
Synjardy (empagliflozin-metformin hcl)	63
Synjardy XR (empagliflozin-metformin hcl)	63
Synthroid (levothyroxine sodium)	150

T

Tabloid (thioguanine)	38
Tabrecta (capmatinib hcl)	42
tacrolimus cap 0.5 mg	158
tacrolimus cap 1 mg	159
tacrolimus cap 5 mg	159
tacrolimus oint 0.03%	108
tacrolimus oint 0.1%	108
tadalafil tab 10 mg	125
tadalafil tab 2.5 mg	125
tadalafil tab 20 mg	125
tadalafil tab 20 mg (pah) (Alyq)	177
tadalafil tab 20 mg (pah) (Tadalafil (PAH))	177
tadalafil tab 5 mg	125
Tafinlar (dabrafenib mesylate)	42
Tagrisso (osimertinib mesylate)	43
Takhzyro (lanadelumab-flyo)	152
Talicia (amoxicillin-rifabutin-omeprazole)	122
Talzenna (talazoparib tosylate)	43
tamoxifen citrate tab 10 mg (base equivalent)	37
tamoxifen citrate tab 20 mg (base equivalent)	37
tamsulosin hcl cap 0.4 mg	125
Taron-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	117
Tasigna (nilotinib hcl)	43
Tavalisse (fostamatinib disodium)	70
tazarotene cream 0.05%	105
tazarotene cream 0.1%	105
tazarotene gel 0.05%	105
tazarotene gel 0.1%	105
Tegsedi (inotersen sodium)	124
telmisartan tab 20 mg	71
telmisartan tab 40 mg	71
telmisartan tab 80 mg	71

Telmisartan-Amlodipine	86
telmisartan-amlodipine tab 40-10 mg	86
telmisartan-amlodipine tab 40-5 mg	86
telmisartan-amlodipine tab 80-10 mg	86
telmisartan-amlodipine tab 80-5 mg	86
telmisartan-hydrochlorothiazide tab 40-12.5 mg (Telmisartan-HCTZ)	86
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Telmisartan-HCTZ)	86
telmisartan-hydrochlorothiazide tab 80-25 mg (Telmisartan-HCTZ)	86
temazepam cap 15 mg	181
temazepam cap 22.5 mg	181
temazepam cap 30 mg	181
temazepam cap 7.5 mg	181
Temixys (lamivudine-tenofovir disoproxil fumarate)	55
tenofovir disoproxil fumarate tab 300 mg	55
terazosin hcl cap 1 mg (base equivalent)	71
terazosin hcl cap 10 mg (base equivalent)	71
terazosin hcl cap 2 mg (base equivalent)	71
terazosin hcl cap 5 mg (base equivalent)	71
terbinafine hcl tab 250 mg	32
terconazole vaginal cream 0.4%	32
terconazole vaginal cream 0.8%	32
teriflunomide tab 14 mg	102
teriflunomide tab 7 mg	103
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	160
teriparatide soln pen-inj 600 mcg/2.4ml	160
Testosterone	130
testosterone cypionate im inj in oil 100 mg/ml	130
testosterone cypionate im inj in oil 100 mg/ml (Depo-Testosterone)	130
testosterone cypionate im inj in oil 200 mg/ml	130
testosterone cypionate im inj in oil 200 mg/ml (Depo-Testosterone)	130
Testosterone Enanthate	130
testosterone td gel 12.5 mg/act (1%)	130

testosterone td gel 20.25 mg/1.25gm (1.62%)	130	Tirosint (levothyroxine sodium)	150
testosterone td gel 20.25 mg/act (1.62%)	130	Tirosint-SOL (levothyroxine sodium)	150
testosterone td gel 25 mg/2.5gm (1%)	130	Tivicay (dolutegravir sodium)	53
testosterone td gel 40.5 mg/2.5gm (1.62%)	130	Tivicay PD (dolutegravir sodium)	53
testosterone td gel 50 mg/5gm (1%)	130	tizanidine hcl tab 2 mg (base equivalent)	51
tetracycline hcl cap 250 mg	18	tizanidine hcl tab 4 mg (base equivalent)	51
tetracycline hcl cap 500 mg	18	Tobi Podhaler (tobramycin)	175
Tezspire (tezepelumab-ekko)	180	TobraDex (tobramycin-dexamethasone)	168
Thalomid (thalidomide)	37	tobramycin nebu soln 300 mg/5ml	175
theophylline elixir 80 mg/15ml	175	tobramycin ophth soln 0.3%	169
theophylline elixir 80 mg/15ml (Elixophyllin)	175	tobramycin-dexamethasone ophth susp 0.3-0.1%	168
Theophylline ER	176	tolterodine tartrate cap er 24hr 2 mg (Tolterodine Tartrate ER)	125
theophylline soln 80 mg/15ml	176	tolterodine tartrate cap er 24hr 4 mg (Tolterodine Tartrate ER)	125
theophylline tab er 12hr 300 mg (Theophylline ER)	176	tolterodine tartrate tab 1 mg	125
theophylline tab er 12hr 450 mg (Theophylline ER)	176	tolterodine tartrate tab 2 mg	125
theophylline tab er 24hr 400 mg (Theophylline ER)	176	topiramate cap er 24hr 100 mg (Topiramate ER)	20
theophylline tab er 24hr 600 mg (Theophylline ER)	176	topiramate cap er 24hr 200 mg (Topiramate ER)	20
Thioridazine HCl	49	topiramate cap er 24hr 25 mg (Topiramate ER)	20
thiothixene cap 1 mg	49	topiramate cap er 24hr 50 mg (Topiramate ER)	20
thiothixene cap 10 mg	49	topiramate cap er 24hr sprinkle 100 mg (Topiramate ER)	20
thiothixene cap 2 mg	49	topiramate cap er 24hr sprinkle 150 mg (Topiramate ER)	20
thiothixene cap 5 mg	49	topiramate cap er 24hr sprinkle 200 mg (Topiramate ER)	20
Thrivite Rx (prenatal vit w/ iron carbonyl-folic acid)	117	topiramate cap er 24hr sprinkle 25 mg (Topiramate ER)	20
Thyquidity (levothyroxine sodium)	150	topiramate cap er 24hr sprinkle 50 mg (Topiramate ER)	20
Thyroid	150	topiramate sprinkle cap 15 mg	20
Tibsovo (ivosidenib)	43	topiramate sprinkle cap 25 mg	20
timolol maleate ophth gel forming soln 0.25%	170	topiramate tab 100 mg	20
timolol maleate ophth gel forming soln 0.5%	170	topiramate tab 200 mg	20
timolol maleate ophth soln 0.25%	170	topiramate tab 25 mg	20
timolol maleate ophth soln 0.5%	170		
tinidazole tab 250 mg	12		
tinidazole tab 500 mg	12		
tiopronin tab 100 mg	126		
tiopronin tab delayed release 100 mg	126		
tiopronin tab delayed release 300 mg	126		

topiramate tab 50 mg	20	Tresiba (insulin degludec)	66
toemifene citrate tab 60 mg (base equivalent)	37	Tresiba FlexTouch (insulin degludec)	66
toremide tab 10 mg	87	tretinoin cap 10 mg	44
toremide tab 100 mg	87	tretinoin cream 0.025%	105
toremide tab 20 mg	87	tretinoin cream 0.05%	105
toremide tab 5 mg	87	tretinoin cream 0.1%	105
Toujeo Max SoloStar (insulin glargine)	66	tretinoin gel 0.01%	105
Toujeo SoloStar (insulin glargine)	66	tretinoin gel 0.025%	105
Tracleer (bosentan)	177	tretinoin gel 0.05%	105
traMADol HCl (ER Biphasic)	4	Tri-Vite/Fluoride (pediatric vitamins acid w/ fluoride)	120
tramadol hcl tab 100 mg	8	triamcinolone acetonide cream 0.025%	108
tramadol hcl tab 50 mg	8	triamcinolone acetonide cream 0.1%	108
tramadol hcl tab er 24hr 100 mg (TraMADol HCl ER)	5	triamcinolone acetonide cream 0.1% (Triderm)	108
tramadol hcl tab er 24hr 200 mg (TraMADol HCl ER)	5	triamcinolone acetonide cream 0.5%	108
tramadol hcl tab er 24hr 300 mg (TraMADol HCl ER)	5	triamcinolone acetonide cream 0.5% (Triderm)	108
tramadol hcl tab er 24hr biphasic release 100 mg (traMADol HCl (ER Biphasic))	5	triamcinolone acetonide dental paste 0.1%	103
tramadol hcl tab er 24hr biphasic release 200 mg (traMADol HCl (ER Biphasic))	5	triamcinolone acetonide dental paste 0.1% (Kourzeq)	103
tramadol hcl tab er 24hr biphasic release 300 mg (traMADol HCl (ER Biphasic))	5	triamcinolone acetonide dental paste 0.1% (Oralene)	103
tramadol-acetaminophen tab 37.5-325 mg	8	triamcinolone acetonide lotion 0.025%	108
trandolapril tab 1 mg	73	triamcinolone acetonide lotion 0.1%	108
trandolapril tab 2 mg	73	triamcinolone acetonide oint 0.025%	108
trandolapril tab 4 mg	73	triamcinolone acetonide oint 0.1%	108
tranexamic acid tab 650 mg	69	triamcinolone acetonide oint 0.5%	108
tranylcypromine sulfate tab 10 mg	26	triamterene & hydrochlorothiazide cap 37.5-25 mg (Triamterene-HCTZ)	86
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travoprost (BAK Free))	171	triamterene & hydrochlorothiazide tab 37.5-25 mg (Triamterene-HCTZ)	86
trazodone hcl tab 100 mg	28	triamterene & hydrochlorothiazide tab 75-50 mg (Triamterene-HCTZ)	86
trazodone hcl tab 150 mg	28	TriCare (prenatal vit w/ ferrous fumarate-folic acid)	117
trazodone hcl tab 300 mg	28	trifluoperazine hcl tab 1 mg (base equivalent)	49
trazodone hcl tab 50 mg	28	trifluoperazine hcl tab 10 mg (base equivalent)	49
Trecator (ethionamide)	36	trifluoperazine hcl tab 2 mg (base equivalent)	49
Trelegy Ellipta (fluticasone-umeclidinium-vilanterol)	180	trifluoperazine hcl tab 5 mg (base equivalent)	49
Tremfya (guselkumab)	154		

Trifluridine	169
Trihexyphenidyl HCl	45
trihexyphenidyl hcl oral soln 0.4 mg/ml	45
trihexyphenidyl hcl tab 2 mg	45
trihexyphenidyl hcl tab 5 mg	45
Trijardy XR (empagliflozin-linagliptin-metformin)	63
trimethobenzamide hcl cap 300 mg	31
Trimethoprim	12
trimethoprim tab 100 mg	12
trimipramine maleate cap 100 mg	30
trimipramine maleate cap 25 mg	30
trimipramine maleate cap 50 mg	30
Trinatal Rx 1 (prenatal vit w/ ferrous fumarate-folic acid)	117
Trinate (prenatal vit w/ ferrous fumarate-folic acid)	117
Trintellix (vortioxetine hbr)	28
Triumeq (abacavir-dolutegravir-lamivudine)	55
Triumeq PD (abacavir-dolutegravir-lamivudine)	55
tropicamide ophth soln 0.5%	168
tropicamide ophth soln 1%	168
tropium chloride cap er 24hr 60 mg (Tropium Chloride ER)	125
tropium chloride tab 20 mg	125
Trulance (plecanatide)	120
Trulicity (dulaglutide)	63
Tyblume (levonorgestrel & eth estradiol)	146
Tyenne (tocilizumab-aazg)	154
Tymlos (abaloparatide)	160
Tyvaya (varenicline tartrate (cholinergic agonist))	168

U

Ubrelvy (ubrogepant)	33
Udenyca (pegfilgrastim-cbqv)	69
UltiCare Insulin Safety Syr	165
Ultilet Insulin Syringe	165
Uptravi (selexipag)	177
ursodiol cap 300 mg	122

ursodiol tab 250 mg	122
ursodiol tab 500 mg	122

V

valacyclovir hcl tab 1 gm	58
valacyclovir hcl tab 500 mg	58
valganciclovir hcl for soln 50 mg/ml (base equiv)	51
valganciclovir hcl tab 450 mg (base equivalent)	52
valproate sodium oral soln 250 mg/5ml (base equiv) (Valproic Acid)	20
valproic acid cap 250 mg	20
valsartan tab 160 mg	71
valsartan tab 320 mg	71
valsartan tab 40 mg	71
valsartan tab 80 mg	71
valsartan-hydrochlorothiazide tab 160-12.5 mg	86
valsartan-hydrochlorothiazide tab 160-25 mg	86
valsartan-hydrochlorothiazide tab 320-12.5 mg	86
valsartan-hydrochlorothiazide tab 320-25 mg	87
valsartan-hydrochlorothiazide tab 80-12.5 mg	87
Valtoco 10 MG Dose (diazepam (anticonvulsant))	21
Valtoco 15 MG Dose (diazepam (anticonvulsant))	22
Valtoco 20 MG Dose (diazepam (anticonvulsant))	22
Valtoco 5 MG Dose (diazepam (anticonvulsant))	22
vancomycin hcl cap 125 mg (base equivalent)	12
vancomycin hcl cap 250 mg (base equivalent)	12
varenicline tartrate tab 0.5 mg (base equiv)	11
varenicline tartrate tab 1 mg (base equiv)	11
varenicline tartrate tab 1 mg (base equiv) (Varenicline Tartrate(Continue))	11

varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack (Varenicline Tartrate (Starter))	11	Vinate II (prenatal vit w/ fe bisglycinate chelate-folic acid)	117
Varubi (180 MG Dose) (rolapitant hcl)	31	Vinate One (prenatal vit w/ ferrous fumarate-folic acid)	117
Vascepa (icosapent ethyl)	90	Viracept (nelfinavir mesylate)	57
Velivet (desogestrel-ethinyl estradiol (triphasic))	146	Viread (tenofovir disoproxil fumarate)	55
Velphoro (sucroferric oxyhydroxide)	119	Virt-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	117
Veltassa (patiromer sorbitex calcium)	119	Virt-Nate DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	117
Vemlidy (tenofovir alafenamide fumarate)	52	Virt-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	117
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Venlafaxine HCl ER)	28	Virt-PN Plus (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3)	117
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Venlafaxine HCl ER)	28	Vitathely with Ginger (prenatal vit w/ ferrous fumarate-folic acid)	117
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Venlafaxine HCl ER)	28	Vitrakvi (larotrectinib sulfate)	43
venlafaxine hcl tab 100 mg (base equivalent)	28	Viva DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	118
venlafaxine hcl tab 25 mg (base equivalent)	28	Vizimpro (dacomitinib)	43
venlafaxine hcl tab 37.5 mg (base equivalent)	28	voriconazole for susp 40 mg/ml	32
venlafaxine hcl tab 50 mg (base equivalent)	28	voriconazole tab 200 mg	32
venlafaxine hcl tab 75 mg (base equivalent)	28	voriconazole tab 50 mg	32
Ventolin HFA (albuterol sulfate)	175	Vortex Hold Chmbr/Mask/Child	165
verapamil hcl cap er 24hr 120 mg (Verapamil HCl ER)	80	Vortex Hold Chmbr/Mask/Toddler	165
verapamil hcl cap er 24hr 180 mg (Verapamil HCl ER)	80	Vortex Valve Chamber-Pedi Mask	165
verapamil hcl cap er 24hr 240 mg (Verapamil HCl ER)	80	Vortex Valved Holding Chamber	165
Verapamil HCl ER	80	Vosevi (sofosbuvir-velpatasvir-voxilaprevir)	53
verapamil hcl tab 120 mg	80	Vowst (fecal microbiota spores, live-brpk)	165
verapamil hcl tab 40 mg	80	Vraylar (cariprazine hcl)	51
verapamil hcl tab 80 mg	80	Vtama (tapinarof)	109
verapamil hcl tab er 120 mg (Verapamil HCl ER)	80	Vumerity (diroximel fumarate)	103
verapamil hcl tab er 180 mg (Verapamil HCl ER)	80	Vyleesi (bremelanotide acetate)	100
verapamil hcl tab er 240 mg (Verapamil HCl ER)	80	Vyvanse (lisdexamfetamine dimesylate)	95
Verquvo (vericiguat)	87	Vyzulta (latanoprostene bunod)	171
Verzenio (abemaciclib)	43		
Viberzi (eluxadoline)	121	W	
		warfarin sodium tab 1 mg	67
		warfarin sodium tab 1 mg (Jantoven)	67
		warfarin sodium tab 10 mg	67
		warfarin sodium tab 10 mg (Jantoven)	67

warfarin sodium tab 2 mg	67
warfarin sodium tab 2 mg (Jantoven)	67
warfarin sodium tab 2.5 mg	67
warfarin sodium tab 2.5 mg (Jantoven)	67
warfarin sodium tab 3 mg	67
warfarin sodium tab 3 mg (Jantoven)	67
warfarin sodium tab 4 mg	67
warfarin sodium tab 4 mg (Jantoven)	67
warfarin sodium tab 5 mg	68
warfarin sodium tab 5 mg (Jantoven)	68
warfarin sodium tab 6 mg	68
warfarin sodium tab 6 mg (Jantoven)	68
warfarin sodium tab 7.5 mg	68
warfarin sodium tab 7.5 mg (Jantoven)	68
Wegovy (semaglutide (weight management))	182
WesCap-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	118
WesCap-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	118
WesNate DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	118
WesTab Plus (prenatal vit w/ ferrous fumarate-folic acid)	118
Wide-Seal Diaphragm 60 (diaphragm wide seal)	165
Wide-Seal Diaphragm 65 (diaphragm wide seal)	165
Wide-Seal Diaphragm 70 (diaphragm wide seal)	166
Wide-Seal Diaphragm 75 (diaphragm wide seal)	166
Wide-Seal Diaphragm 80 (diaphragm wide seal)	166
Wide-Seal Diaphragm 85 (diaphragm wide seal)	166
Wide-Seal Diaphragm 90 (diaphragm wide seal)	166
Wide-Seal Diaphragm 95 (diaphragm wide seal)	166
Winlevi (clascoterone)	105

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Xalkori (crizotinib)	43
Xarelto (rivaroxaban)	68
Xarelto Starter Pack (rivaroxaban)	68
Xcopri (250 MG Daily Dose) (cenobamate)	23
Xcopri (350 MG Daily Dose) (cenobamate)	23
Xcopri (cenobamate)	20,23
Xeljanz (tofacitinib citrate)	154
Xeljanz XR (tofacitinib citrate)	154
Xgeva (denosumab)	43
Xhance (fluticasone propionate (nasal))	172
Xifaxan (rifaximin)	12,13
Xigduo XR (dapagliflozin propanediol-metformin hcl)	63
Xigduo XR (dapagliflozin-metformin hcl)	63
Xofluza (40 MG Dose) (baloxavir marboxil)	57
Xofluza (80 MG Dose) (baloxavir marboxil)	57
Xolair (omalizumab)	154
Xtampza ER (oxycodone)	5
Xtandi (enzalutamide)	36
Xultophy (insulin degludec-liraglutide)	63
Xyosted (testosterone enanthate)	130
Xywav (calcium, magnesium, potassium, & sodium oxybates)	182

Y

Yonsa (abiraterone acetate)	37
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Z

zafirlukast tab 10 mg	173
zafirlukast tab 20 mg	173
zaleplon cap 10 mg	181
zaleplon cap 5 mg	181
Zarxio (filgrastim-sndz)	69
Zatean-Pn DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	118
Zatean-Pn Plus (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3)	118
Zegalogue (dasiglucagon hcl)	64
Zejula (niraparib tosylate)	43

Zelboraf (vemurafenib).....	43
Zenpep (pancrelipase (lipase-protease- amylase)).....	124
Zepbound (tirzepatide (weight management)).....	182
Zeposia (ozanimod hcl).....	103
Zeposia 7-Day Starter Pack (ozanimod hcl) ..	103
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zidovudine cap 100 mg.....	55
zidovudine syrup 10 mg/ml.....	55
zidovudine tab 300 mg.....	55
Zilxi (minocycline hcl micronized (rosacea))..	105
ziprasidone hcl cap 20 mg.....	51
ziprasidone hcl cap 40 mg.....	51
ziprasidone hcl cap 60 mg.....	51
ziprasidone hcl cap 80 mg.....	51
Zolanza (vorinostat).....	38
zolmitriptan orally disintegrating tab 2.5 mg ..	35
zolmitriptan orally disintegrating tab 5 mg...	35
zolmitriptan tab 2.5 mg.....	35
zolmitriptan tab 5 mg.....	35
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NOTICES AVAILABLE ONLINE

Nondiscrimination and Language Assistance Services

Blue Shield complies with applicable state and federal civil rights laws. We also offer language assistance services at no additional cost.

View our nondiscrimination notice and language assistance notice: blueshieldca.com/notices. You can also call for language assistance services: **(866) 346-7198 (TTY: 711)**.

If you are unable to access the website above and would like to receive a copy of the nondiscrimination notice and language assistance notice, please call Customer Care at **(888) 256-3650 (TTY: 711)**.

Grievances

You can file a grievance online, by mail, or by phone. If you need help, call Customer Service at **(800) 393-6130 (TTY: 711)**. blueshieldca.com/grievance.

Servicios de asistencia en idiomas y avisos de no discriminación

Blue Shield cumple con las leyes de derechos civiles federales y estatales aplicables. También, ofrecemos servicios de asistencia en idiomas sin costo adicional.

Vea nuestro aviso de no discriminación y nuestro aviso de asistencia en idiomas en blueshieldca.com/notices. Para obtener servicios de asistencia en idiomas, también puede llamar al **(866) 346-7198 (TTY: 711)**.

Si no puede acceder al sitio web que aparece arriba y desea recibir una copia del aviso de no discriminación y del aviso de asistencia en idiomas, llame a Atención al Cliente al **(888) 256-3650 (TTY: 711)**.

Reclamos

Puede hacer un reclamo por Internet, correo postal o por teléfono. Si necesita ayuda, llame a Servicio al Cliente al **(800) 393-6130 (TTY: 711)**. blueshieldca.com/grievance.

非歧視通知和語言協助服務

Blue Shield 遵守適用的州及聯邦政府的民權法。同時，我們免費提供語言協助服務。

如需檢視我司的非歧視通知和語言幫助通知，請造訪 blueshieldca.com/notices。您還可致電尋求語言協助服務：**(866) 346-7198 (TTY: 711)**。

如果您無法造訪上述網站，且希望收到一份非歧視通知和語言幫助通知的副本，請致電客戶服務部，電話：**(888) 256-3650 (TTY: 711)**。

申訴

線上：您可透過線上、郵遞或電話來提出申訴。如果您需要幫助，請致電客戶服務部，電話：**(800) 393-6130 (TTY: 711)**。blueshieldca.com/grievance。

Blue Shield of California Life & Health Insurance Company

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Discrimination is against the law

Blue Shield of California Life & Health Insurance Company complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California Life & Health Insurance Company does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Blue Shield Life:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
 - Qualified sign language interpreters
 - Written information in other formats (including large print, audio, accessible electronic formats, and other formats)
- Provides language services at no cost to people whose primary language is not English such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Blue Shield Life Civil Rights Coordinator.

If you believe that Blue Shield Life has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with:

Blue Shield of California Life & Health Insurance Company Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007
Phone: (844) 831-4133 (TTY: 711)
Fax: (844) 696-6070
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You may also contact the California Department of Insurance if you believe that Blue Shield of California Life & Health Insurance Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. You can file a grievance with:

California Department of Insurance
Consumer Communications Bureau
300 S. Spring Street, South Tower
Los Angeles, CA 90013

Phone: 1-800-927-HELP (4357) or TDD 1-800-482-4833

Complaint forms are available at

www.insurance.ca.gov/01-consumers/101-help

If you believe that you have not been provided these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201

(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at

www.hhs.gov/ocr/office/file/index.html.

Notice of the Availability of Language Assistance Services

Blue Shield of California Life & Health Insurance Company

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-866-346-7198. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-866-346-7198. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

免費語言服務。 您可獲得口譯員服務。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-866-346-7198 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch. Quý vị có thể được người khác đọc giúp các tài liệu và nhận một số tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-866-346-7198. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-866-346-7198번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-866-346-7198. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

Անվճար Լեզվական Ծառայություններ: Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-866-346-7198 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք: Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-866-346-7198. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance), по телефону 1-800-927-4357. Russian

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または1-866-346-7198までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

خدمات مجانی مربوط به زبان. میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگوئید مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است و یا این شماره 1-866-346-7198 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਬਾਰੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-866-346-7198 'ਤੇ ਸਾਨੂੰ ਫੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫੋਨ ਕਰੋ। Punjabi

សេវាកម្មភាសាភាគីតិចថ្លៃ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមានបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-866-346-7198 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول علي مترجم و قراءة الوثائق لك باللغة العربية. للحصول علي المساعدة، اتصل علي الرقم المبين علي بطاقة عضويتك أو علي الرقم 1-866-346-7198. للحصول علي المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا علي الرقم 1-800-927-4357. Arabic

Cov Kev Pab Txhais Lus Tsis Them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-866-346-7198. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

บริการทางภาษาอย่างไม่เสียค่าใช้จ่าย คุณสามารถรับบริการจากล่าม รวมถึงให้เจ้าหน้าที่อ่านเอกสารให้คุณฟัง หรือส่งเอกสารบางส่วนในภาษาของคุณไปหาคุณได้ หากต้องการความช่วยเหลือ กรุณาโทรศัพท์ตามหมายเลขที่ระบุอยู่ด้านหลังบัตรประจำตัวของคุณ หรือ ที่หมายเลข 1-866-346-7198 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรมาที่ กรมการประกันภัยแห่งมลรัฐแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 Thai

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया की सेवा प्राप्त कर सकते हैं। आप दस्तावेजों को पढ़वा के सुन सकते हैं और कुछ को अपनी भाषा में स्वयं को भिजवा सकते हैं। सहायता के लिए, अपने ID कार्ड पर दिए गए नंबर पर, या 1-866-346-7198 पर हमें फ़ोन करें। अधिक सहायता के लिए कैलीफोर्निया बीमा विभाग (CA Dept. of Insurance) को 1-800-927-4357 पर फ़ोन करें। Hindi

Doo bááh ílínígó saad bee yát'i' bee aná'áwo'. Díí shá ata'halne'dooígí hólóq̄doo nínízingo éí bííghah. Naaltsoos naanináhájeehígí shich'í' yíidooltah éí doodagó ía' shich'í' ádoolnííł nínízingo bííghah. Shíká a'doowoł nínízingo nihich'í' béesh bee hodiílnih dóo námbóo éí díí ninaaltsoos dootł'ízhígí bee néího'díłzinígí bine'dée' bikáá' éí doodagó éí (866)346-7198jí' hodiílnih. Hózhó shíká anáá'doowoł nínízingo éí díí béeso ách'áah naa'nil bił haz'áají' 1-800-927-4357jí' hodiílnih. Navajo

ບໍລິການແປພາສາໂດຍບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍເອົາຜູ້ແປພາສາໄດ້. ທ່ານສາມາດຂໍໃຫ້ອ່ານເອກະສານໃຫ້ທ່ານຟັງ ແລະ ສົ່ງເອກະສານບາງຢ່າງທີ່ເປັນພາສາຂອງທ່ານ. ສໍາລັບຄວາມຊ່ວຍເຫຼືອ, ໃຫ້ໂທຫາພວກເຮົາຕາມເບີໂທລະສັບທີ່ມີໃນບັດປະຈໍາຕົວຂອງທ່ານ ຫຼື ໂທຫາເບີ1-866-346-7198. ສໍາລັບຄວາມຊ່ວຍເຫຼືອເພີ່ມເຕີມໂທຫາ ພະແນກ ປະກັນໄພຂອງລັດຄາລິຟໍເນຍໄດ້ທີ່ເບີ1-800-927-4357. Laotian

Blue Shield Pharmacy Services
P.O. Box 2080
Oakland, CA 94604-9716

Blue Shield of California is an independent member of the Blue Shield Association