



Standard Drug Formulary

January 2027

Blue Shield of California

This formulary corresponds with the following plans:

IFP: \$0 Cost Share, Bronze 60 HDHP PPO, Bronze 60, Bronze 7250 PPO, Bronze 7500 Trio HMO, Gold 80, Minimum Coverage PPO, Platinum 90, Silver 1850 PPO, Silver 2800 HDHP PPO, Silver 70 Off Exchange, Silver 70, Silver 73, Silver 87, Silver 94

Small Group: Bronze Access+ HMO, Bronze Full PPO, Bronze Full PPO Savings, Bronze Local Access+, Bronze Tandem PPO, Bronze Tandem PPO Savings, Bronze 60, Bronze Trio HMO 7000/65, Gold Access+ HMO, Gold Full PPO, Gold Full PPO Savings, Gold Local Access+ HMO, Gold Tandem PPO, Gold Tandem PPO Savings, Gold Trio HMO, Gold 80, Platinum Access+ HMO, Platinum Full PPO, Platinum Local Access+ HMO, Platinum Tandem PPO, Platinum Trio HMO, Platinum 90, Silver Access+ HMO, Silver Full PPO, Silver Full PPO Savings, Silver Local Access+ HMO, Silver Tandem PPO, Silver Tandem PPO Savings, Silver Trio HMO, Silver 70

This formulary was last updated on 1/1/2027. This formulary is subject to change, and all previous versions of the formulary no longer apply. For the most current information about the *Standard Drug Formulary*, visit www.blueshieldca.com/pharmacy.

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

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

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Informational Section

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

Definitions

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

Term
"Brand-name drug" is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
"Coinsurance" is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
"Copayment" is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
"Deductible" is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
"Drug tier" is a group of prescription drugs that corresponds to a specified cost-sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.
"Enrollee" is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscriber as defined in this section below.

Term
"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.
"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.
"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.
"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>.
"Non-formulary drug" is a prescription drug that is not listed on the health plan's formulary.
"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.
"Prescribing provider" is a healthcare provider authorized to write a prescription to treat a medical condition for a health plan enrollee.
"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.
"Prescription drug" is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.
"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.

Term
"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.
"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.
"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.

* 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	An exception 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 Evidence of Coverage (EOC) 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 Evidence of Coverage (EOC) for more detailed information.
GL	Gender limit	An exception 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. An exception is required for amounts greater than the limit.
RO	Retail only	This prescription can be dispensed at retail pharmacies only. It is not covered through mail service.
SF	Starter fill	Blue Shield's Starter Fill Specialty Drug Program allows initial prescriptions for select specialty drugs to be filled for up to a 15-day supply. When this occurs, the copayment or coinsurance will be prorated.
SP	Specialty pharmacy	These drugs are available exclusively through select specialty pharmacies.
ST	Step therapy	Step therapy is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria are met.

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

How often will the formulary change?

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

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

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

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

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

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

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

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

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

What are preventive health drugs?

Preventive health drugs are select drugs required by health reform legislation to be covered at no charge to the member. This does not apply to grandfathered plans, plans purchased on or before March 23, 2010. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, visit blueshieldca.com/pharmacy.

What drugs have 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 contraceptives drugs or devices through a participating pharmacy for no cost coverage using their member ID card. Members can review their Evidence of Coverage (EOC) for further details about their benefit.

Over the counter (OTC) Contraceptives
Condoms (Female)
Condoms (Male)
Daily Oral Contraceptives (Opill)
Emergency Oral Contraceptives
Spermicides (cream, film, foam, gel, suppository)

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

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

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

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

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition.

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

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

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

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

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If an approval or denial is not sent within these timeframes, then the request will be considered approved. If a request is approved, it will continue to be covered for the duration of the exigency, 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 a request is approved, it will continue to be covered for the length of the prescription, including refills. For urgent or exigent requests that are approved, the drug will be covered for the duration of the exigency, 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 a drug that we have previously approved and your doctor continues to prescribe the drug because it is safe and effective for your condition, we will continue to cover it.

Participating retail pharmacies

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

What are specialty drugs?

Specialty drugs are drugs that may require coordination of care, close monitoring, or extensive patient training for self-administration. These requirements generally cannot be met by a retail pharmacy. Specialty drugs may also require special handling or manufacturing processes (such as biotechnology), restriction to certain

physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are usually high cost.

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

Home delivery pharmacy

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

Categorical List of Prescription Drugs

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

NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)

<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	tier 1	QLC (6 caps/day; max 48 caps/30 days)
<i>celecoxib cap 100 mg</i>	tier 1	QLC (2 caps/day)
<i>celecoxib cap 200 mg</i>	tier 1	QLC (2 caps/day)
<i>celecoxib cap 400 mg</i>	tier 1	QLC (1 cap/day)
<i>celecoxib cap 50 mg</i>	tier 1	QLC (2 caps/day)
<i>diclofenac potassium tab 50 mg</i>	tier 1	
diclofenac potassium tab 50 mg (Cataflam)	tier 1	
<i>diclofenac sodium soln 1.5%</i>	tier 1	QLC (1 bottle/30 days)
<i>diclofenac sodium tab delayed release 25 mg</i>	tier 1	
<i>diclofenac sodium tab delayed release 50 mg</i>	tier 1	
<i>diclofenac sodium tab delayed release 75 mg</i>	tier 1	
<i>diclofenac sodium tab er 24hr 100 mg</i> (DICLOFENAC SODIUM ER)	tier 1	
<i>etodolac cap 200 mg</i>	tier 1	
<i>etodolac cap 300 mg</i>	tier 1	
<i>etodolac tab 400 mg</i>	tier 1	
<i>etodolac tab 500 mg</i>	tier 1	
<i>etodolac tab er 24hr 400 mg</i> (ETODOLAC ER)	tier 1	
<i>etodolac tab er 24hr 500 mg</i> (ETODOLAC ER)	tier 1	
<i>etodolac tab er 24hr 600 mg</i> (ETODOLAC ER)	tier 1	
FLURBIPROFEN (50 MG TAB, 100 MG TAB)	tier 1	
<i>flurbiprofen tab 100 mg</i>	tier 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
<i>ibuprofen tab 400 mg</i>	tier 1	
<i>ibuprofen tab 600 mg</i>	tier 1	
<i>ibuprofen tab 800 mg</i>	tier 1	
<i>indomethacin cap 25 mg</i>	tier 1	
<i>indomethacin cap 50 mg</i>	tier 1	
<i>indomethacin cap er 75 mg</i> (INDOMETHACIN ER)	tier 1	
<i>ketorolac tromethamine tab 10 mg</i>	tier 2	QLC (20 tabs/30 days)
<i>meloxicam tab 15 mg</i>	tier 1	
<i>meloxicam tab 7.5 mg</i>	tier 1	
<i>nabumetone tab 500 mg</i>	tier 1	
<i>nabumetone tab 750 mg</i>	tier 1	
<i>naproxen sodium tab 275 mg</i>	tier 1	
<i>naproxen sodium tab 550 mg</i>	tier 1	
<i>naproxen susp 125 mg/5ml</i>	tier 2	QLC (60 ml/day)
<i>naproxen tab 250 mg</i>	tier 1	
<i>naproxen tab 375 mg</i>	tier 1	
<i>naproxen tab 500 mg</i>	tier 1	
<i>naproxen tab ec 375 mg</i>	tier 1	
<i>naproxen tab ec 375 mg</i> (EC-NAPROXEN)	tier 1	
<i>naproxen tab ec 500 mg</i>	tier 1	
<i>naproxen tab ec 500 mg</i> (EC-NAPROXEN)	tier 1	
<i>naproxen tab ec 500 mg</i> (NAPROXEN DR)	tier 1	
<i>oxaprozin tab 600 mg</i>	tier 1	
<i>piroxicam cap 10 mg</i>	tier 1	
<i>piroxicam cap 20 mg</i>	tier 1	
SALSALATE (500 MG TAB, 750 MG TAB)	tier 1	
<i>salsalate tab 500 mg</i>	tier 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
<i>salsalate tab 750 mg</i>	tier 1	
<i>sulindac tab 150 mg</i>	tier 1	
<i>sulindac tab 200 mg</i>	tier 1	
OPIOID ANALGESICS, LONG-ACTING (Long-acting Narcotic Pain Relievers)		
<i>buprenorphine td patch weekly 10 mcg/hr</i>	tier 2	QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	tier 2	QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 20 mcg/hr</i>	tier 2	QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	tier 2	QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	tier 2	QLC (4 patches/28 days)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	tier 2	PA, QLC (20 patches/30 days)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	tier 2	PA, QLC (20 patches/30 days)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	tier 2	PA, QLC (20 patches/30 days)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	tier 2	PA, QLC (20 patches/30 days)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	tier 2	PA, QLC (20 patches/30 days)
METHADONE HCL 10 MG/5ML SOLUTION	tier 1	PA, QLC (90 ml/day)
METHADONE HCL 5 MG/5ML SOLUTION	tier 1	PA, QLC (180 ml/day)
<i>methadone hcl conc 10 mg/ml</i>	tier 1	PA, QLC (18 ml/day)
methadone hcl conc 10 mg/ml (Methadone Hcl Intenso)	tier 1	PA, QLC (18 ml/day)
<i>methadone hcl soln 10 mg/5ml</i>	tier 1	PA, QLC (90 ml/day)
<i>methadone hcl soln 5 mg/5ml mg/ml</i>	tier 1	PA, QLC (180 ml/day)
<i>methadone hcl tab 10 mg</i>	tier 1	PA, QLC (18 tabs/day)
<i>methadone hcl tab 5 mg</i>	tier 1	PA, QLC (36 tabs/day)
<i>methadone hcl tab for oral susp 40 mg</i>	tier 1	PA, QLC (5 tabs/day)
methadone hcl tab for oral susp 40 mg (Methadose)	tier 1	PA, QLC (5 tabs/day)
<i>morphine sulfate tab er 100 mg</i> (MORPHINE SULFATE ER)	tier 1	QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>morphine sulfate tab er 15 mg</i> (MORPHINE SULFATE ER)	tier 1	QLC (6 tabs/day)
<i>morphine sulfate tab er 200 mg</i> (MORPHINE SULFATE ER)	tier 1	QLC (3 tabs/day)
<i>morphine sulfate tab er 30 mg</i> (MORPHINE SULFATE ER)	tier 1	QLC (6 tabs/day)
<i>morphine sulfate tab er 60 mg</i> (MORPHINE SULFATE ER)	tier 1	QLC (5 tabs/day)
TRAMADOL HCL (ER BIPHASIC) (100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H)	tier 1	PA, QLC (1 tab/day)
<i>tramadol hcl tab er 24hr 100 mg</i> (TRAMADOL HCL ER)	tier 1	QLC (3 tabs/day)
<i>tramadol hcl tab er 24hr 200 mg</i> (TRAMADOL HCL ER)	tier 1	QLC (1 tab/day)
<i>tramadol hcl tab er 24hr 300 mg</i> (TRAMADOL HCL ER)	tier 1	QLC (1 tab/day)

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

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> (ACETAMINOPHEN-CODEINE)	tier 1	QLC (90 ml/day; max 1350 ml/30 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i> (ACETAMINOPHEN-CODEINE)	tier 1	QLC (12 tabs/day; max 180 tabs/30 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i> (ACETAMINOPHEN-CODEINE)	tier 1	QLC (12 tabs/day; max 180 tabs/30 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i> (ACETAMINOPHEN-CODEINE)	tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
ACETAMINOPHEN-CODEINE (<i>acetaminophen w/ codeine</i>) (120-12 MG/5ML SOLUTION, 300-30 MG/12.5ML SOLUTION)	tier 1	QLC (90 ml/day; max 1350 ml/30 days)
APAP-CAFF-DIHYDROCODEINE (<i>acetaminophen-caff-dihydrocod</i>) 320.5-30-16 MG CAP	tier 1	PA, QLC (10 caps/day; max 140 caps/30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> (BUTALBITAL-APAP-CAFF-COD)	tier 1	QLC (6 caps/day; max 90 caps/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine)	tier 1	QLC (6 caps/day; max 90 caps/30 days)

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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)	tier 1	QLC (6 caps/day; max 90 caps/30 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	tier 1	QLC (4 canisters/30 days; max 2 canisters/fill)
CODEINE SULFATE 15 MG TAB	tier 1	QLC (24 tabs/day; max 360 tabs/30 days)
CODEINE SULFATE 30 MG TAB	tier 1	QLC (12 tabs/day; max 180 tabs/30 days)
CODEINE SULFATE 60 MG TAB	tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
<i>codeine sulfate tab 30 mg</i>	tier 1	QLC (12 tabs/day; max 180 tabs/30 days)
FENTANYL CITRATE (200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE)	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg fentanyl citrate handle</i>	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg fentanyl citrate handle</i>	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg fentanyl citrate handle</i>	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg fentanyl citrate handle</i>	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 600 mcg fentanyl citrate handle</i>	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 800 mcg fentanyl citrate handle</i>	tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TAB	tier 1	QLC (8 tabs/day, max 120 tabs/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	tier 1	QLC (8 tabs/day; max 120 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	tier 2	QLC (5 tabs/day; max 75 tabs/30 days)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxycodone hcl tab 30 mg</i>	tier 1	QLC (2 tabs/day; max 30 tabs/30 days)
<i>oxycodone hcl tab 5 mg</i>	tier 1	QLC (12 tabs/day; max 180 tabs/30 days)
oxycodone w/ acetaminophen tab 10-325 mg (Endocet)	tier 2	QLC (6 tabs/day; max 90 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	tier 2	QLC (6 tabs/day; max 90 tabs/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)	tier 2	QLC (12 tabs/day; not to exceed 180 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	tier 2	QLC (12 tabs/day; not to exceed 180 tabs/30 days)
oxycodone w/ acetaminophen tab 5-325 mg (Endocet)	tier 2	QLC (12 tabs/day; not to exceed 180 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	tier 2	QLC (12 tabs/day; not to exceed 180 tabs/30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)	tier 2	QLC (8 tabs/day; max 120 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	tier 2	QLC (8 tabs/day; max 120 tabs/30 days)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) 5-325 MG/5ML SOLUTION	tier 1	QLC (840 ml/30 days)
<i>tramadol hcl tab 100 mg</i>	tier 1	QLC (4 tabs/day)
<i>tramadol hcl tab 50 mg</i>	tier 1	QLC (8 tabs/day)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	tier 1	QLC (8 tabs/day; max 112 tabs/30 days)

ANESTHETICS (Drugs for Numbing)

LOCAL ANESTHETICS (Skin Numbing Drugs)

<i>lidocaine hcl soln 4%</i>	tier 1	
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	tier 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lidocaine hcl urethral/mucosal gel prefilled syringe 2% (Glydo)	tier 1	
<i>lidocaine hcl viscous soln 2%</i> (LIDOCAINE VISCOUS HCL)	tier 1	
<i>lidocaine oint 5%</i>	tier 1	QLC (50 gm/30 days)
<i>lidocaine patch 5%</i>	tier 1	QLC (90 patches/30 days)
<i>lidocaine patch 5%</i> (LIDOCAN)	tier 1	QLC (90 patches/30 days)
lidocaine patch 5% (Lidocan)	tier 1	QLC (90 patches/30 days)
lidocaine patch 5% (Tridacaine li)	tier 1	QLC (90 patches/30 days)
lidocaine patch 5% (Tridacaine lii)	tier 1	QLC (90 patches/30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	tier 1	QLC (30 gm/30 days)
PREMIUM LIDOCAINE 5 % OINTMENT	tier 1	QLC (50 gm/30 days)

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

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

<i>acamprosate calcium tab delayed release 333 mg</i>	tier 2	
<i>disulfiram tab 250 mg</i>	tier 1	
<i>disulfiram tab 500 mg</i>	tier 1	

OPIOID DEPENDENCE (Drugs for Opioid Dependence)

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	tier 1	QLC (12 tabs/day)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	tier 1	QLC (3 tabs/day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	tier 1	QLC (2 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	tier 1	QLC (5 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	tier 1	QLC (5 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	tier 1	QLC (3 films/day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	tier 1	QLC (12 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	tier 1	QLC (3 tabs/day)
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OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose)

<i>naloxone hcl inj 0.4 mg/ml</i>	tier 1	QLC (two 1 ml vials/30 days)
<i>naloxone hcl inj 4 mg/10ml</i>	tier 1	QLC (two 1 ml vials/30 days)
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	tier 2	QLC (2 doses/30 days)
<i>naloxone hcl soln prefilled syringe 0.4 mg/ml</i>	tier 1	QLC (2 syringes/30 days)
<i>naloxone hcl soln prefilled syringe 2 mg/2ml mg/ml</i>	tier 1	QLC (2 syringes/30 days)
<i>naltrexone hcl tab 50 mg</i>	tier 1	

SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking)

APO-VARENICLINE (<i>varenicline tartrate</i>) (0.5 MG TAB, 1 MG TAB)	tier 3	ACA (Preventive Health), QLC (2 tabs/day)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> (BUPROPION HCL ER (SMOKING DET))	tier 1	ACA (Preventive Health), QLC (2 tabs/day)
NICOTROL (<i>nicotine</i>) 10 MG INHALER	tier 3	ACA (Preventive Health), QLC (16 cartridges/day)
NICOTROL NS (<i>nicotine</i>) 10 MG/ML SOLUTION	tier 3	ACA (Preventive Health), QLC (2 ml/day)
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	tier 1	ACA (Preventive Health), QLC (2 tabs/day)
<i>varenicline tartrate tab 1 mg (base equiv)</i>	tier 1	ACA (Preventive Health), QLC (2 tabs/day)
<i>varenicline tartrate tab 1 mg (base equiv)</i> (VARENICLINE TARTRATE(CONTINUE))	tier 1	ACA (Preventive Health), QLC (2 tabs/day)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i> (VARENICLINE TARTRATE (STARTER))	tier 1	ACA (Preventive Health), QLC (1 starting month box/28 days)

ANTIBACTERIALS (Drugs for Bacterial Infections)

AMINOGLYCOSIDES

<i>gentamicin sulfate cream 0.1%</i>	tier 1	
<i>gentamicin sulfate oint 0.1%</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>neomycin sulfate tab 500 mg</i>	tier 1	
ANTIBACTERIALS, OTHER		
CAYSTON (<i>aztreonam lysine</i>) 75 MG RECON SOLN	tier 4	PA, LA, S (Specialty Drug), QLC (1 box/2 months)
<i>clindamycin hcl cap 150 mg</i>	tier 1	
<i>clindamycin hcl cap 300 mg</i>	tier 1	
<i>clindamycin hcl cap 75 mg</i>	tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	tier 1	
<i>clindamycin phosphate vaginal cream 2%</i>	tier 1	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	tier 3	QLC (4 packets/28 days)
<i>linezolid for susp 100 mg/5ml</i>	tier 1	PA
<i>linezolid tab 600 mg</i>	tier 1	PA
<i>methenamine hippurate tab 1 gm</i>	tier 1	
<i>metronidazole cream 0.75%</i>	tier 1	
metronidazole cream 0.75% (Rosadan)	tier 1	
<i>metronidazole gel 0.75%</i>	tier 1	
metronidazole gel 0.75% (Rosadan)	tier 1	
<i>metronidazole gel 1%</i>	tier 1	
<i>metronidazole lotion 0.75%</i>	tier 1	
<i>metronidazole tab 250 mg</i>	tier 1	
<i>metronidazole tab 500 mg</i>	tier 1	
<i>metronidazole vaginal gel 0.75%</i>	tier 1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	tier 1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	tier 1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	tier 1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (NITROFURANTOIN MONOHYD MACRO)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nitrofurantoin susp 25 mg/5ml</i>	tier 1	
<i>tinidazole tab 250 mg</i>	tier 1	QLC (40 tabs/fill)
<i>tinidazole tab 500 mg</i>	tier 1	QLC (20 tabs/fill)
TRIMETHOPRIM 100 MG TAB	tier 1	
<i>trimethoprim tab 100 mg</i>	tier 1	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	tier 1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	tier 1	
XIFAXAN (<i>rifaximin</i>) 200 MG TAB	tier 3	PA, QLC (8 tabs/day)
XIFAXAN (<i>rifaximin</i>) 550 MG TAB	tier 3	PA, QLC (3 tabs/day)
BETA-LACTAM, CEPHALOSPORINS		
CEFACTOR (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP)	tier 2	
CEFACTOR ER (<i>cefaclor monohydrate</i>) 500 MG TAB 12H	tier 2	
CEFADROXIL 1 GM TAB	tier 2	
<i>cefadroxil cap 500 mg</i>	tier 2	
<i>cefadroxil for susp 250 mg/5ml</i>	tier 2	
<i>cefadroxil for susp 500 mg/5ml</i>	tier 2	
<i>cefdinir cap 300 mg</i>	tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	tier 1	
<i>cefdinir for susp 250 mg/5ml</i>	tier 1	
CEFPODOXIME PROXETIL (50 MG/5ML RECON SUSP, 100 MG/5ML RECON SUSP)	tier 2	
<i>cefpodoxime proxetil tab 100 mg</i>	tier 1	
<i>cefpodoxime proxetil tab 200 mg</i>	tier 1	
<i>cefprozil for susp 125 mg/5ml</i>	tier 1	
<i>cefprozil for susp 250 mg/5ml</i>	tier 1	
<i>cefprozil tab 250 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cefprozil tab 500 mg</i>	tier 1	
<i>cefuroxime axetil tab 250 mg</i>	tier 1	
<i>cefuroxime axetil tab 500 mg</i>	tier 1	
<i>cephalexin cap 250 mg</i>	tier 1	
<i>cephalexin cap 500 mg</i>	tier 1	
<i>cephalexin cap 750 mg</i>	tier 1	
<i>cephalexin for susp 125 mg/5ml</i>	tier 1	
<i>cephalexin for susp 250 mg/5ml</i>	tier 1	
<i>cephalexin tab 250 mg</i>	tier 1	
<i>cephalexin tab 500 mg</i>	tier 1	
BETA-LACTAM, PENICILLINS		
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	tier 1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	tier 1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	tier 1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i> (AMOXICILLIN-POT CLAVULANATE)	tier 1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	tier 1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	tier 1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	tier 1	QLC (2 tabs/day)
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i> (AMOXICILLIN-POT CLAVULANATE ER)	tier 2	
AMOXICILLIN (125 MG CHEW TAB, 250 MG CHEW TAB)	tier 1	
<i>amoxicillin (trihydrate) cap 250 mg</i>	tier 1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	tier 1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	tier 1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	tier 1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i> (AMOXICILLIN TRIHYDRATE)	tier 1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	tier 1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	tier 1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	tier 1	
AMOXICILLIN-POT CLAVULANATE (<i>amoxicillin & pot clavulanate</i>) (200-28.5 MG CHEW TAB, 400-57 MG CHEW TAB)	tier 2	
<i>ampicillin cap 500 mg</i>	tier 1	
<i>dicloxacillin sodium cap 250 mg</i>	tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	tier 1	
PENICILLIN V POTASSIUM (125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN)	tier 1	
<i>penicillin v potassium tab 250 mg</i>	tier 1	
<i>penicillin v potassium tab 500 mg</i>	tier 1	
MACROLIDES		
AZITHROMYCIN 1 GM PACKET	tier 1	
<i>azithromycin for susp 100 mg/5ml</i>	tier 1	
<i>azithromycin for susp 200 mg/5ml</i>	tier 1	
<i>azithromycin tab 250 mg</i>	tier 1	QLC (12 tabs/30 days)
<i>azithromycin tab 500 mg</i>	tier 1	
<i>azithromycin tab 600 mg</i>	tier 1	
CLARITHROMYCIN (125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP)	tier 1	
<i>clarithromycin tab 250 mg</i>	tier 1	QLC (42 tabs/fill)
<i>clarithromycin tab 500 mg</i>	tier 1	QLC (42 tabs/fill)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clarithromycin tab er 24hr 500 mg</i> (CLARITHROMYCIN ER)	tier 1	QLC (28 tabs/30 days)
<i>erythromycin tab 250 mg</i> (ERYTHROMYCIN BASE)	tier 3	
<i>erythromycin tab 500 mg</i> (ERYTHROMYCIN BASE)	tier 3	
<i>erythromycin tab delayed release 250 mg</i>	tier 3	
erythromycin tab delayed release 250 mg (Ery-Tab)	tier 3	
<i>erythromycin tab delayed release 250 mg</i> (ERYTHROMYCIN BASE)	tier 3	
<i>erythromycin tab delayed release 333 mg</i>	tier 3	
erythromycin tab delayed release 333 mg (Ery-Tab)	tier 3	
<i>erythromycin tab delayed release 333 mg</i> (ERYTHROMYCIN BASE)	tier 3	
<i>erythromycin tab delayed release 500 mg</i>	tier 3	
erythromycin tab delayed release 500 mg (Ery-Tab)	tier 3	
<i>erythromycin tab delayed release 500 mg</i> (ERYTHROMYCIN BASE)	tier 3	
QUINOLONES		
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	tier 1	QLC (2 bottles/fill)
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	tier 1	QLC (3 bottles/fill)
CIPROFLOXACIN HCL 100 MG TAB	tier 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	tier 1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	tier 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	tier 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	tier 1	QLC (2 tabs/day)
<i>levofloxacin oral soln 25 mg/ml</i>	tier 2	QLC (300 ml/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levofloxacin tab 250 mg</i>	tier 1	QLC (14 tabs/30 days)
<i>levofloxacin tab 500 mg</i>	tier 1	QLC (1 tab/day)
<i>levofloxacin tab 750 mg</i>	tier 1	QLC (14 tabs/30 days)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	tier 1	QLC (21 tabs/30 days)
OFLOXACIN (300 MG TAB, 400 MG TAB)	tier 3	
<i>ofloxacin tab 400 mg</i>	tier 3	
SULFONAMIDES		
<i>sulfadiazine tab 500 mg</i>	tier 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	tier 1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml (Sulfatrim Pediatric)	tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	tier 1	
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	tier 2	
<i>demeclocycline hcl tab 300 mg</i>	tier 2	
<i>doxycycline hyclate cap 100 mg</i>	tier 1	
<i>doxycycline hyclate cap 50 mg</i>	tier 1	
<i>doxycycline hyclate tab 100 mg</i>	tier 1	
<i>doxycycline hyclate tab 20 mg</i>	tier 1	QLC (2 tabs/day)
<i>doxycycline hyclate tab 75 mg</i>	tier 2	QLC (2 tabs/day)
<i>doxycycline monohydrate cap 100 mg</i>	tier 1	
doxycycline monohydrate cap 100 mg (Mondoxylene NI)	tier 1	
<i>doxycycline monohydrate cap 50 mg</i>	tier 1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	tier 1	
<i>doxycycline monohydrate tab 100 mg</i>	tier 1	
doxycycline monohydrate tab 100 mg (Avidoxy)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>doxycycline monohydrate tab 150 mg</i>	tier 2	
<i>doxycycline monohydrate tab 50 mg</i>	tier 2	
<i>doxycycline monohydrate tab 75 mg</i>	tier 2	
<i>minocycline hcl cap 100 mg</i>	tier 1	
<i>minocycline hcl cap 50 mg</i>	tier 1	
<i>minocycline hcl cap 75 mg</i>	tier 1	
<i>minocycline hcl tab 100 mg</i>	tier 2	
<i>minocycline hcl tab 50 mg</i>	tier 2	
<i>minocycline hcl tab 75 mg</i>	tier 2	
<i>tetracycline hcl cap 250 mg</i>	tier 2	
<i>tetracycline hcl cap 500 mg</i>	tier 2	

ANTICONVULSANTS (Drugs for Seizures)

ANTICONVULSANTS, OTHER (Other Seizure Control Drugs)

<i>brivaracetam oral soln 10 mg/ml</i>	tier 4	ST, QLC (20 ml/day)
<i>brivaracetam tab 10 mg</i>	tier 4	ST, QLC (2 tabs/day)
<i>brivaracetam tab 100 mg</i>	tier 4	ST, QLC (2 tabs/day)
<i>brivaracetam tab 25 mg</i>	tier 4	ST, QLC (2 tabs/day)
<i>brivaracetam tab 50 mg</i>	tier 4	ST, QLC (2 tabs/day)
<i>brivaracetam tab 75 mg</i>	tier 4	ST, QLC (2 tabs/day)
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	tier 1	
<i>divalproex sodium tab delayed release 125 mg</i>	tier 1	
<i>divalproex sodium tab delayed release 250 mg</i>	tier 1	
<i>divalproex sodium tab delayed release 500 mg</i>	tier 1	
<i>divalproex sodium tab er 24 hr 250 mg</i> (DIVALPROEX SODIUM ER)	tier 1	
<i>divalproex sodium tab er 24 hr 500 mg</i> (DIVALPROEX SODIUM ER)	tier 1	
<i>felbamate tab 400 mg</i>	tier 2	

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>felbamate tab 600 mg</i>	tier 2	
<i>lamotrigine tab 100 mg</i>	tier 1	
lamotrigine tab 100 mg (Subvenite)	tier 1	
<i>lamotrigine tab 150 mg</i>	tier 1	
lamotrigine tab 150 mg (Subvenite)	tier 1	
<i>lamotrigine tab 200 mg</i>	tier 1	
lamotrigine tab 200 mg (Subvenite)	tier 1	
<i>lamotrigine tab 25 mg</i>	tier 1	
lamotrigine tab 25 mg (Subvenite)	tier 1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	tier 1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	tier 1	
<i>lamotrigine tab er 24hr 100 mg</i> (LAMOTRIGINE ER)	tier 2	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 200 mg</i> (LAMOTRIGINE ER)	tier 2	ST, QLC (3 tabs/day)
<i>lamotrigine tab er 24hr 25 mg</i> (LAMOTRIGINE ER)	tier 2	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 250 mg</i> (LAMOTRIGINE ER)	tier 2	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 300 mg</i> (LAMOTRIGINE ER)	tier 2	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 50 mg</i> (LAMOTRIGINE ER)	tier 2	ST, QLC (1 tab/day)
<i>levetiracetam oral soln 100 mg/ml</i>	tier 1	
<i>levetiracetam tab 1000 mg</i>	tier 1	
<i>levetiracetam tab 250 mg</i>	tier 1	
<i>levetiracetam tab 500 mg</i>	tier 1	
levetiracetam tab 500 mg (Roweepra)	tier 1	
<i>levetiracetam tab 750 mg</i>	tier 1	
<i>levetiracetam tab er 24hr 500 mg</i> (LEVETIRACETAM ER)	tier 1	QLC (6 tabs/day)
<i>levetiracetam tab er 24hr 750 mg</i> (LEVETIRACETAM ER)	tier 1	QLC (4 tabs/day)

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 Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>topiramate sprinkle cap 15 mg</i>	tier 1	
<i>topiramate sprinkle cap 25 mg</i>	tier 1	
<i>topiramate tab 100 mg</i>	tier 1	
<i>topiramate tab 200 mg</i>	tier 1	
<i>topiramate tab 25 mg</i>	tier 1	
<i>topiramate tab 50 mg</i>	tier 1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> (VALPROIC ACID)	tier 1	
<i>valproic acid cap 250 mg</i>	tier 1	
CALCIUM CHANNEL MODIFYING AGENTS		
<i>ethosuximide cap 250 mg</i>	tier 1	
<i>ethosuximide soln 250 mg/5ml</i>	tier 1	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
<i>clobazam suspension 2.5 mg/ml</i>	tier 2	ST, QLC (16 ml/day)
<i>clobazam tab 10 mg</i>	tier 2	ST, QLC (4 tabs/day)
<i>clobazam tab 20 mg</i>	tier 2	ST, QLC (2 tabs/day)
<i>diazepam rectal gel delivery system 10 mg</i>	tier 1	QLC (1 kit [2 doses]/fill)
<i>diazepam rectal gel delivery system 2.5 mg</i>	tier 1	QLC (1 kit [2 doses]/fill)
<i>diazepam rectal gel delivery system 20 mg</i>	tier 1	QLC (1 kit [2 doses]/fill)
<i>gabapentin cap 100 mg</i>	tier 1	
<i>gabapentin cap 300 mg</i>	tier 1	
<i>gabapentin cap 400 mg</i>	tier 1	
<i>gabapentin oral soln 250 mg/5ml</i>	tier 1	
<i>gabapentin tab 600 mg</i>	tier 1	
<i>gabapentin tab 800 mg</i>	tier 1	
PHENOBARBITAL (15 MG TAB, 16.2 MG TAB, 20 MG/5ML ELIXIR, 30 MG TAB, 30 MG/7.5ML ELIXIR, 32.4 MG TAB, 60 MG TAB, 60 MG/15ML ELIXIR, 64.8 MG TAB, 97.2 MG TAB, 100 MG TAB)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>phenobarbital elixir 20 mg/5ml</i>	tier 1	
<i>phenobarbital tab 100 mg</i>	tier 1	
<i>phenobarbital tab 15 mg</i>	tier 1	
<i>phenobarbital tab 16.2 mg</i>	tier 1	
<i>phenobarbital tab 30 mg</i>	tier 1	
<i>phenobarbital tab 32.4 mg</i>	tier 1	
<i>phenobarbital tab 60 mg</i>	tier 1	
<i>phenobarbital tab 64.8 mg</i>	tier 1	
<i>phenobarbital tab 97.2 mg</i>	tier 1	
PRIMIDONE 125 MG TAB	tier 1	
<i>primidone tab 250 mg</i>	tier 1	
<i>primidone tab 50 mg</i>	tier 1	
SODIUM CHANNEL AGENTS		
CARBAMAZEPINE 200 MG CHEW TAB	tier 2	PA
<i>carbamazepine cap er 12hr 100 mg</i> (CARBAMAZEPINE ER)	tier 1	
<i>carbamazepine cap er 12hr 200 mg</i> (CARBAMAZEPINE ER)	tier 1	
<i>carbamazepine cap er 12hr 300 mg</i> (CARBAMAZEPINE ER)	tier 1	
<i>carbamazepine chew tab 100 mg</i>	tier 1	
<i>carbamazepine susp 100 mg/5ml</i>	tier 1	
<i>carbamazepine tab 200 mg</i>	tier 1	
carbamazepine tab 200 mg (Epitol)	tier 1	
<i>carbamazepine tab er 12hr 100 mg</i> (CARBAMAZEPINE ER)	tier 1	
<i>carbamazepine tab er 12hr 200 mg</i> (CARBAMAZEPINE ER)	tier 1	
<i>carbamazepine tab er 12hr 400 mg</i> (CARBAMAZEPINE ER)	tier 1	
DILANTIN (<i>phenytoin sodium extended</i>) (30 MG CAP, 100 MG CAP)	tier 2	
DILANTIN (<i>phenytoin</i>) 125 MG/5ML SUSPENSION	tier 2	

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DILANTIN INFATABS (<i>phenytoin</i>) 50 MG CHEW	tier 2	
DILANTIN-125 (<i>phenytoin</i>) MG/5ML SUSPENSION	tier 2	
<i>lacosamide oral solution 10 mg/ml</i>	tier 1	QLC (40 ml/day)
<i>lacosamide tab 100 mg</i>	tier 1	QLC (2 tabs/day)
<i>lacosamide tab 150 mg</i>	tier 1	QLC (2 tabs/day)
<i>lacosamide tab 200 mg</i>	tier 1	QLC (2 tabs/day)
<i>lacosamide tab 50 mg</i>	tier 1	QLC (2 tabs/day)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	tier 2	QLC (40 ml/day)
<i>oxcarbazepine tab 150 mg</i>	tier 1	QLC (16 tabs/day)
<i>oxcarbazepine tab 300 mg</i>	tier 1	QLC (8 tabs/day)
<i>oxcarbazepine tab 600 mg</i>	tier 1	QLC (4 tabs/day)
<i>phenytoin chew tab 50 mg</i>	tier 1	
<i>phenytoin chew tab 50 mg</i> (PHENYTOIN INFATABS)	tier 1	
<i>phenytoin sodium extended cap 100 mg</i>	tier 1	
<i>phenytoin sodium extended cap 200 mg</i>	tier 1	
phenytoin sodium extended cap 200 mg (Phenytek)	tier 1	
<i>phenytoin sodium extended cap 300 mg</i>	tier 1	
phenytoin sodium extended cap 300 mg (Phenytek)	tier 1	
<i>phenytoin susp 125 mg/5ml</i>	tier 1	
<i>zonisamide cap 100 mg</i>	tier 1	
<i>zonisamide cap 25 mg</i>	tier 1	
<i>zonisamide cap 50 mg</i>	tier 1	

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

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB	tier 3
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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CHOLINESTERASE INHIBITORS		
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i> (DONEPEZIL HCL)	tier 1	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i> (DONEPEZIL HCL)	tier 1	
<i>donepezil hydrochloride tab 10 mg</i> (DONEPEZIL HCL)	tier 1	
<i>donepezil hydrochloride tab 23 mg</i> (DONEPEZIL HCL)	tier 1	ST, QLC (1 tab/day)
<i>donepezil hydrochloride tab 5 mg</i> (DONEPEZIL HCL)	tier 1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i> (GALANTAMINE HYDROBROMIDE ER)	tier 1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i> (GALANTAMINE HYDROBROMIDE ER) <i>hr</i>	tier 1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i> (GALANTAMINE HYDROBROMIDE ER)	tier 1	
<i>galantamine hydrobromide tab 12 mg</i>	tier 1	
<i>galantamine hydrobromide tab 4 mg</i>	tier 1	
<i>galantamine hydrobromide tab 8 mg</i>	tier 1	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	tier 1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	tier 1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	tier 1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	tier 1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	tier 3	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	tier 3	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	tier 3	QLC (1 patch/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB	tier 1	
<i>memantine hcl oral solution 2 mg/ml</i>	tier 1	
<i>memantine hcl tab 10 mg</i>	tier 1	QLC (2 tabs/day)
<i>memantine hcl tab 5 mg</i>	tier 1	QLC (2 tabs/day)

ANTIDEPRESSANTS (Drugs for Depression)

ANTIDEPRESSANTS, OTHER

<i>bupropion hcl tab 100 mg</i>	tier 1	QLC (4 tabs/day)
<i>bupropion hcl tab 75 mg</i>	tier 1	QLC (6 tabs/day)
<i>bupropion hcl tab er 12hr 100 mg</i> (BUPROPION HCL ER (SR))	tier 1	QLC (4 tabs/day)
<i>bupropion hcl tab er 12hr 150 mg</i> (BUPROPION HCL ER (SR))	tier 1	QLC (3 tabs/day)
<i>bupropion hcl tab er 12hr 200 mg</i> (BUPROPION HCL ER (SR))	tier 1	QLC (2 tabs/day)
<i>bupropion hcl tab er 24hr 150 mg</i> (BUPROPION HCL ER (XL))	tier 1	QLC (3 tabs/day)
<i>bupropion hcl tab er 24hr 300 mg</i> (BUPROPION HCL ER (XL))	tier 1	QLC (1 tab/day)
<i>mirtazapine orally disintegrating tab 15 mg</i>	tier 1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	tier 1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	tier 1	
<i>mirtazapine tab 15 mg</i>	tier 1	
<i>mirtazapine tab 30 mg</i>	tier 1	
<i>mirtazapine tab 45 mg</i>	tier 1	
<i>mirtazapine tab 7.5 mg</i>	tier 1	
PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB)	tier 1	
ZURZUVAE (<i>zuranolone</i>) (20 MG CAP, 25 MG CAP)	tier 4	PA, LA, QLC (2 caps/day; max 28 caps/365 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZURZUVAE (<i>zuranolone</i>) 30 MG CAP	tier 4	PA, LA, QLC (1 cap/day; max 14 caps/365 days)
MONOAMINE OXIDASE INHIBITORS		
PHENELZINE SULFATE 15 MG TAB	tier 1	
<i>tranylcypromine sulfate tab 10 mg</i>	tier 2	
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	tier 1	QLC (40 mg/day)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	tier 1	QLC (4 tabs/day)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	tier 1	QLC (2 tabs/day)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	tier 1	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	tier 1	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	tier 1	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	tier 1	QLC (1 tab/day)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv) mg/ml</i>	tier 1	QLC (24 ml/day)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	tier 1	QLC (4 tabs/day)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	tier 1	QLC (2 tabs/day)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	tier 1	QLC (8 tabs/day)
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	tier 2	QLC (1 tab/day)
FLUOXETINE HCL 60 MG TAB	tier 1	
FLUOXETINE HCL 90 MG CAP DR	tier 1	QLC (4 caps/28 days)
<i>fluoxetine hcl cap 10 mg</i>	tier 1	

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fluoxetine hcl cap 20 mg</i>	tier 1	
<i>fluoxetine hcl cap 40 mg</i>	tier 1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	tier 1	
<i>fluoxetine hcl tab 10 mg</i>	tier 2	
<i>fluoxetine hcl tab 20 mg</i>	tier 2	
<i>fluoxetine hcl tab 60 mg</i>	tier 1	
<i>fluvoxamine maleate tab 100 mg</i>	tier 1	QLC (3 tabs/day)
<i>fluvoxamine maleate tab 25 mg</i>	tier 1	QLC (12 tabs/day)
<i>fluvoxamine maleate tab 50 mg</i>	tier 1	QLC (6 tabs/day)
NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB)	tier 1	
<i>paroxetine hcl tab 10 mg</i>	tier 1	
<i>paroxetine hcl tab 20 mg</i>	tier 1	
<i>paroxetine hcl tab 30 mg</i>	tier 1	
<i>paroxetine hcl tab 40 mg</i>	tier 1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i> (PAROXETINE HCL ER)	tier 1	
<i>paroxetine hcl tab er 24hr 25 mg</i> (PAROXETINE HCL ER)	tier 1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i> (PAROXETINE HCL ER)	tier 1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	tier 1	
<i>sertraline hcl tab 100 mg</i>	tier 1	
<i>sertraline hcl tab 25 mg</i>	tier 1	
<i>sertraline hcl tab 50 mg</i>	tier 1	
TRAZODONE HCL (25 MG TAB, 75 MG TAB)	tier 2	QLC (2 tabs/day)
<i>trazodone hcl tab 100 mg</i>	tier 1	
<i>trazodone hcl tab 150 mg</i>	tier 1	
<i>trazodone hcl tab 300 mg</i>	tier 1	
<i>trazodone hcl tab 50 mg</i>	tier 1	

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRINTELLIX (<i>vortioxetine hbr</i>) (5 MG TAB, 10 MG TAB, 20 MG TAB)	tier 3	PA, QLC (1 tab/day)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	tier 1	QLC (2 caps/day)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	tier 1	QLC (2 caps/day)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	tier 1	QLC (3 caps/day)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	tier 1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	tier 1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	tier 1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	tier 1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	tier 1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	tier 1	QLC (1 tab/day)
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	tier 1	QLC (1 tab/day)
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	tier 1	QLC (1 tab/day)
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	tier 1	QLC (1 tab/day)
<i>vilazodone hcl tab 10 mg</i>	tier 1	QLC (1 tab/day)
<i>vilazodone hcl tab 20 mg</i>	tier 1	QLC (1 tab/day)
<i>vilazodone hcl tab 40 mg</i>	tier 1	QLC (1 tab/day)

TRICYCLICS

<i>amitriptyline hcl tab 10 mg</i>	tier 1	
<i>amitriptyline hcl tab 100 mg</i>	tier 1	
<i>amitriptyline hcl tab 150 mg</i>	tier 1	
<i>amitriptyline hcl tab 25 mg</i>	tier 1	
<i>amitriptyline hcl tab 50 mg</i>	tier 1	
<i>amitriptyline hcl tab 75 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amoxapine tab 100 mg</i>	tier 1	
<i>amoxapine tab 150 mg</i>	tier 1	
<i>amoxapine tab 25 mg</i>	tier 1	
<i>amoxapine tab 50 mg</i>	tier 1	
<i>clomipramine hcl cap 25 mg</i>	tier 2	
<i>clomipramine hcl cap 50 mg</i>	tier 2	
<i>clomipramine hcl cap 75 mg</i>	tier 2	
<i>desipramine hcl tab 10 mg</i>	tier 1	
<i>desipramine hcl tab 100 mg</i>	tier 1	
<i>desipramine hcl tab 150 mg</i>	tier 1	
<i>desipramine hcl tab 25 mg</i>	tier 1	
<i>desipramine hcl tab 50 mg</i>	tier 1	
<i>desipramine hcl tab 75 mg</i>	tier 1	
DOXEPIN HCL (10 MG/ML CONC, 150 MG CAP)	tier 1	
<i>doxepin hcl cap 10 mg</i>	tier 1	
<i>doxepin hcl cap 100 mg</i>	tier 1	
<i>doxepin hcl cap 150 mg</i>	tier 1	
<i>doxepin hcl cap 25 mg</i>	tier 1	
<i>doxepin hcl cap 50 mg</i>	tier 1	
<i>doxepin hcl cap 75 mg</i>	tier 1	
<i>doxepin hcl conc 10 mg/ml</i>	tier 1	
<i>imipramine hcl tab 10 mg</i>	tier 1	
<i>imipramine hcl tab 25 mg</i>	tier 1	
<i>imipramine hcl tab 50 mg</i>	tier 1	
<i>nortriptyline hcl cap 10 mg</i>	tier 1	
<i>nortriptyline hcl cap 25 mg</i>	tier 1	
<i>nortriptyline hcl cap 50 mg</i>	tier 1	
<i>nortriptyline hcl cap 75 mg</i>	tier 1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	tier 2	
<i>protriptyline hcl tab 10 mg</i>	tier 2	

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>protriptyline hcl tab 5 mg</i>	tier 2	
<i>trimipramine maleate cap 100 mg</i>	tier 3	
<i>trimipramine maleate cap 25 mg</i>	tier 3	
<i>trimipramine maleate cap 50 mg</i>	tier 3	

ANTIEMETICS (Drugs for Nausea and Vomiting)

ANTIEMETICS, OTHER (Other Drugs for Nausea and Vomiting)

<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) mg/ml</i>	tier 1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	tier 1	
<i>perphenazine tab 16 mg</i>	tier 1	
<i>perphenazine tab 2 mg</i>	tier 1	
<i>perphenazine tab 4 mg</i>	tier 1	
<i>perphenazine tab 8 mg</i>	tier 1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	tier 1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	tier 1	
<i>prochlorperazine suppos 25 mg</i>	tier 2	
prochlorperazine suppos 25 mg (Compro)	tier 2	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	tier 1	
<i>promethazine hcl suppos 12.5 mg</i>	tier 2	
promethazine hcl suppos 12.5 mg (Promethegan)	tier 2	
<i>promethazine hcl suppos 25 mg</i>	tier 2	
promethazine hcl suppos 25 mg (Promethegan)	tier 2	
<i>promethazine hcl tab 12.5 mg</i>	tier 1	
<i>promethazine hcl tab 25 mg</i>	tier 1	
<i>promethazine hcl tab 50 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROMETHEGAN (<i>promethazine hcl</i>) 50 MG SUPPOS	tier 2	QLC (1 suppository/day)
<i>scopolamine td patch 72hr 1 mg/3days</i>	tier 1	
<i>trimethobenzamide hcl cap 300 mg</i>	tier 1	
EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)		
<i>aprepitant capsule 125 mg</i>	tier 2	QLC (4 caps/28 days)
<i>aprepitant capsule 40 mg</i>	tier 2	QLC (1 cap/30 days)
<i>aprepitant capsule 80 mg</i>	tier 2	QLC (8 caps/28 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	tier 2	QLC (12 caps/28 days)
<i>granisetron hcl tab 1 mg</i>	tier 1	QLC (12 tabs/30 days)
ONDANSETRON HCL 24 MG TAB	tier 1	QLC (1 tab/30 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	tier 1	QLC (1 bottle (50 ml)/ 30 days)
<i>ondansetron hcl tab 4 mg</i>	tier 1	QLC (6 tabs/day)
<i>ondansetron hcl tab 8 mg</i>	tier 1	QLC (3 tabs/day)
<i>ondansetron orally disintegrating tab 4 mg</i>	tier 1	QLC (6 tabs/day)
<i>ondansetron orally disintegrating tab 8 mg</i>	tier 1	QLC (3 tabs/day)
ANTIFUNGALS (Drugs for Fungal Infections)		
<i>clotrimazole soln 1%</i>	tier 1	
<i>clotrimazole troche 10 mg</i>	tier 1	
<i>econazole nitrate cream 1%</i>	tier 1	
<i>fluconazole for susp 10 mg/ml</i>	tier 1	
<i>fluconazole for susp 40 mg/ml</i>	tier 1	
<i>fluconazole tab 100 mg</i>	tier 1	
<i>fluconazole tab 150 mg</i>	tier 1	
<i>fluconazole tab 200 mg</i>	tier 1	
<i>fluconazole tab 50 mg</i>	tier 1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	tier 2	
<i>itraconazole cap 100 mg</i>	tier 2	QLC (4 caps/day)

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ketoconazole cream 2%</i>	tier 1	
<i>ketoconazole shampoo 2%</i>	tier 1	
<i>ketoconazole tab 200 mg</i>	tier 1	
MICONAZOLE 3 (<i>miconazole nitrate vaginal</i>) 200 MG SUPPOS	tier 1	
<i>nystatin cream 100000 unit/gm</i>	tier 1	
<i>nystatin oint 100000 unit/gm</i>	tier 1	
<i>nystatin susp 100000 unit/ml</i>	tier 1	
<i>nystatin tab 500000 unit</i>	tier 1	
<i>nystatin topical powder 100000 unit/gm</i>	tier 1	
nystatin topical powder 100000 unit/gm (Klayesta)	tier 1	
nystatin topical powder 100000 unit/gm (Nyamyc)	tier 1	
nystatin topical powder 100000 unit/gm (Nystop)	tier 1	
<i>tavaborole soln 5%</i>	tier 1	QLC (10 ml/30 days)
<i>terbinafine hcl tab 250 mg</i>	tier 1	QLC (30 tabs/30 days)
<i>terconazole vaginal cream 0.4%</i>	tier 1	
<i>terconazole vaginal cream 0.8%</i>	tier 1	
<i>voriconazole for susp 40 mg/ml</i>	tier 2	PA
<i>voriconazole tab 200 mg</i>	tier 2	PA
<i>voriconazole tab 50 mg</i>	tier 2	PA

ANTIGOUT AGENTS (Drugs for Gout)

<i>allopurinol tab 100 mg</i>	tier 1	
<i>allopurinol tab 300 mg</i>	tier 1	
<i>colchicine cap 0.6 mg</i>	tier 2	QLC (2 caps/day)
<i>colchicine tab 0.6 mg</i>	tier 1	QLC (4 tabs/day)
<i>colchicine w/ probenecid tab 0.5-500 mg</i> (COLCHICINE-PROBENECID)	tier 1	
<i>febuxostat tab 40 mg</i>	tier 1	ST, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>febuxostat tab 80 mg</i>	tier 1	ST, QLC (1 tab/day)
<i>probenecid tab 500 mg</i>	tier 1	

ANTIMIGRAINE AGENTS (Drugs for Migraine)

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AIMOVIG (<i>erenumab-aooe</i>) (70 MG/ML SOLN A-INJ, 140 MG/ML SOLN A-INJ)	tier 2	PA, QLC (1 injection/28 days)
EMGALITY (300 MG DOSE) (<i>galcanezumab-gnlm</i>) 100 /ML SOLN PRSYR	tier 2	PA, QLC (3 syringes/30 days)
EMGALITY (<i>galcanezumab-gnlm</i>) 120 MG/ML SOLN A-INJ	tier 2	PA, QLC (1 pen injector/30 days)
EMGALITY (<i>galcanezumab-gnlm</i>) 120 MG/ML SOLN PRSYR	tier 2	PA, QLC (1 syringe/30 days)
NURTEC (<i>rimegepant sulfate</i>) 75 MG TAB DISP	tier 2	PA, QLC (16 tabs/30 days)
UBRELVY (<i>ubrogepant</i>) (50 MG TAB, 100 MG TAB)	tier 2	PA, QLC (2 tabs/day; max 16 tabs/30 days)

ERGOT ALKALOIDS (Drugs for Acute Migraine)

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	tier 4	PA, QLC (24 ml/28 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	tier 4	PA, QLC (8 vials/30 days)
ERGOTAMINE-CAFFEINE (<i>ergotamine w/ caffeine</i>) 1-100 MG TAB	tier 3	QLC (10 tabs/week)

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

<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	tier 2	QLC (18 tabs/30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	tier 2	QLC (18 tabs/30 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	tier 1	QLC (18 tabs/30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	tier 1	QLC (18 tabs/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	tier 1	QLC (24 tabs/30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	tier 1	QLC (24 tabs/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	tier 1	QLC (24 tabs/30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	tier 1	QLC (24 tabs/30 days)
<i>sumatriptan nasal spray 20 mg/act</i>	tier 2	QLC (18 nasal sprays/30 days)
<i>sumatriptan nasal spray 5 mg/act</i>	tier 2	QLC (18 nasal sprays/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	tier 2	QLC (8 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	tier 2	QLC (12 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	tier 2	QLC (8 injections/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	tier 2	QLC (12 injections/30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	tier 2	QLC (8 injections/30 days)
<i>sumatriptan succinate tab 100 mg</i>	tier 1	QLC (18 tabs/30 days)
<i>sumatriptan succinate tab 25 mg</i>	tier 1	QLC (18 tabs/30 days)
<i>sumatriptan succinate tab 50 mg</i>	tier 1	QLC (18 tabs/30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	tier 2	QLC (18 tabs/month)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	tier 2	QLC (18 tabs/month)
<i>zolmitriptan tab 2.5 mg</i>	tier 2	QLC (18 tabs/month)
<i>zolmitriptan tab 5 mg</i>	tier 2	QLC (18 tabs/month)

ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)

PARASYMPATHOMIMETICS

PYRIDOSTIGMINE BROMIDE 30 MG TAB	tier 1	QLC (6 tabs/day)
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	tier 2	QLC (50 ml/day)
<i>pyridostigmine bromide tab 60 mg</i>	tier 1	QLC (25 tabs/day)
<i>pyridostigmine bromide tab er 180 mg</i> (PYRIDOSTIGMINE BROMIDE ER)	tier 2	QLC (6 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)

ANTIMYCOBACTERIALS, OTHER (Other Drugs for Mycobacterial Infection)

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

ANTITUBERCULARS (Drugs for Tuberculosis)

CYCLOSERINE 250 MG CAP	tier 3	
<i>ethambutol hcl tab 100 mg</i>	tier 1	
<i>ethambutol hcl tab 400 mg</i>	tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	tier 1	
<i>isoniazid tab 100 mg</i>	tier 1	
<i>isoniazid tab 300 mg</i>	tier 1	
PASER (<i>aminosalicylic acid</i>) 4 GM PACKET	tier 3	
PRIFTIN (<i>rifapentine</i>) 150 MG TAB	tier 2	
<i>pyrazinamide tab 500 mg</i>	tier 1	
<i>rifampin cap 150 mg</i>	tier 1	
<i>rifampin cap 300 mg</i>	tier 1	
<i>rifapentine tab 150 mg</i>	tier 1	
TRECATOR (<i>ethionamide</i>) 250 MG TAB	tier 3	

ANTINEOPLASTICS (Drugs for Cancer)

ALKYLATING AGENTS

CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	tier 2	OAC
<i>cyclophosphamide cap 25 mg</i>	tier 2	OAC
<i>cyclophosphamide cap 50 mg</i>	tier 2	OAC
LEUKERAN (<i>chlorambucil</i>) 2 MG TAB	tier 4	OAC
<i>lomustine cap 10 mg</i>	tier 4	S (Specialty Drug), OAC
<i>lomustine cap 100 mg</i>	tier 4	S (Specialty Drug), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lomustine cap 40 mg</i>	tier 4	S (Specialty Drug), OAC
MATULANE (<i>procarbazine hcl</i>) 50 MG CAP	tier 4	LA, OAC
ANTIANDROGENS		
<i>abiraterone acetate tab 250 mg</i>	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
abiraterone acetate tab 250 mg (Abirtega)	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>abiraterone acetate tab 500 mg</i>	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
<i>bicalutamide tab 50 mg</i>	tier 1	OAC
ERLEADA (<i>apalutamide</i>) 240 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
ERLEADA (<i>apalutamide</i>) 60 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
FLUTAMIDE 125 MG CAP	tier 1	OAC
NUBEQA (<i>darolutamide</i>) 300 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
XTANDI (<i>enzalutamide</i>) 40 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
XTANDI (<i>enzalutamide</i>) 40 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
XTANDI (<i>enzalutamide</i>) 80 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
ANTIANGIOGENIC AGENTS		
<i>lenalidomide cap 10 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 15 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 20 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 25 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 5 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide caps 2.5 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pomalidomide cap 1 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>pomalidomide cap 2 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>pomalidomide cap 3 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>pomalidomide cap 4 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
THALOMID (<i>thalidomide</i>) (150 MG CAP, 200 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day), OAC
THALOMID (<i>thalidomide</i>) (50 MG CAP, 100 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
ANTIESTROGENS/MODIFIERS		
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	tier 1	ACA (Preventive Health), OAC
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	tier 1	ACA (Preventive Health), OAC
<i>toremifene citrate tab 60 mg (base equivalent)</i>	tier 4	OAC
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	tier 4	S (Specialty Drug), OAC
<i>capecitabine tab 500 mg</i>	tier 4	S (Specialty Drug), OAC
<i>mercaptopurine tab 50 mg</i>	tier 1	OAC
TABLOID (<i>thioguanine</i>) LOID 40 MG	tier 4	OAC
ANTINEOPLASTICS, OTHER (Other Drugs for Cancer)		
<i>hydroxyurea cap 500 mg</i>	tier 1	OAC
<i>leucovorin calcium tab 10 mg</i>	tier 1	OAC
<i>leucovorin calcium tab 15 mg</i>	tier 1	OAC
<i>leucovorin calcium tab 25 mg</i>	tier 1	OAC
<i>leucovorin calcium tab 5 mg</i>	tier 1	OAC
LYSODREN (<i>mitotane</i>) 500 MG TAB	tier 4	LA, SF, OAC
ZOLINZA (<i>vorinostat</i>) 100 MG CAP	tier 4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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AROMATASE INHIBITORS, 3RD GENERATION

<i>anastrozole tab 1 mg</i>	tier 1	ACA (Affordable Care Act), OAC
<i>exemestane tab 25 mg</i>	tier 2	OAC
<i>letrozole tab 2.5 mg</i>	tier 1	OAC

ENZYME INHIBITORS

ETOPOSIDE 50 MG CAP	tier 4	OAC
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MOLECULAR TARGET INHIBITORS

ALECENSA (<i>allectinib hcl</i>) 150 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (8 caps/day), SF, OAC
BRUKINSA (<i>zanubrutinib</i>) 160 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), SF, OAC
BRUKINSA (<i>zanubrutinib</i>) 80 MG CAP	tier 4	PA, LA, QLC (4 caps/day), SF, OAC
CABOMETYX (<i>cabozantinib s-malate</i>) (20 MG TAB, 40 MG TAB, 60 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
CAPRELSA (<i>vandetanib</i>) 100 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), OAC
CAPRELSA (<i>vandetanib</i>) 300 MG TAB	tier 4	PA, LA, QLC (1 tab/day), OAC
COMETRIQ (100 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 80 & 20 KIT	tier 4	PA, 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	tier 4	PA, LA, S (Specialty Drug), QLC (112 caps/28 days), OAC
COMETRIQ (60 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 20 KIT	tier 4	PA, LA, S (Specialty Drug), QLC (84 caps/28 days), OAC
<i>dasatinib tab 100 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>dasatinib tab 140 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>dasatinib tab 20 mg</i>	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
<i>dasatinib tab 50 mg</i>	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
<i>dasatinib tab 70 mg</i>	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
<i>dasatinib tab 80 mg</i>	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
ERIVEDGE (<i>vismodegib</i>) 150 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), SF, OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	tier 2	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	tier 2	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	tier 2	PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
<i>everolimus tab 10 mg</i>	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
everolimus tab 10 mg (Yulithira)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
<i>everolimus tab 2.5 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
everolimus tab 2.5 mg (Yulithira)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
<i>everolimus tab 5 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
everolimus tab 5 mg (Yulithira)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
<i>everolimus tab 7.5 mg</i>	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
everolimus tab 7.5 mg (Yulithira)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
<i>everolimus tab for oral susp 2 mg</i>	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
<i>everolimus tab for oral susp 3 mg</i>	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>everolimus tab for oral susp 5 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
GILOTRIF (<i>afatinib dimaleate</i>) (20 MG TAB, 30 MG TAB, 40 MG TAB)	tier 4	PA, LA, QLC (1 tab/day), OAC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	tier 2	PA, S (Specialty Drug), QLC (8 tabs/day), SF, OAC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	tier 2	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
IMBRUVICA (<i>ibrutinib</i>) (140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB)	tier 4	PA, LA, QLC (1 tab/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 140 MG CAP	tier 4	PA, LA, QLC (3 caps/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 70 MG CAP	tier 4	PA, LA, QLC (1 cap/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JAKAFI (<i>ruxolitinib phosphate</i>) (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
JAKAFI XR (<i>ruxolitinib phosphate</i>) (11 MG TAB ER 24H, 22 MG TAB ER 24H, 33 MG TAB ER 24H, 44 MG TAB ER 24H, 55 MG TAB ER 24H)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
KISQALI (200 MG DOSE) (<i>ribociclib succinate</i>) (TAB THPK)	tier 4	PA, LA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI (400 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK	tier 4	PA, LA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI (600 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK	tier 4	PA, LA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (200 MG DOSE) (<i>ribociclib succinate-letrozole</i>) (& 2.5 TAB THPK	tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (400 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (600 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	tier 4	PA, S (Specialty Drug), QLC (6 tabs/day), OAC
LENVIMA (10 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (30 caps/30 days), OAC
LENVIMA (12 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 3 X 4 CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC
LENVIMA (14 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (110 & CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (60 caps/30 days), OAC
LENVIMA (18 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 10 & 2 X 4 CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (90 caps/30 days), OAC
LENVIMA (20 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (0 X 10 CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (60 caps/30 days), OAC
LENVIMA (24 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (X 10 & CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (90 caps/30 days), OAC
LENVIMA (4 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (CAP THPK	tier 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	tier 4	PA, LA, S (Specialty Drug), QLC (60 caps/30 days), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LYNPARZA (<i>olaparib</i>) (100 MG TAB, 150 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.05 MG/ML RECON SOLN	tier 4	PA, LA, S (Specialty Drug), QLC (40 ml/day), OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.5 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 2 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
ODOMZO (<i>sonidegib phosphate</i>) 200 MG CAP	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
PAZOPANIB HCL 400 MG TAB	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
<i>pazopanib hcl tab 200 mg (base equiv)</i>	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
PIQRAY (200 MG DAILY DOSE) (<i>alpelisib</i>) (TAB THPK	tier 4	PA, LA, QLC (1 tab/day), OAC
PIQRAY (250 MG DAILY DOSE) (<i>alpelisib</i>) 200 & TAB THPK	tier 4	PA, LA, QLC (2 tabs/day), OAC
PIQRAY (300 MG DAILY DOSE) (<i>alpelisib</i>) 2 X 150 TAB THPK	tier 4	PA, LA, QLC (2 tabs/day), OAC
SCEMBLIX (<i>asciminib hcl</i>) 100 MG TAB	tier 4	PA, LA, QLC (4 tabs/day), OAC
SCEMBLIX (<i>asciminib hcl</i>) 20 MG TAB	tier 4	PA, LA, QLC (2 tabs/day), OAC
SCEMBLIX (<i>asciminib hcl</i>) 40 MG TAB	tier 4	PA, LA, QLC (8 tabs/day), OAC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
STIVARGA (<i>regorafenib</i>) 40 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (3 caps/day), OAC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC
TAFINLAR (<i>dabrafenib mesylate</i>) (50 MG CAP, 75 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC
TAFINLAR (<i>dabrafenib mesylate</i>) 10 MG TAB SOL	tier 4	PA, LA, S (Specialty Drug), QLC (30 tabs/day), OAC
TAGRISSO (<i>osimertinib mesylate</i>) (40 MG TAB, 80 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
TIBSOVO (<i>ivosidenib</i>) 250 MG TAB	tier 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)	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC
XALKORI (<i>crizotinib</i>) (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
XALKORI (<i>crizotinib</i>) 150 MG CAP SPRINK	tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day), SF, OAC
RETINOIDS		
<i>bexarotene cap 75 mg</i>	tier 4	PA, S (Specialty Drug), QLC (8 caps/day), SF, OAC
PANRETIN (<i>alitretinoin</i>) 0.1 % GEL	tier 4	PA
<i>tretinoin cap 10 mg</i>	tier 4	QLC (9 caps/day), OAC
TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)		
<i>mesna tab 400 mg</i>	tier 2	OAC
ANTIPARASITICS (Drugs for Parasitic Infections)		
ANTHELMINTHICS		
<i>albendazole tab 200 mg</i>	tier 3	QLC (4 tabs/day)
IVERMECTIN 6 MG TAB	tier 1	QLC (10 tabs/ 30 day)
<i>ivermectin tab 3 mg</i>	tier 1	QLC (20 tabs/30 days)
<i>praziquantel tab 600 mg</i>	tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIPROTOZOALS (Drugs for Protozoal Infection)		
<i>atovaquone susp 750 mg/5ml</i>	tier 3	PA
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	tier 1	QLC (1 tab/day)
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	tier 1	QLC (3 tabs/day)
CHLOROQUINE PHOSPHATE 250 MG TAB	tier 1	QLC (25 tabs/30 days)
<i>chloroquine phosphate tab 250 mg</i>	tier 1	QLC (25 tabs/30 days)
<i>chloroquine phosphate tab 500 mg</i>	tier 1	QLC (25 tabs/30 days)
COARTEM (<i>artemether-lumefantrine</i>) 20-120 MG TAB	tier 3	QLC (24 tabs/30 days)
HYDROXYCHLOROQUINE SULFATE (100 MG TAB, 300 MG TAB)	tier 1	QLC (2 tabs/day)
HYDROXYCHLOROQUINE SULFATE 400 MG TAB	tier 1	QLC (1 tab/day)
<i>hydroxychloroquine sulfate tab 100 mg</i>	tier 1	QLC (2 tabs/day)
<i>hydroxychloroquine sulfate tab 200 mg</i>	tier 1	QLC (3 tabs/day)
<i>hydroxychloroquine sulfate tab 300 mg</i>	tier 1	QLC (2 tabs/day)
<i>hydroxychloroquine sulfate tab 400 mg</i>	tier 1	QLC (1 tab/day)
KRINTAFEL (<i>tafenoquine succinate</i>) 150 MG TAB	tier 3	QLC (2 tabs/28 days)
<i>mefloquine hcl tab 250 mg</i>	tier 1	QLC (5 tabs/30 days)
<i>nitazoxanide tab 500 mg</i>	tier 3	PA, QLC (6 tabs/fill)
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	tier 1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	tier 1	
<i>pyrimethamine tab 25 mg</i>	tier 4	PA
<i>quinine sulfate cap 324 mg</i>	tier 1	QLC (6 caps/day)

ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)

ANTICHOLINERGICS

<i>benztropine mesylate tab 0.5 mg</i>	tier 1	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>benztropine mesylate tab 1 mg</i>	tier 1	
<i>benztropine mesylate tab 2 mg</i>	tier 1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	tier 1	
<i>trihexyphenidyl hcl tab 2 mg</i>	tier 1	
<i>trihexyphenidyl hcl tab 5 mg</i>	tier 1	
ANTIPARKINSON AGENTS, OTHER		
<i>amantadine hcl cap 100 mg</i>	tier 1	
<i>amantadine hcl soln 50 mg/5ml</i>	tier 1	
<i>amantadine hcl tab 100 mg</i>	tier 1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	tier 2	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	tier 2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	tier 2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	tier 2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	tier 2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	tier 2	
<i>entacapone tab 200 mg</i>	tier 2	QLC (8 tabs/day)
DOPAMINE AGONISTS		
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	tier 1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	tier 1	
NEUPRO (<i>rotigotine</i>) (1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR)	tier 3	QLC (1 patch/day)
<i>pramipexole dihydrochloride tab 0.125 mg</i>	tier 1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pramipexole dihydrochloride tab 0.5 mg</i>	tier 1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	tier 1	
<i>pramipexole dihydrochloride tab 1 mg</i>	tier 1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	tier 1	
<i>ropinirole hydrochloride tab 0.25 mg</i> (ROPINIROLE HCL)	tier 1	
<i>ropinirole hydrochloride tab 0.5 mg</i> (ROPINIROLE HCL)	tier 1	
<i>ropinirole hydrochloride tab 1 mg</i> (ROPINIROLE HCL)	tier 1	
<i>ropinirole hydrochloride tab 2 mg</i> (ROPINIROLE HCL)	tier 1	
<i>ropinirole hydrochloride tab 3 mg</i> (ROPINIROLE HCL)	tier 1	
<i>ropinirole hydrochloride tab 4 mg</i> (ROPINIROLE HCL)	tier 1	
<i>ropinirole hydrochloride tab 5 mg</i> (ROPINIROLE HCL)	tier 1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i> (ROPINIROLE HCL ER)	tier 1	QLC (2 tabs/day)
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i> (ROPINIROLE HCL ER) 4hr	tier 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i> (ROPINIROLE HCL ER) 2hr	tier 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i> (ROPINIROLE HCL ER)	tier 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i> (ROPINIROLE HCL ER)	tier 1	QLC (3 tabs/day)

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	tier 1	QLC (8 tabs/day)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	tier 1	QLC (8 tabs/day)
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	tier 1	QLC (8 tabs/day)
<i>carbidopa & levodopa tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	tier 1	
<i>carbidopa & levodopa tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	tier 1	
<i>carbidopa & levodopa tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	tier 1	
<i>carbidopa & levodopa tab er 25-100 mg</i> (CARBIDOPA-LEVODOPA ER)	tier 1	
<i>carbidopa & levodopa tab er 50-200 mg</i> (CARBIDOPA-LEVODOPA ER)	tier 1	
<i>carbidopa tab 25 mg</i>	tier 2	

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

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

ANTIPSYCHOTICS (Drugs for Mental Health)

1ST GENERATION/TYPICAL

<i>chlorpromazine hcl tab 10 mg</i>	tier 2
<i>chlorpromazine hcl tab 100 mg</i>	tier 2
<i>chlorpromazine hcl tab 200 mg</i>	tier 2
<i>chlorpromazine hcl tab 25 mg</i>	tier 2
<i>chlorpromazine hcl tab 50 mg</i>	tier 2
<i>fluphenazine hcl tab 1 mg</i>	tier 2
<i>fluphenazine hcl tab 10 mg</i>	tier 2
<i>fluphenazine hcl tab 2.5 mg</i>	tier 2

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fluphenazine hcl tab 5 mg</i>	tier 2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	tier 1	
<i>haloperidol tab 0.5 mg</i>	tier 1	
<i>haloperidol tab 1 mg</i>	tier 1	
<i>haloperidol tab 10 mg</i>	tier 1	
<i>haloperidol tab 2 mg</i>	tier 1	
<i>haloperidol tab 20 mg</i>	tier 1	
<i>haloperidol tab 5 mg</i>	tier 1	
<i>loxapine succinate cap 10 mg</i>	tier 1	
<i>loxapine succinate cap 25 mg</i>	tier 1	
<i>loxapine succinate cap 5 mg</i>	tier 1	
<i>loxapine succinate cap 50 mg</i>	tier 1	
<i>pimozide tab 1 mg</i>	tier 1	
<i>pimozide tab 2 mg</i>	tier 1	
<i>thioridazine hcl tab 10 mg</i>	tier 1	
<i>thioridazine hcl tab 100 mg</i>	tier 1	
<i>thioridazine hcl tab 25 mg</i>	tier 1	
<i>thioridazine hcl tab 50 mg</i>	tier 1	
<i>thiothixene cap 1 mg</i>	tier 1	
<i>thiothixene cap 10 mg</i>	tier 1	
<i>thiothixene cap 2 mg</i>	tier 1	
<i>thiothixene cap 5 mg</i>	tier 1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	tier 1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	tier 1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	tier 1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	tier 1	

AL1 - Age Limit; BL - Benefit
Limit; CW - Cost Waived; GL - Gender Limit;
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QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step
Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
2ND GENERATION/ATYPICAL		
<i>aripiprazole oral solution 1 mg/ml</i>	tier 2	QLC (25 ml/day)
<i>aripiprazole tab 10 mg</i>	tier 1	QLC (1 tab/day)
<i>aripiprazole tab 15 mg</i>	tier 1	QLC (1 tab/day)
<i>aripiprazole tab 2 mg</i>	tier 1	QLC (4 tabs/day)
<i>aripiprazole tab 20 mg</i>	tier 1	QLC (1 tab/day)
<i>aripiprazole tab 30 mg</i>	tier 1	QLC (1 tab/day)
<i>aripiprazole tab 5 mg</i>	tier 1	QLC (2 tabs/day)
<i>lurasidone hcl tab 120 mg</i>	tier 1	QLC (1 tab/day)
<i>lurasidone hcl tab 20 mg</i>	tier 1	QLC (1 tab/day)
<i>lurasidone hcl tab 40 mg</i>	tier 1	QLC (1 tab/day)
<i>lurasidone hcl tab 60 mg</i>	tier 1	QLC (1 tab/day)
<i>lurasidone hcl tab 80 mg</i>	tier 1	QLC (2 tabs/day)
<i>olanzapine orally disintegrating tab 10 mg</i>	tier 1	
<i>olanzapine orally disintegrating tab 15 mg</i>	tier 1	
<i>olanzapine orally disintegrating tab 20 mg</i>	tier 1	
<i>olanzapine orally disintegrating tab 5 mg</i>	tier 1	
<i>olanzapine tab 10 mg</i>	tier 1	
<i>olanzapine tab 15 mg</i>	tier 1	
<i>olanzapine tab 2.5 mg</i>	tier 1	
<i>olanzapine tab 20 mg</i>	tier 1	
<i>olanzapine tab 5 mg</i>	tier 1	
<i>olanzapine tab 7.5 mg</i>	tier 1	
<i>paliperidone tab er 24hr 1.5 mg</i> (PALIPERIDONE ER)	tier 1	QLC (1 tab/day)
<i>paliperidone tab er 24hr 3 mg</i> (PALIPERIDONE ER)	tier 1	QLC (1 tab/day)
<i>paliperidone tab er 24hr 6 mg</i> (PALIPERIDONE ER)	tier 1	QLC (2 tabs/day)

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>paliperidone tab er 24hr 9 mg</i> (PALIPERIDONE ER)	tier 1	QLC (1 tab/day)
QUETIAPINE FUMARATE 150 MG TAB	tier 1	
<i>quetiapine fumarate tab 100 mg</i>	tier 1	
<i>quetiapine fumarate tab 200 mg</i>	tier 1	
<i>quetiapine fumarate tab 25 mg</i>	tier 1	
<i>quetiapine fumarate tab 300 mg</i>	tier 1	
<i>quetiapine fumarate tab 400 mg</i>	tier 1	
<i>quetiapine fumarate tab 50 mg</i>	tier 1	
<i>quetiapine fumarate tab er 24hr 150 mg</i> (QUETIAPINE FUMARATE ER)	tier 1	
<i>quetiapine fumarate tab er 24hr 200 mg</i> (QUETIAPINE FUMARATE ER)	tier 1	
<i>quetiapine fumarate tab er 24hr 300 mg</i> (QUETIAPINE FUMARATE ER)	tier 1	
<i>quetiapine fumarate tab er 24hr 400 mg</i> (QUETIAPINE FUMARATE ER)	tier 1	
<i>quetiapine fumarate tab er 24hr 50 mg</i> (QUETIAPINE FUMARATE ER)	tier 1	
<i>risperidone soln 1 mg/ml</i>	tier 1	
<i>risperidone tab 0.25 mg</i>	tier 1	
<i>risperidone tab 0.5 mg</i>	tier 1	
<i>risperidone tab 1 mg</i>	tier 1	
<i>risperidone tab 2 mg</i>	tier 1	
<i>risperidone tab 3 mg</i>	tier 1	
<i>risperidone tab 4 mg</i>	tier 1	
<i>ziprasidone hcl cap 20 mg</i>	tier 1	
<i>ziprasidone hcl cap 40 mg</i>	tier 1	
<i>ziprasidone hcl cap 60 mg</i>	tier 1	
<i>ziprasidone hcl cap 80 mg</i>	tier 1	
TREATMENT-RESISTANT		
<i>clozapine tab 100 mg</i>	tier 1	
<i>clozapine tab 200 mg</i>	tier 1	

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clozapine tab 25 mg</i>	tier 1	
<i>clozapine tab 50 mg</i>	tier 1	

ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)

<i>baclofen tab 10 mg</i>	tier 1	QLC (8 tabs/day)
<i>baclofen tab 15 mg</i>	tier 2	QLC (4 tabs/day)
<i>baclofen tab 20 mg</i>	tier 1	QLC (4 tabs/day)
<i>baclofen tab 5 mg</i>	tier 2	QLC (3 tabs/day)
<i>dantrolene sodium cap 100 mg</i>	tier 2	
<i>dantrolene sodium cap 25 mg</i>	tier 2	
<i>dantrolene sodium cap 50 mg</i>	tier 2	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	tier 1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	tier 1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	tier 1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	tier 1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	tier 1	

ANTIVIRALS (Drugs for Viral Infections)

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

<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	tier 1	QLC (18 ml/day)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	tier 1	QLC (2 tabs/day)

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTI-HEPATITIS C (HCV) AGENTS (Drugs for Hepatitis C)

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

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JULUCA (<i>dolutegravir sodium-rilpivirine hcl</i>) 50-25 MG TAB	tier 2	QLC (1 tab/day)
TIVICAY (<i>dolutegravir sodium</i>) (10 MG TAB, 25 MG TAB, 50 MG TAB)	tier 3	QLC (2 tabs/day)
TIVICAY PD (<i>dolutegravir sodium</i>) 5 MG TAB SOL	tier 3	QLC (5 tabs/day)

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

EDURANT PED (<i>rilpivirine hcl</i>) 2.5 MG TAB SOL	tier 2	AL1 (2 to 8 yrs old), QLC (6 tabs/day)
EFAVIRENZ 200 MG CAP	tier 2	QLC (3 caps/day)
EFAVIRENZ 50 MG CAP	tier 2	QLC (6 caps/day)
<i>efavirenz tab 600 mg</i>	tier 2	QLC (1 tab/day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (EFAVIRENZ-EMTRICITAB-TENOFO DF)	tier 2	QLC (1 tab/day)
EFAVIRENZ-LAMIVUDINE-TENOFOVIR (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) 400-300-300 MG TAB	tier 1	QLC (1 tab/day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	tier 1	QLC (1 tab/day)
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i> (EMTRICITAB-RILPIVIR-TENOFOV DF)	tier 2	QLC (1 tab/day)
<i>etravirine tab 100 mg</i>	tier 2	QLC (4 tabs/day)
<i>etravirine tab 200 mg</i>	tier 2	QLC (2 tabs/day)
INTELENCE (<i>etravirine</i>) 25 MG TAB	tier 2	QLC (12 tabs/day)
NEVIRAPINE 50 MG/5ML SUSPENSION	tier 1	QLC (40 ml/day)
NEVIRAPINE ER 100 MG TAB 24H	tier 1	QLC (3 tabs/day)
<i>nevirapine tab 200 mg</i>	tier 1	QLC (2 tabs/day)
<i>nevirapine tab er 24hr 400 mg</i> (NEVIRAPINE ER)	tier 1	QLC (1 tab/day)
ODEFSEY (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>) 200-25-25 MG	tier 2	QLC (1 tab/day)
<i>rilpivirine hcl tab 25 mg (base equivalent)</i>	tier 2	QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	tier 1	QLC (30 ml/day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	tier 1	QLC (2 tabs/day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	tier 1	QLC (1 tab/day)
CIMDUO (<i>lamivudine-tenofovir disoproxil fumarate</i>) 300-300 MG TAB	tier 2	QLC (1 tab/day)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate</i>) 120-15 MG	tier 2	QLC (1 tab/day)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate</i>) 200-25 MG	tier 2	ACA (Preventive Health), QLC (1 tab/day; requires confirmation of pre-exposure prophylaxis use.)
<i>emtricitabine caps 200 mg</i>	tier 2	QLC (1 cap/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (EMTRICITABINE-TENOFOVIR DF)	tier 2	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (EMTRICITABINE-TENOFOVIR DF)	tier 2	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (EMTRICITABINE-TENOFOVIR DF)	tier 2	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> (EMTRICITABINE-TENOFOVIR DF)	tier 1	ACA (Preventive Health), QLC (1 tab/day)
EMTRIVA (<i>emtricitabine</i>) 10 MG/ML SOLUTION	tier 2	QLC (24 ml/day)
<i>lamivudine oral soln 10 mg/ml</i>	tier 1	QLC (30 ml/day)
<i>lamivudine tab 150 mg</i>	tier 1	QLC (2 tabs/day)
<i>lamivudine tab 300 mg</i>	tier 1	QLC (1 tab/day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	tier 1	QLC (2 tabs/day)
STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP)	tier 1	QLC (2 caps/day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	tier 1	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRIUMEQ (<i>abacavir-dolutegravir-lamivudine</i>) 600-50-300 MG TAB	tier 2	QLC (1 tab/day)
TRIUMEQ PD (<i>abacavir-dolutegravir-lamivudine</i>) 60-5-30 MG TAB SOL	tier 2	QLC (6 tabs/day)
VIREAD (<i>tenofovir disoproxil fumarate</i>) (150 MG TAB, 200 MG TAB, 250 MG TAB)	tier 2	QLC (1 tab/day)
VIREAD (<i>tenofovir disoproxil fumarate</i>) 40 MG/GM POWDER	tier 2	QLC (3 bottles/month)
<i>zidovudine cap 100 mg</i>	tier 1	QLC (5 caps/day)
<i>zidovudine syrup 10 mg/ml</i>	tier 1	QLC (60 ml/day)
<i>zidovudine tab 300 mg</i>	tier 1	QLC (2 tabs/day)
ANTI-HIV AGENTS, OTHER		
FUZEON (<i>enfuvirtide</i>) 90 MG RECON SOLN	tier 4	LA, S (Specialty Drug), QLC (1 kit/30 days)
<i>maraviroc tab 150 mg</i>	tier 2	QLC (2 tabs/day)
<i>maraviroc tab 300 mg</i>	tier 2	QLC (4 tabs/day)
SELZENTRY (<i>maraviroc</i>) 20 MG/ML SOLUTION	tier 2	QLC (60 ml/day)
SELZENTRY (<i>maraviroc</i>) 25 MG TAB	tier 2	QLC (8 tabs/day)
SELZENTRY (<i>maraviroc</i>) 75 MG TAB	tier 2	QLC (2 tabs/day)
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS (<i>tipranavir</i>) 250 MG CAP	tier 2	QLC (4 caps/day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	tier 2	QLC (2 caps/day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	tier 2	QLC (2 caps/day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	tier 2	QLC (1 cap/day)
<i>darunavir tab 600 mg</i>	tier 2	QLC (2 tabs/day)
<i>darunavir tab 800 mg</i>	tier 2	QLC (1 tab/day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	tier 2	QLC (4 tabs/day)
LEXIVA (<i>fosamprenavir calcium</i>) 50 MG/ML SUSPENSION	tier 2	QLC (56 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	tier 2	QLC (10 ml/day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	tier 2	QLC (4 tabs/day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	tier 2	QLC (4 tabs/day)
NORVIR (<i>ritonavir</i>) 100 MG CAP	tier 2	QLC (12 caps/day)
NORVIR (<i>ritonavir</i>) 80 MG/ML SOLUTION	tier 2	QLC (15 ml/day)
PREZCOBIX (<i>darunavir-cobicistat</i>) (675-150 MG TAB, 800-150 MG TAB)	tier 2	QLC (1 tab/day)
PREZISTA (<i>darunavir ethanolate</i>) 100 MG/ML SUSPENSION	tier 2	QLC (12 ml/day)
PREZISTA (<i>darunavir</i>) 150 MG TAB	tier 2	QLC (4 tabs/day)
PREZISTA (<i>darunavir</i>) 75 MG TAB	tier 2	QLC (2 tabs/day)
REYATAZ (<i>atazanavir sulfate</i>) 50 MG PACKET	tier 2	QLC (5 packs/day)
<i>ritonavir tab 100 mg</i>	tier 2	QLC (12 tabs/day)
SYMTUZA (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>) 800-150-200-10 MG	tier 2	QLC (1 tab/day)
VIRACEPT (<i>nelfinavir mesylate</i>) 250 MG TAB	tier 2	QLC (9 tabs/day)
VIRACEPT (<i>nelfinavir mesylate</i>) 625 MG TAB	tier 2	QLC (4 tabs/day)
ANTI-INFLUENZA AGENTS (Drugs for Flu)		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	tier 1	QLC (40 caps/6 months)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	tier 1	QLC (20 caps/6 months)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	tier 1	QLC (20 caps/6 months)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	tier 1	QLC (6 bottles/6 months)
RELENZA DISKHALER (<i>zanamivir</i>) 5 MG/ACT AER POW BA	tier 2	QLC (2 inhalers/6 months)
RIMANTADINE HCL (<i>rimantadine hydrochloride</i>) 100 MG TAB	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XOFLUZA (40 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 1 TAB THPK	tier 3	QLC (1 tab/day; max 2 tabs/180 days)
XOFLUZA (40 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 2 20 TAB THPK	tier 3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)
XOFLUZA (80 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 1 TAB THPK	tier 3	QLC (1 tab/day; max 2 tabs/180 days)
XOFLUZA (80 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 2 40 TAB THPK	tier 3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)

ANTIHERPETIC AGENTS (Drugs for Herpes Infection)

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

ANTIVIRAL, CORONAVIRUS AGENTS

LAGEVRIO (<i>molnupiravir</i>) 200 MG CAP	tier 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	tier 2	AL1 (At least 12 yrs old), QLC (20 tabs/30 days; COVID treatment covered at \$0), CW
PAXLOVID (300/100 & 150/100) (<i>nirmatrelvir-ritonavir</i>) 6 10 MG 100MG TAB THPK	tier 2	AL1 (At least 12 yrs old), QLC (11 tabs/30 days; COVID treatment covered at \$0)
PAXLOVID (300/100) (<i>nirmatrelvir-ritonavir</i>) 20 150 MG & OMG TAB THPK	tier 2	AL1 (At least 12 yrs old), QLC (30 tabs/30 days; COVID treatment covered at \$0), CW

ANXIOLYTICS (Drugs for Anxiety)

ANXIOLYTICS, OTHER (Other Drugs for Anxiety)

<i>buspirone hcl tab 10 mg</i>	tier 1
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>buspirone hcl tab 15 mg</i>	tier 1	
<i>buspirone hcl tab 30 mg</i>	tier 1	
<i>buspirone hcl tab 5 mg</i>	tier 1	
<i>buspirone hcl tab 7.5 mg</i>	tier 1	
BENZODIAZEPINES		
ALPRAZOLAM INTENSOL 1 MG/ML CONC	tier 1	QLC (4 ml/day)
<i>alprazolam tab 0.25 mg</i>	tier 1	QLC (4 tabs/day)
<i>alprazolam tab 0.5 mg</i>	tier 1	QLC (4 tabs/day)
<i>alprazolam tab 1 mg</i>	tier 1	QLC (4 tabs/day)
<i>alprazolam tab 2 mg</i>	tier 1	QLC (2 tabs/day)
<i>alprazolam tab er 24hr 0.5 mg</i> (ALPRAZOLAM ER)	tier 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 0.5 mg</i> (ALPRAZOLAM XR)	tier 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 1 mg</i> (ALPRAZOLAM ER)	tier 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 1 mg</i> (ALPRAZOLAM XR)	tier 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 2 mg</i> (ALPRAZOLAM ER) 4hr	tier 1	QLC (2 tabs/day)
<i>alprazolam tab er 24hr 2 mg</i> (ALPRAZOLAM XR) 4hr	tier 1	QLC (2 tabs/day)
<i>alprazolam tab er 24hr 3 mg</i> (ALPRAZOLAM ER)	tier 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 3 mg</i> (ALPRAZOLAM XR)	tier 1	QLC (1 tab/day)
<i>chlordiazepoxide hcl cap 10 mg</i>	tier 1	QLC (30 caps/day)
<i>chlordiazepoxide hcl cap 25 mg</i>	tier 1	QLC (12 caps/day)
<i>chlordiazepoxide hcl cap 5 mg</i>	tier 1	QLC (60 caps/day)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	tier 1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	tier 1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	tier 1	

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clonazepam orally disintegrating tab 1 mg</i>	tier 1	
<i>clonazepam orally disintegrating tab 2 mg</i>	tier 1	
<i>clonazepam tab 0.5 mg</i>	tier 1	QLC (40 tabs/day)
<i>clonazepam tab 1 mg</i>	tier 1	QLC (20 tabs/day)
<i>clonazepam tab 2 mg</i>	tier 1	QLC (10 tabs/day)
<i>clorazepate dipotassium tab 15 mg</i>	tier 1	QLC (6 tabs/day)
<i>clorazepate dipotassium tab 3.75 mg</i>	tier 1	QLC (24 tabs/day)
<i>clorazepate dipotassium tab 7.5 mg</i>	tier 1	QLC (12 tabs/day)
<i>diazepam conc 5 mg/ml</i>	tier 1	QLC (12 bottles/30 days)
<i>diazepam conc 5 mg/ml</i> (DIAZEPAM INTENSOL)	tier 1	QLC (12 bottles/30 days)
<i>diazepam oral soln 1 mg/ml</i>	tier 1	QLC (60 ml/day)
<i>diazepam tab 10 mg</i>	tier 1	QLC (6 tabs/day)
<i>diazepam tab 2 mg</i>	tier 1	QLC (30 tabs/day)
<i>diazepam tab 5 mg</i>	tier 1	QLC (12 tabs/day)
<i>lorazepam conc 2 mg/ml</i>	tier 1	QLC (150 ml/30 days)
lorazepam conc 2 mg/ml (Lorazepam Intensol)	tier 1	QLC (150 ml/30 days)
<i>lorazepam tab 0.5 mg</i>	tier 1	QLC (20 tabs/day)
<i>lorazepam tab 1 mg</i>	tier 1	QLC (10 tabs/day)
<i>lorazepam tab 2 mg</i>	tier 1	QLC (5 tabs/day)
<i>oxazepam cap 10 mg</i>	tier 2	QLC (12 caps/day)
<i>oxazepam cap 15 mg</i>	tier 2	QLC (8 caps/day)
<i>oxazepam cap 30 mg</i>	tier 2	QLC (4 caps/day)

BIPOLAR AGENTS (Drugs for Bipolar Disorder)

MOOD STABILIZERS

LITHIUM CARBONATE (150 MG CAP, 300 MG CAP, 600 MG CAP)	tier 1	
<i>lithium carbonate cap 150 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lithium carbonate cap 300 mg</i>	tier 1	
<i>lithium carbonate cap 600 mg</i>	tier 1	
<i>lithium carbonate tab 300 mg</i>	tier 1	
<i>lithium carbonate tab er 300 mg</i> (LITHIUM CARBONATE ER)	tier 1	
<i>lithium carbonate tab er 450 mg</i> (LITHIUM CARBONATE ER)	tier 1	
<i>lithium oral solution 8 meq/5ml</i>	tier 1	

BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)

ANTIDIABETIC AGENTS (Drugs for High Blood Sugar)

<i>acarbose tab 100 mg</i>	tier 1	
<i>acarbose tab 25 mg</i>	tier 1	
<i>acarbose tab 50 mg</i>	tier 1	
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i> (DAPAGLIFLOZ BASE-METFORMIN ER)	tier 1	ST, QLC (1 tab/day)
<i>dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg</i> (DAPAGLIFLOZ BASE-METFORMIN ER)	tier 1	ST, QLC (1 tab/day)
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i> (DAPAGLIFLOZ BASE-METFORMIN ER)	tier 1	ST, QLC (2 tabs/day)
<i>dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg</i> (DAPAGLIFLOZ BASE-METFORMIN ER)	tier 1	ST, QLC (1 tab/day)
<i>glimepiride tab 1 mg</i>	tier 1	
<i>glimepiride tab 2 mg</i>	tier 1	
<i>glimepiride tab 4 mg</i>	tier 1	
GLIPIZIDE 15 MG TAB	tier 1	QLC (2 tabs/day)
GLIPIZIDE 2.5 MG TAB	tier 1	QLC (1 tab/day)
<i>glipizide tab 10 mg</i>	tier 1	
<i>glipizide tab 5 mg</i>	tier 1	
<i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE ER)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE XL)	tier 1	
<i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE ER)	tier 1	
<i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE XL)	tier 1	
<i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE ER)	tier 1	
<i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE XL)	tier 1	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	tier 1	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	tier 1	
<i>glipizide-metformin hcl tab 5-500 mg</i>	tier 1	
GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB)	tier 1	
<i>glyburide tab 1.25 mg</i>	tier 1	
<i>glyburide tab 2.5 mg</i>	tier 1	
<i>glyburide tab 5 mg</i>	tier 1	
<i>glyburide-metformin tab 1.25-250 mg</i>	tier 1	
<i>glyburide-metformin tab 2.5-500 mg</i>	tier 1	
<i>glyburide-metformin tab 5-500 mg</i>	tier 1	
GLYXAMBI (<i>empagliflozin-linagliptin</i>) (10-5 MG TAB, 25-5 MG TAB)	tier 2	ST, QLC (1 tab/day)
<i>metformin hcl tab 1000 mg</i>	tier 1	
<i>metformin hcl tab 500 mg</i>	tier 1	
<i>metformin hcl tab 850 mg</i>	tier 1	
<i>metformin hcl tab er 24hr 500 mg</i> (METFORMIN HCL ER)	tier 1	
<i>metformin hcl tab er 24hr 750 mg</i> (METFORMIN HCL ER)	tier 1	
MOUNJARO (<i>tirzepatide</i>) (5 MG/0.5ML SOLN A-INJ, 7.5 MG/0.5ML SOLN A-INJ, 10 MG/0.5ML SOLN A-INJ, 12.5 MG/0.5ML SOLN A-INJ, 15 MG/0.5ML SOLN A-INJ)	tier 2	PA, QLC (4 pens (2 ml)/28 days)
MOUNJARO (<i>tirzepatide</i>) 2.5 MG/0.5ML SOLN A-INJ	tier 2	PA, QLC (4 pens (2 ml)/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nateglinide tab 120 mg</i>	tier 1	
<i>nateglinide tab 60 mg</i>	tier 1	
OZEMPIC (0.25 OR 0.5 MG/DOSE) (<i>semaglutide</i>) (MG/1.5ML SOLN PEN)	tier 2	PA, QLC (1 pen/28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (<i>semaglutide</i>) (MG/3ML SOLN PEN)	tier 2	PA, QLC (3 ml/28 days)
OZEMPIC (1 MG/DOSE) (<i>semaglutide</i>) 4 MG/3ML SOLN PEN	tier 2	PA, QLC (3 ml/ 28 days)
OZEMPIC (2 MG/DOSE) (<i>semaglutide</i>) 8 MG/3ML SOLN PEN	tier 2	PA, QLC (1 pen (3ml)/28 days)
OZEMPIC (<i>semaglutide</i>) (4 MG TAB, 9 MG TAB)	tier 2	PA, QLC (1 tab/day)
OZEMPIC (<i>semaglutide</i>) 1.5 MG TAB	tier 2	PA, QLC (1 tab/day)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	tier 1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	tier 1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	tier 1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	tier 1	QLC (3 tabs/day)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	tier 1	QLC (3 tabs/day)
<i>repaglinide tab 0.5 mg</i>	tier 1	
<i>repaglinide tab 1 mg</i>	tier 1	
<i>repaglinide tab 2 mg</i>	tier 1	
RYBELSUS (<i>semaglutide</i>) (7 MG TAB, 14 MG TAB)	tier 2	PA, QLC (1 tab/day)
RYBELSUS (<i>semaglutide</i>) 3 MG TAB	tier 2	PA, QLC (1 tab/day)
<i>sitagliptin phosphate tab 100 mg (base equiv)</i>	tier 1	ST, QLC (1 tab/day)
<i>sitagliptin phosphate tab 25 mg (base equiv)</i>	tier 1	ST, QLC (1 tab/day)
<i>sitagliptin phosphate tab 50 mg (base equiv)</i>	tier 1	ST, QLC (1 tab/day)
<i>sitagliptin phosphate-metformin hcl tab 50-1000 mg</i> (SITAGLIPTIN PHOS-METFORMIN HCL)	tier 1	ST, QLC (2 tabs/day)
<i>sitagliptin phosphate-metformin hcl tab 50-500 mg</i> (SITAGLIPTIN PHOS-METFORMIN HCL)	tier 1	ST, QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg</i> (SITAGLIP PHOS-METFORMIN HCL ER)	tier 1	ST, QLC (1 tab/day)
<i>sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg</i> (SITAGLIP PHOS-METFORMIN HCL ER)	tier 1	ST, QLC (2 tabs/day)
<i>sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg</i> (SITAGLIP PHOS-METFORMIN HCL ER)	tier 1	ST, QLC (1 tab/day)
SYNJARDY (<i>empagliflozin-metformin hcl</i>) (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB)	tier 2	ST, QLC (2 tabs/day)
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>) (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H)	tier 2	ST, QLC (2 tabs/day)
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>) 25-1000 MG TAB ER 24H	tier 2	ST, QLC (1 tab/day)
TRULICITY (<i>dulaglutide</i>) (0.75 MG/0.5ML SOLN A-INJ, 1.5 MG/0.5ML SOLN A-INJ, 3 MG/0.5ML SOLN A-INJ, 4.5 MG/0.5ML SOLN A-INJ)	tier 2	PA, QLC (4 pens (2 ml)/28 days)
XIGDUO XR (<i>dapagliflozin free base-metformin hcl</i>) 2.5-1000 MG TAB ER 24H	tier 2	ST, QLC (2 tabs/day)
GLYCEMIC AGENTS (Drugs for Low Blood Sugar)		
BAQSIMI ONE PACK (<i>glucagon</i>) 3 MG/DOSE POWDER	tier 3	QLC (2 sprayers/30 days)
BAQSIMI TWO PACK (<i>glucagon</i>) 3 MG/DOSE POWDER	tier 3	QLC (2 sprayers/30 days)
GLUCAGEN HYPOKIT (<i>glucagon hcl</i>) 1 MG RECON SOLN	tier 2	QLC (2 injections/fill)
GLUCAGON EMERGENCY (<i>glucagon hcl</i>) 1 MG/ML RECON SOLN	tier 2	QLC (2 kits/fill)
glucagon for inj 1 mg (Glucagon Emergency)	tier 2	QLC (2 kits/fill)
INSULINS		
HUMALOG (<i>insulin lispro</i>) 100 UNIT/ML SOLN CART	tier 2	
HUMALOG JUNIOR KWIKPEN (<i>insulin lispro</i>) KWIK100 UNIT/ML SOLN	tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMALOG KWIKPEN (<i>insulin lispro</i>) (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	tier 2	
HUMALOG MIX 50/50 (<i>insulin lispro protamine & lispro</i>) (50-50) 100 UNIT/ML SUSPENSION	tier 2	
HUMALOG MIX 50/50 KWIKPEN (<i>insulin lispro protamine & lispro</i>) KWIK(50-50) 100 UNIT/ML SUSP	tier 2	
HUMALOG MIX 75/25 (<i>insulin lispro protamine & lispro</i>) (75-25) 100 UNIT/ML SUSPENSION	tier 2	
HUMALOG MIX 75/25 KWIKPEN (<i>insulin lispro protamine & lispro</i>) KWIK(75-25) 100 UNIT/ML SUSP	tier 2	
HUMULIN 70/30 (<i>insulin nph isophane & reg (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	tier 2	
HUMULIN N (<i>insulin nph (human) (isophane)</i>) 100 UIT/ML SUSPESIO	tier 2	
HUMULIN R (<i>insulin regular (human)</i>) 100 UNIT/ML SOLUTION	tier 2	
HUMULIN R U-500 (CONCENTRATED) (<i>insulin regular (human)</i>) (CONCENTATED) UNIT/ML SOLUTION	tier 2	
HUMULIN R U-500 KWIKPEN (<i>insulin regular (human)</i>) KWIKUNIT/ML SOLN	tier 2	
INSULIN GLARGINE-YFGN 100 UNIT/ML SOLN PEN (CIVICA NDC 7257)	tier 2	QLC (45 ml/30 days)
INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN	tier 1	
INSULIN LISPRO 100 UNIT/ML SOLUTION	tier 1	
INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	tier 1	
LANTUS (<i>insulin glargine</i>) 100 UNIT/ML SOLUTION	tier 2	QLC (40 ml (4 vials)/ month)
LANTUS SOLOSTAR (<i>insulin glargine</i>) 100 UNIT/ML SOLN PEN	tier 2	QLC (45 ml (15 pens)/ month)
LYUMJEV (<i>insulin lispro-aabc</i>) 100 UNIT/ML SOLUTION	tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LYUMJEV KWIKPEN (<i>insulin lispro-aabc</i>) (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	tier 2	
TOUJEO MAX SOLOSTAR (<i>insulin glargine</i>) 300 UNIT/ML SOLN PEN	tier 2	QLC (6 pens/30 days)
TOUJEO SOLOSTAR (<i>insulin glargine</i>) 300 UNIT/ML SOLN PEN	tier 2	QLC (12 pens/30 days)
TRESIBA (<i>insulin degludec</i>) 100 UNIT/ML SOLUTION	tier 2	QLC (3 vials/30 days)
TRESIBA FLEXTOUCH (<i>insulin degludec</i>) 100 UNIT/ML SOLN PEN	tier 2	QLC (10 pens/30 days)
TRESIBA FLEXTOUCH (<i>insulin degludec</i>) 200 UNIT/ML SOLN PEN	tier 2	QLC (9 pens/30 days)

BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)

ANTICOAGULANTS (Blood Thinners)

<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i> (	tier 1	QLC (2 caps/day)
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i> (	tier 1	QLC (2 caps/day)
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i> (	tier 1	QLC (2 caps/day)
ELIQUIS (1.5 MG PACK) (<i>apixaban</i>) 3 0.5 TAB SOL	tier 2	QLC (12 tabs/day (allows loading dose))
ELIQUIS (2 MG PACK) (<i>apixaban</i>) 4 0.5 TAB SOL	tier 2	QLC (16 tabs/day (allows loading dose))
ELIQUIS (<i>apixaban</i>) (2.5 MG TAB, 5 MG TAB)	tier 2	QLC (2 tabs/day)
ELIQUIS (<i>apixaban</i>) 0.15 MG CAP SPRINK	tier 2	QLC (2 caps/day (allows loading dose))
ELIQUIS (<i>apixaban</i>) 0.5 MG TAB SOL	tier 2	QLC (4 tabs/day (allows loading dose))
ELIQUIS DVT/PE STARTER PACK (<i>apixaban</i>) 5 MG TAB THPK	tier 2	QLC (74 tabs/180 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	tier 4	QLC (2 ml/day)
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	tier 4	QLC (2 syringes/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	tier 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	tier 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	tier 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	tier 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	tier 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	tier 4	QLC (2 syringes/day)
HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR	tier 1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	tier 1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i> (HEPARIN SODIUM (PORCINE) +RFID)	tier 1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	tier 1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	tier 1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	tier 1	
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION	tier 1	
<i>heparin sodium (porcine) pf inj 1000 unit/ml</i>	tier 1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	tier 1	
<i>rivaroxaban for susp 1 mg/ml</i>	tier 2	QLC (20 ml/day)
<i>rivaroxaban tab 2.5 mg</i>	tier 2	QLC (2 tabs/day)
<i>warfarin sodium tab 1 mg</i>	tier 1	
warfarin sodium tab 1 mg (Jantoven)	tier 1	
<i>warfarin sodium tab 10 mg</i>	tier 1	
warfarin sodium tab 10 mg (Jantoven)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>warfarin sodium tab 2 mg</i>	tier 1	
warfarin sodium tab 2 mg (Jantoven)	tier 1	
<i>warfarin sodium tab 2.5 mg</i>	tier 1	
warfarin sodium tab 2.5 mg (Jantoven)	tier 1	
<i>warfarin sodium tab 3 mg</i>	tier 1	
warfarin sodium tab 3 mg (Jantoven)	tier 1	
<i>warfarin sodium tab 4 mg</i>	tier 1	
warfarin sodium tab 4 mg (Jantoven)	tier 1	
<i>warfarin sodium tab 5 mg</i>	tier 1	
warfarin sodium tab 5 mg (Jantoven)	tier 1	
<i>warfarin sodium tab 6 mg</i>	tier 1	
warfarin sodium tab 6 mg (Jantoven)	tier 1	
<i>warfarin sodium tab 7.5 mg</i>	tier 1	
warfarin sodium tab 7.5 mg (Jantoven)	tier 1	
XARELTO (<i>rivaroxaban</i>) (10 MG TAB, 15 MG TAB, 20 MG TAB)	tier 2	QLC (1 tab/day)
XARELTO (<i>rivaroxaban</i>) 1 MG/ML RECON SUSP	tier 2	QLC (20 ml/day)
XARELTO (<i>rivaroxaban</i>) 2.5 MG TAB	tier 2	QLC (2 tabs/day)
XARELTO STARTER PACK (<i>rivaroxaban</i>) 15 & 20 MG TAB THPK	tier 2	QLC (1 starter pack/6 months)
BLOOD PRODUCTS AND MODIFIERS, OTHER (Blood Formation Drugs)		
<i>anagrelide hcl cap 0.5 mg</i>	tier 2	
<i>anagrelide hcl cap 1 mg</i>	tier 2	
<i>eltrombopag olamine powder pack for susp 12.5 mg (base eq)</i>	tier 4	PA, S (Specialty Drug), QLC (1 packet/day)
<i>eltrombopag olamine powder pack for susp 25 mg (base equiv)</i>	tier 4	PA, S (Specialty Drug), QLC (6 packets/day)
<i>eltrombopag olamine tab 12.5 mg (base equiv)</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>eltrombopag olamine tab 25 mg (base equiv)</i>	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day)
<i>eltrombopag olamine tab 50 mg (base equiv)</i>	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>eltrombopag olamine tab 75 mg (base equiv)</i>	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
FULPHILA (<i>pegfilgrastim-jmdb</i>) 6 MG/0.6ML SOLN PRSYR	tier 4	PA, S (Specialty Drug)
NIVESTYM (<i>filgrastim-aafi</i>) (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION)	tier 4	PA, S (Specialty Drug)
RETACRIT (<i>epoetin alfa-epbx</i>) (2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION)	tier 4	PA, S (Specialty Drug)
UDENYCA (<i>pegfilgrastim-cbqv</i>) (6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug)
ZARXIO (<i>filgrastim-sndz</i>) (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug)
HEMOSTASIS AGENTS (Drugs to Stop Bleeding)		
<i>tranexamic acid tab 650 mg</i>	tier 1	QLC (6 tabs/day; max 5 days of therapy/28 days)
PLATELET MODIFYING AGENTS (Drugs for Heart Attack and Stroke Prevention)		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (ASPIRIN-DIPYRIDAMOLE ER)	tier 2	
CABLIVI (<i>caplacizumab-yhdp</i>) 11 MG KIT	tier 4	PA, LA, QLC (1 kit/day)
<i>cilostazol tab 100 mg</i>	tier 1	
<i>cilostazol tab 50 mg</i>	tier 1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	tier 1	QLC (1 tab/day)
<i>dipyridamole tab 25 mg</i>	tier 1	
<i>dipyridamole tab 50 mg</i>	tier 1	
<i>dipyridamole tab 75 mg</i>	tier 1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	tier 1	QLC (1 tab/day)
<i>prasugrel hcl tab 5 mg (base equiv)</i>	tier 1	QLC (1 tab/day)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ticagrelor tab 60 mg</i>	tier 2	QLC (2 tabs/day)
<i>ticagrelor tab 90 mg</i>	tier 1	QLC (2 tabs/day)

CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)

ALPHA-ADRENERGIC AGONISTS

CLONIDINE HCL 0.05 MG TAB	tier 2	QLC (2 tabs/day)
<i>clonidine hcl tab 0.1 mg</i>	tier 1	
<i>clonidine hcl tab 0.2 mg</i>	tier 1	
<i>clonidine hcl tab 0.3 mg</i>	tier 1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	tier 2	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	tier 2	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	tier 2	
<i>guanfacine hcl tab 1 mg</i>	tier 1	
<i>guanfacine hcl tab 2 mg</i>	tier 1	
METHYLDOPA 500 MG TAB	tier 1	
<i>methyldopa tab 250 mg</i>	tier 1	
<i>midodrine hcl tab 10 mg</i>	tier 1	
<i>midodrine hcl tab 2.5 mg</i>	tier 1	
<i>midodrine hcl tab 5 mg</i>	tier 1	

ALPHA-ADRENERGIC BLOCKING AGENTS

<i>doxazosin mesylate tab 1 mg</i>	tier 1	
<i>doxazosin mesylate tab 2 mg</i>	tier 1	
<i>doxazosin mesylate tab 4 mg</i>	tier 1	
<i>doxazosin mesylate tab 8 mg</i>	tier 1	
<i>phenoxybenzamine hcl cap 10 mg</i>	tier 4	PA
<i>prazosin hcl cap 1 mg</i>	tier 1	
<i>prazosin hcl cap 2 mg</i>	tier 1	
<i>prazosin hcl cap 5 mg</i>	tier 1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	tier 1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	tier 1	

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Therapy

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

ANGIOTENSIN II RECEPTOR ANTAGONISTS

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

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

<i>benazepril hcl tab 10 mg</i>	tier 1	QLC (1 tab/day)
<i>benazepril hcl tab 20 mg</i>	tier 1	QLC (1 tab/day)
<i>benazepril hcl tab 40 mg</i>	tier 1	QLC (2 tabs/day)
<i>benazepril hcl tab 5 mg</i>	tier 1	QLC (1 tab/day)
<i>captopril tab 100 mg</i>	tier 1	
<i>captopril tab 12.5 mg</i>	tier 1	

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>captopril tab 25 mg</i>	tier 1	
<i>captopril tab 50 mg</i>	tier 1	
<i>enalapril maleate tab 10 mg</i>	tier 1	
<i>enalapril maleate tab 2.5 mg</i>	tier 1	
<i>enalapril maleate tab 20 mg</i>	tier 1	
<i>enalapril maleate tab 5 mg</i>	tier 1	
<i>fosinopril sodium tab 10 mg</i>	tier 1	QLC (1 tab/day)
<i>fosinopril sodium tab 20 mg</i>	tier 1	QLC (1 tab/day)
<i>fosinopril sodium tab 40 mg</i>	tier 1	QLC (2 tabs/day)
<i>lisinopril tab 10 mg</i>	tier 1	
<i>lisinopril tab 2.5 mg</i>	tier 1	
<i>lisinopril tab 20 mg</i>	tier 1	
<i>lisinopril tab 30 mg</i>	tier 1	
<i>lisinopril tab 40 mg</i>	tier 1	
<i>lisinopril tab 5 mg</i>	tier 1	
PERINDOPRIL ERBUMINE 2 MG TAB	tier 1	QLC (1 tab/day)
PERINDOPRIL ERBUMINE 8 MG TAB	tier 1	QLC (2 tabs/day)
<i>perindopril erbumine tab 2 mg</i>	tier 1	QLC (1 tab/day)
<i>perindopril erbumine tab 4 mg</i>	tier 1	QLC (1 tab/day)
<i>quinapril hcl tab 10 mg</i>	tier 1	
<i>quinapril hcl tab 20 mg</i>	tier 1	
<i>quinapril hcl tab 40 mg</i>	tier 1	
<i>quinapril hcl tab 5 mg</i>	tier 1	
<i>ramipril cap 1.25 mg</i>	tier 1	
<i>ramipril cap 10 mg</i>	tier 1	
<i>ramipril cap 2.5 mg</i>	tier 1	
<i>ramipril cap 5 mg</i>	tier 1	
<i>trandolapril tab 1 mg</i>	tier 1	
<i>trandolapril tab 2 mg</i>	tier 1	
<i>trandolapril tab 4 mg</i>	tier 1	

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

<i>amiodarone hcl tab 100 mg</i>	tier 1	
<i>amiodarone hcl tab 200 mg</i>	tier 1	
amiodarone hcl tab 200 mg (Pacerone)	tier 1	
<i>amiodarone hcl tab 400 mg</i>	tier 1	
DIGOXIN 0.05 MG/ML SOLUTION	tier 1	QLC (5 ml/day)
<i>digoxin oral soln 0.05 mg/ml</i>	tier 1	QLC (5 ml/day)
<i>digoxin tab 125 mcg (0.125 mg) (0.</i>	tier 1	QLC (1 tab/day)
digoxin tab 125 mcg (0.125 mg) (Digitek) (0.	tier 1	QLC (1 tab/day)
<i>digoxin tab 250 mcg (0.25 mg)</i>	tier 1	QLC (1 tab/day)
digoxin tab 250 mcg (0.25 mg) (Digitek)	tier 1	QLC (1 tab/day)
<i>disopyramide phosphate cap 100 mg</i>	tier 1	
<i>disopyramide phosphate cap 150 mg</i>	tier 1	
<i>dofetilide cap 125 mcg (0.125 mg) (0.</i>	tier 1	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	tier 1	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	tier 1	
<i>flecainide acetate tab 100 mg</i>	tier 1	
<i>flecainide acetate tab 150 mg</i>	tier 1	
<i>flecainide acetate tab 50 mg</i>	tier 1	
<i>mexiletine hcl cap 150 mg</i>	tier 1	
<i>mexiletine hcl cap 200 mg</i>	tier 1	
<i>mexiletine hcl cap 250 mg</i>	tier 1	
MULTAQ (<i>dronedarone hcl</i>) 400 MG TAB	tier 3	QLC (2 tabs/day)
<i>propafenone hcl cap er 12hr 225 mg</i> (PROPAFENONE HCL ER)	tier 3	
<i>propafenone hcl cap er 12hr 325 mg</i> (PROPAFENONE HCL ER)	tier 3	
<i>propafenone hcl cap er 12hr 425 mg</i> (PROPAFENONE HCL ER)	tier 3	
<i>propafenone hcl tab 150 mg</i>	tier 1	
<i>propafenone hcl tab 225 mg</i>	tier 1	

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>propafenone hcl tab 300 mg</i>	tier 1	
<i>quinidine gluconate tab er 324 mg</i> (QUINIDINE GLUCONATE ER)	tier 1	
QUINIDINE SULFATE (200 MG TAB, 300 MG TAB)	tier 1	
sotalol hcl (afib/afl) tab 120 mg (Sotalol Hcl (Af))	tier 1	
sotalol hcl (afib/afl) tab 160 mg (Sotalol Hcl (Af))	tier 1	
sotalol hcl (afib/afl) tab 80 mg (Sotalol Hcl (Af))	tier 1	
<i>sotalol hcl tab 120 mg</i>	tier 1	
sotalol hcl tab 120 mg (Sorine)	tier 1	
<i>sotalol hcl tab 160 mg</i>	tier 1	
sotalol hcl tab 160 mg (Sorine)	tier 1	
<i>sotalol hcl tab 240 mg</i>	tier 1	
sotalol hcl tab 240 mg (Sorine)	tier 1	
<i>sotalol hcl tab 80 mg</i>	tier 1	
sotalol hcl tab 80 mg (Sorine)	tier 1	
BETA-ADRENERGIC BLOCKING AGENTS		
<i>acebutolol hcl cap 200 mg</i>	tier 1	
<i>acebutolol hcl cap 400 mg</i>	tier 1	
<i>atenolol tab 100 mg</i>	tier 1	
<i>atenolol tab 25 mg</i>	tier 1	
<i>atenolol tab 50 mg</i>	tier 1	
<i>betaxolol hcl tab 10 mg</i>	tier 2	
<i>betaxolol hcl tab 20 mg</i>	tier 2	
BISOPROLOL FUMARATE 2.5 MG TAB	tier 1	QLC (1 tab/day)
<i>bisoprolol fumarate tab 10 mg</i>	tier 1	
<i>bisoprolol fumarate tab 5 mg</i>	tier 1	
<i>carvedilol tab 12.5 mg</i>	tier 1	
<i>carvedilol tab 25 mg</i>	tier 1	

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carvedilol tab 3.125 mg</i>	tier 1	
<i>carvedilol tab 6.25 mg</i>	tier 1	
<i>labetalol hcl tab 100 mg</i>	tier 1	
<i>labetalol hcl tab 200 mg</i>	tier 1	
<i>labetalol hcl tab 300 mg</i>	tier 1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	tier 1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	tier 1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	tier 1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	tier 1	
<i>metoprolol tartrate tab 100 mg</i>	tier 1	
<i>metoprolol tartrate tab 25 mg</i>	tier 1	
<i>metoprolol tartrate tab 37.5 mg</i>	tier 1	
<i>metoprolol tartrate tab 50 mg</i>	tier 1	
<i>metoprolol tartrate tab 75 mg</i>	tier 1	
<i>nadolol tab 20 mg</i>	tier 1	
<i>nadolol tab 40 mg</i>	tier 1	
<i>nadolol tab 80 mg</i>	tier 1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	tier 1	QLC (1 tab/day)
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	tier 1	QLC (1 tab/day)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	tier 1	QLC (2 tabs/day)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	tier 1	QLC (1 tab/day)
<i>pindolol tab 10 mg</i>	tier 1	
<i>pindolol tab 5 mg</i>	tier 1	
PROPRANOLOL HCL 40 MG/5ML SOLUTION	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>propranolol hcl cap er 24hr 120 mg</i> (PROPRANOLOL HCL ER)	tier 1	
<i>propranolol hcl cap er 24hr 160 mg</i> (PROPRANOLOL HCL ER)	tier 1	
<i>propranolol hcl cap er 24hr 60 mg</i> (PROPRANOLOL HCL ER)	tier 1	
<i>propranolol hcl cap er 24hr 80 mg</i> (PROPRANOLOL HCL ER)	tier 1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	tier 1	
<i>propranolol hcl tab 10 mg</i>	tier 1	
<i>propranolol hcl tab 20 mg</i>	tier 1	
<i>propranolol hcl tab 40 mg</i>	tier 1	
<i>propranolol hcl tab 60 mg</i>	tier 1	
<i>propranolol hcl tab 80 mg</i>	tier 1	
TIMOLOL MALEATE (5 MG TAB, 20 MG TAB)	tier 1	
<i>timolol maleate tab 10 mg</i>	tier 1	
<i>timolol maleate tab 20 mg</i>	tier 1	
<i>timolol maleate tab 5 mg</i>	tier 1	
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	tier 1	
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	tier 1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	tier 1	
<i>felodipine tab er 24hr 10 mg</i> (FELODIPINE ER)	tier 1	
<i>felodipine tab er 24hr 2.5 mg</i> (FELODIPINE ER)	tier 1	
<i>felodipine tab er 24hr 5 mg</i> (FELODIPINE ER)	tier 1	
<i>nifedipine cap 10 mg</i>	tier 1	
<i>nifedipine cap 20 mg</i>	tier 1	
<i>nifedipine tab er 24hr 30 mg</i> (NIFEDIPINE ER)	tier 1	

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nifedipine tab er 24hr 60 mg</i> (NIFEDIPINE ER)	tier 1	
<i>nifedipine tab er 24hr 90 mg</i> (NIFEDIPINE ER)	tier 1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	tier 1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	tier 1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	tier 1	
<i>nimodipine cap 30 mg</i>	tier 3	

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

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

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

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 Therapy

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>verapamil hcl cap er 24hr 120 mg</i> (VERAPAMIL HCL ER)	tier 1	
<i>verapamil hcl cap er 24hr 180 mg</i> (VERAPAMIL HCL ER)	tier 1	
<i>verapamil hcl cap er 24hr 240 mg</i> (VERAPAMIL HCL ER)	tier 1	
<i>verapamil hcl tab 120 mg</i>	tier 1	
<i>verapamil hcl tab 40 mg</i>	tier 1	
<i>verapamil hcl tab 80 mg</i>	tier 1	
<i>verapamil hcl tab er 120 mg</i> (VERAPAMIL HCL ER)	tier 1	
<i>verapamil hcl tab er 180 mg</i> (VERAPAMIL HCL ER)	tier 1	
<i>verapamil hcl tab er 240 mg</i> (VERAPAMIL HCL ER)	tier 1	

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

<i>acetazolamide tab 125 mg</i>	tier 1	
<i>acetazolamide tab 250 mg</i>	tier 1	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i> (AMILORIDE-HYDROCHLOROTHIAZIDE)	tier 1	
AMILORIDE-HYDROCHLOROTHIAZIDE (<i>amiloride & hydrochlorothiazide</i>) 5-50 MG TAB	tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> (AMLODIPINE-ATORVASTATIN)	tier 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	tier 1	QLC (1 cap/day)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	tier 1	QLC (1 cap/day)
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	tier 1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> (AMLODIPINE BESY-BENAZEPRIL HCL)	tier 1	QLC (2 caps/day)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> (AMLODIPINE-OLMESARTAN)	tier 1	QLC (1 tab/day)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> (AMLODIPINE-OLMESARTAN)	tier 1	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> (AMLODIPINE-OLMESARTAN)	tier 1	QLC (1 tab/day)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> (AMLODIPINE-OLMESARTAN)	tier 1	QLC (1 tab/day)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	tier 1	QLC (1 tab/day)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	tier 1	QLC (1 tab/day)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	tier 1	QLC (1 tab/day)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	tier 1	QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	tier 2	ST, QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	tier 2	ST, QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	tier 2	ST, QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	tier 2	ST, QLC (1 tab/day)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	tier 2	ST, QLC (1 tab/day)
<i>atenolol & chlorthalidone tab 100-25 mg</i> (ATENOLOL-CHLORTHALIDONE)	tier 1	
<i>atenolol & chlorthalidone tab 50-25 mg</i> (ATENOLOL-CHLORTHALIDONE)	tier 1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	tier 1	QLC (2 tabs/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	tier 1	QLC (1 tab/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	tier 1	QLC (1 tab/day)
CAPTOPRIL-HYDROCHLOROTHIAZIDE (<i>captopril & hydrochlorothiazide</i>) (25-15 MG TAB, 25-25 MG TAB, 50-15 MG TAB, 50-25 MG TAB)	tier 1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ)	tier 1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ)	tier 1	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	tier 1	QLC (2 tabs/day)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	tier 1	QLC (1 tab/day)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)	tier 1	QLC (1 tab/day)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i> (LOSARTAN POTASSIUM-HCTZ)	tier 1	QLC (1 tab/day)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i> (LOSARTAN POTASSIUM-HCTZ)	tier 1	QLC (2 tabs/day)
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	tier 1	QLC (1 tab/day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	tier 1	QLC (1 tab/day)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> (OLMESARTAN MEDOXOMIL-HCTZ)	tier 1	QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	tier 1	QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	tier 1	QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	tier 1	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	tier 1	QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	tier 1	QLC (1 tab/day)
<i>pentoxifylline tab er 400 mg</i> (PENTOXIFYLLINE ER)	tier 1	
QUINAPRIL-HYDROCHLOROTHIAZIDE (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB)	tier 1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	tier 1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	tier 1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	tier 1	
<i>ranolazine tab er 12hr 1000 mg</i> (RANOLAZINE ER)	tier 1	QLC (2 tabs/day)
<i>ranolazine tab er 12hr 500 mg</i> (RANOLAZINE ER)	tier 1	QLC (2 tabs/day)
<i>sacubitril-valsartan tab 24-26 mg</i>	tier 2	QLC (2 tabs/day)
<i>sacubitril-valsartan tab 49-51 mg</i>	tier 2	QLC (2 tabs/day)
<i>sacubitril-valsartan tab 97-103 mg</i>	tier 2	QLC (2 tabs/day)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> (SPIRONOLACTONE-HCTZ)	tier 1	
TELMISARTAN-AMLODIPINE (40-10 MG TAB, 40-5 MG TAB, 80-10 MG TAB, 80-5 MG TAB)	tier 2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-10 mg</i>	tier 2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-5 mg</i>	tier 2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-10 mg</i>	tier 2	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-5 mg</i>	tier 2	ST, QLC (1 tab/day)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (TELMISARTAN-HCTZ)	tier 1	QLC (3 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (TELMISARTAN-HCTZ)	tier 1	QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (TELMISARTAN-HCTZ)	tier 1	QLC (2 tabs/day)
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i> (TRIAMTERENE-HCTZ)	tier 1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i> (TRIAMTERENE-HCTZ)	tier 1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i> (TRIAMTERENE-HCTZ)	tier 1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	tier 1	QLC (2 tabs/day)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	tier 1	QLC (2 tabs/day)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	tier 1	QLC (1 tab/day)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	tier 1	QLC (1 tab/day)
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	tier 1	QLC (2 tabs/day)
DIURETICS, LOOP		
<i>bumetanide tab 0.5 mg</i>	tier 1	
<i>bumetanide tab 1 mg</i>	tier 1	
<i>bumetanide tab 2 mg</i>	tier 1	
<i>ethacrynic acid tab 25 mg</i>	tier 4	PA, QLC (8 tabs/day)
FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION)	tier 1	
<i>furosemide oral soln 10 mg/ml</i>	tier 1	
<i>furosemide tab 20 mg</i>	tier 1	
<i>furosemide tab 40 mg</i>	tier 1	
<i>furosemide tab 80 mg</i>	tier 1	
<i>torsemide tab 10 mg</i>	tier 1	
<i>torsemide tab 100 mg</i>	tier 1	
<i>torsemide tab 20 mg</i>	tier 1	
<i>torsemide tab 5 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl tab 5 mg</i>	tier 1	
<i>eplerenone tab 25 mg</i>	tier 2	
<i>eplerenone tab 50 mg</i>	tier 2	
DIURETICS, THIAZIDE		
<i>chlorthalidone tab 25 mg</i>	tier 1	
<i>chlorthalidone tab 50 mg</i>	tier 1	
<i>hydrochlorothiazide cap 12.5 mg</i>	tier 1	
<i>hydrochlorothiazide tab 12.5 mg</i>	tier 1	
<i>hydrochlorothiazide tab 25 mg</i>	tier 1	
<i>hydrochlorothiazide tab 50 mg</i>	tier 1	
<i>indapamide tab 1.25 mg</i>	tier 1	
<i>indapamide tab 2.5 mg</i>	tier 1	
<i>metolazone tab 10 mg</i>	tier 1	
<i>metolazone tab 2.5 mg</i>	tier 1	
<i>metolazone tab 5 mg</i>	tier 1	
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES (Drugs for High Cholesterol)		
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	tier 1	QLC (1 cap/day)
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	tier 1	QLC (1 cap/day)
<i>fenofibrate micronized cap 130 mg</i>	tier 1	ST, QLC (1 cap/day)
<i>fenofibrate micronized cap 134 mg</i>	tier 1	QLC (1 cap/day)
<i>fenofibrate micronized cap 200 mg</i>	tier 1	QLC (1 cap/day)
<i>fenofibrate micronized cap 43 mg</i>	tier 1	ST, QLC (2 caps/day)
<i>fenofibrate micronized cap 67 mg</i>	tier 1	QLC (1 cap/day)
<i>fenofibrate tab 145 mg</i>	tier 1	QLC (1 tab/day)
<i>fenofibrate tab 48 mg</i>	tier 1	QLC (2 tabs/day)
<i>fenofibrate tab 54 mg</i>	tier 1	QLC (2 tabs/day)
<i>gemfibrozil tab 600 mg</i>	tier 1	QLC (2.5 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS (Drugs for High Cholesterol)		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	tier 1	ACA (Preventive Health), QLC (1 tab/day)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	tier 1	ACA (Preventive Health), QLC (1 tab/day)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	tier 1	QLC (1 tab/day)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	tier 1	QLC (1 tab/day)
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	tier 2	QLC (1 cap/day)
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	tier 2	QLC (2 caps/day)
<i>lovastatin tab 10 mg</i>	tier 1	QLC (1 tab/day)
<i>lovastatin tab 20 mg</i>	tier 1	QLC (1 tab/day)
<i>lovastatin tab 40 mg</i>	tier 1	QLC (2 tabs/day)
<i>pravastatin sodium tab 10 mg</i>	tier 1	QLC (1 tab/day)
<i>pravastatin sodium tab 20 mg</i>	tier 1	QLC (1 tab/day)
<i>pravastatin sodium tab 40 mg</i>	tier 1	QLC (1 tab/day)
<i>pravastatin sodium tab 80 mg</i>	tier 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 10 mg</i>	tier 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 20 mg</i>	tier 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 40 mg</i>	tier 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 5 mg</i>	tier 1	QLC (1 tab/day)
<i>simvastatin tab 10 mg</i>	tier 1	ACA (Affordable Care Act), QLC (1 tab/day)
<i>simvastatin tab 20 mg</i>	tier 1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 40 mg</i>	tier 1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 5 mg</i>	tier 1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 80 mg</i>	tier 1	QLC (1 tab/day)

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Therapy

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

<i>cholestyramine light powder 4 gm/dose</i>	tier 1	
cholestyramine light powder 4 gm/dose (Prevalite)	tier 1	
<i>cholestyramine light powder packets 4 gm</i>	tier 1	
cholestyramine light powder packets 4 gm (Prevalite)	tier 1	
<i>cholestyramine powder 4 gm/dose</i>	tier 1	
<i>cholestyramine powder packets 4 gm</i>	tier 1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	tier 2	
<i>colesevelam hcl tab 625 mg</i>	tier 2	
<i>colestipol hcl granule packets 5 gm</i>	tier 1	
<i>colestipol hcl granules 5 gm</i>	tier 1	
<i>colestipol hcl tab 1 gm</i>	tier 1	
<i>ezetimibe tab 10 mg</i>	tier 1	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	tier 2	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	tier 2	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	tier 2	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	tier 2	QLC (1 tab/day)
<i>icosapent ethyl cap 0.5 gm</i>	tier 3	PA, QLC (2 caps/day)
<i>icosapent ethyl cap 1 gm</i>	tier 3	PA, QLC (4 caps/day)
NIACIN (ANTHYPERLIPIDEMIC) 500 MG TAB	tier 1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i> (NIACIN ER (ANTHYPERLIPIDEMIC))	tier 1	QLC (2 tabs/day)
<i>niacin tab er 500 mg (antihyperlipidemic)</i> (NIACIN ER (ANTHYPERLIPIDEMIC))	tier 1	QLC (4 tabs/day)
<i>niacin tab er 750 mg (antihyperlipidemic)</i> (NIACIN ER (ANTHYPERLIPIDEMIC))	tier 1	QLC (2 tabs/day)
NIACOR (<i>niacin (antihyperlipidemic)</i>) 500 MG TAB	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>omega-3-acid ethyl esters cap 1 gm</i>	tier 1	QLC (4 caps/day)
REPATHA (<i>evolocumab</i>) 140 MG/ML SOLN PRSYR	tier 2	PA, QLC (6 syringes/28 days)
REPATHA PUSHTRONEX SYSTEM (<i>evolocumab</i>) 420 MG/3.5ML SOLN CART	tier 2	PA, QLC (2 injectors/28 days)
REPATHA SURECLICK (<i>evolocumab</i>) 140 MG/ML SOLN A-INJ	tier 2	PA, QLC (6 pens/28 days)

MINERALOCORTICOID RECEPTOR ANTAGONISTS

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

SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)

<i>dapagliflozin tab 10 mg</i>	tier 1	ST, QLC (1 tab/day)
<i>dapagliflozin tab 5 mg</i>	tier 1	ST, QLC (1 tab/day)
JARDIANCE (<i>empagliflozin</i>) (10 MG TAB, 25 MG TAB)	tier 2	ST, QLC (1 tab/day)

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

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

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

<i>isosorbide dinitrate tab 10 mg</i>	tier 1	
<i>isosorbide dinitrate tab 20 mg</i>	tier 1	
<i>isosorbide dinitrate tab 30 mg</i>	tier 1	
<i>isosorbide dinitrate tab 40 mg</i>	tier 1	
<i>isosorbide dinitrate tab 5 mg</i>	tier 1	
<i>isosorbide mononitrate tab 10 mg</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>isosorbide mononitrate tab 20 mg</i>	tier 1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i> (ISOSORBIDE MONONITRATE ER)	tier 1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i> (ISOSORBIDE MONONITRATE ER)	tier 1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i> (ISOSORBIDE MONONITRATE ER)	tier 1	
NITRO-TIME (<i>nitroglycerin</i>) (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER)	tier 1	
<i>nitroglycerin oint 2%</i>	tier 2	
nitroglycerin oint 2% (Nitro-Bid)	tier 2	
<i>nitroglycerin sl tab 0.3 mg</i>	tier 1	
<i>nitroglycerin sl tab 0.4 mg</i>	tier 1	
<i>nitroglycerin sl tab 0.6 mg</i>	tier 1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	tier 1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	tier 1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	tier 1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	tier 1	

CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

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

<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (AMPHETAMINE-DEXTROAMPHET ER)	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (AMPHETAMINE-DEXTROAMPHET ER)	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (AMPHETAMINE-DEXTROAMPHET ER)	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (AMPHETAMINE-DEXTROAMPHET ER)	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (AMPHETAMINE-DEXTROAMPHET ER)	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (AMPHETAMINE-DEXTROAMPHET ER)	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (5 tabs/day)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	tier 2	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	tier 2	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	tier 2	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
<i>dextroamphetamine sulfate tab 10 mg</i>	tier 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
dextroamphetamine sulfate tab 10 mg (Zenzedi)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>dextroamphetamine sulfate tab 15 mg</i>	tier 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
dextroamphetamine sulfate tab 15 mg (Zenzedi)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>dextroamphetamine sulfate tab 2.5 mg</i>	tier 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dextroamphetamine sulfate tab 2.5 mg (Zenzedi)	tier 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)

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

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	tier 1	QLC (4 caps/day)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	tier 1	QLC (1 cap/day)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	tier 1	QLC (4 caps/day)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	tier 1	QLC (4 caps/day)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	tier 1	QLC (2 caps/day)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	tier 1	QLC (1 cap/day)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	tier 1	QLC (1 cap/day)
<i>clonidine hcl tab er 12hr 0.1 mg</i> (CLONIDINE HCL ER)	tier 1	QLC (4 tabs/day)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i> (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> (DEXMETHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl tab 10 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl tab 5 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> (GUANFACINE HCL ER)	tier 1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> (GUANFACINE HCL ER) 4hr	tier 1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> (GUANFACINE HCL ER)	tier 1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> (GUANFACINE HCL ER) 2hr	tier 1	QLC (1 tab/day)
<i>methylphenidate hcl cap er 10 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 20 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	tier 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 30 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl cap er 40 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 50 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 60 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl chew tab 10 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl chew tab 2.5 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl chew tab 5 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
METHYLPHENIDATE HCL ER (ER 18 MG TAB ER 24H, ER 27 MG TAB ER 24H, ER 54 MG TAB ER 24H)	tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
METHYLPHENIDATE HCL ER 36 MG TAB 24H	tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
METHYLPHENIDATE HCL ER(DIFFUS) (27 MG TAB ER, 54 MG TAB ER)	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
METHYLPHENIDATE HCL ER(DIFFUS) 36 MG TAB	tier 2	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl soln 10 mg/5ml</i>	tier 3	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
<i>methylphenidate hcl soln 5 mg/5ml mg/ml</i>	tier 3	ST, AL1 (Up to 17 yrs old), QLC (60 ml/day)
<i>methylphenidate hcl tab 10 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl tab 20 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>methylphenidate hcl tab 5 mg</i>	tier 1	AL1 (Up to 17 yrs old), QLC (12 tabs/day)
<i>methylphenidate hcl tab er 10 mg</i> (METHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl tab er 20 mg</i> (METHYLPHENIDATE HCL ER)	tier 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>methylphenidate hcl tab er diffusion 27 mg</i> (METHYLPHENIDATE HCL ER(DIFFUS))	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er diffusion 36 mg</i> (METHYLPHENIDATE HCL ER(DIFFUS))	tier 2	AL1 (Up to 17 yrs old), QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl tab er diffusion 54 mg</i> (METHYLPHENIDATE HCL ER(DIFFUS))	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> (METHYLPHENIDATE HCL ER (OSM))	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> (METHYLPHENIDATE HCL ER)	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER (OSM))	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER)	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> (METHYLPHENIDATE HCL ER (OSM))	tier 2	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> (METHYLPHENIDATE HCL ER)	tier 2	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> (METHYLPHENIDATE HCL ER (OSM))	tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> (METHYLPHENIDATE HCL ER)	tier 2	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))	tier 2	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
CENTRAL NERVOUS SYSTEM, OTHER		
<i>butalbital-acetaminophen tab 50-325 mg</i>	tier 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BAC (BUTALBITAL-ACETAMIN-CAFF))	tier 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)	tier 1	QLC (6 tabs/day; max 48 tabs/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INGREZZA (<i>valbenazine tosylate</i>) (40 MG CAP, 40 MG CAP SPRINK, 60 MG CAP, 60 MG CAP SPRINK, 80 MG CAP, 80 MG CAP SPRINK)	tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day)
INGREZZA (<i>valbenazine tosylate</i>) 40 & 80 MG CAP THPK	tier 4	PA, LA, S (Specialty Drug), QLC (1 packet/6 months)
FIBROMYALGIA AGENTS		
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	tier 1	QLC (2 caps/day)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	tier 1	QLC (3 caps/day)
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	tier 1	QLC (2 caps/day)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	tier 1	QLC (2 caps/day)
<i>pregabalin cap 100 mg</i>	tier 1	QLC (3 caps/day)
<i>pregabalin cap 150 mg</i>	tier 1	QLC (3 caps/day)
<i>pregabalin cap 200 mg</i>	tier 1	QLC (3 caps/day)
<i>pregabalin cap 225 mg</i>	tier 1	QLC (2 caps/day)
<i>pregabalin cap 25 mg</i>	tier 1	QLC (3 caps/day)
<i>pregabalin cap 300 mg</i>	tier 1	QLC (2 caps/day)
<i>pregabalin cap 50 mg</i>	tier 1	QLC (3 caps/day)
<i>pregabalin cap 75 mg</i>	tier 1	QLC (3 caps/day)
<i>pregabalin soln 20 mg/ml</i>	tier 1	QLC (30 ml/day)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN (<i>interferon beta-1a</i>) 30 MCG/0.5ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (4 injections/28 days)
AVONEX PREFILLED (<i>interferon beta-1a</i>) ILLED 30 MCG/0.5ML SY KT	tier 4	PA, S (Specialty Drug), QLC (4 injections/28 days)
<i>dalfampridine tab er 12hr 10 mg</i> (DALFAMPRIDINE ER)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	tier 1	S (Specialty Drug), QLC (2 caps/day)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	tier 1	S (Specialty Drug), QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (DIMETHYL FUMARATE STARTER PACK)	tier 1	S (Specialty Drug), QLC (2 tabs/day)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	tier 2	S (Specialty Drug), QLC (1 cap/day)
GILENYA (<i>fingolimod hcl</i>) 0.25 MG CAP	tier 4	PA, S (Specialty Drug), QLC (1 cap/day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	tier 4	S (Specialty Drug), QLC (1 syringe/day)
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	tier 4	S (Specialty Drug), QLC (1 syringe/day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	tier 4	S (Specialty Drug), QLC (12 syringes/30 days)
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)	tier 4	S (Specialty Drug), QLC (12 syringes/30 days)
KESIMPTA (<i>ofatumumab (ms)</i>) 20 MG/0.4ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
<i>teriflunomide tab 14 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>teriflunomide tab 7 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
VUMERITY (<i>diroximel fumarate</i>) 231 MG CAP DR	tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day)
ZEPOSIA (<i>ozanimod hcl</i>) 0.92 MG CAP	tier 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	tier 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	tier 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	tier 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>	tier 1
<i>chlorhexidine gluconate soln 0.12%</i>	tier 1
chlorhexidine gluconate soln 0.12% (Periogard)	tier 1
<i>pilocarpine hcl tab 5 mg</i>	tier 1

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pilocarpine hcl tab 7.5 mg</i>	tier 1	
<i>triamcinolone acetonide dental paste 0.1%</i>	tier 1	
triamcinolone acetonide dental paste 0.1% (Kourzeq)	tier 1	
triamcinolone acetonide dental paste 0.1% (Oralone)	tier 1	

DERMATOLOGICAL AGENTS (Drugs for the Skin)

ACNE AND ROSACEA AGENTS

<i>acitretin cap 10 mg</i>	tier 3	QLC (4 caps/day)
<i>acitretin cap 17.5 mg</i>	tier 3	QLC (2 caps/day)
<i>acitretin cap 25 mg</i>	tier 3	QLC (2 caps/day)
<i>adapalene cream 0.1%</i>	tier 1	AL1 (Up to 39 yrs old)
<i>adapalene gel 0.3%</i>	tier 1	AL1 (Up to 39 yrs old)
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	tier 3	AL1 (Up to 39 yrs old)
<i>azelaic acid gel 15%</i>	tier 1	QLC (1 tube/30 days)
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	tier 1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (CLINDAMYCIN PHOS-BENZOYL PEROX)</i>	tier 1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5% (CLINDAMYCIN PHOS-BENZOYL PEROX)</i>	tier 1	
<i>isotretinoin cap 10 mg</i>	tier 1	
isotretinoin cap 10 mg (Accutane)	tier 1	
isotretinoin cap 10 mg (Amnesteem)	tier 1	
isotretinoin cap 10 mg (Claravis)	tier 1	
isotretinoin cap 10 mg (Myorisan)	tier 1	
isotretinoin cap 10 mg (Zenatane)	tier 1	
<i>isotretinoin cap 20 mg</i>	tier 1	
isotretinoin cap 20 mg (Accutane)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
isotretinoin cap 20 mg (Amnesteem)	tier 1	
isotretinoin cap 20 mg (Claravis)	tier 1	
isotretinoin cap 20 mg (Myorisan)	tier 1	
isotretinoin cap 20 mg (Zenatane)	tier 1	
<i>isotretinoin cap 30 mg</i>	tier 1	
isotretinoin cap 30 mg (Accutane)	tier 1	
isotretinoin cap 30 mg (Amnesteem)	tier 1	
isotretinoin cap 30 mg (Claravis)	tier 1	
isotretinoin cap 30 mg (Myorisan)	tier 1	
isotretinoin cap 30 mg (Zenatane)	tier 1	
<i>isotretinoin cap 40 mg</i>	tier 1	
isotretinoin cap 40 mg (Accutane)	tier 1	
isotretinoin cap 40 mg (Amnesteem)	tier 1	
isotretinoin cap 40 mg (Claravis)	tier 1	
isotretinoin cap 40 mg (Myorisan)	tier 1	
isotretinoin cap 40 mg (Zenatane)	tier 1	
<i>sulfacetamide sodium lotion 10% (acne)</i> (SULFACETAMIDE SODIUM (ACNE))	tier 1	
<i>tazarotene cream 0.05%</i>	tier 1	
<i>tazarotene cream 0.1%</i>	tier 1	
<i>tazarotene gel 0.05%</i>	tier 1	
<i>tazarotene gel 0.1%</i>	tier 1	
<i>tretinoin cream 0.025%</i>	tier 1	AL1 (Up to 39 yrs old)
<i>tretinoin cream 0.05%</i>	tier 1	AL1 (Up to 39 yrs old)
<i>tretinoin cream 0.1%</i>	tier 1	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.01%</i>	tier 2	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.025%</i>	tier 1	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.05%</i>	tier 2	PA
DERMATITIS AND PRURITUS AGENTS (Drugs for Skin Inflammation and Itch)		
ADBRY (<i>tralokinumab-ldrm</i>) 150 MG/ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADBRY (<i>tralokinumab-ldrm</i>) 300 MG/2ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
ALCLOMETASONE DIPROPIONATE 0.05 % OINTMENT	tier 1	
<i>alclometasone dipropionate cream 0.05%</i>	tier 1	
<i>alclometasone dipropionate oint 0.05%</i>	tier 1	
ANUSOL-HC (<i>hydrocortisone (rectal)</i>) 2.5 % CREAM	tier 1	
BETAMETHASONE DIPROPIONATE AUG (<i>betamethasone dipropionate augmented</i>) 0.05 % GEL	tier 1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	tier 1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	tier 1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	tier 1	
<i>betamethasone dipropionate cream 0.05%</i>	tier 1	
<i>betamethasone dipropionate lotion 0.05%</i>	tier 1	
<i>betamethasone dipropionate oint 0.05%</i>	tier 1	
BETAMETHASONE VALERATE 0.1 % LOTION	tier 1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	tier 1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	tier 1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	tier 1	
<i>clobetasol propionate cream 0.05%</i>	tier 1	
<i>clobetasol propionate emollient base cream 0.05%</i>	tier 1	
<i>clobetasol propionate emollient base cream 0.05%</i> (CLOBETASOL PROP EMOLLIENT BASE)	tier 1	
<i>clobetasol propionate foam 0.05%</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clobetasol propionate gel 0.05%</i>	tier 1	
<i>clobetasol propionate lotion 0.05%</i>	tier 1	
<i>clobetasol propionate oint 0.05%</i>	tier 1	
<i>clobetasol propionate shampoo 0.05%</i>	tier 1	
clobetasol propionate shampoo 0.05% (Clodan)	tier 1	
<i>clobetasol propionate soln 0.05%</i>	tier 1	
DERMA-SMOOTHIE/FS BODY (<i>fluocinolone acetonide</i>) 0.01 % OIL	tier 2	
DERMA-SMOOTHIE/FS SCALP (<i>fluocinolone acetonide</i>) 0.01 % OIL	tier 2	
<i>desonide cream 0.05%</i>	tier 1	
<i>desonide lotion 0.05%</i>	tier 1	
<i>desonide oint 0.05%</i>	tier 1	
<i>desoximetasone cream 0.05%</i>	tier 3	ST
<i>desoximetasone cream 0.25%</i>	tier 3	ST
DIFLORASONE DIACETATE 0.05 % CREAM	tier 3	PA
<i>fluocinolone acetonide cream 0.01%</i>	tier 1	
<i>fluocinolone acetonide cream 0.025%</i>	tier 1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i> (FLUOCINOLONE ACETONIDE BODY))	tier 1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> (FLUOCINOLONE ACETONIDE SCALP))	tier 1	
<i>fluocinolone acetonide oint 0.025%</i>	tier 1	
<i>fluocinolone acetonide soln 0.01%</i>	tier 1	
<i>fluocinonide cream 0.05%</i>	tier 1	
<i>fluocinonide cream 0.1%</i>	tier 1	
<i>fluocinonide emulsified base cream 0.05%</i>	tier 1	
<i>fluocinonide gel 0.05%</i>	tier 1	
<i>fluocinonide oint 0.05%</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fluocinonide soln 0.05%</i>	tier 1	
<i>fluticasone propionate cream 0.05%</i>	tier 1	
<i>fluticasone propionate oint 0.005%</i>	tier 1	
<i>halobetasol propionate cream 0.05%</i>	tier 1	
<i>halobetasol propionate oint 0.05%</i>	tier 1	
HYDROCORTISONE (<i>hydrocortisone (topical)</i>) 2.5 % LOTION	tier 1	
HYDROCORTISONE ACETATE (<i>hydrocortisone acetate (rectal)</i>) 25 MG SUPPOS	tier 1	
<i>hydrocortisone acetate suppos 25 mg</i>	tier 1	
HYDROCORTISONE BUTYRATE (0.1 % OINTMENT, 0.1 % SOLUTION)	tier 1	
HYDROCORTISONE BUTYRATE 0.1 % CREAM	tier 1	ST
<i>hydrocortisone butyrate oint 0.1%</i>	tier 1	
<i>hydrocortisone cream 2.5%</i>	tier 1	
<i>hydrocortisone lotion 2.5%</i>	tier 1	
<i>hydrocortisone oint 2.5%</i>	tier 1	
<i>hydrocortisone perianal cream 2.5%</i> (HYDROCORTISONE (PERIANAL))	tier 1	
hydrocortisone perianal cream 2.5% (Procto-Med Hc)	tier 1	
hydrocortisone perianal cream 2.5% (Proctosol Hc)	tier 1	
hydrocortisone perianal cream 2.5% (Proctozone-Hc)	tier 1	
<i>hydrocortisone valerate cream 0.2%</i>	tier 1	
<i>hydrocortisone valerate oint 0.2%</i>	tier 1	
<i>mometasone furoate cream 0.1%</i>	tier 1	
<i>mometasone furoate oint 0.1%</i>	tier 1	
<i>mometasone furoate solution 0.1% (lotion)</i>	tier 1	
<i>pimecrolimus cream 1%</i>	tier 2	QLC (100 gm/30 days)
PREDNICARBATE 0.1 % OINTMENT	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SELENIUM SULFIDE 2.5 % LOTION	tier 1	QLC (1 bottle/30 days)
<i>selenium sulfide lotion 2.5%</i>	tier 1	QLC (1 bottle/30 days)
<i>tacrolimus oint 0.03%</i>	tier 2	QLC (100 gm/30 days)
<i>tacrolimus oint 0.1%</i>	tier 2	AL1 (At least 16 yrs old), QLC (100 gm/30 days)
TRIAMCINOLONE ACETONIDE (<i>triamcinolone acetonide (topical)</i>) 0.025 % LOTION	tier 1	
<i>triamcinolone acetonide cream 0.025%</i>	tier 1	
<i>triamcinolone acetonide cream 0.1%</i>	tier 1	
<i>triamcinolone acetonide cream 0.5%</i>	tier 1	
triamcinolone acetonide cream 0.5% (Triderm)	tier 1	
<i>triamcinolone acetonide lotion 0.025%</i>	tier 1	
<i>triamcinolone acetonide lotion 0.1%</i>	tier 1	
<i>triamcinolone acetonide oint 0.025%</i>	tier 1	
<i>triamcinolone acetonide oint 0.1%</i>	tier 1	
<i>triamcinolone acetonide oint 0.5%</i>	tier 1	
DERMATOLOGICAL AGENTS, OTHER (Other Drugs for the Skin)		
CALCIPOTRIENE 0.005 % SOLUTION	tier 1	
<i>calcipotriene cream 0.005%</i>	tier 1	
<i>calcipotriene oint 0.005%</i>	tier 1	
calcipotriene oint 0.005% (Calcitrene)	tier 1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	tier 1	
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Attero)	tier 3	QLC (400 gm/30 days)
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i> (CALCIPOTRIENE-BETAMETH DIPROP)	tier 3	QLC (400 gm/30 days)
CALCITRIOL (<i>calcitriol (topical)</i>) 3 MCG/GM OINTMENT	tier 2	QLC (800 gm/30 days)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> (CLOTRIMAZOLE- BETAMETHASONE)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	tier 1	
CLOTRIMAZOLE-BETAMETHASONE (<i>clotrimazole w/ betamethasone</i>) 1-0.05 % LOTION	tier 1	
FLUOROURACIL (<i>fluorouracil (topical)</i>) 2 % SOLUTION	tier 1	
<i>fluorouracil cream 5%</i>	tier 1	
<i>fluorouracil soln 5%</i>	tier 1	
HYDROCORTISONE ACE-PRAMOXINE (<i>hydrocortisone acetate w/ pramoxine</i>) 1-1 % CREAM	tier 1	
<i>imiquimod cream 5%</i>	tier 1	QLC (24 packs/30 days, max of 48 packs/180 days)
METHOXSALEN RAPID 10 MG CAP	tier 1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	tier 1	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	tier 1	
OTEZLA (<i>apremilast</i>) (20 MG TAB, 30 MG TAB)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
OTEZLA XR (<i>apremilast</i>) 75 MG TAB ER 24H	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
PODOFILOX 0.5 % SOLUTION	tier 1	
<i>podofilox soln 0.5%</i>	tier 1	
<i>salicylic acid film forming liquid 27.5%</i> (SALICYLIC ACID WART REMOVER)	tier 2	
SALICYLIC ACID WART REMOVER 27.5 % LIQUID	tier 2	
<i>silver sulfadiazine cream 1%</i>	tier 1	
silver sulfadiazine cream 1% (Ssd)	tier 1	
SODIUM SULFACETAMIDE (<i>sulfacetamide sodium</i>) 10 % SHAMPOO	tier 1	
SODIUM SULFACETAMIDE WASH (<i>sulfacetamide sodium</i>) 10 % LIQUID	tier 1	
SSS 10-5 (<i>sulfacetamide sodium w/ sulfur</i>) % CREAM	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SULFACETAMIDE SODIUM 10 % LIQUID	tier 1	
<i>sulfacetamide sodium liquid 10%</i>	tier 1	
<i>sulfacetamide sodium liquid 10%</i> (SODIUM SULFACETAMIDE WASH)	tier 1	
<i>sulfacetamide sodium shampoo 10%</i> (SODIUM SULFACETAMIDE)	tier 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i> (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)	tier 1	ST, QLC (1 bottle/30 days)
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i> (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i> (SULFACETAMIDE SODIUM-SULFUR)	tier 1	
SULFACETAMIDE SODIUM-SULFUR (<i>sulfacetamide sodium w/ sulfur</i>) (8-4 % SUSPENSION, 10-2 % LIQUID, 10-5 % CREAM, 10-5 % LIQUID, 10-5 % LOTION)	tier 1	
SULFACETAMIDE SODIUM-SULFUR (<i>sulfacetamide sodium w/ sulfur</i>) 9.8-4.8 % LIQUID	tier 1	ST, QLC (1 bottle/30 days)

PEDICULICIDES/SCABICIDES (Drugs for Scabies and Lice)

<i>malathion lotion 0.5%</i>	tier 2	
<i>permethrin cream 5%</i>	tier 1	
SPINOSAD 0.9 % SUSPENSION	tier 1	QLC (1 bottle/fill)

TOPICAL ANTI-INFECTIVES (Drugs for Skin Infection)

<i>acyclovir oint 5%</i>	tier 1	QLC (30gm/30 days, max 180gm/365 days)
<i>ciclopirox gel 0.77%</i>	tier 1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	tier 1	
<i>ciclopirox shampoo 1%</i>	tier 1	
<i>ciclopirox solution 8%</i>	tier 1	
ciclopirox solution 8% (Ciclodan)	tier 1	
<i>clindamycin phosphate gel 1% (once-daily)</i> (CLINDAMYCIN PHOS (ONCE-DAILY))	tier 1	
<i>clindamycin phosphate gel 1% (twice-daily)</i> (CLINDAMYCIN PHOS (TWICE-DAILY))	tier 1	
<i>clindamycin phosphate lotion 1%</i>	tier 1	
<i>clindamycin phosphate soln 1%</i>	tier 1	
<i>clindamycin phosphate swab 1%</i>	tier 1	
clindamycin phosphate swab 1% (Clindacin Etz)	tier 1	
clindamycin phosphate swab 1% (Clindacin-P)	tier 1	
<i>dapsone gel 5%</i>	tier 3	ST, QLC (90 gm/30 days)
<i>dapsone gel 7.5%</i>	tier 3	ST, QLC (90 gm/30 days)
ERY (<i>erythromycin (acne aid)</i>) 2 % PAD	tier 1	
ERYTHROMYCIN (<i>erythromycin (acne aid)</i>) 2 % GEL	tier 1	
<i>erythromycin gel 2%</i>	tier 1	
<i>erythromycin soln 2%</i>	tier 1	
MAFENIDE ACETATE 5 % PACKET	tier 1	
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	tier 1	
<i>mupirocin oint 2%</i>	tier 1	

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

ATABEX OB (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) AEX 29-1 MG	tier 1
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
C-NATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	tier 1	
CO-NATAL FA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	tier 1	
COMPLETENATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 29-1 MG CHEW TAB	tier 1	
CONCEPT DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) 53.5-38-1 MG CAP	tier 1	
CONCEPT OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 130-92.4-1 MG CAP	tier 1	
EFFER-K (<i>potassium bicarbonate</i>) 25 MEQ TAB	tier 1	
ELITE-OB (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 50-1.25 MG TAB	tier 1	
FLOTREX (<i>pediatric multivitamins w/fl</i>) 0.25 MG CHEW TAB	tier 1	ACA (Preventive Health), QLC (1 tab/day)
FOLIVANE-OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 85-1 MG CAP	tier 1	
M-NATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
MATRONEX (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
MULTI-VIT-FLOR (<i>pediatric multivitamins w/fl</i>) (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTI-VITAMIN/FLUORIDE (<i>pediatric multivitamins w/fl</i>) (0.25 MG/ML SUSPENSION, 0.5 MG/ML SUSPENSION)	tier 1	ACA (Preventive Health)
MULTI-VITAMIN/FLUORIDE/IRON (<i>ped multivitamins w/fl & iron</i>) 0.25-10 MG/ML SOLUTION	tier 1	ACA (Preventive Health)
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/fl</i>) (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	tier 1	ACA (Preventive Health), QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/f</i>) (0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB)	tier 1	ACA (Preventive Health), QLC (1 tab/day)
NAFRINSE DROPS (<i>sodium fluoride</i>) 0.275 (0.125 F) MG/DROP SOLUTION	tier 1	ACA (Preventive Health)
NEONATAL COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
NEONATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
NEONATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 2	
NIVA-PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
ONE VITE WOMENS PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
PNV 27-CA/FE/FA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 60-1 MG TAB	tier 1	
PNV-DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 27-0.6-0.4-300 MG CAP	tier 1	
PNV-OMEGA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>) 28-0.6-0.4-340 MG CAP	tier 1	
PNV-SELECT (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>) 27-0.6-0.4 MG TAB	tier 2	
<i>potassium bicarbonate effer tab 25 meq</i> (K-PRIME)	tier 1	
potassium bicarbonate effer tab 25 meq (Klor-Con/Ef)	tier 1	
<i>potassium chloride cap er 10 meq</i> (POTASSIUM CHLORIDE ER)	tier 1	
<i>potassium chloride cap er 8 meq</i> (POTASSIUM CHLORIDE ER)	tier 1	
POTASSIUM CHLORIDE ER (ER 8 TAB ER, ER 15 TAB ER)	tier 1	
potassium chloride microencapsulated crys er tab 10 meq (Klor-Con M10)	tier 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>potassium chloride microencapsulated crys er tab 10 meq</i> (POTASSIUM CHLORIDE CRY ER)	tier 1	
potassium chloride microencapsulated crys er tab 15 meq (Klor-Con M15)	tier 1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i> (POTASSIUM CHLORIDE CRY ER)	tier 1	
potassium chloride microencapsulated crys er tab 20 meq (Klor-Con M20)	tier 1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i> (POTASSIUM CHLORIDE CRY ER)	tier 1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	tier 1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	tier 1	
<i>potassium chloride powder packet 20 meq</i>	tier 1	
potassium chloride powder packet 20 meq (Klor-Con)	tier 1	
<i>potassium chloride tab er 10 meq</i> (POTASSIUM CHLORIDE ER)	tier 1	
<i>potassium chloride tab er 20 meq (1500 mg)</i> (POTASSIUM CHLORIDE ER)	tier 1	
potassium chloride tab er 8 meq (600 mg) (Klor-Con)	tier 1	
<i>potassium chloride tab er 8 meq (600 mg)</i> (POTASSIUM CHLORIDE ER)	tier 1	
<i>potassium citrate tab er 10 meq (1080 mg)</i> (POTASSIUM CITRATE ER)	tier 1	
<i>potassium citrate tab er 15 meq (1620 mg)</i> (POTASSIUM CITRATE ER)	tier 1	
<i>potassium citrate tab er 5 meq (540 mg)</i> (POTASSIUM CITRATE ER) (40	tier 1	
PRENAISSANCE (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) 29-1.25-325 MG CAP	tier 2	
PRENATABS FA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 29-1 MG	tier 1	

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRENATABS RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 29-1 MG	tier 1	
PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
PRENATAL 19 (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) 29-1 MG TAB	tier 1	
PRENATAL 19 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) (19 CHEW TAB, 19 29-1 MG CHEW TAB)	tier 1	
PRENATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
PRENATAL PLUS VITAMIN/MINERAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
PRENATAL VITAMIN PLUS LOW IRON (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
PRENATAL-U (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) 106.5-1 MG CAP	tier 1	
PROVIDA OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 20-20-1.25 MG CAP	tier 1	
RELNATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	tier 2	
SE-NATAL 19 (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) 29-1 MG TAB	tier 1	
SE-NATAL 19 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 29-1 MG CHEW TAB	tier 1	
SELECT-OB (<i>prenatal vit w/ iron polysaccharide complex-folic acid</i>) 29-1 MG CHEW TAB	tier 1	QLC (1 tab/day)
SODIUM FLUORIDE (0.55 (0.25 F) MG CHEW TAB, 1.1 (0.5 F) MG CHEW TAB, 1.1 (0.5 F) MG/ML SOLUTION, 2.2 (1 F) MG CHEW TAB)	tier 1	ACA (Preventive Health)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) luoride</i>	tier 1	ACA (Preventive Health)
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) luoride</i>	tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (NAFRINSE) luoride</i>	tier 1	ACA (Preventive Health)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) luoride</i>	tier 1	ACA (Preventive Health)
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab) luoride	tier 1	ACA (Preventive Health)
TARON-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) 35-1 MG CAP	tier 1	
THRIVITE RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 29-1 MG TAB	tier 1	
TRICARE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	tier 1	
TRINATAL RX 1 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 60-MG TAB	tier 1	
TRINATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	tier 1	
VINATE CARE (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) 40-1 MG CHEW TAB	tier 1	
VINATE II (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) 29-1 MG TAB	tier 1	
VINATE ONE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 60-1 MG TAB	tier 1	
VIRT-NATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	tier 1	
VIRT-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 27-0.6-0.4-300 MG CAP	tier 1	
VITATHELY WITH GINGER (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	tier 1	
VIVA DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	tier 1	
WESCAP-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) 53.5-38-1 MG	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WESCAP-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 27-0.6-0.4-300 MG	tier 1	
WESNATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	tier 1	
WESTAB PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) WES27-1 MG	tier 1	
ZATEAN-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 27-0.6-0.4-300 MG CAP	tier 1	
ELECTROLYTE/MINERAL/METAL MODIFIERS (Drugs that Affects Electrolytes/Minerals)		
CHEMET (<i>succimer</i>) 100 MG CAP	tier 2	
<i>deferasirox tab for oral susp 125 mg</i>	tier 4	S (Specialty Drug), SF
<i>deferasirox tab for oral susp 250 mg</i>	tier 4	S (Specialty Drug), SF
<i>deferasirox tab for oral susp 500 mg</i>	tier 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)	tier 4	PA, LA, QLC (2 tabs/day)
JYNARQUE (<i>tolvaptan</i>) (15 MG TAB, 30 MG TAB)	tier 4	PA, LA, QLC (1 tab/day)
<i>penicillamine tab 250 mg</i>	tier 4	PA, S (Specialty Drug), QLC (16 tabs/day)
PHOSPHATE BINDERS (Drugs to Lower Phosphate)		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> (CALCIUM ACETATE (PHOS BINDER))	tier 1	
<i>sevelamer carbonate packet 0.8 gm</i>	tier 2	PA
<i>sevelamer carbonate packet 2.4 gm</i>	tier 2	PA
<i>sevelamer carbonate tab 800 mg</i>	tier 1	
POTASSIUM BINDERS (Drugs to Lower Potassium)		
<i>*sodium polystyrene sulfonate powder**</i>	tier 1	
LOKELMA (<i>sodium zirconium cyclosilicate</i>) 10 GM PACKET	tier 2	QLC (1 pack/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LOKELMA (<i>sodium zirconium cyclosilicate</i>) 5 GM PACKET	tier 2	QLC (3 packs/day)
<i>sodium polystyrene sulfonate susp 15 gm/60ml</i>	tier 1	
sodium polystyrene sulfonate susp 15 gm/60ml (Kionex)	tier 1	
sodium polystyrene sulfonate susp 15 gm/60ml (Sps (Sodium Polystyrene Sulf))	tier 1	
SPS (SODIUM POLYSTYRENE SULF) (<i>sodium polystyrene sulfonate</i>) 30 GM/120ML SUSPENSION	tier 1	
VITAMINS		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	tier 1	
<i>cyanocobalamin inj 1000 mcg/ml</i>	tier 1	
cyanocobalamin inj 1000 mcg/ml (Dodex)	tier 1	
<i>folic acid tab 1 mg</i>	tier 1	
<i>folic acid tab 1 mg</i> (KP FOLIC ACID)	tier 1	
<i>folic acid tab 1 mg</i> (TRUE FOLIC ACID)	tier 1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> (LEVOCARNITINE SF) <i>gm/0ml (0%)</i>	tier 1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> <i>gm/0ml (0%)</i>	tier 1	
<i>levocarnitine tab 330 mg</i>	tier 1	
TRI-VITE/FLUORIDE (<i>pediatric vitamins acd w/ fluoride</i>) (0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION)	tier 1	ACA (Preventive Health)

GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)

ANTI-CONSTIPATION AGENTS (Drugs for Constipation)

lactulose (encephalopathy) solution 10 gm/15ml (Enulose)	tier 1	
lactulose (encephalopathy) solution 10 gm/15ml (Generlac)	tier 1	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> (LACTULOSE ENCEPHALOPATHY)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lactulose solution 10 gm/15ml</i>	tier 1	
lactulose solution 10 gm/15ml (Constulose)	tier 1	
LINZESS (<i>linaclotide</i>) 145 MCG CAP	tier 2	AL1 (At least 7 yrs old), QLC (1 cap/day)
LINZESS (<i>linaclotide</i>) 290 MCG CAP	tier 2	AL1 (At least 18 yrs old), QLC (1 cap/day)
LINZESS (<i>linaclotide</i>) 72 MCG CAP	tier 2	AL1 (At least 2 yrs old), QLC (1 cap/day)
<i>lubiprostone cap 24 mcg</i>	tier 1	AL1 (At least 18 yrs old), QLC (2 caps/day)
<i>lubiprostone cap 8 mcg</i>	tier 1	AL1 (At least 18 yrs old), QLC (2 caps/day)
MOVANTIK (<i>naloxegol oxalate</i>) (12.5 MG TAB, 25 MG TAB)	tier 3	AL1 (At least 18 yrs old), QLC (1 tab/day)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-N With Flavor Pack)	tier 1	ACA (Affordable Care Act)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (PEG 3350-KCL-NA BICARB-NACL)	tier 1	ACA (Affordable Care Act)
PEG-PREP (<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i>) 5-210 MG-GM KIT	tier 1	ACA (Preventive Health)
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> (NA SULFATE-K SULFATE-MG SULF)	tier 1	ACA (Preventive Health)
TRULANCE (<i>plecanatide</i>) 3 MG TAB	tier 2	AL1 (At least 18 yrs old), QLC (1 tab/day)

ANTI-DIARRHEAL AGENTS (Drugs for Diarrhea)

<i>alosetron hcl tab 0.5 mg (base equiv)</i>	tier 2	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	tier 2	PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (DIPHENOXYLATE-ATROPINE)	tier 1	
DIPHENOXYLATE-ATROPINE (<i>diphenoxylate w/ atropine</i>) 2.5-0.025 MG/5ML LIQUID	tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTISPASMODICS, GASTROINTESTINAL (Other Drugs for Bowel and Stomach)

<i>dicyclomine hcl cap 10 mg</i>	tier 1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	tier 1	
<i>dicyclomine hcl tab 20 mg</i>	tier 1	
<i>glycopyrrolate tab 1 mg</i>	tier 1	
<i>glycopyrrolate tab 2 mg</i>	tier 1	
HYOSCYAMINE SULFATE (0.125 MG SL TAB, 0.125 MG TAB, 0.125 MG TAB DISP, 0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION)	tier 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	tier 1	
HYOSCYAMINE SULFATE ER 0.375 MG TAB 12H	tier 1	
HYOSCYAMINE SULFATE SL 0.125 MG TAB	tier 1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	tier 1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	tier 1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	tier 1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	tier 1	
hyoscyamine sulfate tab disint 0.125 mg (Ed-Spaz)	tier 1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (HYOSCYAMINE SULFATE ER)	tier 1	
HYOSYNE (<i>hyoscyamine sulfate</i>) (0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION)	tier 1	
NULEV (<i>hyoscyamine sulfate</i>) 0.125 MG TAB DISP	tier 1	
OSCIMIN (<i>hyoscyamine sulfate</i>) (0.125 MG SL TAB, 0.125 MG TAB)	tier 1	

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

<i>cromolyn sodium oral conc 100 mg/5ml</i>	tier 2	
GAVILYTE-C (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) 240 GM RECON SOLN	tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OMNITROPE (<i>somatropin</i>) 10 MG/1.5ML SOLN CART	tier 4	PA, LA, S (Specialty Drug)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-G)	tier 1	ACA (Affordable Care Act)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (PEG-3350/ELECTROLYTES)	tier 1	ACA (Affordable Care Act)
<i>ursodiol cap 300 mg</i>	tier 1	
<i>ursodiol tab 250 mg</i>	tier 1	
<i>ursodiol tab 500 mg</i>	tier 1	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS (Drugs for Acid Reflux and Ulcers)		
<i>cimetidine tab 300 mg</i>	tier 1	
<i>cimetidine tab 400 mg</i>	tier 1	
<i>cimetidine tab 800 mg</i>	tier 1	
<i>famotidine for susp 40 mg/5ml</i>	tier 2	
<i>famotidine tab 40 mg</i>	tier 1	
NIZATIDINE 300 MG CAP	tier 2	
<i>nizatidine cap 150 mg</i>	tier 2	
PROTECTANTS (Drugs for Acid Reflux and Ulcers)		
<i>sucralfate susp 1 gm/10ml gm/0ml</i>	tier 3	
<i>sucralfate tab 1 gm</i>	tier 1	
PROTON PUMP INHIBITORS (Drugs for Acid Reflux and Ulcers)		
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	tier 2	ST, QLC (2 caps/day)
<i>esomeprazole magnesium for delayed release susp pack 2.5 mg</i>	tier 2	QLC (1 packet/day)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	tier 2	QLC (1 packet/day)
<i>esomeprazole magnesium for delayed release susp packet 5 mg</i>	tier 2	QLC (1 packet/day)
<i>lansoprazole cap delayed release 30 mg</i>	tier 1	QLC (2 caps/day)
<i>omeprazole cap delayed release 10 mg</i>	tier 1	QLC (8 caps/day)
<i>omeprazole cap delayed release 20 mg</i>	tier 1	QLC (4 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>omeprazole cap delayed release 40 mg</i>	tier 1	QLC (2 caps/day)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	tier 1	QLC (4 tabs/day)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	tier 1	QLC (2 tabs/day)
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	tier 2	QLC (2 packets/day)
<i>rabeprazole sodium ec tab 20 mg</i>	tier 2	QLC (3 tabs/day)

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZENPEP (<i>pancrelipase (lipase-protease-amylase)</i>) (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	tier 2	

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

ANTISPASMODICS, URINARY (Drugs for Overactive Bladder)

<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i> (DARIFENACIN HYDROBROMIDE ER)	tier 1	QLC (1 tab/day)
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i> (DARIFENACIN HYDROBROMIDE ER)	tier 1	QLC (2 tabs/day)
<i>fesoterodine fumarate tab er 24hr 4 mg (FESOTERODINE FUMARATE ER) 2hr</i>	tier 2	QLC (1 tab/day)
<i>fesoterodine fumarate tab er 24hr 8 mg (FESOTERODINE FUMARATE ER)</i>	tier 2	QLC (1 tab/day)
<i>flavoxate hcl tab 100 mg</i>	tier 1	
<i>mirabegron tab er 24 hr 25 mg (MIRABEGRON ER)</i>	tier 2	ST, QLC (1 tab/day)
<i>mirabegron tab er 24 hr 50 mg (MIRABEGRON ER)</i>	tier 2	ST, QLC (1 tab/day)
<i>oxybutynin chloride solution 5 mg/5ml mg/ml</i>	tier 1	QLC (20 ml/day)
<i>oxybutynin chloride tab 5 mg</i>	tier 1	
<i>oxybutynin chloride tab er 24hr 10 mg (OXYBUTYNIN CHLORIDE ER)</i>	tier 1	QLC (3 tabs/day)
<i>oxybutynin chloride tab er 24hr 15 mg (OXYBUTYNIN CHLORIDE ER)</i>	tier 1	QLC (2 tabs/day)
<i>oxybutynin chloride tab er 24hr 5 mg (OXYBUTYNIN CHLORIDE ER)</i>	tier 1	QLC (1 tab/day)
<i>solifenacin succinate tab 10 mg</i>	tier 1	QLC (1 tab/day)
<i>solifenacin succinate tab 5 mg</i>	tier 1	QLC (1 tab/day)
<i>tolterodine tartrate cap er 24hr 2 mg (TOLTERODINE TARTRATE ER) 4hr</i>	tier 2	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tolterodine tartrate cap er 24hr 4 mg</i> (TOLTERODINE TARTRATE ER) 2hr	tier 2	QLC (1 tab/day)
<i>tolterodine tartrate tab 1 mg</i>	tier 2	QLC (2 tabs/day)
<i>tolterodine tartrate tab 2 mg</i>	tier 2	QLC (2 tabs/day)
<i>trospium chloride cap er 24hr 60 mg</i> (TROSPIUM CHLORIDE ER)	tier 2	QLC (1 cap/day)
<i>trospium chloride tab 20 mg</i>	tier 1	QLC (2 tabs/day)
BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)		
<i>alfuzosin hcl tab er 24hr 10 mg</i> (ALFUZOSIN HCL ER)	tier 1	
<i>dutasteride cap 0.5 mg</i>	tier 1	QLC (1 cap/day)
<i>finasteride tab 5 mg</i>	tier 1	
<i>silodosin cap 4 mg</i>	tier 1	QLC (1 cap/day)
<i>silodosin cap 8 mg</i>	tier 1	QLC (1 cap/day)
<i>tadalafil tab 10 mg</i>	tier 1	RO (Retail Only), QLC (8 tabs/30 days)
<i>tadalafil tab 2.5 mg</i>	tier 1	RO (Retail Only), QLC (1 tab/day)
<i>tadalafil tab 20 mg</i>	tier 1	RO (Retail Only), QLC (8 tabs/30 days)
<i>tadalafil tab 20 mg (pah)</i> (TADALAFIL (PAH))	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>tadalafil tab 5 mg</i>	tier 1	RO (Retail Only), QLC (1 tab/day)
<i>tamsulosin hcl cap 0.4 mg</i>	tier 1	
GENITOURINARY AGENTS, OTHER (Other Drugs for the Genital, Bladder, and Kidney)		
<i>bethanechol chloride tab 10 mg</i>	tier 1	
<i>bethanechol chloride tab 25 mg</i>	tier 1	
<i>bethanechol chloride tab 5 mg</i>	tier 1	
<i>bethanechol chloride tab 50 mg</i>	tier 1	
CYTRA K CRYSTALS (<i>potassium citrate-citric acid</i>) 3300-1002 MG PACET	tier 1	
ELMIRON (<i>pentosan polysulfate sodium</i>) 100 MG CAP	tier 3	

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PHENAZOPYRIDINE HCL (100 MG TAB, 200 MG TAB)	tier 1	
<i>phenazopyridine hcl tab 100 mg</i>	tier 1	
<i>phenazopyridine hcl tab 200 mg</i>	tier 1	
PHEXX (<i>lactic acid-citric acid-potassium bitartrate</i>) 1.8-1-0.4 % GEL	tier 3	ACA (Preventive Health), QLC (1 box (12 applicators)/ 30 days)
PHEXXI (<i>lactic acid-citric acid-potassium bitartrate</i>) 1.8-1-0.4 % GEL	tier 3	ACA (Preventive Health), QLC (1 box (12 applicators)/ 30 days)
PHOSPHA 250 NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>) 155-852-130 MG TAB	tier 1	
PHOSPHO-TRIN 250 NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>) 155-852-130 MG TAB	tier 1	
PHOSPHO-TRIN K500 (<i>potassium phosphate monobasic</i>) KMG TAB	tier 1	
PHOSPHOROUS (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>) 155-852-130 MG TAB	tier 1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i> (POTASSIUM CITRATE-CITRIC ACID)	tier 1	
POTASSIUM CITRATE-CITRIC ACID 1100-334 MG/5ML SOLUTION	tier 1	
<i>sildenafil citrate tab 100 mg</i>	tier 1	RO (Retail Only), QLC (8 tabs/30 days)
<i>sildenafil citrate tab 25 mg</i>	tier 1	RO (Retail Only), QLC (8 tabs/30 days)
<i>sildenafil citrate tab 50 mg</i>	tier 1	RO (Retail Only), QLC (8 tabs/30 days)
<i>tiopronin tab 100 mg</i>	tier 4	PA, S (Specialty Drug)
<i>tiopronin tab delayed release 100 mg</i>	tier 4	PA, S (Specialty Drug)
<i>tiopronin tab delayed release 300 mg</i>	tier 4	PA, S (Specialty Drug)
WES-PHOS 250 NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>) 155-852-130 MG TAB	tier 1	

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

CORTISONE ACETATE 25 MG TAB	tier 1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	tier 1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	tier 1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	tier 1	
<i>dexamethasone tab 0.5 mg</i>	tier 1	
<i>dexamethasone tab 0.75 mg</i>	tier 1	
<i>dexamethasone tab 1 mg</i>	tier 1	
<i>dexamethasone tab 1.5 mg</i>	tier 1	
<i>dexamethasone tab 2 mg</i>	tier 1	
<i>dexamethasone tab 4 mg</i>	tier 1	
<i>dexamethasone tab 6 mg</i>	tier 1	
<i>fludrocortisone acetate tab 0.1 mg</i>	tier 1	
<i>methylprednisolone tab 16 mg</i>	tier 1	
<i>methylprednisolone tab 32 mg</i>	tier 1	
<i>methylprednisolone tab 4 mg</i>	tier 1	
<i>methylprednisolone tab 8 mg</i>	tier 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	tier 1	
MIFEPREX (<i>mifepristone</i>) 200 MG TAB	tier 3	QLC (1 tablet/fill)
<i>mifepristone tab 200 mg</i>	tier 1	QLC (1 tablet/fill)
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> (PREDNISOLONE SODIUM PHOSPHATE)	tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)	tier 1	
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE) <i>mg/ml</i>	tier 1	

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	tier 1	
<i>prednisolone soln 15 mg/5ml</i>	tier 1	
PREDNISON 5 MG/5ML SOLUTION	tier 1	
PREDNISON INTENSOL 5 MG/ML CONC	tier 1	
<i>prednisone tab 1 mg</i>	tier 1	
<i>prednisone tab 10 mg</i>	tier 1	
<i>prednisone tab 2.5 mg</i>	tier 1	
<i>prednisone tab 20 mg</i>	tier 1	
<i>prednisone tab 5 mg</i>	tier 1	
<i>prednisone tab 50 mg</i>	tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	tier 1	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones)		
<i>desmopressin acetate nasal spray soln 0.01%</i> (DESMOPRESSIN ACETATE SPRAY)	tier 1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> (DESMOPRESSIN ACE SPRAY REFRIG)	tier 1	
DESMOPRESSIN ACETATE SPRAY 0.01 % SOLUTION	tier 1	
<i>desmopressin acetate tab 0.1 mg</i>	tier 1	
<i>desmopressin acetate tab 0.2 mg</i>	tier 1	
GENOTROPIN (<i>somatropin</i>) (5 MG CARTRIDGE, 12 MG CARTRIDGE)	tier 4	PA, S (Specialty Drug)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GENOTROPIN MINIQUICK (<i>somatropin</i>) (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	tier 4	PA, S (Specialty Drug)
INCRELEX (<i>mecasermin</i>) 40 MG/4ML SOLUTION	tier 4	PA, LA
OMNITROPE (<i>somatropin</i>) (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN)	tier 4	PA, LA, S (Specialty Drug)

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

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

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

ANABOLIC STEROIDS

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

ANDROGENS

<i>danazol cap 100 mg</i>	tier 1	
<i>danazol cap 200 mg</i>	tier 1	
<i>danazol cap 50 mg</i>	tier 1	
METHITEST (<i>methyld testosterone</i>) 10 MG TAB	tier 3	PA
TESTOSTERONE (12.5 MG/ACT (1%) GEL, 50 MG/5GM (1%) GEL)	tier 1	PA, QLC (300 grams/28 days)
TESTOSTERONE 20.25 MG/1.25GM (1.62%) GEL	tier 1	PA, QLC (1 packet/day)
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	tier 1	QLC (10 ml/28 days)
testosterone cypionate im inj in oil 100 mg/ml (Depo-Testosterone)	tier 1	QLC (10 ml/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	tier 1	QLC (10 ml/28 days)
testosterone cypionate im inj in oil 200 mg/ml (Depo-Testosterone)	tier 1	QLC (10 ml/28 days)
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	tier 1	QLC (5 ml/28 days)
<i>testosterone td gel 12.5 mg/act (1%)</i>	tier 1	PA, QLC (300 grams/28 days)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	tier 1	PA, QLC (1 packet/day)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	tier 1	PA, QLC (2 bottles/28 days)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	tier 1	PA, QLC (300 grams/28 days)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	tier 1	PA, QLC (2 packets/day)
<i>testosterone td gel 50 mg/5gm (1%)</i>	tier 1	PA, QLC (300 grams/28 days)
ESTROGENS (Contraceptives and Drugs for Menopause)		
ANNOVERA (<i>segesterone acetate-ethinyl estradiol</i>) 0.013-0.15 MG/24HR RING	tier 3	ACA (Preventive Health), QLC (1 ring/ 365 days)
ARANELLE (<i>norethindrone-eth estradiol (triphasic)</i>) 0.5/1/0.5-35 MG-MCG TAB	tier 1	ACA (Preventive Health)
AVERI (<i>desogestrel-ethinyl estradiol & iron</i>) 0.15-0.03 MG TAB	tier 1	ACA (Preventive Health)
CLIMARA PRO (<i>estradiol-levonorgestrel</i>) 0.045-0.015 MG/DAY PATCH WK	tier 3	QLC (4 patches/28 days)
COVARYX (<i>esterified estrogens & methyltestosterone</i>) 1.25-2.5 MG TAB	tier 1	
COVARYX HS (<i>esterified estrogens & methyltestosterone</i>) 0.625-1.25 MG TAB	tier 1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)	tier 1	ACA (Preventive Health)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (DESOGESTREL-ETHINYL ESTRADIOL)	tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtreea)	tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya)	tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred)	tier 1	ACA (Preventive Health)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (DESOGESTREL-ETHINYL ESTRADIOL)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga)	tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)	tier 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (DROSPIREN-ETH ESTRAD-LEVOMEFOL)	tier 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (DROSPIREN-ETH ESTRAD-LEVOMEFOL)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)	tier 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	tier 1	ACA (Preventive Health)

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
drospirenone-ethinyl estradiol tab 3-0.02 mg (Jasmiel)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Lo-Zumandimine)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Vestura)	tier 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda)	tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Zumandimine)	tier 1	ACA (Preventive Health)
EEMT (<i>esterified estrogens & methyltestosterone</i>) 1.25-2.5 MG TAB	tier 1	
EEMT HS (<i>esterified estrogens & methyltestosterone</i>) 0.625-1.25 MG TAB	tier 1	
EST ESTROGENS-METHYLTEST (<i>esterified estrogens & methyltestosterone</i>) 1.25-2.5 MG TAB	tier 1	
EST ESTROGENS-METHYLTEST DS (<i>esterified estrogens & methyltestosterone</i>) 1.25-2.5 MG TAB	tier 1	
EST ESTROGENS-METHYLTEST HS (<i>esterified estrogens & methyltestosterone</i>) 0.625-1.25 MG TAB	tier 1	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST HS)	tier 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (EST ESTROGENS-METHYLTEST DS)	tier 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (EST ESTROGENS-METHYLTEST)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.S.)	tier 1	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	tier 3	QLC (1 bottle/30 days)
<i>estradiol tab 0.5 mg</i>	tier 1	
<i>estradiol tab 1 mg</i>	tier 1	
<i>estradiol tab 2 mg</i>	tier 1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	tier 3	QLC (1 pack/day)
<i>estradiol td gel 0.5 mg/0.5gm (0.1%) mg/gm</i>	tier 3	QLC (1 pack/day)
<i>estradiol td gel 0.75 mg/0.75gm (0.1%) mg/gm</i>	tier 3	QLC (1 pack/day)
<i>estradiol td gel 1 mg/gm (0.1%) (0.%)</i>	tier 3	QLC (1 pack/day)
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	tier 3	QLC (1 pack/day)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.025 mg/24hr (Dotti)	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.025 mg/24hr (Lyllana)	tier 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.0375 mg/24hr (Dotti)	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.0375 mg/24hr (Lyllana)	tier 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.05 mg/24hr (Dotti)	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.05 mg/24hr (Lyllana)	tier 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.075 mg/24hr (Dotti)	tier 1	QLC (16 patches/28 days)

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 Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
estradiol td patch twice weekly 0.075 mg/24hr (Lyllana)	tier 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.1 mg/24hr (Dotti)	tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.1 mg/24hr (Lyllana)	tier 1	QLC (16 patches/28 days)
<i>estradiol td patch weekly 0.025 mg/24hr</i>	tier 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	tier 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.05 mg/24hr</i>	tier 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.06 mg/24hr</i>	tier 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.075 mg/24hr</i>	tier 1	QLC (8 patches/28 days)
<i>estradiol td patch weekly 0.1 mg/24hr</i>	tier 1	QLC (8 patches/28 days)
<i>estradiol vaginal cream 0.01%</i>	tier 2	
<i>estradiol vaginal tab 10 mcg</i>	tier 1	
estradiol vaginal tab 10 mcg (Yuvaferm)	tier 1	
<i>estradiol valerate im in oil 10 mg/ml</i>	tier 1	
<i>estradiol valerate im in oil 20 mg/ml</i>	tier 1	
<i>estradiol valerate im in oil 40 mg/ml</i>	tier 1	
ESTRATEST H.S. (<i>esterified estrogens & methyltestosterone</i>) 0.625-1.25 MG TAB	tier 1	
ESTRING (<i>estradiol vaginal</i>) (2 MG RING, 7.5 MCG/24HR RING)	tier 3	QLC (1 ring/90 days)
<i>estrogens, conjugated tab 0.3 mg</i> (ESTROGENS CONJUGATED)	tier 3	
<i>estrogens, conjugated tab 0.45 mg</i> (ESTROGENS CONJUGATED)	tier 3	
<i>estrogens, conjugated tab 0.625 mg</i> (ESTROGENS CONJUGATED)	tier 3	
<i>estrogens, conjugated tab 0.9 mg</i> (ESTROGENS CONJUGATED)	tier 3	
<i>estrogens, conjugated tab 1.25 mg</i> (ESTROGENS CONJUGATED)	tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35)	tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Valtya 1/35)	tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28))	tier 1	ACA (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	tier 1	ACA (Preventive Health)
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	tier 2	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Eluryng)	tier 2	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring)	tier 2	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette)	tier 2	ACA (Preventive Health)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	tier 2	ACA (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring)	tier 2	ACA (Preventive Health)
FEMLYV (<i>norethindrone acet & eth est</i>) 1-0.02 MG TAB DISP	tier 3	ACA (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Fayosim)	tier 1	ACA (Preventive Health)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (LEVONORGEST-ETH EST & ETH EST)	tier 1	ACA (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa)	tier 1	ACA (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rosyrah)	tier 1	ACA (Preventive Health)

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

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28)	tier 1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest)	tier 1	ACA (Preventive Health)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (LEVONORG-ETH ESTRAD TRIPHASIC)	tier 1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora (28))	tier 1	ACA (Preventive Health)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	tier 1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst)	tier 1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale)	tier 1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Joyeaux)	tier 3	ACA (Preventive Health)
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i> (LEVONORGEST-ETH ESTRADIOL-IRON)	tier 3	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Minzoya)	tier 3	ACA (Preventive Health)
LO LOESTRIN FE (<i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>) ESTRIN 1 MG-10 MCG 10 MCG TAB	tier 2	ACA (Preventive Health)
NATAZIA (<i>estradiol valerate-dienogest</i>) 3/2-2/2-3/1 MG TAB	tier 3	ACA (Preventive Health)
NEXTSTELLIS (<i>drospirenone-estetrol</i>) 3-14.2 MG TAB	tier 3	ACA (Preventive Health)
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (NORELGESTROMIN-ETH ESTRADIOL)	tier 1	ACA (Preventive Health)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	tier 1	ACA (Preventive Health)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)	tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35 (28))	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (21))	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (28))	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nylia 1/35)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Pirmella 1/35)	tier 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> (NORETHIN-ETH ESTRADIOL-FE)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Wymzya Fe)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Xelria Fe)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Galbriela)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Kaitlib Fe)	tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Layolis Fe)	tier 1	ACA (Preventive Health)

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

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 Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Larin Fe 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin Fe 1.5/30)	tier 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Microgestin Fe 1.5/30)	tier 1	ACA (Preventive Health)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (NORETHIN ACE-ETH ESTRAD-FE)	tier 1	ACA (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Charlotte 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Finzala)	tier 1	ACA (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Mibelas 24 Fe)	tier 1	ACA (Preventive Health)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Gemmy)	tier 3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Merzee)	tier 3	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE)	tier 3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taysofy)	tier 3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Aurovela 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Blisovi 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Hailey 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Junel Fe 24)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Microgestin 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Tarina 24 Fe)	tier 1	ACA (Preventive Health)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Fyavolv)	tier 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (NORETHINDRONE-ETH ESTRADIOL)	tier 1	QLC (1 tab/day)
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Fyavolv)	tier 1	QLC (1 tab/day)
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)	tier 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (NORETHINDRONE-ETH ESTRADIOL)	tier 1	QLC (1 tab/day)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7)	tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7)	tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)	tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nylia 7/7/7)	tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Pirmella 7/7/7)	tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Estarylla)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Femynor)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mili)	tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mono-Linyah)	tier 1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (NORGESTIMATE-ETH ESTRADIOL)	tier 1	ACA (Preventive Health)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Sprintec)	tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Vylibra)	tier 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle)	tier 1	ACA (Affordable Care Act)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)	tier 1	ACA (Affordable Care Act)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)	tier 1	ACA (Affordable Care Act)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-Ogestrel)	tier 1	ACA (Affordable Care Act)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Turqoz)	tier 1	ACA (Affordable Care Act)
PREMARIN (<i>estrogens, conjugated vaginal</i>) 0.625 MG/GM CREAM	tier 3	
PREMPRO (<i>conjugated estrogens-medroxyprogesterone acetate</i>) (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	tier 3	QLC (28 tabs/28 days)
TWIRLA (<i>levonorgestrel-ethinyl estradiol</i>) 120-30 MCG/24HR PATCH WK	tier 3	ACA (Preventive Health)
TYBLUME (<i>levonorgestrel & eth estradiol</i>) 0.1-20 MG-MCG CHEW TAB	tier 3	ACA (Preventive Health)
VALTYA 1/50 (<i>ethynodiol diacet & eth estrad</i>) 1-50 MG-MCG TAB	tier 1	ACA (Preventive Health)
VELIVET (<i>desogestrel-ethinyl estradiol (triphasic)</i>) 0.1/0.125/0.15 -0.025 MG TAB	tier 1	ACA (Preventive Health)

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

estradiol & norethindrone acetate tab 0.5-0.1 mg (Abigale Lo)	tier 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 0.5-0.1 mg (Amabelz)	tier 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (ESTRADIOL-NORETHINDRONE ACET)	tier 1	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
estradiol & norethindrone acetate tab 1-0.5 mg (Abigale)	tier 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (Amabelz)	tier 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (ESTRADIOL-NORETHINDRONE ACET)	tier 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey)	tier 1	QLC (1 tab/day)

PROGESTINS

ELLA (<i>ulipristal acetate</i>) 30 MG TAB	tier 3	ACA (Preventive Health), QLC (1 tab/fill)
<i>medroxyprogesterone acetate tab 10 mg</i>	tier 1	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	tier 1	
<i>medroxyprogesterone acetate tab 5 mg</i>	tier 1	
<i>megestrol acetate susp 40 mg/ml</i>	tier 1	OAC
<i>megestrol acetate tab 20 mg</i>	tier 1	OAC
<i>megestrol acetate tab 40 mg</i>	tier 1	OAC
<i>norethindrone acetate tab 5 mg</i>	tier 1	
norethindrone acetate tab 5 mg (Gallifrey)	tier 1	
<i>norethindrone tab 0.35 mg</i>	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Camila)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Deblitane)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Emzahh)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Errin)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Heather)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Incassia)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Jencycla)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Lyleq)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Lyza)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Meleya)	tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone tab 0.35 mg (Nora-Be)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Norlyda)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Norlyroc)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Orquidea)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Sharobel)	tier 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Tulana)	tier 1	ACA (Preventive Health)
<i>progesterone cap 100 mg</i>	tier 1	
<i>progesterone cap 200 mg</i>	tier 1	
<i>progesterone vaginal insert 100 mg</i>	tier 2	PA
SLYND (<i>drospirenone</i>) 4 MG TAB	tier 3	ACA (Preventive Health)

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

CLOMIPHENE CITRATE 50 MG TAB	tier 1	
<i>clomiphene citrate tab 50 mg</i>	tier 1	
clomiphene citrate tab 50 mg (Clomid)	tier 1	
clomiphene citrate tab 50 mg (Milophene)	tier 1	
<i>raloxifene hcl tab 60 mg</i>	tier 1	ACA (Preventive Health), QLC (1 tab/day)

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

ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	tier 3	
<i>levothyroxine sodium tab 100 mcg</i>	tier 1	
levothyroxine sodium tab 100 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 100 mcg (Levoxyl)	tier 3	
<i>levothyroxine sodium tab 112 mcg</i>	tier 1	
levothyroxine sodium tab 112 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 112 mcg (Levoxyl)	tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levothyroxine sodium tab 125 mcg</i>	tier 1	
levothyroxine sodium tab 125 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 125 mcg (Levoxyl)	tier 3	
<i>levothyroxine sodium tab 137 mcg</i>	tier 1	
levothyroxine sodium tab 137 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 137 mcg (Levoxyl)	tier 3	
<i>levothyroxine sodium tab 150 mcg</i>	tier 1	
levothyroxine sodium tab 150 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 150 mcg (Levoxyl)	tier 3	
<i>levothyroxine sodium tab 175 mcg</i>	tier 1	
levothyroxine sodium tab 175 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 175 mcg (Levoxyl)	tier 3	
<i>levothyroxine sodium tab 200 mcg</i>	tier 1	
levothyroxine sodium tab 200 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 200 mcg (Levoxyl)	tier 3	
<i>levothyroxine sodium tab 25 mcg</i>	tier 1	
levothyroxine sodium tab 25 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 25 mcg (Levoxyl)	tier 3	
<i>levothyroxine sodium tab 300 mcg</i>	tier 1	
<i>levothyroxine sodium tab 50 mcg</i>	tier 1	
levothyroxine sodium tab 50 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 50 mcg (Levoxyl)	tier 3	

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 Limit; CW - Cost Waived; GL - Gender Limit;
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 QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step
 Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levothyroxine sodium tab 75 mcg</i>	tier 1	
levothyroxine sodium tab 75 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 75 mcg (Levoxyl)	tier 3	
<i>levothyroxine sodium tab 88 mcg</i>	tier 1	
levothyroxine sodium tab 88 mcg (Euthyrox)	tier 1	
levothyroxine sodium tab 88 mcg (Levoxyl)	tier 3	
<i>liothyronine sodium tab 25 mcg</i>	tier 1	
liothyronine sodium tab 25 mcg (Liomny)	tier 1	
<i>liothyronine sodium tab 5 mcg</i>	tier 1	
liothyronine sodium tab 5 mcg (Liomny)	tier 1	
<i>liothyronine sodium tab 50 mcg</i>	tier 1	
liothyronine sodium tab 50 mcg (Liomny)	tier 1	
NP THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	tier 3	
SYNTHROID (<i>levothyroxine sodium</i>) (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB)	tier 2	
THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB)	tier 3	

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

<i>cabergoline tab 0.5 mg</i>	tier 1	QLC (16 tabs/28 days)
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	tier 4	PA, S (Specialty Drug)
<i>leuprolide acetate inj kit 5 mg/ml</i>	tier 4	PA, S (Specialty Drug)
OCTREOTIDE ACETATE (50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug)

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	tier 4	PA, S (Specialty Drug)
SYNAREL (<i>nafarelin acetate</i>) 2 MG/ML SOLUTION	tier 4	PA, QLC (16 ml/30 days)

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

ANTITHYROID AGENTS (Drugs to Suppress Thyroid Hormone)

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

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)	tier 4	PA, LA, S (Specialty Drug)
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	tier 4	PA, S (Specialty Drug), QLC (3 syringes/30 days)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir)	tier 4	PA, LA, QLC (3 syringes/30 days)
TAKHZYRO (<i>lanadelumab-flyo</i>) (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR)	tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
TAKHZYRO (<i>lanadelumab-flyo</i>) 300 MG/2ML SOLUTION	tier 4	PA, LA, S (Specialty Drug), QLC (2 vials/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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IMMUNOLOGICAL AGENTS, OTHER (Other Drugs that Stimulate or Suppress the Immune System)

ARCALYST (<i>rilonacept</i>) 220 MG RECON SOLN	tier 4	PA, LA, S (Specialty Drug)
AURANOFIN 3 MG CAP	tier 2	
COSENTYX (300 MG DOSE) (<i>secukinumab</i>) 150 /ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
COSENTYX (<i>secukinumab</i>) (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)
COSENTYX SENSOREADY (300 MG) (<i>secukinumab</i>) 150 MG/ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
COSENTYX SENSOREADY PEN (<i>secukinumab</i>) 150 MG/ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
COSENTYX UNOREADY (<i>secukinumab</i>) 300 MG/2ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (1 auto-injector/28 days)
DUPIXENT (<i>dupilumab</i>) (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
DUPIXENT (<i>dupilumab</i>) 300 MG/2ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (4 pens (8 ml)/ 28 days)
DUPIXENT (<i>dupilumab</i>) 300 MG/2ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (4 syringes (8 ml)/28 days)
KEVZARA (<i>sarilumab</i>) (150 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN A-INJ)	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/14 days)
KEVZARA (<i>sarilumab</i>) (150 MG/1.14ML SOLN PRSYR, 200 MG/1.14ML SOLN PRSYR)	tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
OLUMIANT (<i>baricitinib</i>) (1 MG TAB, 2 MG TAB, 4 MG TAB)	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORENCIA (<i>abatacept</i>) (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (1 syringe/week)
ORENCIA CLICKJECT (<i>abatacept</i>) 125 MG/ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (1 syringe/week)
OTEZLA (<i>apremilast</i>) 10 & 20 & 30 MG TAB THPK	tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OTEZLA (<i>apremilast</i>) 4 X 10 & 51 X20 MG TAB THPK	tier 4	PA, S (Specialty Drug), QLC (55 tabs/28 days, max 2 fills/365 days)
OTEZLA/OTEZLA XR INITIATION PK (<i>apremilast</i>) 10&20&30&(ER)75 MG TAB TH	tier 4	PA, S (Specialty Drug), QLC (41 tabs/28 days, max 2 fills/365 days)
RIDAURA (<i>auranofin</i>) 3 MG CAP	tier 2	
RINVOQ (<i>upadacitinib</i>) (15 MG TAB ER 24H, 30 MG TAB ER 24H)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
RINVOQ (<i>upadacitinib</i>) 45 MG TAB ER 24H	tier 4	PA, S (Specialty Drug), QLC (1 tab/day; max 84 tabs/365 days)
RINVOQ LQ (<i>upadacitinib</i>) 1 MG/ML SOLUTION	tier 4	PA, S (Specialty Drug), QLC (12 ml/day)
SKYRIZI (150 MG DOSE) (<i>risankizumab-rzaa</i>) 75 /0.83ML PREF SY KT	tier 4	PA, S (Specialty Drug), QLC (1 kit/84 days)
SKYRIZI (<i>risankizumab-rzaa (crohn's)</i>) (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	tier 4	PA, S (Specialty Drug), QLC (1 syringe/56 days)
SKYRIZI (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
SKYRIZI (<i>risankizumab-rzaa</i>) 55 MG/0.37ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (0.37ml (1 syringe)/84 days)
SKYRIZI PEN (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (1 auto-injector/ 84 days)
SOTYKTU (<i>deucravacitinib</i>) 6 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
<i>tofacitinib citrate oral soln 1 mg/ml (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (10 ml/day)
<i>tofacitinib citrate tab 10 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>tofacitinib citrate tab 5 mg (base equivalent)</i>	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>tofacitinib citrate tab er 24hr 11 mg (base equivalent)</i> (TOFACITINIB CITRATE ER)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>tofacitinib citrate tab er 24hr 22 mg (base equivalent)</i> (TOFACITINIB CITRATE ER)	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
TREMFYA (<i>guselkumab (gastrointestinal)</i>) 200 MG/2ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (2 ml/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (1 syringe/8 weeks)
TREMFYA ONE-PRESS (<i>guselkumab</i>) 100 MG/ML SOLN PEN	tier 4	PA, S (Specialty Drug), QLC (1 injection/8 weeks)
TREMFYA PEN (<i>guselkumab (gastrointestinal)</i>) 200 MG/2ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (2 ml/28 days)
TREMFYA PEN (<i>guselkumab</i>) 100 MG/ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (1 injection/8 weeks)
TREMFYA-CD/UC INDUCTION (<i>guselkumab (gastrointestinal)</i>) 200 MG/2ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (4ml/28 days, max of 3 fills per 180 days)
TYENNE (<i>tocilizumab-aazg</i>) 162 MG/0.9ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (4 pens/28 days)
TYENNE (<i>tocilizumab-aazg</i>) 162 MG/0.9ML SOLN PRSYR	tier 4	PA, S (Specialty Drug), QLC (4 syringes/28 days)
XOLAIR (<i>omalizumab</i>) (75 MG/0.5ML SOLN A-INJ, 150 MG/ML SOLN A-INJ)	tier 4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
XOLAIR (<i>omalizumab</i>) (75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR)	tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
XOLAIR (<i>omalizumab</i>) 300 MG/2ML SOLN A-INJ	tier 4	PA, LA, S (Specialty Drug), QLC (4 pens/28 days)
XOLAIR (<i>omalizumab</i>) 300 MG/2ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (4 syringes/28 days)
YESINTEK (<i>ustekinumab-kfce</i>) (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
YESINTEK (<i>ustekinumab-kfce</i>) 45 MG/0.5ML SOLUTION	tier 4	PA, S (Specialty Drug), QLC (1 vial/84 days)
IMMUNOSTIMULANTS (Drugs that Stimulate the Immune System)		
ACTIMMUNE (<i>interferon gamma-1b</i>) 100 MCG/0.5ML SOLUTION	tier 4	PA, LA, S (Specialty Drug)
INTRON A (<i>interferon alfa-2b</i>) 10000000 UNIT RECON SOLN	tier 4	LA, S (Specialty Drug)
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/0.5ML SOLN PRSYR	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/week)
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/ML SOLUTION	tier 4	PA, LA, S (Specialty Drug), QLC (1 vial/week)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)

ADALIMUMAB-AACF (2 PEN) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (1 box (2 pens)/28 days)
ADALIMUMAB-AACF (2 SYRINGE) 40 MG/0.8ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (1 box (2 syr)/28 days)
ADALIMUMAB-AACF(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (6 kits/365 days)
ADALIMUMAB-AACF(PS/UV STARTER) 40 MG/0.8ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (4 kits/365 days)
<i>azathioprine tab 50 mg</i>	tier 1	
CIMZIA (1 SYRINGE) (<i>certolizumab pegol</i>) RINGE) 200 MG/ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
CIMZIA (2 SYRINGE) (<i>certolizumab pegol</i>) RINGE) 200 MG/ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (1 kit/28 days)
CIMZIA-STARTER (<i>certolizumab pegol</i>) 200 MG/ML PREF SY KT	tier 4	PA, S (Specialty Drug), QLC (3 set (1 kit = 3 sets of 2 syringes)/180 days)
<i>cyclosporine cap 100 mg</i>	tier 1	
<i>cyclosporine cap 25 mg</i>	tier 1	
<i>cyclosporine modified cap 100 mg</i>	tier 1	
cyclosporine modified cap 100 mg (Gengraf)	tier 1	
<i>cyclosporine modified cap 25 mg</i>	tier 1	
cyclosporine modified cap 25 mg (Gengraf)	tier 1	
<i>cyclosporine modified cap 50 mg</i>	tier 1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	tier 1	
cyclosporine modified oral soln 100 mg/ml (Gengraf)	tier 1	
ENBREL (<i>etanercept</i>) (25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR)	tier 4	PA, S (Specialty Drug), QLC (4 ml/28 days)
ENBREL (<i>etanercept</i>) 25 MG RECON SOLN	tier 4	PA, S (Specialty Drug), QLC (8 vials/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLUTION	tier 4	PA, S (Specialty Drug), QLC (4 ml/ 28 days)
ENBREL MINI (<i>etanercept</i>) 50 MG/ML SOLN CART	tier 4	PA, S (Specialty Drug), QLC (4 ml/ 28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ENBREL SURECLICK (<i>etanercept</i>) 50 MG/ML SOLN A-INJ	tier 4	PA, S (Specialty Drug), QLC (4 ml/28 days)
<i>leflunomide tab 10 mg</i>	tier 1	
<i>leflunomide tab 20 mg</i>	tier 1	
METHOTREXATE SODIUM (PF) (1 GM/40ML SOLUTION, 1000 MG/40ML SOLUTION)	tier 1	QLC (8 ml/28 days)
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	tier 1	QLC (one vial/28 days)
METHOTREXATE SODIUM 50 MG/2ML SOLUTION	tier 1	QLC (8 ml/28 days)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	tier 1	QLC (8 ml/28 days)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	tier 1	QLC (8 ml/28 days)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	tier 1	QLC (8 ml/28 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	tier 1	OAC
<i>mycophenolate mofetil cap 250 mg</i>	tier 1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	tier 1	
<i>mycophenolate mofetil tab 500 mg</i>	tier 1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	tier 1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	tier 1	
SIMLANDI (1 PEN) (<i>adalimumab-ryvk</i>) (40 MG/0.4ML AUT-IJ KIT, 80 MG/0.8ML AUT-IJ KIT)	tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
SIMLANDI (1 SYRINGE) (<i>adalimumab-ryvk</i>) RINGE) 80 MG/0.8ML PREF KT	tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
SIMLANDI (2 PEN) (<i>adalimumab-ryvk</i>) 40 MG/0.4ML AUT-IJ KIT	tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SIMLANDI (2 SYRINGE) (<i>adalimumab-ryvk</i>) (20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT)	tier 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)	tier 4	PA, S (Specialty Drug), QLC (1 syringe/28 days)
<i>sirolimus oral soln 1 mg/ml</i>	tier 2	
<i>sirolimus tab 0.5 mg</i>	tier 2	
<i>sirolimus tab 1 mg</i>	tier 2	
<i>sirolimus tab 2 mg</i>	tier 2	
<i>tacrolimus cap 0.5 mg</i>	tier 1	
<i>tacrolimus cap 1 mg</i>	tier 1	
<i>tacrolimus cap 5 mg</i>	tier 1	

INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)

AMINOSALICYLATES

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

GLUCOCORTICOIDS

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)

ALENDRONATE SODIUM 5 MG TAB	tier 1	
<i>alendronate sodium oral soln 70 mg/75ml</i>	tier 2	QLC (4 bottles/28 days)
<i>alendronate sodium tab 10 mg</i>	tier 1	
<i>alendronate sodium tab 35 mg</i>	tier 1	QLC (4 tabs/28 days)
<i>alendronate sodium tab 70 mg</i>	tier 1	QLC (4 tabs/28 days)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	tier 1	QLC (1 bottle/30 days)
<i>calcitriol cap 0.25 mcg</i>	tier 1	
<i>calcitriol cap 0.5 mcg</i>	tier 1	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	tier 1	
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	tier 1	
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	tier 1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	tier 1	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i> (VITAMIN D (ERGOCALCIFEROL))	tier 1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	tier 1	QLC (1 tab/30 days)
<i>risedronate sodium tab 150 mg</i>	tier 2	QLC (1 tab/30 days)
<i>risedronate sodium tab 30 mg</i>	tier 1	PA
<i>risedronate sodium tab 35 mg</i>	tier 2	QLC (4 tabs/28 days)
<i>risedronate sodium tab 5 mg</i>	tier 2	QLC (1 tab/day)
<i>risedronate sodium tab delayed release 35 mg</i>	tier 2	QLC (4 tabs/28 days)
TYMLOS (<i>abaloparatide</i>) 3120 MCG/1.56ML SOLN PEN	tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/30 days)

MISCELLANEOUS THERAPEUTIC AGENTS

ACCU-CHEK AVIVA PLUS (<i>glucose blood</i>) STRIP	tier 2	QLC (200 units/30 days)
ACCU-CHEK GUIDE ME W/DEVICEKIT	tier 2	QLC (Accu-Chek Guide Me/Accu-Chek Guide Meters covered at \$0), CW

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ACCU-CHEK GUIDE TEST (<i>glucose blood</i>) STRIP	tier 2	QLC (200 units/30 days)
ACCU-CHEK GUIDE W/DEVICEKIT	tier 2	QLC (Accu-Chek Guide Me/Accu-Chek Guide Meters covered at \$0), CW
ACCU-CHEK SMARTVIEW (<i>glucose blood</i>) STRIP	tier 2	QLC (200 units/30 days)
AEROCHAMBER DEVICE AND MASK	tier 2	
AEROVENT PLUS DEVICE	tier 2	
BREATHE COMFORT CHAMBER/ADULT DEVICE	tier 2	
BREATHE COMFORT CHAMBER/CHILD DEVICE	tier 2	
BREATHE EASE LARGE DEVICE	tier 2	
BREATHE EASE MEDIUM DEVICE	tier 2	
BREATHE EASE SMALL DEVICE	tier 2	
BREATHERITE VALVED MDI CHAMBER DEVICE	tier 2	
CAYA (<i>diaphragm arc-spring</i>)	tier 2	ACA (Preventive Health)
CHEMSTRIP K (<i>acetone (urine) test</i>) CHEM	tier 2	
CHEMSTRIP UGK (<i>urine glucose-ketones test</i>) CHEM	tier 2	
CLEVER CHOICE HOLDING CHAMBER DEVICE	tier 2	
COMPACT SPACE CHAMBER DEVICE	tier 2	
COMPACT SPACE CHAMBER/LG MASK DEVICE	tier 2	
COMPACT SPACE CHAMBER/MED MASK DEVICE	tier 2	
COMPACT SPACE CHAMBER/SM MASK DEVICE	tier 2	
CVS KETONE CARE (<i>urine glucose-ketones test</i>) STRIP	tier 2	
DEXCOM G6 RECEIVER DEVICE	tier 2	PA, QLC (One receiver/reader per year)
DEXCOM G6 SENSOR MISC	tier 2	PA, QLC (1 box/30 days)

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 Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DEXCOM G6 TRANSMITTER MISC	tier 2	PA, QLC (1 transmitter/90 days)
DEXCOM G7 15 DAY SENSOR MISC	tier 2	PA, QLC (2 boxes (sensors)/30 days)
DEXCOM G7 RECEIVER DEVICE	tier 2	PA, QLC (One reader/receiver per year)
DEXCOM G7 SENSOR MISC	tier 2	PA, QLC (3 sensors/30 days)
EASIVENT MASK LARGE MISC	tier 2	
EASIVENT MASK MEDIUM MISC	tier 2	
EASIVENT MASK SMALL MISC	tier 2	
EASIVENT MISC	tier 2	
EQ SPACE CHAMBER ANTI-STATIC DEVICE	tier 2	
EQ SPACE CHAMBER ANTI-STATIC L DEVICE	tier 2	
EQ SPACE CHAMBER ANTI-STATIC M DEVICE	tier 2	
EQ SPACE CHAMBER ANTI-STATIC S DEVICE	tier 2	
FEMCAP (<i>cervical caps</i>) (22 DEVICE, 26 DEVICE, 30 DEVICE)	tier 2	ACA (Preventive Health)
FLEXICHAMBER ADULT MASK/SMALL MISC	tier 2	
FLEXICHAMBER CHILD MASK/LARGE MISC	tier 2	
FLEXICHAMBER CHILD MASK/SMALL MISC	tier 2	
FLEXICHAMBER DEVICE	tier 2	
FORA GTEL BLOOD KETONE TEST (<i>ketone blood test</i>) STRIP	tier 2	
FORA TEST N'GO ADV-VOICE-6 CON (<i>ketone blood test</i>) STRIP	tier 2	
GOJJI BLOOD KETONE TEST (<i>ketone blood test</i>) STRIP	tier 2	
INSPIREASE MISC	tier 2	
INSULIN PEN NEEDLE	tier 2	
INSULIN SYRINGE	tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KETO-DIASTIX (<i>urine glucose-ketones test</i>) STRIP	tier 2	
KETONE TEST (<i>acetone (urine) test</i>) STRIP	tier 2	
KETOSTIX (<i>acetone (urine) test</i>) STRIP	tier 2	
LANCETS	tier 2	QLC (200 lancets/30 days)
<i>methylergonovine maleate tab 0.2 mg</i>	tier 1	QLC (28 tabs/30 days)
methylergonovine maleate tab 0.2 mg (Methergine)	tier 1	QLC (28 tabs/30 days)
MICROCHAMBER (DEVICE, MISC)	tier 2	
MICROSPACER MISC	tier 2	
NOVA MAX PLUS KETONE TEST (<i>ketone blood test</i>) STRIP	tier 2	
OMNIFLEX DIAPHRAGM (<i>diaphragms</i>)	tier 2	ACA (Preventive Health)
OPTICHAMBER DIAMOND (DEVICE, MISC)	tier 2	
OPTICHAMBER DIAMOND-LG MASK DEVICE	tier 2	
OPTICHAMBER DIAMOND-MD MASK MISC	tier 2	
OPTICHAMBER DIAMOND-SM MASK MISC	tier 2	
POCKET CHAMBER DEVICE	tier 2	
POCKET SPACER DEVICE	tier 2	
PRECISION XTRA KETONE (<i>ketone blood test</i>) STRIP	tier 2	
PRO COMFORT SPACER ADULT MISC	tier 2	
PRO COMFORT SPACER CHILD MISC	tier 2	
PRO COMFORT SPACER INFANT DEVICE	tier 2	
PROCARE SPACER/ADULT MASK DEVICE	tier 2	
PROCARE SPACER/CHILD MASK DEVICE	tier 2	
PROCHAMBER VHC DEVICE	tier 2	

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 Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PURE COMFORT SPACER CHAMBER DEVICE	tier 2	
RELION KETONE TEST (<i>acetone (urine) test</i>) STRIP	tier 2	
RITEFLO DEVICE	tier 2	
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	tier 2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	tier 2	
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	tier 2	
VORTEX VALVED HOLDING CHAMBER DEVICE	tier 2	
WIDE-SEAL DIAPHRAGM	tier 2	ACA (Preventive Health)

OPHTHALMIC AGENTS (Drugs for the Eyes)

OPHTHALMIC AGENTS, OTHER (Other Eye Drops)

ALTAFRIN (<i>phenylephrine hcl (mydriatic)</i>) (2.5 % SOLUTION, 10 % SOLUTION)	tier 1	
ATROPINE SULFATE (<i>atropine sulfate (ophthalmic)</i>) 1 % SOLUTION	tier 1	
<i>atropine sulfate ophth soln 1%</i>	tier 1	
BACITRA-NEOMYCIN-POLYMYXIN-HC (<i>bacitracin-poly-neomycin-hc</i>) 1 % OINTMENT	tier 1	
BACITRACIN-POLYMYXIN B (<i>bacitracin-polymyxin b (ophth)</i>) 500-10000 UNIT/GM OINTMENT	tier 1	
bacitracin-polymyxin b ophth oint (Ak-Poly-Bac)	tier 1	
bacitracin-polymyxin b ophth oint (Polycin)	tier 1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> (BACITRA-NEOMYCIN-POLYMYXIN-HC)	tier 1	
bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cyclopentolate hcl ophth soln 0.5%</i>	tier 1	
<i>cyclopentolate hcl ophth soln 1%</i>	tier 1	
<i>cyclopentolate hcl ophth soln 2%</i>	tier 1	
<i>cyclosporine (ophth) emulsion 0.05% (pf)</i> (CYCLOSPORINE (PF))	tier 1	QLC (2 vials/day)
DORZOLAMIDE HCL-TIMOLOL MAL (<i>dorzolamide hcl-timolol maleate</i>) 22.3- 6.8 MG/ML SOLUTION	tier 1	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF)	tier 2	QLC (2 droperettes/day)
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	tier 1	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	tier 1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF)	tier 2	QLC (2 droperettes/day)
HOMATROPAIRE (<i>homatropine hbr</i>) 5 % SOLUTION	tier 1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (Neo- Polycin)	tier 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> (NEOMYCIN-BACITRACIN ZN- POLYMYX)	tier 1	
NEOMYCIN-BACITRACIN ZN-POLYMYX (<i>neomycin-bacitracin zn-polymyxin</i>) 5- 400-10000OINTMENT	tier 1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	tier 1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025SOLUTION	tier 1	
NEOMYCIN-POLYMYXIN-HC (<i>neomycin-polymyxin-hc (ophth)</i>) 3.5- 10000-1SUSPENSION	tier 1	
<i>phenylephrine hcl ophth soln 10%</i>	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>phenylephrine hcl ophth soln 2.5%</i>	tier 1	
<i>proparacaine hcl ophth soln 0.5%</i>	tier 1	
RESTASIS (<i>cyclosporine (ophth)</i>) 0.05 % EMULSION	tier 1	QLC (2 vials/day)
RESTASIS MULTIDOSE (<i>cyclosporine (ophth)</i>) 0.05 % EMULSION	tier 2	QLC (one 5.5 ml bottle/30 days)
SULFACETAMIDE-PREDNISOLONE (<i>sulfacetamide sod-prednisolone</i>) 10-0.23 % SOLUTION	tier 1	
TOBRADEX (<i>tobramycin-dexamethasone</i>) 0.3-0.1 % OINTMENT	tier 3	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	tier 1	
<i>tropicamide ophth soln 0.5%</i>	tier 1	
<i>tropicamide ophth soln 1%</i>	tier 1	
XIIDRA (<i>lifitegrast</i>) 5 % SOLUTION	tier 2	QLC (60 vials/month)
OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)		
<i>azelastine hcl ophth soln 0.05%</i>	tier 1	
CROMOLYN SODIUM (<i>cromolyn sodium (ophth)</i>) 4 % SOLUTION	tier 1	
<i>cromolyn sodium ophth soln 4%</i>	tier 1	
<i>epinastine hcl ophth soln 0.05%</i>	tier 1	
OPHTHALMIC ANTI-INFECTIVES (Drugs for Eye Infections)		
BACITRACIN (<i>bacitracin (ophthalmic)</i>) 500 UNIT/GM OINTMENT	tier 1	
ERYTHROMYCIN (<i>erythromycin (ophth)</i>) 5 MG/GM OINTMENT	tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	tier 1	QLC (one 2.5 ml bottle/28 days)
GENTAK (<i>gentamicin sulfate (ophth)</i>) 0.3 % OINTMENT	tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	tier 1	
LEVOFLOXACIN (<i>levofloxacin (ophth)</i>) (0.5 % SOLUTION, 1.5 % SOLUTION)	tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levofloxacin ophth soln 0.5%</i>	tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	tier 1	
<i>ofloxacin ophth soln 0.3%</i>	tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	tier 1	
SULFACETAMIDE SODIUM (<i>sulfacetamide sodium (ophth)</i>) (10 % OINTMENT, 10 % SOLUTION)	tier 1	
<i>sulfacetamide sodium ophth soln 10%</i>	tier 1	
<i>tobramycin ophth soln 0.3%</i>	tier 1	
TRIFLURIDINE 1 % SOLUTION	tier 1	

OPHTHALMIC ANTI-INFLAMMATORIES (Drugs for Eye Inflammation)

DEXAMETHASONE SODIUM PHOSPHATE (<i>dexamethasone sodium phosphate (ophth)</i>) 0.1 % SOLUTION	tier 1	
<i>diclofenac sodium ophth soln 0.1%</i>	tier 1	
<i>fluorometholone ophth susp 0.1%</i>	tier 1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	tier 1	
KETOROLAC TROMETHAMINE (<i>ketorolac tromethamine (ophth)</i>) 0.4 % SOLUTION	tier 1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	tier 1	
<i>loteprednol etabonate ophth susp 0.2%</i>	tier 2	
<i>loteprednol etabonate ophth susp 0.5%</i>	tier 2	
<i>prednisolone acetate ophth susp 1%</i>	tier 1	
PREDNISOLONE ACETATE P-F (<i>prednisolone acetate (ophth)</i>) 1 % SUSPENSION	tier 1	
PREDNISOLONE SODIUM PHOSPHATE (<i>prednisolone sodium phosphate (ophth)</i>) 1 % SOLUTION	tier 1	

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS (Drugs for Glaucoma)

BETAXOLOL HCL (<i>betaxolol hcl (ophth)</i>) 0.5 % SOLUTION	tier 1	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>betaxolol hcl ophth soln 0.5%</i>	tier 1	
CARTEOLOL HCL (<i>carteolol hcl (ophth)</i>) 1 % SOLUTION	tier 1	
LEVOBUNOLOL HCL 0.5 % SOLUTION	tier 1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	tier 1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	tier 1	
<i>timolol maleate ophth soln 0.25%</i>	tier 1	
<i>timolol maleate ophth soln 0.5%</i>	tier 1	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER (Drugs for Glaucoma)		
<i>acetazolamide cap er 12hr 500 mg</i> (ACETAZOLAMIDE ER)	tier 1	
APRACLONIDINE HCL 0.5 % SOLUTION	tier 1	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	tier 1	
<i>brimonidine tartrate ophth soln 0.15%</i>	tier 2	
<i>brimonidine tartrate ophth soln 0.2%</i>	tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	tier 1	
<i>methazolamide tab 25 mg</i>	tier 2	
<i>methazolamide tab 50 mg</i>	tier 2	
PHOSPHOLINE IODIDE (<i>echothiophate iodide</i>) 0.125 % RECON SOLN	tier 3	PA, LA, QLC (5 ml/30 days)
<i>pilocarpine hcl ophth soln 1%</i>	tier 1	
<i>pilocarpine hcl ophth soln 2%</i>	tier 1	
<i>pilocarpine hcl ophth soln 4%</i>	tier 1	
SIMBRINZA (<i>brinzolamide-brimonidine tartrate</i>) 1-0.2 % SUSPENSION	tier 3	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)		
BIMATOPROST 0.01 % SOLUTION	tier 2	ST, QLC (5 ml/28 days)
<i>bimatoprost ophth soln 0.01%</i>	tier 2	ST, QLC (5 ml/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bimatoprost ophth soln 0.03%</i>	tier 2	QLC (7.5 ml/28 days)
LATANOPROST 0.005 % SOLUTION	tier 1	QLC (5 ml/ month)
<i>latanoprost ophth soln 0.005%</i>	tier 1	QLC (5 ml/ month)
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free) (TRAVOPROST (BAK FREE))</i>	tier 2	QLC (5 ml/28 days)

OTIC AGENTS (Drugs for the Ears)

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

RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)

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

ARNUITY ELLIPTA (<i>fluticasone furoate (inhalation)</i>) (50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	tier 2	QLC (1 inhaler/30 days)
ASMANEX (120 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 220 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/30 days)
ASMANEX (14 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 220 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/30 days)

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ASMANEX (30 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) (110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA)	tier 2	QLC (1 inhaler/30 days)
ASMANEX (60 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 220 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/30 days)
ASMANEX HFA (<i>mometasone furoate (inhalation)</i>) (50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL)	tier 2	QLC (1 inhaler/30 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	tier 1	QLC (4 ml/day)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	tier 1	QLC (4 ml/day)
<i>budesonide inhalation susp 1 mg/2ml</i>	tier 1	QLC (2 ml/day)
QVAR REDHALER (<i>beclomethasone dipropionate hfa</i>) (40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA)	tier 2	QLC (2 inhalers/30 days)
ANTI-HISTAMINES (Drugs for Allergies)		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/</i>	tier 1	QLC (1 bottle/25 days)
<i>carbinoxamine maleate tab 4 mg</i>	tier 1	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	tier 1	
<i>cyproheptadine hcl tab 4 mg</i>	tier 1	
<i>desloratadine tab 5 mg</i>	tier 1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	tier 1	
<i>hydroxyzine hcl tab 10 mg</i>	tier 1	
<i>hydroxyzine hcl tab 25 mg</i>	tier 1	
<i>hydroxyzine hcl tab 50 mg</i>	tier 1	
HYDROXYZINE PAMOATE 100 MG CAP	tier 1	
<i>hydroxyzine pamoate cap 25 mg</i>	tier 1	
<i>hydroxyzine pamoate cap 50 mg</i>	tier 1	
<i>olopatadine hcl nasal soln 0.6%</i>	tier 1	QLC (1 bottle/30 days)
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	tier 1	

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTILEUKOTRIENES (Drugs for Asthma)

<i>montelukast sodium chew tab 4 mg (base equiv)</i>	tier 1	QLC (1 tab/day)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	tier 1	QLC (1 tab/day)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	tier 1	QLC (1 pack/day)
<i>montelukast sodium tab 10 mg (base equiv)</i>	tier 1	QLC (1 tab/day)
<i>zafirlukast tab 10 mg</i>	tier 2	
<i>zafirlukast tab 20 mg</i>	tier 2	

BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)

INCRUSE ELLIPTA (<i>umeclidinium bromide</i>) 62.5 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/30 days)
<i>ipratropium bromide hfa inhal aerosol 17 mcg/act</i>	tier 2	QLC (2 inhalers/30 days)
<i>ipratropium bromide inhal soln 0.02%</i>	tier 1	QLC (120 doses/30 days)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	tier 1	QLC (1 bottle/30 days)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	tier 1	QLC (3 bottles/30 days)
SPIRIVA RESPIMAT (<i>tiotropium bromide monohydrate</i>) (1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN)	tier 2	QLC (1 inhaler/30 days)

BRONCHODILATORS, SYMPATHOMIMETIC (Drugs for Asthma and COPD Symptoms)

<i>albuterol hfa (generic proair hfa)</i>	tier 1	QLC (2 inhalers/30 days)
<i>albuterol hfa (generic proventil hfa)</i>	tier 1	QLC (2 inhalers/30 days)
<i>albuterol hfa (generic ventolin hfa)</i>	tier 1	QLC (2 inhalers/30 days)
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	tier 1	QLC (4 bottles/30 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> (ALBUTEROL SULFATE HFA)	tier 1	QLC (2 inhalers/30 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	tier 1	QLC (12.5 ml (4 vials)/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	tier 1	QLC (4 bottles/30 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	tier 1	QLC (12.5 mL/day (4 vials/day))
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	tier 1	QLC (12.5 mL/day (4 vials/day))
<i>albuterol sulfate syrup 2 mg/5ml</i>	tier 1	
EPINEPHRINE (<i>epinephrine (anaphylaxis)</i>) (0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	tier 1	QLC (4 injections/30 days; max 6 fills per year)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	tier 1	QLC (4 injections/30 days; max 6 fills per year)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	tier 1	QLC (4 injections/30 days; max 6 fills per year)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	tier 1	QLC (90 nebs/30 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	tier 1	QLC (90 nebs/30 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	tier 1	QLC (90 nebs/30 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	tier 1	QLC (90 vials/30 days)
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	tier 1	QLC (2 inhalers/30 days at retail, 5 inhalers/90 days at mail order)
STRIVERDI RESPIMAT (<i>olodaterol hcl</i>) 2.5 MCG/ACT AERO SOLN	tier 2	QLC (1 inhaler/30 days)
CYSTIC FIBROSIS AGENTS		
KALYDECO (<i>ivacaftor</i>) (5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET)	tier 4	PA, LA, S (Specialty Drug), QLC (2 packets/day)
KALYDECO (<i>ivacaftor</i>) (50 MG PACKET, 75 MG PACKET)	tier 4	PA, LA, S (Specialty Drug), QLC (2 packs/day)
KALYDECO (<i>ivacaftor</i>) 150 MG TAB	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
SYMDEKO (<i>tezacaftor-ivacaftor</i>) (50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK)	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
<i>tobramycin nebu soln 300 mg/5ml</i>	tier 3	PA, S (Specialty Drug), QLC (1 box/2 months)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRIKAFTA (<i>elixacaftor-tezacaftor-ivacaftor</i>) (50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK)	tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day)
TRIKAFTA (<i>elixacaftor-tezacaftor-ivacaftor</i>) (80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK)	tier 4	PA, LA, S (Specialty Drug), QLC (2 packs/day)
MAST CELL STABILIZERS (Drugs to Block Mast Cells)		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	tier 3	QLC (2 boxes/30 days)
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	tier 1	
<i>roflumilast tab 250 mcg</i>	tier 1	QLC (1 tab/day, not to exceed 28 days therapy/6 months)
<i>roflumilast tab 500 mcg</i>	tier 1	QLC (1 tab/day)
<i>theophylline elixir 80 mg/15ml</i>	tier 1	
theophylline elixir 80 mg/15ml (Elixophyllin)	tier 1	
THEOPHYLLINE ER (ER 100 MG TAB ER 12H, ER 200 MG TAB ER 12H)	tier 1	
<i>theophylline soln 80 mg/15ml</i>	tier 1	
<i>theophylline tab er 12hr 300 mg</i> (THEOPHYLLINE ER)	tier 1	
<i>theophylline tab er 12hr 450 mg</i> (THEOPHYLLINE ER)	tier 1	
<i>theophylline tab er 24hr 400 mg</i> (THEOPHYLLINE ER)	tier 1	
<i>theophylline tab er 24hr 600 mg</i> (THEOPHYLLINE ER)	tier 1	
PULMONARY ANTIHYPERTENSIVES (Drugs for Pulmonary Hypertension)		
<i>ambrisentan tab 10 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>ambrisentan tab 5 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>bosentan tab 125 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bosentan tab 62.5 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
<i>bosentan tab for oral susp 32 mg</i>	tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)
<i>macitentan tab 10 mg</i>	tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
ORENITRAM (<i>treprostinil diolamine</i>) (0.125 MG TAB ER, 0.25 MG TAB ER)	tier 4	PA, LA, S (Specialty Drug), QLC (9 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 1 MG TAB ER	tier 4	PA, LA, S (Specialty Drug), QLC (42 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 2.5 MG TAB ER	tier 4	PA, LA, S (Specialty Drug), QLC (16 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 5 MG TAB ER	tier 4	PA, LA, S (Specialty Drug), QLC (24 tabs/day)
ORENITRAM MONTH 1 (<i>treprostinil diolamine</i>) 0.25 & 0.25 MG TBER THPK	tier 4	PA, LA, S (Specialty Drug), QLC (168 tabs/28 days)
ORENITRAM MONTH 2 (<i>treprostinil diolamine</i>) 0.15 & 0.5 MG TBER THPK	tier 4	PA, LA, S (Specialty Drug), QLC (336 tabs/28 days)
ORENITRAM MONTH 3 (<i>treprostinil diolamine</i>) 0.125 & 0.25 & 1 MG TBER THPK	tier 4	PA, LA, S (Specialty Drug), QLC (252 tabs/28 days)
<i>sildenafil citrate tab 20 mg</i>	tier 1	PA, S (Specialty Drug), QLC (12 tabs/day)
tadalafil tab 20 mg (pah) (Alyq)	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>tadalafil tab 20 mg (pah)</i> (TADALAFIL (PAH))	tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
PULMONARY FIBROSIS AGENTS		
<i>pirfenidone cap 267 mg</i>	tier 4	PA, S (Specialty Drug), QLC (9 caps/day)
<i>pirfenidone tab 267 mg</i>	tier 4	PA, S (Specialty Drug), QLC (9 tabs/day)
<i>pirfenidone tab 801 mg</i>	tier 4	PA, S (Specialty Drug), QLC (3 tabs/day)
RESPIRATORY TRACT AGENTS, OTHER (Drugs for Allergies, Cough, Cold, and Other Conditions)		
<i>acetylcysteine inhal soln 10%</i>	tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>acetylcysteine inhal soln 20%</i>	tier 3	
ADVAIR HFA (<i>fluticasone-salmeterol</i>) (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	tier 2	QLC (1 inhaler/30 days)
ANORO ELLIPTA (<i>umeclidinium-vilanterol</i>) 62.5-25 MCG/ACT AER POW BA	tier 2	QLC (1 inhaler/30 days)
BENZONATATE 150 MG CAP	tier 1	
<i>benzonatate cap 100 mg</i>	tier 1	
<i>benzonatate cap 150 mg</i>	tier 1	
<i>benzonatate cap 200 mg</i>	tier 1	
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>) (100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA)	tier 2	QLC (1 inhaler/30 days)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>) 50-25 MCG/INH AER POW BA	tier 2	QLC (1 inhaler (60 blisters)/30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	tier 2	QLC (1 inhaler/30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breynd)	tier 2	QLC (1 inhaler/30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	tier 2	QLC (1 inhaler/30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breynd)	tier 2	QLC (1 inhaler/30 days)
COMBIVENT RESPIMAT (<i>ipratropium-albuterol</i>) 20-100 MCG/ACT AERO SOLN	tier 3	QLC (1 inhaler/30 days)
<i>flunisolide nasal soln 25 mcg/act (0.025%) (0.0%)</i>	tier 1	QLC (2 bottles/30 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	tier 1	QLC (1 bottle/30 days)
FLUTICASONE-SALMETEROL (55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA)	tier 1	QLC (1 inhaler/30 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	tier 1	QLC (1 inhaler/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)	tier 1	QLC (1 inhaler/30 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	tier 1	QLC (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act (Wixela Inhub)	tier 1	QLC (1 inhaler/30 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	tier 1	QLC (1 inhaler/30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)	tier 1	QLC (1 inhaler/30 days)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	tier 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/30 days)
guaifenesin-codeine soln 100-10 mg/5ml (G Tussin Ac)	tier 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/30 days)
guaifenesin-codeine soln 100-10 mg/5ml (GuaiaTussin Ac)	tier 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/30 days)
guaifenesin-codeine soln 100-10 mg/5ml (Guaifenesin Ac)	tier 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/30 days)
guaifenesin-codeine soln 100-10 mg/5ml (Maxi-Tuss Ac)	tier 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/30 days)
HYDROCOD POLI-CHLORPHE POLI ER (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>) 10-8 MG/5ML SUSP	tier 1	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/30 days)
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i> (HYDROCOD POLI-CHLORPHE POLI ER)	tier 1	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/30 days)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> (HYDROCODONE BIT-HOMATROP MBR)	tier 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/30 days)
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hydromet)	tier 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/30 days)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i> (HYDROCODONE BIT-HOMATROP MBR)	tier 1	AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	tier 1	QLC (6 boxes [30 doses/box]/30 days)
NEBUSAL (<i>sodium chloride (inhalant)</i>) 3 % SOLN	tier 1	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i> (PROMETHAZINE-PHENYLEPHRINE)	tier 1	
PROMETHAZINE VC (<i>promethazine & phenylephrine</i>) 6.25-5 MG/5ML SYRUP	tier 1	
PROMETHAZINE VC/CODEINE (<i>promethazine-phenylephrine-codeine</i>) 6.25-5-10 MG/5ML SYRUP	tier 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/30 days)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> (PROMETHAZINE-CODEINE)	tier 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/30 days)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	tier 1	
PROMETHAZINE-PHENYLEPHRINE (<i>promethazine & phenylephrine</i>) 6.25-5 MG/5ML SYRUP	tier 1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> (PROMETHAZINE-PHENYLEPH-CODEINE)	tier 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/30 days)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm)	tier 1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> (PSEUDOEPH-BROMPHEN-DM)	tier 1	
PULMOSAL (<i>sodium chloride (inhalant)</i>) 7 % NEBU SOLN	tier 1	
SODIUM CHLORIDE (<i>sodium chloride (inhalant)</i>) (0.9 % NEBU SOLN, 3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN)	tier 1	
TRELEGY ELLIPTA (<i>fluticasone-umeclidinium-vilanterol</i>) (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	tier 2	QLC (60 blister packs/30 days)

SKELETAL MUSCLE RELAXANTS (Drugs for the Muscle Tightness)

<i>carisoprodol tab 350 mg</i>	tier 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
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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
carisoprodol tab 350 mg (Vanadom)	tier 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>cyclobenzaprine hcl tab 10 mg</i>	tier 1	AL1 (Up to 64 yrs old)
<i>cyclobenzaprine hcl tab 5 mg</i>	tier 1	AL1 (Up to 64 yrs old)
<i>methocarbamol tab 500 mg</i>	tier 1	AL1 (Up to 64 yrs old)
<i>methocarbamol tab 750 mg</i>	tier 1	AL1 (Up to 64 yrs old)

SLEEP DISORDER AGENTS (Drugs for Sleep Problems)

SLEEP PROMOTING AGENTS (Drugs for Insomnia)

<i>estazolam tab 1 mg</i>	tier 1	QLC (2 tabs/day)
<i>estazolam tab 2 mg</i>	tier 1	QLC (1 tab/day)
<i>eszopiclone tab 1 mg</i>	tier 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>eszopiclone tab 2 mg</i>	tier 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>eszopiclone tab 3 mg</i>	tier 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>ramelteon tab 8 mg</i>	tier 2	ST, QLC (1 tab/day)
<i>temazepam cap 15 mg</i>	tier 1	QLC (2 caps/day)
<i>temazepam cap 22.5 mg</i>	tier 3	QLC (1 cap/day)
<i>temazepam cap 30 mg</i>	tier 1	QLC (1 cap/day)
<i>temazepam cap 7.5 mg</i>	tier 3	QLC (4 caps/day)
<i>zaleplon cap 10 mg</i>	tier 1	AL1 (Up to 64 yrs old), QLC (2 caps/day)
<i>zaleplon cap 5 mg</i>	tier 1	AL1 (Up to 64 yrs old), QLC (4 caps/day)
<i>zolpidem tartrate tab 10 mg</i>	tier 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate tab 5 mg</i>	tier 1	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
<i>zolpidem tartrate tab er 12.5 mg</i> (ZOLPIDEM TARTRATE ER)	tier 2	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate tab er 6.25 mg</i> (ZOLPIDEM TARTRATE ER)	tier 2	AL1 (Up to 64 yrs old), QLC (2 tabs/day)

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)		
<i>modafinil tab 100 mg</i>	tier 1	QLC (3 tabs/day)
<i>modafinil tab 200 mg</i>	tier 1	QLC (2 tabs/day)

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
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bupropion hcl (smoking deterrent) tab er 12hr 150 mg (BUPROPION HCL ER (SMOKING DET)).....	10
bupropion hcl tab 100 mg.....	23
bupropion hcl tab 75 mg.....	23
bupropion hcl tab er 12hr 100 mg (BUPROPION HCL ER (SR)).....	23
bupropion hcl tab er 12hr 150 mg (BUPROPION HCL ER (SR)).....	23
bupropion hcl tab er 12hr 200 mg (BUPROPION HCL ER (SR)).....	23
bupropion hcl tab er 24hr 150 mg (BUPROPION HCL ER (XL)).....	23
bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)).....	23
buspirone hcl tab 10 mg.....	54
buspirone hcl tab 15 mg.....	55
buspirone hcl tab 30 mg.....	55
buspirone hcl tab 5 mg.....	55
buspirone hcl tab 7.5 mg.....	55
butalbital-acetaminophen tab 50-325 mg... 93	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg (BUTALBITAL-APAP-CAFF-COD).....	5
butalbital-acetaminophen-caffeine tab 50-325-40 mg (BAC (BUTALBITAL-ACETAMIN-CAFF)).....	93
butalbital-acetaminophen-caffeine tab 50-325-40 mg (BUTALBITAL-APAP-CAFFEINE)...	93
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine).....	5
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (BUTALBITAL-ASA-CAFF-CODEINE).....	6
butalbital-aspirin-caffeine cap 50-325-40 mg.	2
butorphanol tartrate nasal soln 10 mg/ml.....	6
C	
C-NATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids).....	105
cabergoline tab 0.5 mg.....	141
CABLIVI (caplacizumab-yhdp).....	65
CABOMETYX (cabozantinib s-malate).....	36
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).....	111,162
CALCIPOTRIENE.....	101
calcipotriene cream 0.005%.....	101
calcipotriene oint 0.005%.....	101
calcipotriene oint 0.005% (Calcitrene).....	101
calcipotriene soln 0.005% (50 mcg/ml).....	101
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Attero).....	101
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (CALCIPOTRIENE-BETAMETH DIPROP).....	101
calcitonin (salmon) nasal soln 200 unit/act... 149	
CALCITRIOL (calcitriol (topical)).....	101
calcitriol cap 0.25 mcg.....	149
calcitriol cap 0.5 mcg.....	149
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (CALCIUM ACETATE (PHOS BINDER)).....	110
candesartan cilexetil tab 16 mg.....	67
candesartan cilexetil tab 32 mg.....	67
candesartan cilexetil tab 4 mg.....	67
candesartan cilexetil tab 8 mg.....	67
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (CANDESARTAN CILEXETIL-HCTZ)	79

candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (CANDESARTAN CILEXETIL-HCTZ).....	79	carbidopa & levodopa tab 25-250 mg (CARBIDOPA-LEVODOPA).....	44
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (CANDESARTAN CILEXETIL-HCTZ).....	79	carbidopa & levodopa tab er 25-100 mg (CARBIDOPA-LEVODOPA ER).....	44
capecitabine tab 150 mg.....	35	carbidopa & levodopa tab er 50-200 mg (CARBIDOPA-LEVODOPA ER).....	44
capecitabine tab 500 mg.....	35	carbidopa tab 25 mg.....	44
CAPRELSA (vandetanib).....	36	carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....	42
captopril tab 100 mg.....	67	carbidopa-levodopa-entacapone tabs 18.75-75-200 mg.....	42
captopril tab 12.5 mg.....	67	carbidopa-levodopa-entacapone tabs 25-100-200 mg.....	42
captopril tab 25 mg.....	68	carbidopa-levodopa-entacapone tabs 31.25-125-200 mg.....	42
captopril tab 50 mg.....	68	carbidopa-levodopa-entacapone tabs 37.5-150-200 mg.....	42
CAPTOPRIL-HYDROCHLOROTHIAZIDE (captopril & hydrochlorothiazide).....	79	carbidopa-levodopa-entacapone tabs 50-200-200 mg.....	42
CARBAMAZEPINE.....	20	carbinoxamine maleate tab 4 mg.....	159
carbamazepine cap er 12hr 100 mg (CARBAMAZEPINE ER).....	20	carglumic acid soluble tab 200 mg.....	115
carbamazepine cap er 12hr 200 mg (CARBAMAZEPINE ER).....	20	carisoprodol tab 350 mg.....	166
carbamazepine cap er 12hr 300 mg (CARBAMAZEPINE ER).....	20	carisoprodol tab 350 mg (Vanadom).....	167
carbamazepine chew tab 100 mg.....	20	CARTEOLOL HCL (carteolol hcl (ophth)).....	157
carbamazepine susp 100 mg/5ml.....	20	carvedilol tab 12.5 mg.....	70
carbamazepine tab 200 mg.....	20	carvedilol tab 25 mg.....	70
carbamazepine tab 200 mg (Epitol).....	20	carvedilol tab 3.125 mg.....	71
carbamazepine tab er 12hr 100 mg (CARBAMAZEPINE ER).....	20	carvedilol tab 6.25 mg.....	71
carbamazepine tab er 12hr 200 mg (CARBAMAZEPINE ER).....	20	CAYA (diaphragm arc-spring).....	150
carbamazepine tab er 12hr 400 mg (CARBAMAZEPINE ER).....	20	CAYSTON (aztreonam lysine).....	11
carbidopa & levodopa orally disintegrating tab 10-100 mg (CARBIDOPA-LEVODOPA).....	43	CEFACLOR.....	12
carbidopa & levodopa orally disintegrating tab 25-100 mg (CARBIDOPA-LEVODOPA).....	44	CEFACLOR ER (cefaclor monohydrate).....	12
carbidopa & levodopa orally disintegrating tab 25-250 mg (CARBIDOPA-LEVODOPA).....	44	CEFADROXIL.....	12
carbidopa & levodopa tab 10-100 mg (CARBIDOPA-LEVODOPA).....	44	cefadroxil cap 500 mg.....	12
carbidopa & levodopa tab 25-100 mg (CARBIDOPA-LEVODOPA).....	44	cefadroxil for susp 250 mg/5ml.....	12
		cefadroxil for susp 500 mg/5ml.....	12
		cefdinir cap 300 mg.....	12
		cefdinir for susp 125 mg/5ml.....	12
		cefdinir for susp 250 mg/5ml.....	12
		CEFPODOXIME PROXETIL.....	12
		cefpodoxime proxetil tab 100 mg.....	12

cefepodoxime proxetil tab 200 mg	12	cholestyramine light powder 4 gm/dose	
cefprozil for susp 125 mg/5ml	12	(Prevalite)	85
cefprozil for susp 250 mg/5ml	12	cholestyramine light powder packets 4 gm . . .	85
cefprozil tab 250 mg	12	cholestyramine light powder packets 4 gm	
cefprozil tab 500 mg	13	(Prevalite)	85
cefuroxime axetil tab 250 mg	13	cholestyramine powder 4 gm/dose	85
cefuroxime axetil tab 500 mg	13	cholestyramine powder packets 4 gm	85
celecoxib cap 100 mg	2	choline fenofibrate cap dr 135 mg (fenofibric	
celecoxib cap 200 mg	2	acid equiv)	83
celecoxib cap 400 mg	2	choline fenofibrate cap dr 45 mg (fenofibric acid	
celecoxib cap 50 mg	2	equiv)	83
cephalexin cap 250 mg	13	ciclopirox gel 0.77%	103
cephalexin cap 500 mg	13	ciclopirox olamine cream 0.77% (base equiv) .	103
cephalexin cap 750 mg	13	ciclopirox olamine susp 0.77% (base equiv) . .	104
cephalexin for susp 125 mg/5ml	13	ciclopirox shampoo 1%	104
cephalexin for susp 250 mg/5ml	13	ciclopirox solution 8%	104
cephalexin tab 250 mg	13	ciclopirox solution 8% (Ciclodan)	104
cephalexin tab 500 mg	13	cilostazol tab 100 mg	65
CERDELGA (eliglustat tartrate)	115	cilostazol tab 50 mg	65
cevimeline hcl cap 30 mg	95	CIMDUO (lamivudine-tenofovir disoproxil	
CHEMET (succimer)	110	fumarate)	51
CHEMSTRIP K (acetone (urine) test)	150	cimetidine tab 300 mg	114
CHEMSTRIP UGK (urine glucose-ketones		cimetidine tab 400 mg	114
test)	150	cimetidine tab 800 mg	114
chlordiazepoxide hcl cap 10 mg	55	CIMZIA (1 SYRINGE) (certolizumab pegol) . . .	146
chlordiazepoxide hcl cap 25 mg	55	CIMZIA (2 SYRINGE) (certolizumab pegol) . . .	146
chlordiazepoxide hcl cap 5 mg	55	CIMZIA-STARTER (certolizumab pegol)	146
chlorhexidine gluconate soln 0.12%	95	cinacalcet hcl tab 30 mg (base equiv)	149
chlorhexidine gluconate soln 0.12%		cinacalcet hcl tab 60 mg (base equiv)	149
(Periogard)	95	cinacalcet hcl tab 90 mg (base equiv)	149
CHLOROQUINE PHOSPHATE	41	ciprofloxacin for oral susp 250 mg/5ml (5%) (5	
chloroquine phosphate tab 250 mg	41	gm/100ml)	15
chloroquine phosphate tab 500 mg	41	ciprofloxacin for oral susp 500 mg/5ml (10%) (10	
chlorpromazine hcl tab 10 mg	44	gm/100ml)	15
chlorpromazine hcl tab 100 mg	44	CIPROFLOXACIN HCL	15
chlorpromazine hcl tab 200 mg	44	ciprofloxacin hcl ophth soln 0.3% (base	
chlorpromazine hcl tab 25 mg	44	equivalent)	15
chlorpromazine hcl tab 50 mg	44	ciprofloxacin hcl otic soln 0.2% (base	
chlorthalidone tab 25 mg	83	equivalent)	158
chlorthalidone tab 50 mg	83	ciprofloxacin hcl tab 250 mg (base equiv)	15
cholestyramine light powder 4 gm/dose	85	ciprofloxacin hcl tab 500 mg (base equiv)	15

ciprofloxacin hcl tab 750 mg (base equiv)	15	clobazam tab 10 mg	19
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	158	clobazam tab 20 mg	19
citalopram hydrobromide oral soln 10 mg/5ml	24	clobetasol propionate cream 0.05%	98
citalopram hydrobromide tab 10 mg (base equiv)	24	clobetasol propionate emollient base cream 0.05%	98
citalopram hydrobromide tab 20 mg (base equiv)	24	clobetasol propionate emollient base cream 0.05% (CLOBETASOL PROP EMOLLIENT BASE)	98
citalopram hydrobromide tab 40 mg (base equiv)	24	clobetasol propionate foam 0.05%	98
CLARITHROMYCIN	14	clobetasol propionate gel 0.05%	99
clarithromycin tab 250 mg	14	clobetasol propionate lotion 0.05%	99
clarithromycin tab 500 mg	14	clobetasol propionate oint 0.05%	99
clarithromycin tab er 24hr 500 mg (CLARITHROMYCIN ER)	15	clobetasol propionate shampoo 0.05%	99
CLEVER CHOICE HOLDING CHAMBER	150	clobetasol propionate shampoo 0.05% (Clodan)	99
CLIMARA PRO (estradiol-levonorgestrel)	122	clobetasol propionate soln 0.05%	99
clindamycin hcl cap 150 mg	11	CLOMIPHENE CITRATE	139
clindamycin hcl cap 300 mg	11	clomiphene citrate tab 50 mg	139
clindamycin hcl cap 75 mg	11	clomiphene citrate tab 50 mg (Clomid)	139
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	11	clomiphene citrate tab 50 mg (Milophene)	139
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	96	clomipramine hcl cap 25 mg	27
clindamycin phosphate gel 1% (once-daily) (CLINDAMYCIN PHOS (ONCE-DAILY))	104	clomipramine hcl cap 50 mg	27
clindamycin phosphate gel 1% (twice-daily) (CLINDAMYCIN PHOS (TWICE-DAILY))	104	clomipramine hcl cap 75 mg	27
clindamycin phosphate lotion 1%	104	clonazepam orally disintegrating tab 0.125 mg	55
clindamycin phosphate soln 1%	104	clonazepam orally disintegrating tab 0.25 mg	55
clindamycin phosphate swab 1%	104	clonazepam orally disintegrating tab 0.5 mg	55
clindamycin phosphate swab 1% (Clindacin Etz)	104	clonazepam orally disintegrating tab 1 mg	56
clindamycin phosphate swab 1% (Clindacin-P)	104	clonazepam orally disintegrating tab 2 mg	56
clindamycin phosphate vaginal cream 2%	11	clonazepam tab 0.5 mg	56
clindamycin phosphate-benzoyl peroxide gel 1-5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	96	clonazepam tab 1 mg	56
clobazam suspension 2.5 mg/ml	19	clonazepam tab 2 mg	56
		CLONIDINE HCL	66
		clonidine hcl tab 0.1 mg	66
		clonidine hcl tab 0.2 mg	66
		clonidine hcl tab 0.3 mg	66
		clonidine hcl tab er 12hr 0.1 mg (CLONIDINE HCL ER)	90
		clonidine td patch weekly 0.1 mg/24hr	66
		clonidine td patch weekly 0.2 mg/24hr	66
		clonidine td patch weekly 0.3 mg/24hr	66

clopidogrel bisulfate tab 75 mg (base equiv) ..	65	COMPACT SPACE CHAMBER/SM MASK	150
clorazepate dipotassium tab 15 mg	56	COMPLETENATE (prenatal vit w/ ferrous fumarate-folic acid)	105
clorazepate dipotassium tab 3.75 mg	56	CONCEPT DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	105
clorazepate dipotassium tab 7.5 mg	56	CONCEPT OB (prenatal without a vit w/ fe fum- iron polysacch complex -fa)	105
clotrimazole soln 1%	29	CORTISONE ACETATE	119
clotrimazole troche 10 mg	29	COSENTYX (300 MG DOSE) (secukinumab) ..	143
clotrimazole w/ betamethasone cream 1-0.05% (CLOTRIMAZOLE-BETAMETHASONE)	101	COSENTYX (secukinumab)	143
clotrimazole w/ betamethasone lotion 1-0.05% (CLOTRIMAZOLE-BETAMETHASONE)	102	COSENTYX SENSOREADY (300 MG) (secukinumab)	143
CLOTRIMAZOLE-BETAMETHASONE (clotrimazole w/ betamethasone)	102	COSENTYX SENSOREADY PEN (secukinumab)	143
clozapine tab 100 mg	47	COSENTYX UNOREADY (secukinumab)	143
clozapine tab 200 mg	47	COVARYX (esterified estrogens & methyltestosterone)	122
clozapine tab 25 mg	48	COVARYX HS (esterified estrogens & methyltestosterone)	122
clozapine tab 50 mg	48	CREON (pancrelipase (lipase-protease- amylase))	115
CO-NATAL FA (prenatal vit w/ ferrous fumarate-folic acid)	105	CROMOLYN SODIUM (cromolyn sodium (ophth))	155
COARTEM (artemether-lumefantrine)	41	cromolyn sodium ophth soln 4%	155
CODEINE SULFATE	6	cromolyn sodium oral conc 100 mg/5ml	113
codeine sulfate tab 30 mg	6	cromolyn sodium soln nebu 20 mg/2ml	162
colchicine cap 0.6 mg	30	CVS KETONE CARE (urine glucose-ketones test)	150
colchicine tab 0.6 mg	30	cyanocobalamin inj 1000 mcg/ml	111
colchicine w/ probenecid tab 0.5-500 mg (COLCHICINE-PROBENECID)	30	cyanocobalamin inj 1000 mcg/ml (Dodex) ..	111
colesevelam hcl packet for susp 3.75 gm	85	cyclobenzaprine hcl tab 10 mg	167
colesevelam hcl tab 625 mg	85	cyclobenzaprine hcl tab 5 mg	167
colestipol hcl granule packets 5 gm	85	cyclopentolate hcl ophth soln 0.5%	154
colestipol hcl granules 5 gm	85	cyclopentolate hcl ophth soln 1%	154
colestipol hcl tab 1 gm	85	cyclopentolate hcl ophth soln 2%	154
COMBIVENT RESPIMAT (ipratropium- albuterol)	164	CYCLOPHOSPHAMIDE	33
COMETRIQ (100 MG DAILY DOSE) (cabozantinib s-malate)	36	cyclophosphamide cap 25 mg	33
COMETRIQ (140 MG DAILY DOSE) (cabozantinib s-malate)	36	cyclophosphamide cap 50 mg	33
COMETRIQ (60 MG DAILY DOSE) (cabozantinib s-malate)	36	CYCLOSERINE	33
COMPACT SPACE CHAMBER	150	cyclosporine (ophth) emulsion 0.05% (pf) (CYCLOSPORINE (PF))	154
COMPACT SPACE CHAMBER/LG MASK	150		
COMPACT SPACE CHAMBER/MED MASK ..	150		

cyclosporine cap 100 mg	146
cyclosporine cap 25 mg	146
cyclosporine modified cap 100 mg	146
cyclosporine modified cap 100 mg (Gengraf)	146
cyclosporine modified cap 25 mg	146
cyclosporine modified cap 25 mg (Gengraf)	146
cyclosporine modified cap 50 mg	146
cyclosporine modified oral soln 100 mg/ml	146
(Gengraf)	146
cyproheptadine hcl syrup 2 mg/5ml	159
cyproheptadine hcl tab 4 mg	159
CYSTAGON (cysteamine bitartrate)	115
CYTRA K CRYSTALS (potassium citrate-citric acid)	117

D

dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	62	dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg (DAPAGLIFLOZ BASE-METFORMIN ER)	57
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	62	dapagliflozin tab 10 mg	86
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	62	dapagliflozin tab 5 mg	86
dalfampridine tab er 12hr 10 mg (DALFAMPRIDINE ER)	94	dapsone gel 5%	104
danazol cap 100 mg	121	dapsone gel 7.5%	104
danazol cap 200 mg	121	dapsone tab 100 mg	33
danazol cap 50 mg	121	dapsone tab 25 mg	33
dantrolene sodium cap 100 mg	48	darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (DARIFENACIN HYDROBROMIDE ER)	116
dantrolene sodium cap 25 mg	48	darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (DARIFENACIN HYDROBROMIDE ER)	116
dantrolene sodium cap 50 mg	48	darunavir tab 600 mg	52
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg (DAPAGLIFLOZ BASE-METFORMIN ER)	57	darunavir tab 800 mg	52
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg (DAPAGLIFLOZ BASE-METFORMIN ER)	57	dasatinib tab 100 mg	36
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg (DAPAGLIFLOZ BASE-METFORMIN ER)	57	dasatinib tab 140 mg	36
		dasatinib tab 20 mg	36
		dasatinib tab 50 mg	36
		dasatinib tab 70 mg	36
		dasatinib tab 80 mg	36
		deferasirox tab for oral susp 125 mg	110
		deferasirox tab for oral susp 250 mg	110
		deferasirox tab for oral susp 500 mg	110
		demeclocycline hcl tab 150 mg	16
		demeclocycline hcl tab 300 mg	16
		DERMA-SMOOTH/FS BODY (fluocinolone acetonide)	99
		DERMA-SMOOTH/FS SCALP (fluocinolone acetonide)	99
		DERMOTIC (fluocinolone acetonide (otic))	158
		DESCOVY (emtricitabine-tenofovir alafenamide fumarate)	51
		desipramine hcl tab 10 mg	27
		desipramine hcl tab 100 mg	27
		desipramine hcl tab 150 mg	27
		desipramine hcl tab 25 mg	27
		desipramine hcl tab 50 mg	27
		desipramine hcl tab 75 mg	27

desloratadine tab 5 mg	159	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga)	123
desmopressin acetate nasal spray soln 0.01% (DESMOPRESSIN ACETATE SPRAY)	120	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)	123
desmopressin acetate nasal spray soln 0.01% (refrigerated) (DESMOPRESSIN ACE SPRAY REFRIG)	120	desonide cream 0.05%	99
DESMOPRESSIN ACETATE SPRAY	120	desonide lotion 0.05%	99
desmopressin acetate tab 0.1 mg	120	desonide oint 0.05%	99
desmopressin acetate tab 0.2 mg	120	desoximetasone cream 0.05%	99
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)	122	desoximetasone cream 0.25%	99
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (DESOGESTREL-ETHINYL ESTRADIOL)	122	desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER)	24
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	122	desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER)	24
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtrex)	122	desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER)	24
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya)	123	DEXAMETHASONE	119
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	123	dexamethasone elixir 0.5 mg/5ml	119
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea)	123	DEXAMETHASONE INTENSOL	119
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)	123	DEXAMETHASONE SODIUM PHOSPHATE (dexamethasone sodium phosphate (ophth))	156
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq)	123	dexamethasone tab 0.5 mg	119
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred)	123	dexamethasone tab 0.75 mg	119
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (DESOGESTREL-ETHINYL ESTRADIOL)	123	dexamethasone tab 1 mg	119
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)	123	dexamethasone tab 1.5 mg	119
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)	123	dexamethasone tab 2 mg	119
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom)	123	dexamethasone tab 4 mg	119
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber)	123	dexamethasone tab 6 mg	119
		DEXCOM G6 RECEIVER	150
		DEXCOM G6 SENSOR	150
		DEXCOM G6 TRANSMITTER	151
		DEXCOM G7 15 DAY SENSOR	151
		DEXCOM G7 RECEIVER	151
		DEXCOM G7 SENSOR	151
		dexmethylphenidate hcl cap er 24 hr 10 mg (DEXMETHYLPHENIDATE HCL ER)	90
		dexmethylphenidate hcl cap er 24 hr 15 mg (DEXMETHYLPHENIDATE HCL ER)	90

dexmethylphenidate hcl cap er 24 hr 20 mg (DEXMETHYLPHENIDATE HCL ER).....	90	dextroamphetamine sulfate tab 7.5 mg (Zenzedi).....	89
dexmethylphenidate hcl cap er 24 hr 25 mg (DEXMETHYLPHENIDATE HCL ER).....	90	diazepam conc 5 mg/ml.....	56
dexmethylphenidate hcl cap er 24 hr 30 mg (DEXMETHYLPHENIDATE HCL ER).....	90	diazepam conc 5 mg/ml (DIAZEPAM INTENSOL).....	56
dexmethylphenidate hcl cap er 24 hr 35 mg (DEXMETHYLPHENIDATE HCL ER).....	90	diazepam oral soln 1 mg/ml.....	56
dexmethylphenidate hcl cap er 24 hr 40 mg (DEXMETHYLPHENIDATE HCL ER).....	90	diazepam rectal gel delivery system 10 mg....	19
dexmethylphenidate hcl cap er 24 hr 5 mg (DEXMETHYLPHENIDATE HCL ER).....	90	diazepam rectal gel delivery system 2.5 mg....	19
dexmethylphenidate hcl tab 10 mg.....	90	diazepam rectal gel delivery system 20 mg....	19
dexmethylphenidate hcl tab 2.5 mg.....	90	diazepam tab 10 mg.....	56
dexmethylphenidate hcl tab 5 mg.....	90	diazepam tab 2 mg.....	56
dextroamphetamine sulfate cap er 24hr 10 mg (DEXTROAMPHETAMINE SULFATE ER).....	88	diazepam tab 5 mg.....	56
dextroamphetamine sulfate cap er 24hr 15 mg (DEXTROAMPHETAMINE SULFATE ER).....	88	diclofenac potassium tab 50 mg.....	2
dextroamphetamine sulfate cap er 24hr 5 mg (DEXTROAMPHETAMINE SULFATE ER).....	88	diclofenac potassium tab 50 mg (Cataflam)...	2
dextroamphetamine sulfate tab 10 mg.....	88	diclofenac sodium ophth soln 0.1%.....	156
dextroamphetamine sulfate tab 10 mg (Zenzedi).....	88	diclofenac sodium soln 1.5%.....	2
dextroamphetamine sulfate tab 15 mg.....	88	diclofenac sodium tab delayed release 25 mg..	2
dextroamphetamine sulfate tab 15 mg (Zenzedi).....	88	diclofenac sodium tab delayed release 50 mg..	2
dextroamphetamine sulfate tab 2.5 mg.....	88	diclofenac sodium tab delayed release 75 mg..	2
dextroamphetamine sulfate tab 2.5 mg (Zenzedi).....	88	diclofenac sodium tab er 24hr 100 mg (DICLOFENAC SODIUM ER).....	2
dextroamphetamine sulfate tab 20 mg.....	89	dicloxacillin sodium cap 250 mg.....	14
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finasteride tab 5 mg	117
ingolimod hcl cap 0.5 mg (base equiv)	95
flavoxate hcl tab 100 mg	116
flecainide acetate tab 100 mg	69

flecainide acetate tab 150 mg	69	fluoxetine hcl tab 20 mg	25
flecainide acetate tab 50 mg	69	fluoxetine hcl tab 60 mg	25
FLEXICHAMBER	151	fluphenazine hcl tab 1 mg	44
FLEXICHAMBER ADULT MASK/SMALL	151	fluphenazine hcl tab 10 mg	44
FLEXICHAMBER CHILD MASK/LARGE	151	fluphenazine hcl tab 2.5 mg	44
FLEXICHAMBER CHILD MASK/SMALL	151	fluphenazine hcl tab 5 mg	45
FLOTREX (pediatric multivitamins w/fl)	105	FLURBIPROFEN	2
fluconazole for susp 10 mg/ml	29	FLURBIPROFEN SODIUM	156
fluconazole for susp 40 mg/ml	29	flurbiprofen tab 100 mg	2
fluconazole tab 100 mg	29	FLUTAMIDE	34
fluconazole tab 150 mg	29	fluticasone propionate cream 0.05%	100
fluconazole tab 200 mg	29	fluticasone propionate nasal susp 50 mcg/act	164
fluconazole tab 50 mg	29	fluticasone propionate oint 0.005%	100
fludrocortisone acetate tab 0.1 mg	119	FLUTICASONE-SALMETEROL	164
flunisolide nasal soln 25 mcg/act (0.025%)	164	fluticasone-salmeterol aer powder ba 100-50 mcg/act	164
fluocinolone acetonide (otic) oil 0.01%	158	fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)	165
fluocinolone acetonide cream 0.01%	99	fluticasone-salmeterol aer powder ba 250-50 mcg/act	165
fluocinolone acetonide cream 0.025%	99	fluticasone-salmeterol aer powder ba 250-50 mcg/act (Wixela Inhub)	165
fluocinolone acetonide oil 0.01% (body oil) (FLUOCINOLONE ACETONIDE BODY)	99	fluticasone-salmeterol aer powder ba 500-50 mcg/act	165
fluocinolone acetonide oil 0.01% (scalp oil) (FLUOCINOLONE ACETONIDE SCALP)	99	fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)	165
fluocinolone acetonide oint 0.025%	99	fluvastatin sodium cap 20 mg (base equivalent)	84
fluocinolone acetonide soln 0.01%	99	fluvastatin sodium cap 40 mg (base equivalent)	84
fluocinonide cream 0.05%	99	fluvoxamine maleate tab 100 mg	25
fluocinonide cream 0.1%	99	fluvoxamine maleate tab 25 mg	25
fluocinonide emulsified base cream 0.05%	99	fluvoxamine maleate tab 50 mg	25
fluocinonide gel 0.05%	99	folic acid tab 1 mg	111
fluocinonide oint 0.05%	99	folic acid tab 1 mg (KP FOLIC ACID)	111
fluocinonide soln 0.05%	100	folic acid tab 1 mg (TRUE FOLIC ACID)	111
fluorometholone ophth susp 0.1%	156	FOLIVANE-OB (prenatal without a vit w/ fe fum-iron polysacch complex -fa)	105
FLUOROURACIL (fluorouracil (topical))	102	FORA GTEL BLOOD KETONE TEST (ketone blood test)	151
fluorouracil cream 5%	102		
fluorouracil soln 5%	102		
FLUOXETINE HCL	24		
FLUOXETINE HCL (PMDD)	24		
fluoxetine hcl cap 10 mg	24		
fluoxetine hcl cap 20 mg	25		
fluoxetine hcl cap 40 mg	25		
fluoxetine hcl solution 20 mg/5ml	25		
fluoxetine hcl tab 10 mg	25		

FORA TEST N'GO ADV-VOICE-6 CON (ketone blood test).....	151
fosamprenavir calcium tab 700 mg (base equiv).....	52
fosfomycin tromethamine powd pack 3 gm (base equivalent).....	11
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg (FOSINOPRIL SODIUM-HCTZ).....	79
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg (FOSINOPRIL SODIUM-HCTZ).....	79
fosinopril sodium tab 10 mg.....	68
fosinopril sodium tab 20 mg.....	68
fosinopril sodium tab 40 mg.....	68
FULPHILA (pegfilgrastim-jmdb).....	65
FUROSEMIDE.....	82
furosemide oral soln 10 mg/ml.....	82
furosemide tab 20 mg.....	82
furosemide tab 40 mg.....	82
furosemide tab 80 mg.....	82
FUZEON (enfuvirtide).....	52

G

gabapentin cap 100 mg.....	19
gabapentin cap 300 mg.....	19
gabapentin cap 400 mg.....	19
gabapentin oral soln 250 mg/5ml.....	19
gabapentin tab 600 mg.....	19
gabapentin tab 800 mg.....	19
galantamine hydrobromide cap er 24hr 16 mg (GALANTAMINE HYDROBROMIDE ER).....	22
galantamine hydrobromide cap er 24hr 24 mg (GALANTAMINE HYDROBROMIDE ER).....	22
galantamine hydrobromide cap er 24hr 8 mg (GALANTAMINE HYDROBROMIDE ER).....	22
galantamine hydrobromide tab 12 mg.....	22
galantamine hydrobromide tab 4 mg.....	22
galantamine hydrobromide tab 8 mg.....	22
gatifloxacin ophth soln 0.5%.....	155
GAVILYTE-C (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate).....	113
gemfibrozil tab 600 mg.....	83

GENOTROPIN (somatropin).....	120
GENOTROPIN MINIQUICK (somatropin).....	121
GENTAK (gentamicin sulfate (ophth)).....	155
gentamicin sulfate cream 0.1%.....	10
gentamicin sulfate oint 0.1%.....	10
gentamicin sulfate ophth soln 0.3%.....	155
GENVOYA (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide).....	49
GILENYA (fingolimod hcl).....	95
GILOTTRIF (afatinib dimaleate).....	37
glatiramer acetate soln prefilled syringe 20 mg/ml.....	95
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa).....	95
glatiramer acetate soln prefilled syringe 40 mg/ml.....	95
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa).....	95
glimepiride tab 1 mg.....	57
glimepiride tab 2 mg.....	57
glimepiride tab 4 mg.....	57
GLIPIZIDE.....	57
glipizide tab 10 mg.....	57
glipizide tab 5 mg.....	57
glipizide tab er 24hr 10 mg (GLIPIZIDE ER)....	57
glipizide tab er 24hr 10 mg (GLIPIZIDE XL)....	58
glipizide tab er 24hr 2.5 mg (GLIPIZIDE ER)...	58
glipizide tab er 24hr 2.5 mg (GLIPIZIDE XL)...	58
glipizide tab er 24hr 5 mg (GLIPIZIDE ER)....	58
glipizide tab er 24hr 5 mg (GLIPIZIDE XL)....	58
glipizide-metformin hcl tab 2.5-250 mg.....	58
glipizide-metformin hcl tab 2.5-500 mg.....	58
glipizide-metformin hcl tab 5-500 mg.....	58
GLUCAGEN HYPOKIT (glucagon hcl).....	60
GLUCAGON EMERGENCY (glucagon hcl)....	60
glucagon for inj 1 mg (Glucagon Emergency) .	60
GLYBURIDE MICRONIZED.....	58
glyburide tab 1.25 mg.....	58
glyburide tab 2.5 mg.....	58
glyburide tab 5 mg.....	58
glyburide-metformin tab 1.25-250 mg.....	58

glyburide-metformin tab 2.5-500 mg	58
glyburide-metformin tab 5-500 mg	58
glycopyrrolate tab 1 mg	113
glycopyrrolate tab 2 mg	113
GLYXAMBI (empagliflozin-linagliptin)	58
GOJJI BLOOD KETONE TEST (ketone blood test)	151
granisetron hcl tab 1 mg	29
griseofulvin microsize susp 125 mg/5ml	29
guaifenesin-codeine soln 100-10 mg/5ml	165
guaifenesin-codeine soln 100-10 mg/5ml (G Tussin Ac)	165
guaifenesin-codeine soln 100-10 mg/5ml (GuaiaTussin Ac)	165
guaifenesin-codeine soln 100-10 mg/5ml (Guaifenesin Ac)	165
guaifenesin-codeine soln 100-10 mg/5ml (Maxi-Tuss Ac)	165
guanfacine hcl tab 1 mg	66
guanfacine hcl tab 2 mg	66
guanfacine hcl tab er 24hr 1 mg (base equiv) (GUANFACINE HCL ER)	91
guanfacine hcl tab er 24hr 2 mg (base equiv) (GUANFACINE HCL ER)	91
guanfacine hcl tab er 24hr 3 mg (base equiv) (GUANFACINE HCL ER)	91
guanfacine hcl tab er 24hr 4 mg (base equiv) (GUANFACINE HCL ER)	91

H

HAEGARDA (c1 esterase inhibitor (human))	142
halobetasol propionate cream 0.05%	100
halobetasol propionate oint 0.05%	100
haloperidol lactate oral conc 2 mg/ml	45
haloperidol tab 0.5 mg	45
haloperidol tab 1 mg	45
haloperidol tab 10 mg	45
haloperidol tab 2 mg	45
haloperidol tab 20 mg	45
haloperidol tab 5 mg	45
HARVONI (ledipasvir-sofosbuvir)	49

HEPARIN SODIUM (PORCINE)	63
heparin sodium (porcine) inj 1000 unit/ml	63
heparin sodium (porcine) inj 1000 unit/ml (HEPARIN SODIUM (PORCINE) +RFID)	63
heparin sodium (porcine) inj 10000 unit/ml	63
heparin sodium (porcine) inj 20000 unit/ml	63
heparin sodium (porcine) inj 5000 unit/ml	63
HEPARIN SODIUM (PORCINE) PF	63
heparin sodium (porcine) pf inj 1000 unit/ml	63
heparin sodium (porcine) pf inj 5000 unit/0.5ml	63
HOMATROPAIRE (homatropine hbr)	154
HUMALOG (insulin lispro)	60
HUMALOG JUNIOR KWIKPEN (insulin lispro)	60
HUMALOG KWIKPEN (insulin lispro)	61
HUMALOG MIX 50/50 (insulin lispro protamine & lispro)	61
HUMALOG MIX 50/50 KWIKPEN (insulin lispro protamine & lispro)	61
HUMALOG MIX 75/25 (insulin lispro protamine & lispro)	61
HUMALOG MIX 75/25 KWIKPEN (insulin lispro protamine & lispro)	61
HUMULIN 70/30 (insulin nph isophane & reg (human))	61
HUMULIN N (insulin nph (human) (isophane))	61
HUMULIN R (insulin regular (human))	61
HUMULIN R U-500 (CONCENTRATED) (insulin regular (human))	61
HUMULIN R U-500 KWIKPEN (insulin regular (human))	61
hydralazine hcl tab 10 mg	86
hydralazine hcl tab 100 mg	86
hydralazine hcl tab 25 mg	86
hydralazine hcl tab 50 mg	86
hydrochlorothiazide cap 12.5 mg	83
hydrochlorothiazide tab 12.5 mg	83
hydrochlorothiazide tab 25 mg	83
hydrochlorothiazide tab 50 mg	83

HYDROCOD POLI-CHLORPHE POLI ER (hydrocodone polistirex-chlorpheniramine polistirex).....	165	hydrocortisone tab 20 mg.....	148
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml (HYDROCOD POLI-CHLORPHE POLI ER).....	165	hydrocortisone tab 5 mg.....	148
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (HYDROCODONE BIT- HOMATROP MBR).....	165	hydrocortisone valerate cream 0.2%.....	100
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hydromet).....	165	hydrocortisone valerate oint 0.2%.....	100
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (HYDROCODONE BIT-HOMATROP MBR).....	165	hydrocortisone w/ acetic acid otic soln 1-2% (HYDROCORTISONE-ACETIC ACID).....	158
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.....	41
hydrocodone-ibuprofen tab 7.5-200 mg.....	6	hydroxychloroquine sulfate tab 100 mg.....	41
HYDROCORTISONE (hydrocortisone (topical)).....	100	hydroxychloroquine sulfate tab 200 mg.....	41
HYDROCORTISONE ACE-PRAMOXINE (hydrocortisone acetate w/ pramoxine).....	102	hydroxychloroquine sulfate tab 300 mg.....	41
HYDROCORTISONE ACETATE (hydrocortisone acetate (rectal)).....	100	hydroxychloroquine sulfate tab 400 mg.....	41
hydrocortisone acetate suppos 25 mg.....	100	hydroxyurea cap 500 mg.....	35
HYDROCORTISONE BUTYRATE.....	100	hydroxyzine hcl syrup 10 mg/5ml.....	159
hydrocortisone butyrate oint 0.1%.....	100	hydroxyzine hcl tab 10 mg.....	159
hydrocortisone cream 2.5%.....	100	hydroxyzine hcl tab 25 mg.....	159
hydrocortisone enema 100 mg/60ml.....	148	hydroxyzine hcl tab 50 mg.....	159
hydrocortisone lotion 2.5%.....	100	HYDROXYZINE PAMOATE.....	159
hydrocortisone oint 2.5%.....	100	hydroxyzine pamoate cap 25 mg.....	159
hydrocortisone perianal cream 2.5% (HYDROCORTISONE (PERIANAL)).....	100	hydroxyzine pamoate cap 50 mg.....	159
hydrocortisone perianal cream 2.5% (Procto- Med Hc).....	100	HYOSCYAMINE SULFATE.....	113
hydrocortisone perianal cream 2.5% (Proctosol Hc).....	100	hyoscyamine sulfate elixir 0.125 mg/5ml.....	113
hydrocortisone perianal cream 2.5% (Proctozone-Hc).....	100	HYOSCYAMINE SULFATE ER.....	113
hydrocortisone tab 10 mg.....	148	HYOSCYAMINE SULFATE SL.....	113
		hyoscyamine sulfate sl tab 0.125 mg.....	113
		hyoscyamine sulfate soln 0.125 mg/ml.....	113
		hyoscyamine sulfate tab 0.125 mg.....	113
		hyoscyamine sulfate tab disint 0.125 mg.....	113
		hyoscyamine sulfate tab disint 0.125 mg (Ed- Spaz).....	113
		hyoscyamine sulfate tab er 12hr 0.375 mg (HYOSCYAMINE SULFATE ER).....	113
		HYOSYNE (hyoscyamine sulfate).....	113
		I bandronate sodium tab 150 mg (base equivalent).....	149
		ibuprofen tab 400 mg.....	3
		ibuprofen tab 600 mg.....	3

ibuprofen tab 800 mg.....	3	ipratropium bromide nasal soln 0.06% (42 mcg/spray).....	160
icatibant acetate subcutaneous soln pref syr 30 mg/3ml.....	142	ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	166
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir).....	142	irbesartan tab 150 mg.....	67
icosapent ethyl cap 0.5 gm.....	85	irbesartan tab 300 mg.....	67
icosapent ethyl cap 1 gm.....	85	irbesartan tab 75 mg.....	67
imatinib mesylate tab 100 mg (base equivalent).....	37	irbesartan-hydrochlorothiazide tab 150-12.5 mg.....	79
imatinib mesylate tab 400 mg (base equivalent).....	37	irbesartan-hydrochlorothiazide tab 300-12.5 mg.....	79
IMBRUVICA (ibrutinib).....	37	ISENTRESS (raltegravir potassium).....	49
imipramine hcl tab 10 mg.....	27	ISENTRESS HD (raltegravir potassium).....	49
imipramine hcl tab 25 mg.....	27	isoniazid syrup 50 mg/5ml.....	33
imipramine hcl tab 50 mg.....	27	isoniazid tab 100 mg.....	33
imiquimod cream 5%.....	102	isoniazid tab 300 mg.....	33
INCRELEX (mecasermin).....	121	isosorbide dinitrate tab 10 mg.....	86
INCRUSE ELLIPTA (umeclidinium bromide).....	160	isosorbide dinitrate tab 20 mg.....	86
indapamide tab 1.25 mg.....	83	isosorbide dinitrate tab 30 mg.....	86
indapamide tab 2.5 mg.....	83	isosorbide dinitrate tab 40 mg.....	86
indomethacin cap 25 mg.....	3	isosorbide dinitrate tab 5 mg.....	86
indomethacin cap 50 mg.....	3	isosorbide mononitrate tab 10 mg.....	86
indomethacin cap er 75 mg (INDOMETHACIN ER).....	3	isosorbide mononitrate tab 20 mg.....	87
INGREZZA (valbenazine tosylate).....	94	isosorbide mononitrate tab er 24hr 120 mg (ISOSORBIDE MONONITRATE ER).....	87
INSPIREASE.....	151	isosorbide mononitrate tab er 24hr 30 mg (ISOSORBIDE MONONITRATE ER).....	87
Insulin Glargine-yfgn 100 UNIT/ML SOLN PEN (CIVICA NDC 7257).....	61	isosorbide mononitrate tab er 24hr 60 mg (ISOSORBIDE MONONITRATE ER).....	87
INSULIN LISPRO.....	61	isotretinoin cap 10 mg.....	96
INSULIN LISPRO (1 UNIT DIAL).....	61	isotretinoin cap 10 mg (Accutane).....	96
INSULIN LISPRO JUNIOR KWIKPEN.....	61	isotretinoin cap 10 mg (Amnesteem).....	96
INSULIN PEN NEEDLE.....	151	isotretinoin cap 10 mg (Claravis).....	96
INSULIN SYRINGE.....	151	isotretinoin cap 10 mg (Myorisan).....	96
INTELENCE (etravirine).....	50	isotretinoin cap 10 mg (Zenatane).....	96
INTRON A (interferon alfa-2b).....	145	isotretinoin cap 20 mg.....	96
ipratropium bromide hfa inhal aerosol 17 mcg/act.....	160	isotretinoin cap 20 mg (Accutane).....	96
ipratropium bromide inhal soln 0.02%.....	160	isotretinoin cap 20 mg (Amnesteem).....	97
ipratropium bromide nasal soln 0.03% (21 mcg/spray).....	160	isotretinoin cap 20 mg (Claravis).....	97
		isotretinoin cap 20 mg (Myorisan).....	97
		isotretinoin cap 20 mg (Zenatane).....	97

isotretinoin cap 30 mg	97
isotretinoin cap 30 mg (Accutane)	97
isotretinoin cap 30 mg (Amnesteem)	97
isotretinoin cap 30 mg (Claravis)	97
isotretinoin cap 30 mg (Myorisan)	97
isotretinoin cap 30 mg (Zenatane)	97
isotretinoin cap 40 mg	97
isotretinoin cap 40 mg (Accutane)	97
isotretinoin cap 40 mg (Amnesteem)	97
isotretinoin cap 40 mg (Claravis)	97
isotretinoin cap 40 mg (Myorisan)	97
isotretinoin cap 40 mg (Zenatane)	97
itraconazole cap 100 mg	29
IVERMECTIN	40
ivermectin tab 3 mg	40

J

JAKAFI (ruxolitinib phosphate)	38
JAKAFI XR (ruxolitinib phosphate)	38
JARDIANCE (empagliflozin)	86
JULUCA (dolutegravir sodium-rilpivirine hcl)	50
JYNARQUE (tolvaptan)	110

K

KALYDECO (ivacaftor)	161
KESIMPTA (ofatumumab (ms))	95
KETO-DIASTIX (urine glucose-ketones test)	152
ketoconazole cream 2%	30
ketoconazole shampoo 2%	30
ketoconazole tab 200 mg	30
KETONE TEST (acetone (urine) test)	152
KETOROLAC TROMETHAMINE (ketorolac tromethamine (ophth))	156
ketorolac tromethamine ophth soln 0.5%	156
ketorolac tromethamine tab 10 mg	3
KETOSTIX (acetone (urine) test)	152
KEVZARA (sarilumab)	143
KISQALI (200 MG DOSE) (ribociclib succinate)	38
KISQALI (400 MG DOSE) (ribociclib succinate)	38
KISQALI (600 MG DOSE) (ribociclib succinate)	38

KISQALI FEMARA (200 MG DOSE) (ribociclib succinate-letrozole)	38
KISQALI FEMARA (400 MG DOSE) (ribociclib succinate-letrozole)	38
KISQALI FEMARA (600 MG DOSE) (ribociclib succinate-letrozole)	38
KRINTAFEL (tafenoquine succinate)	41

L

labetalol hcl tab 100 mg	71
labetalol hcl tab 200 mg	71
labetalol hcl tab 300 mg	71
lacosamide oral solution 10 mg/ml	21
lacosamide tab 100 mg	21
lacosamide tab 150 mg	21
lacosamide tab 200 mg	21
lacosamide tab 50 mg	21
lactulose (encephalopathy) solution 10 gm/15ml (Enulose)	111
lactulose (encephalopathy) solution 10 gm/15ml (Generlac)	111
lactulose (encephalopathy) solution 10 gm/15ml (LACTULOSE ENCEPHALOPATHY)	111
lactulose solution 10 gm/15ml	112
lactulose solution 10 gm/15ml (Constulose)	112
LAGEVRIO (molnupiravir)	54
lamivudine oral soln 10 mg/ml	51
lamivudine tab 100 mg (hbv)	48
lamivudine tab 150 mg	51
lamivudine tab 300 mg	51
lamivudine-zidovudine tab 150-300 mg	51
lamotrigine tab 100 mg	18
lamotrigine tab 100 mg (Subvenite)	18
lamotrigine tab 150 mg	18
lamotrigine tab 150 mg (Subvenite)	18
lamotrigine tab 200 mg	18
lamotrigine tab 200 mg (Subvenite)	18
lamotrigine tab 25 mg	18
lamotrigine tab 25 mg (Subvenite)	18
lamotrigine tab chewable dispersible 25 mg	18
lamotrigine tab chewable dispersible 5 mg	18

lamotrigine tab er 24hr 100 mg (LAMOTRIGINE ER).....	18	LENVIMA (8 MG DAILY DOSE) (lenvatinib mesylate).....	38
lamotrigine tab er 24hr 200 mg (LAMOTRIGINE ER).....	18	letrozole tab 2.5 mg.....	36
lamotrigine tab er 24hr 25 mg (LAMOTRIGINE ER).....	18	leucovorin calcium tab 10 mg.....	35
lamotrigine tab er 24hr 250 mg (LAMOTRIGINE ER).....	18	leucovorin calcium tab 15 mg.....	35
lamotrigine tab er 24hr 300 mg (LAMOTRIGINE ER).....	18	leucovorin calcium tab 25 mg.....	35
lamotrigine tab er 24hr 50 mg (LAMOTRIGINE ER).....	18	leucovorin calcium tab 5 mg.....	35
lancets.....	152	LEUKERAN (chlorambucil).....	33
lansoprazole cap delayed release 30 mg.....	114	leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml).....	141
LANTUS (insulin glargine).....	61	leuprolide acetate inj kit 5 mg/ml.....	141
LANTUS SOLOSTAR (insulin glargine).....	61	levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv).....	161
lapatinib ditosylate tab 250 mg (base equiv).....	38	levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv).....	161
LATANOPROST.....	158	levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv).....	161
latanoprost ophth soln 0.005%.....	158	levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....	161
leflunomide tab 10 mg.....	147	LEVALBUTEROL TARTRATE.....	161
leflunomide tab 20 mg.....	147	levetiracetam oral soln 100 mg/ml.....	18
lenalidomide cap 10 mg.....	34	levetiracetam tab 1000 mg.....	18
lenalidomide cap 15 mg.....	34	levetiracetam tab 250 mg.....	18
lenalidomide cap 20 mg.....	34	levetiracetam tab 500 mg.....	18
lenalidomide cap 25 mg.....	34	levetiracetam tab 500 mg (Roweepra).....	18
lenalidomide cap 5 mg.....	34	levetiracetam tab 750 mg.....	18
lenalidomide caps 2.5 mg.....	34	levetiracetam tab er 24hr 500 mg (LEVETIRACETAM ER).....	18
LENVIMA (10 MG DAILY DOSE) (lenvatinib mesylate).....	38	levetiracetam tab er 24hr 750 mg (LEVETIRACETAM ER).....	18
LENVIMA (12 MG DAILY DOSE) (lenvatinib mesylate).....	38	LEVOBUNOLOL HCL.....	157
LENVIMA (14 MG DAILY DOSE) (lenvatinib mesylate).....	38	levocarnitine oral soln 1 gm/10ml (10%).....	111
LENVIMA (18 MG DAILY DOSE) (lenvatinib mesylate).....	38	levocarnitine oral soln 1 gm/10ml (10%) (LEVOCARNITINE SF).....	111
LENVIMA (20 MG DAILY DOSE) (lenvatinib mesylate).....	38	levocarnitine tab 330 mg.....	111
LENVIMA (24 MG DAILY DOSE) (lenvatinib mesylate).....	38	LEVOFLOXACIN (levofloxacin (ophth)).....	155
LENVIMA (4 MG DAILY DOSE) (lenvatinib mesylate).....	38	levofloxacin ophth soln 0.5%.....	156
		levofloxacin oral soln 25 mg/ml.....	15
		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 ð est 0.01 mg (Fayosim).....	127	levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin).....	128
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (LEVONORGEST-ETH EST & ETH EST).....	127	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle).....	128
levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (Rivelsa).....	127	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq).....	128
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macitentan tab 10 mg	163	mercaptapurine tab 50 mg	35
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MAVYRET (glecaprevir-pibrentasvir)	49	metformin hcl tab 850 mg	58
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megestrol acetate susp 40 mg/ml	138	methadone hcl conc 10 mg/ml (Methadone Hcl Intensol)	4
megestrol acetate tab 20 mg	138	methadone hcl soln 10 mg/5ml	4
megestrol acetate tab 40 mg	138	methadone hcl soln 5 mg/5ml	4
MEKINIST (trametinib dimethyl sulfoxide)	39	methadone hcl tab 10 mg	4
meloxicam tab 15 mg	3	methadone hcl tab 5 mg	4
meloxicam tab 7.5 mg	3	methadone hcl tab for oral susp 40 mg	4
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methylphenidate hcl cap er 24hr 20 mg (xr) (METHYLPHENIDATE HCL ER (XR)).....	91	methylphenidate hcl tab er 10 mg (METHYLPHENIDATE HCL ER).....	92
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modafinil tab 100 mg	168
modafinil tab 200 mg	168
mometasone furoate cream 0.1%	100
mometasone furoate oint 0.1%	100
mometasone furoate solution 0.1% (lotion) ..	100
montelukast sodium chew tab 4 mg (base equiv)	160
montelukast sodium chew tab 5 mg (base equiv)	160
montelukast sodium oral granules packet 4 mg (base equiv)	160
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morphine sulfate oral soln 20 mg/5ml	7
morphine sulfate tab 15 mg	7
morphine sulfate tab 30 mg	7
morphine sulfate tab er 100 mg (MORPHINE SULFATE ER)	4
morphine sulfate tab er 15 mg (MORPHINE SULFATE ER)	5
morphine sulfate tab er 200 mg (MORPHINE SULFATE ER)	5
morphine sulfate tab er 30 mg (MORPHINE SULFATE ER)	5
morphine sulfate tab er 60 mg (MORPHINE SULFATE ER)	5
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moxifloxacin hcl tab 400 mg (base equiv)	16
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MULTI-VITAMIN/FLUORIDE (pediatric multivitamins w/fl)	105
MULTI-VITAMIN/FLUORIDE/IRON (ped multivitamins w/fl & iron)	105
MULTIVITAMIN W/FLUORIDE (pediatric multivitamins w/fl)	105
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mycophenolate mofetil tab 500 mg	147
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	147
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nabumetone tab 750 mg	3
nadolol tab 20 mg	71
nadolol tab 40 mg	71
nadolol tab 80 mg	71
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naloxone hcl inj 4 mg/10ml	10
naloxone hcl nasal spray 4 mg/0.1ml	10
naloxone hcl soln prefilled syringe 0.4 mg/ml ..	10
naloxone hcl soln prefilled syringe 2 mg/2ml ..	10
naltrexone hcl tab 50 mg	10
naproxen sodium tab 275 mg	3
naproxen sodium tab 550 mg	3
naproxen susp 125 mg/5ml	3
naproxen tab 250 mg	3
naproxen tab 375 mg	3
naproxen tab 500 mg	3
naproxen tab ec 375 mg	3

naproxen tab ec 375 mg (EC-NAPROXEN).....	3	nevirapine tab er 24hr 400 mg (NEVIRAPINE ER).....	50
naproxen tab ec 500 mg.....	3	NEXTSTELLIS (drospirenone-estetrol).....	130
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paroxetine hcl tab er 24hr 12.5 mg (PAROXETINE HCL ER)	25
paroxetine hcl tab er 24hr 25 mg (PAROXETINE HCL ER)	25
paroxetine hcl tab er 24hr 37.5 mg (PAROXETINE HCL ER)	25
PASER (aminosalicylic acid)	33
PAXLOVID (150/100) (nirmatrelvir-ritonavir)	54
PAXLOVID (300/100 & 150/100) (nirmatrelvir- ritonavir)	54
PAXLOVID (300/100) (nirmatrelvir-ritonavir)	54
PAZOPANIB HCL	39
pazopanib hcl tab 200 mg (base equiv)	39
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-G)	114
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (PEG-3350/ELECTROLYTES)	114
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-N With Flavor Pack)	112

peg 3350-kcl-sod bicarb-nacl for soln 420 gm (PEG 3350-KCL-NA BICARB-NACL).....	112	phenytoin sodium extended cap 200 mg.....	21
PEG-PREP (bisacodyl-peg 3350-pot chloride- sod bicarb-sod chloride).....	112	phenytoin sodium extended cap 200 mg (Phenytek).....	21
PEGASYS (peginterferon alfa-2a).....	145	phenytoin sodium extended cap 300 mg.....	21
penicillamine tab 250 mg.....	110	phenytoin sodium extended cap 300 mg (Phenytek).....	21
PENICILLIN V POTASSIUM.....	14	phenytoin susp 125 mg/5ml.....	21
penicillin v potassium tab 250 mg.....	14	PHEXX (lactic acid-citric acid-potassium bitartrate).....	118
penicillin v potassium tab 500 mg.....	14	PHEXXI (lactic acid-citric acid-potassium bitartrate).....	118
pentoxifylline tab er 400 mg (PENTOXIFYLLINE ER).....	81	PHOSPHA 250 NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic).....	118
PERINDOPRIL ERBUMINE.....	68	PHOSPHO-TRIN 250 NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic).....	118
perindopril erbumine tab 2 mg.....	68	PHOSPHO-TRIN K500 (potassium phosphate monobasic).....	118
perindopril erbumine tab 4 mg.....	68	PHOSPHOLINE IODIDE (echothiophate iodide).....	157
permethrin cream 5%.....	103	PHOSPHOROUS (pot phosphate monobasic w/ sod phosphate dibasic & monobasic).....	118
perphenazine tab 16 mg.....	28	pilocarpine hcl ophth soln 1%.....	157
perphenazine tab 2 mg.....	28	pilocarpine hcl ophth soln 2%.....	157
perphenazine tab 4 mg.....	28	pilocarpine hcl ophth soln 4%.....	157
perphenazine tab 8 mg.....	28	pilocarpine hcl tab 5 mg.....	95
PERPHENAZINE-AMITRIPTYLINE.....	23	pilocarpine hcl tab 7.5 mg.....	96
PHENAZOPYRIDINE HCL.....	118	pimecrolimus cream 1%.....	100
phenazopyridine hcl tab 100 mg.....	118	pimozide tab 1 mg.....	45
phenazopyridine hcl tab 200 mg.....	118	pimozide tab 2 mg.....	45
PHENELZINE SULFATE.....	24	pindolol tab 10 mg.....	71
PHENOBARBITAL.....	19	pindolol tab 5 mg.....	71
phenobarbital elixir 20 mg/5ml.....	20	pioglitazone hcl tab 15 mg (base equiv).....	59
phenobarbital tab 100 mg.....	20	pioglitazone hcl tab 30 mg (base equiv).....	59
phenobarbital tab 15 mg.....	20	pioglitazone hcl tab 45 mg (base equiv).....	59
phenobarbital tab 16.2 mg.....	20	pioglitazone hcl-metformin hcl tab 15-500 mg.....	59
phenobarbital tab 30 mg.....	20	pioglitazone hcl-metformin hcl tab 15-850 mg.....	59
phenobarbital tab 32.4 mg.....	20	PIQRAY (200 MG DAILY DOSE) (alpelisib)....	39
phenobarbital tab 60 mg.....	20		
phenobarbital tab 64.8 mg.....	20		
phenobarbital tab 97.2 mg.....	20		
phenoxybenzamine hcl cap 10 mg.....	66		
phenylephrine hcl ophth soln 10%.....	154		
phenylephrine hcl ophth soln 2.5%.....	155		
phenytoin chew tab 50 mg.....	21		
phenytoin chew tab 50 mg (PHENYTOIN INFATABS).....	21		
phenytoin sodium extended cap 100 mg.....	21		

PIQRAY (250 MG DAILY DOSE) (alpelisib)	39	potassium chloride microencapsulated crys er	
PIQRAY (300 MG DAILY DOSE) (alpelisib)	39	tab 15 meq (POTASSIUM CHLORIDE CRYSTAL ER)	107
pirfenidone cap 267 mg	163	potassium chloride microencapsulated crys er	
pirfenidone tab 267 mg	163	tab 20 meq (Klor-Con M20)	107
pirfenidone tab 801 mg	163	potassium chloride microencapsulated crys er	
piroxicam cap 10 mg	3	tab 20 meq (POTASSIUM CHLORIDE CRYSTAL ER)	107
piroxicam cap 20 mg	3	potassium chloride oral soln 10% (20	
PNV-27-CA/FE/FA (prenatal vit w/ ferrous		meq/15ml)	107
fumarate-folic acid)	106	potassium chloride oral soln 20% (40	
PNV-DHA (prenatal without a w/ fe fumarate-l		meq/15ml)	107
methylfolate-fa-dha)	106	potassium chloride powder packet 20 meq	107
PNV-OMEGA (prenatal without a w/ fe		potassium chloride powder packet 20 meq	
fumarate-l methylfolate-fa-omega 3)	106	(Klor-Con)	107
PNV-SELECT (prenatal vit w/ ferrous fumarate-l		potassium chloride tab er 10 meq (POTASSIUM	
methylfolate-folic acid)	106	CHLORIDE ER)	107
POCKET CHAMBER	152	potassium chloride tab er 20 meq (1500 mg)	
POCKET SPACER	152	(POTASSIUM CHLORIDE ER)	107
PODOFILOX	102	potassium chloride tab er 8 meq (600 mg)	
podofilox soln 0.5%	102	(Klor-Con)	107
polymyxin b-trimethoprim ophth soln 10000		potassium chloride tab er 8 meq (600 mg)	
unit/ml-0.1%	156	(POTASSIUM CHLORIDE ER)	107
pomalidomide cap 1 mg	35	potassium citrate & citric acid soln 1100-334	
pomalidomide cap 2 mg	35	mg/5ml (POTASSIUM CITRATE-CITRIC ACID)	118
pomalidomide cap 3 mg	35	potassium citrate tab er 10 meq (1080 mg)	
pomalidomide cap 4 mg	35	(POTASSIUM CITRATE ER)	107
potassium bicarbonate effer tab 25 meq (K-		potassium citrate tab er 15 meq (1620 mg)	
PRIME)	106	(POTASSIUM CITRATE ER)	107
potassium bicarbonate effer tab 25 meq (Klor-		potassium citrate tab er 5 meq (540 mg)	
Con/Ef)	106	(POTASSIUM CITRATE ER)	107
potassium chloride cap er 10 meq (POTASSIUM		POTASSIUM CITRATE-CITRIC ACID	118
CHLORIDE ER)	106	pramipexole dihydrochloride tab 0.125 mg	42
potassium chloride cap er 8 meq (POTASSIUM		pramipexole dihydrochloride tab 0.25 mg	42
CHLORIDE ER)	106	pramipexole dihydrochloride tab 0.5 mg	43
POTASSIUM CHLORIDE ER	106	pramipexole dihydrochloride tab 0.75 mg	43
potassium chloride microencapsulated crys er		pramipexole dihydrochloride tab 1 mg	43
tab 10 meq (Klor-Con M10)	106	pramipexole dihydrochloride tab 1.5 mg	43
potassium chloride microencapsulated crys er		prasugrel hcl tab 10 mg (base equiv)	65
tab 10 meq (POTASSIUM CHLORIDE CRYSTAL		prasugrel hcl tab 5 mg (base equiv)	65
ER)	107	pravastatin sodium tab 10 mg	84
potassium chloride microencapsulated crys er			
tab 15 meq (Klor-Con M15)	107		

pravastatin sodium tab 20 mg	84	pregabalin cap 150 mg	94
pravastatin sodium tab 40 mg	84	pregabalin cap 200 mg	94
pravastatin sodium tab 80 mg	84	pregabalin cap 225 mg	94
praziquantel tab 600 mg	40	pregabalin cap 25 mg	94
prazosin hcl cap 1 mg	66	pregabalin cap 300 mg	94
prazosin hcl cap 2 mg	66	pregabalin cap 50 mg	94
prazosin hcl cap 5 mg	66	pregabalin cap 75 mg	94
PRECISION XTRA KETONE (ketone blood test)	152	pregabalin soln 20 mg/ml	94
PREDNICARBATE	100	PREMARIN (estrogens, conjugated vaginal)	137
prednisolone acetate ophth susp 1%	156	PREMIUM LIDOCAINE	9
PREDNISOLONE ACETATE P-F (prednisolone acetate (ophth))	156	PREMPRO (conjugated estrogens-medroxyprogesterone acetate)	137
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (PREDNISOLONE SODIUM PHOSPHATE)	119	PRENAISSANCE (prenatal w/o vit a w/ fe fumarate-dss-fa-dha)	107
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE)	119	PRENATABS FA (prenatal vit w/ ferrous fumarate-folic acid)	107
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE)	119	PRENATABS RX (prenatal vit w/ iron carbonyl-folic acid)	108
PREDNISOLONE SODIUM PHOSPHATE	120	PRENATAL (prenatal vit w/ ferrous fumarate-folic acid)	108
PREDNISOLONE SODIUM PHOSPHATE (prednisolone sodium phosphate (ophth))	156	PRENATAL 19 (prenatal vit w/ docusate-fe fumarate-folic acid)	108
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	120	PRENATAL 19 (prenatal vit w/ ferrous fumarate-folic acid)	108
prednisolone soln 15 mg/5ml	120	PRENATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid)	108
PREDNISON	120	PRENATAL PLUS VITAMIN/MINERAL (prenatal vit w/ ferrous fumarate-folic acid)	108
PREDNISON INTENSOL	120	PRENATAL VITAMIN PLUS LOW IRON (prenatal vit w/ ferrous fumarate-folic acid)	108
prednisone tab 1 mg	120	PRENATAL-U (prenatal without a vit w/ fe fumarate-folic acid)	108
prednisone tab 10 mg	120	PREZCOBIX (darunavir-cobicistat)	53
prednisone tab 2.5 mg	120	PREZISTA (darunavir ethanolate)	53
prednisone tab 20 mg	120	PREZISTA (darunavir)	53
prednisone tab 5 mg	120	PRIFTIN (rifapentine)	33
prednisone tab 50 mg	120	PRIMAQUINE PHOSPHATE	41
prednisone tab therapy pack 10 mg (21)	120	primaquine phosphate tab 26.3 mg (15 mg base)	41
prednisone tab therapy pack 10 mg (48)	120	PRIMIDONE	20
prednisone tab therapy pack 5 mg (21)	120	primidone tab 250 mg	20
prednisone tab therapy pack 5 mg (48)	120		
pregabalin cap 100 mg	94		

primidone tab 50 mg	20	promethazine-phenylephrine-codeine syrup	
PRO COMFORT SPACER ADULT	152	6.25-5-10 mg/5ml (PROMETHAZINE-	
PRO COMFORT SPACER CHILD	152	PHENYLEPH-CODEINE)	166
PRO COMFORT SPACER INFANT	152	PROMETHEGAN (promethazine hcl)	29
probenecid tab 500 mg	31	propafenone hcl cap er 12hr 225 mg	
PROCARE SPACER/ADULT MASK	152	(PROPAFENONE HCL ER)	69
PROCARE SPACER/CHILD MASK	152	propafenone hcl cap er 12hr 325 mg	
PROCHAMBER VHC	152	(PROPAFENONE HCL ER)	69
prochlorperazine maleate tab 10 mg (base		propafenone hcl cap er 12hr 425 mg	
equivalent)	28	(PROPAFENONE HCL ER)	69
prochlorperazine maleate tab 5 mg (base		propafenone hcl tab 150 mg	69
equivalent)	28	propafenone hcl tab 225 mg	69
prochlorperazine suppos 25 mg	28	propafenone hcl tab 300 mg	70
prochlorperazine suppos 25 mg (Compro)	28	proparacaine hcl ophth soln 0.5%	155
progesterone cap 100 mg	139	PROPRANOLOL HCL	71
progesterone cap 200 mg	139	propranolol hcl cap er 24hr 120 mg	
progesterone vaginal insert 100 mg	139	(PROPRANOLOL HCL ER)	72
promethazine & phenylephrine syrup 6.25-5		propranolol hcl cap er 24hr 160 mg	
mg/5ml (PROMETHAZINE-		(PROPRANOLOL HCL ER)	72
PHENYLEPHRINE)	166	propranolol hcl cap er 24hr 60 mg	
promethazine hcl oral soln 6.25 mg/5ml	28,159	(PROPRANOLOL HCL ER)	72
promethazine hcl suppos 12.5 mg	28	propranolol hcl cap er 24hr 80 mg	
promethazine hcl suppos 12.5 mg		(PROPRANOLOL HCL ER)	72
(Promethegan)	28	propranolol hcl oral soln 20 mg/5ml	72
promethazine hcl suppos 25 mg	28	propranolol hcl tab 10 mg	72
promethazine hcl suppos 25 mg		propranolol hcl tab 20 mg	72
(Promethegan)	28	propranolol hcl tab 40 mg	72
promethazine hcl tab 12.5 mg	28	propranolol hcl tab 60 mg	72
promethazine hcl tab 25 mg	28	propranolol hcl tab 80 mg	72
promethazine hcl tab 50 mg	28	propylthiouracil tab 50 mg	142
PROMETHAZINE VC (promethazine &		protriptyline hcl tab 10 mg	27
phenylephrine)	166	protriptyline hcl tab 5 mg	28
PROMETHAZINE VC/CODEINE (promethazine-		PROVIDA OB (prenatal without a vit w/ fe fum-	
phenylephrine-codeine)	166	iron polysacch complex -fa)	108
promethazine w/ codeine syrup 6.25-10 mg/5ml		pseudoephed-bromphen-dm syrup 30-2-10	
(PROMETHAZINE-CODEINE)	166	mg/5ml (Bromfed Dm)	166
promethazine-dm syrup 6.25-15 mg/5ml	166	pseudoephed-bromphen-dm syrup 30-2-10	
PROMETHAZINE-PHENYLEPHRINE		mg/5ml (PSEUDOEPH-BROMPHEN-DM)	166
(promethazine & phenylephrine)	166	PULMOSAL (sodium chloride (inhalant))	166
		PURE COMFORT SPACER CHAMBER	153
		pyrazinamide tab 500 mg	33

PYRIDOSTIGMINE BROMIDE.....	32
pyridostigmine bromide oral soln 60 mg/5ml.	32
pyridostigmine bromide tab 60 mg.....	32
pyridostigmine bromide tab er 180 mg (PYRIDOSTIGMINE BROMIDE ER).....	32
pyrimethamine tab 25 mg.....	41

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QUETIAPINE FUMARATE.....	47
quetiapine fumarate tab 100 mg.....	47
quetiapine fumarate tab 200 mg.....	47
quetiapine fumarate tab 25 mg.....	47
quetiapine fumarate tab 300 mg.....	47
quetiapine fumarate tab 400 mg.....	47
quetiapine fumarate tab 50 mg.....	47
quetiapine fumarate tab er 24hr 150 mg (QUETIAPINE FUMARATE ER).....	47
quetiapine fumarate tab er 24hr 200 mg (QUETIAPINE FUMARATE ER).....	47
quetiapine fumarate tab er 24hr 300 mg (QUETIAPINE FUMARATE ER).....	47
quetiapine fumarate tab er 24hr 400 mg (QUETIAPINE FUMARATE ER).....	47
quetiapine fumarate tab er 24hr 50 mg (QUETIAPINE FUMARATE ER).....	47
quinapril hcl tab 10 mg.....	68
quinapril hcl tab 20 mg.....	68
quinapril hcl tab 40 mg.....	68
quinapril hcl tab 5 mg.....	68
QUINAPRIL-HYDROCHLOROTHIAZIDE.....	81
quinapril-hydrochlorothiazide tab 10-12.5 mg.	81
quinapril-hydrochlorothiazide tab 20-12.5 mg.	81
quinapril-hydrochlorothiazide tab 20-25 mg.	81
quinidine gluconate tab er 324 mg (QUINIDINE GLUCONATE ER).....	70
QUINIDINE SULFATE.....	70
quinine sulfate cap 324 mg.....	41
QVAR REDHALER (beclomethasone dipropionate hfa).....	159

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rabeprazole sodium ec tab 20 mg.....	115
raloxifene hcl tab 60 mg.....	139
ramelteon tab 8 mg.....	167
ramipril cap 1.25 mg.....	68
ramipril cap 10 mg.....	68
ramipril cap 2.5 mg.....	68
ramipril cap 5 mg.....	68
ranolazine tab er 12hr 1000 mg (RANOLAZINE ER).....	81
ranolazine tab er 12hr 500 mg (RANOLAZINE ER).....	81
rasagiline mesylate tab 0.5 mg (base equiv) ..	44
rasagiline mesylate tab 1 mg (base equiv)....	44
RELENZA DISKHALER (zanamivir).....	53
RELION KETONE TEST (acetone (urine) test) .	153
RELNATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids).....	108
repaglinide tab 0.5 mg.....	59
repaglinide tab 1 mg.....	59
repaglinide tab 2 mg.....	59
REPATHA (evolocumab).....	86
REPATHA PUSHTRONEX SYSTEM (evolocumab).....	86
REPATHA SURECLICK (evolocumab).....	86
RESTASIS (cyclosporine (ophth)).....	155
RESTASIS MULTIDOSE (cyclosporine (ophth))	155
RETACRIT (epoetin alfa-epbx).....	65
REYATAZ (atazanavir sulfate).....	53
RIBAVIRIN (ribavirin (hepatitis c)).....	49
RIDAURA (auranofin).....	144
rifabutin cap 150 mg.....	33
rifampin cap 150 mg.....	33
rifampin cap 300 mg.....	33
rifapentine tab 150 mg.....	33
rilpivirine hcl tab 25 mg (base equivalent)....	50
riluzole tab 50 mg.....	87
RIMANTADINE HCL (rimantadine hydrochloride).....	53
RINVOQ (upadacitinib).....	144

RINVOQ LQ (upadacitinib).....	144	ropinirole hydrochloride tab 0.5 mg (ROPINIROLE HCL).....	43
risedronate sodium tab 150 mg.....	149	ropinirole hydrochloride tab 1 mg (ROPINIROLE HCL).....	43
risedronate sodium tab 30 mg.....	149	ropinirole hydrochloride tab 2 mg (ROPINIROLE HCL).....	43
risedronate sodium tab 35 mg.....	149	ropinirole hydrochloride tab 3 mg (ROPINIROLE HCL).....	43
risedronate sodium tab 5 mg.....	149	ropinirole hydrochloride tab 4 mg (ROPINIROLE HCL).....	43
risedronate sodium tab delayed release 35 mg.....	149	ropinirole hydrochloride tab 5 mg (ROPINIROLE HCL).....	43
risperidone soln 1 mg/ml.....	47	ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (ROPINIROLE HCL ER).....	43
risperidone tab 0.25 mg.....	47	ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (ROPINIROLE HCL ER).....	43
risperidone tab 0.5 mg.....	47	ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (ROPINIROLE HCL ER).....	43
risperidone tab 1 mg.....	47	ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (ROPINIROLE HCL ER).....	43
risperidone tab 2 mg.....	47	ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (ROPINIROLE HCL ER).....	43
risperidone tab 3 mg.....	47	rosuvastatin calcium tab 10 mg.....	84
risperidone tab 4 mg.....	47	rosuvastatin calcium tab 20 mg.....	84
RITEFLO.....	153	rosuvastatin calcium tab 40 mg.....	84
ritonavir tab 100 mg.....	53	rosuvastatin calcium tab 5 mg.....	84
rivaroxaban for susp 1 mg/ml.....	63	RYBELSUS (semaglutide).....	59
rivaroxaban tab 2.5 mg.....	63		
rivastigmine tartrate cap 1.5 mg (base equivalent).....	22	S	
rivastigmine tartrate cap 3 mg (base equivalent).....	22	sacubitril-valsartan tab 24-26 mg.....	81
rivastigmine tartrate cap 4.5 mg (base equivalent).....	22	sacubitril-valsartan tab 49-51 mg.....	81
rivastigmine tartrate cap 6 mg (base equivalent).....	22	sacubitril-valsartan tab 97-103 mg.....	81
rivastigmine td patch 24hr 13.3 mg/24hr.....	22	salicylic acid film forming liquid 27.5% (SALICYLIC ACID WART REMOVER).....	102
rivastigmine td patch 24hr 4.6 mg/24hr.....	22	SALICYLIC ACID WART REMOVER.....	102
rivastigmine td patch 24hr 9.5 mg/24hr.....	22	SALSALATE.....	3
rizatriptan benzoate oral disintegrating tab 10 mg (base eq).....	31	salsalate tab 500 mg.....	3
rizatriptan benzoate oral disintegrating tab 5 mg (base eq).....	31	salsalate tab 750 mg.....	4
rizatriptan benzoate tab 10 mg (base equivalent).....	32	SCEMBLIX (asciminib hcl).....	39
rizatriptan benzoate tab 5 mg (base equivalent).....	32	scopolamine td patch 72hr 1 mg/3days.....	29
roflumilast tab 250 mcg.....	162		
roflumilast tab 500 mcg.....	162		
ropinirole hydrochloride tab 0.25 mg (ROPINIROLE HCL).....	43		

SE-NATAL 19 (prenatal vit w/ docusate-fe fumarate-folic acid).....	108	sirolimus tab 1 mg.....	148
SE-NATAL 19 (prenatal vit w/ ferrous fumarate-folic acid).....	108	sirolimus tab 2 mg.....	148
SELECT-OB (prenatal vit w/ iron polysaccharide complex-folic acid).....	108	sitagliptin phosphate tab 100 mg (base equiv).....	59
selegiline hcl cap 5 mg.....	44	sitagliptin phosphate tab 25 mg (base equiv).....	59
selegiline hcl tab 5 mg.....	44	sitagliptin phosphate tab 50 mg (base equiv).....	59
SELENIUM SULFIDE.....	101	sitagliptin phosphate-metformin hcl tab 50-1000 mg (SITAGLIPTIN PHOS-METFORMIN HCL).....	59
selenium sulfide lotion 2.5%.....	101	sitagliptin phosphate-metformin hcl tab 50-500 mg (SITAGLIPTIN PHOS-METFORMIN HCL).....	59
SELZENTRY (maraviroc).....	52	sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg (SITAGLIP PHOS-METFORMIN HCL ER).....	60
sertraline hcl oral concentrate for solution 20 mg/ml.....	25	sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg (SITAGLIP PHOS-METFORMIN HCL ER).....	60
sertraline hcl tab 100 mg.....	25	sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg (SITAGLIP PHOS-METFORMIN HCL ER).....	60
sertraline hcl tab 25 mg.....	25	SKYRIZI (150 MG DOSE) (risankizumab-rzaa).....	144
sertraline hcl tab 50 mg.....	25	SKYRIZI (risankizumab-rzaa (crohn's)).....	144
sevelamer carbonate packet 0.8 gm.....	110	SKYRIZI (risankizumab-rzaa).....	144
sevelamer carbonate packet 2.4 gm.....	110	SKYRIZI PEN (risankizumab-rzaa).....	144
sevelamer carbonate tab 800 mg.....	110	SLYND (drospirenone).....	139
sildenafil citrate tab 100 mg.....	118	sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (NA SULFATE-K SULFATE-MG SULF).....	112
sildenafil citrate tab 20 mg.....	163	SODIUM CHLORIDE (sodium chloride (inhalant)).....	166
sildenafil citrate tab 25 mg.....	118	SODIUM FLUORIDE.....	108
sildenafil citrate tab 50 mg.....	118	sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf).....	108
silodosin cap 4 mg.....	117	sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf).....	108
silodosin cap 8 mg.....	117	sodium fluoride chew tab 1 mg f (from 2.2 mg naf).....	109
silver sulfadiazine cream 1%.....	102	sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (NAFRINSE).....	109
silver sulfadiazine cream 1% (Ssd).....	102		
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SIMLANDI (1 PEN) (adalimumab-ryvk).....	147		
SIMLANDI (1 SYRINGE) (adalimumab-ryvk).....	147		
SIMLANDI (2 PEN) (adalimumab-ryvk).....	147		
SIMLANDI (2 SYRINGE) (adalimumab-ryvk).....	148		
SIMPONI (golimumab).....	148		
simvastatin tab 10 mg.....	84		
simvastatin tab 20 mg.....	84		
simvastatin tab 40 mg.....	84		
simvastatin tab 5 mg.....	84		
simvastatin tab 80 mg.....	84		
sirolimus oral soln 1 mg/ml.....	148		
sirolimus tab 0.5 mg.....	148		

sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab).....	109	SSS 10-5 (sulfacetamide sodium w/ sulfur)...	102
sodium polystyrene sulfonate susp 15 gm/60ml.....	111	STAVUDINE.....	51
sodium polystyrene sulfonate susp 15 gm/60ml (Kionex).....	111	STIVARGA (regorafenib).....	39
sodium polystyrene sulfonate susp 15 gm/60ml (Sps (Sodium Polystyrene Sulf)).....	111	STRIVERDI RESPIMAT (olodaterol hcl).....	161
SODIUM SULFACETAMIDE (sulfacetamide sodium).....	102	sucralfate susp 1 gm/10ml.....	114
SODIUM SULFACETAMIDE WASH (sulfacetamide sodium).....	102	sucralfate tab 1 gm.....	114
solifenacin succinate tab 10 mg.....	116	SULFACETAMIDE SODIUM.....	103
solifenacin succinate tab 5 mg.....	116	SULFACETAMIDE SODIUM (sulfacetamide sodium (ophth)).....	156
sorafenib tosylate tab 200 mg (base equivalent).....	39	sulfacetamide sodium liquid 10%.....	103
sotalol hcl (afib/af) tab 120 mg (Sotalol Hcl (Af)).....	70	sulfacetamide sodium liquid 10% (SODIUM SULFACETAMIDE WASH).....	103
sotalol hcl (afib/af) tab 160 mg (Sotalol Hcl (Af)).....	70	sulfacetamide sodium lotion 10% (acne) (SULFACETAMIDE SODIUM (ACNE)).....	97
sotalol hcl (afib/af) tab 80 mg (Sotalol Hcl (Af)).....	70	sulfacetamide sodium ophth soln 10%.....	156
sotalol hcl tab 120 mg.....	70	sulfacetamide sodium shampoo 10% (SODIUM SULFACETAMIDE).....	103
sotalol hcl tab 120 mg (Sorine).....	70	sulfacetamide sodium w/ sulfur cleanser 10-2% (SULFACETAMIDE SODIUM-SULFUR).....	103
sotalol hcl tab 160 mg.....	70	sulfacetamide sodium w/ sulfur cleanser 10-5% (SULFACETAMIDE SODIUM-SULFUR).....	103
sotalol hcl tab 160 mg (Sorine).....	70	sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR).....	103
sotalol hcl tab 240 mg.....	70	sulfacetamide sodium w/ sulfur cream 10-5% (SULFACETAMIDE SODIUM-SULFUR).....	103
sotalol hcl tab 240 mg (Sorine).....	70	sulfacetamide sodium w/ sulfur susp 8-4% (SULFACETAMIDE SODIUM-SULFUR).....	103
sotalol hcl tab 80 mg.....	70	SULFACETAMIDE SODIUM-SULFUR (sulfacetamide sodium w/ sulfur).....	103
sotalol hcl tab 80 mg (Sorine).....	70	SULFACETAMIDE-PREDNISOLONE (sulfacetamide sod-prednisolone).....	155
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SPINOSAD.....	103	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	16
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spironolactone tab 100 mg.....	86	sulfamethoxazole-trimethoprim tab 800-160 mg.....	16
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sulindac tab 200 mg	4
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sumatriptan nasal spray 5 mg/act	32
sumatriptan succinate inj 6 mg/0.5ml	32
SUMATRIPTAN SUCCINATE REFILL	32
sumatriptan succinate solution auto-injector 4 mg/0.5ml	32
sumatriptan succinate solution auto-injector 6 mg/0.5ml	32
sumatriptan succinate tab 100 mg	32
sumatriptan succinate tab 25 mg	32
sumatriptan succinate tab 50 mg	32
sunitinib malate cap 12.5 mg (base equivalent)	39
sunitinib malate cap 25 mg (base equivalent) .	39
sunitinib malate cap 37.5 mg (base equivalent)	40
sunitinib malate cap 50 mg (base equivalent)	40
SYMDEKO (tezacaftor-ivacaftor)	161
SYMTUZA (darunavir-cobicistat-emtricitabine- tenofovir alafenamide)	53
SYNAREL (nafarelin acetate)	142
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SYNJARDY XR (empagliflozin-metformin hcl)	60
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tacrolimus cap 1 mg	148
tacrolimus cap 5 mg	148
tacrolimus oint 0.03%	101
tacrolimus oint 0.1%	101
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tadalafil tab 2.5 mg	117
tadalafil tab 20 mg	117
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TAFINLAR (dabrafenib mesylate)	40
TAGRISSO (osimertinib mesylate)	40
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tamoxifen citrate tab 10 mg (base equivalent)	35
tamoxifen citrate tab 20 mg (base equivalent)	35
tamsulosin hcl cap 0.4 mg	117
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tavaborole soln 5%	30
tazarotene cream 0.05%	97
tazarotene cream 0.1%	97
tazarotene gel 0.05%	97
tazarotene gel 0.1%	97
telmisartan tab 20 mg	67
telmisartan tab 40 mg	67
telmisartan tab 80 mg	67
TELMISARTAN-AMLODIPINE	81
telmisartan-amlodipine tab 40-10 mg	81
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telmisartan-hydrochlorothiazide tab 80-12.5 mg (TELMISARTAN-HCTZ)	81
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temazepam cap 22.5 mg	167
temazepam cap 30 mg	167
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terazosin hcl cap 1 mg (base equivalent)	66
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terazosin hcl cap 2 mg (base equivalent)	67
terazosin hcl cap 5 mg (base equivalent)	67
terbinafine hcl tab 250 mg	30
terconazole vaginal cream 0.4%	30
terconazole vaginal cream 0.8%	30

teriflunomide tab 14 mg	95	THRIVITE RX (prenatal vit w/ iron carbonyl-folic acid)	109
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testosterone cypionate im inj in oil 200 mg/ml	122	TIMOLOL MALEATE	72
testosterone cypionate im inj in oil 200 mg/ml (Depo-Testosterone)	122	timolol maleate ophth gel forming soln 0.25%	157
TESTOSTERONE ENANTHATE	122	timolol maleate ophth gel forming soln 0.5%	157
testosterone td gel 12.5 mg/act (1%)	122	timolol maleate ophth soln 0.25%	157
testosterone td gel 20.25 mg/1.25gm (1.62%)	122	timolol maleate ophth soln 0.5%	157
testosterone td gel 20.25 mg/act (1.62%)	122	timolol maleate tab 10 mg	72
testosterone td gel 25 mg/2.5gm (1%)	122	timolol maleate tab 20 mg	72
testosterone td gel 40.5 mg/2.5gm (1.62%)	122	timolol maleate tab 5 mg	72
testosterone td gel 50 mg/5gm (1%)	122	tinidazole tab 250 mg	12
tetracycline hcl cap 250 mg	17	tinidazole tab 500 mg	12
tetracycline hcl cap 500 mg	17	tiopronin tab 100 mg	118
THALOMID (thalidomide)	35	tiopronin tab delayed release 100 mg	118
theophylline elixir 80 mg/15ml	162	tiopronin tab delayed release 300 mg	118
theophylline elixir 80 mg/15ml (Elixophyllin)	162	TIVICAY (dolutegravir sodium)	50
THEOPHYLLINE ER	162	TIVICAY PD (dolutegravir sodium)	50
theophylline soln 80 mg/15ml	162	tizanidine hcl cap 2 mg (base equivalent)	48
theophylline tab er 12hr 300 mg (THEOPHYLLINE ER)	162	tizanidine hcl cap 4 mg (base equivalent)	48
theophylline tab er 12hr 450 mg (THEOPHYLLINE ER)	162	tizanidine hcl cap 6 mg (base equivalent)	48
theophylline tab er 24hr 400 mg (THEOPHYLLINE ER)	162	tizanidine hcl tab 2 mg (base equivalent)	48
theophylline tab er 24hr 600 mg (THEOPHYLLINE ER)	162	tizanidine hcl tab 4 mg (base equivalent)	48
thioridazine hcl tab 10 mg	45	TOBRADEX (tobramycin-dexamethasone)	155
thioridazine hcl tab 100 mg	45	tobramycin nebu soln 300 mg/5ml	161
thioridazine hcl tab 25 mg	45	tobramycin ophth soln 0.3%	156
thioridazine hcl tab 50 mg	45	tobramycin-dexamethasone ophth susp 0.3-0.1%	155
thiothixene cap 1 mg	45	tofacitinib citrate oral soln 1 mg/ml (base equivalent)	144
thiothixene cap 10 mg	45	tofacitinib citrate tab 10 mg (base equivalent)	144
thiothixene cap 2 mg	45	tofacitinib citrate tab 5 mg (base equivalent)	144
thiothixene cap 5 mg	45	tofacitinib citrate tab er 24hr 11 mg (base equivalent) (TOFACITINIB CITRATE ER)	144
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tolterodine tartrate cap er 24hr 2 mg (TOLTERODINE TARTRATE ER).....	116	trazodone hcl tab 50 mg.....	25
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torsemide tab 20 mg.....	82	tretinoin cream 0.05%.....	97
torsemide tab 5 mg.....	82	tretinoin cream 0.1%.....	97
TOUJEO MAX SOLOSTAR (insulin glargine)...	62	tretinoin gel 0.01%.....	97
TOUJEO SOLOSTAR (insulin glargine).....	62	tretinoin gel 0.025%.....	97
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tramadol hcl tab 50 mg.....	8	TRIAMCINOLONE ACETONIDE (triamcinolone acetone (topical)).....	101
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tramadol hcl tab er 24hr 200 mg (TRAMADOL HCL ER).....	5	triamcinolone acetone cream 0.1%.....	101
tramadol hcl tab er 24hr 300 mg (TRAMADOL HCL ER).....	5	triamcinolone acetone cream 0.5%.....	101
tramadol-acetaminophen tab 37.5-325 mg...	8	triamcinolone acetone cream 0.5% (Triderm).....	101
trandolapril tab 1 mg.....	68	triamcinolone acetone dental paste 0.1%...	96
trandolapril tab 2 mg.....	68	triamcinolone acetone dental paste 0.1% (Kourzeq).....	96
trandolapril tab 4 mg.....	68	triamcinolone acetone dental paste 0.1% (Oralene).....	96
tranexamic acid tab 650 mg.....	65	triamcinolone acetone lotion 0.025%.....	101
tranylcypromine sulfate tab 10 mg.....	24	triamcinolone acetone lotion 0.1%.....	101
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TRAZODONE HCL.....	25	triamcinolone acetone oint 0.1%.....	101
trazodone hcl tab 100 mg.....	25	triamcinolone acetone oint 0.5%.....	101
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 valacyclovir hcl tab 500 mg.....54
 valganciclovir hcl for soln 50 mg/ml (base
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 valganciclovir hcl tab 450 mg (base
 equivalent).....48
 valproate sodium oral soln 250 mg/5ml (base
 equiv) (VALPROIC ACID).....19
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 mg.....82
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 vancomycin hcl cap 125 mg (base equivalent) .12
 vancomycin hcl cap 250 mg (base equivalent) .12
 varenicline tartrate tab 0.5 mg (base equiv)....10
 varenicline tartrate tab 1 mg (base equiv)....10
 varenicline tartrate tab 1 mg (base equiv)
 (VARENICLINE TARTRATE(CONTINUE)).....10

varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack (VARENICLINE TARTRATE (STARTER))	10
VELIVET (desogestrel-ethinyl estradiol (triphasic))	137
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (VENLAFAXINE HCL ER)	26
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (VENLAFAXINE HCL ER)	26
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (VENLAFAXINE HCL ER)	26
venlafaxine hcl tab 100 mg (base equivalent)	26
venlafaxine hcl tab 25 mg (base equivalent)	26
venlafaxine hcl tab 37.5 mg (base equivalent)	26
venlafaxine hcl tab 50 mg (base equivalent)	26
venlafaxine hcl tab 75 mg (base equivalent)	26
venlafaxine hcl tab er 24hr 150 mg (base equivalent) (VENLAFAXINE HCL ER)	26
venlafaxine hcl tab er 24hr 225 mg (base equivalent) (VENLAFAXINE HCL ER)	26
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent) (VENLAFAXINE HCL ER)	26
venlafaxine hcl tab er 24hr 75 mg (base equivalent) (VENLAFAXINE HCL ER)	26
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verapamil hcl cap er 24hr 180 mg (VERAPAMIL HCL ER)	76
verapamil hcl cap er 24hr 240 mg (VERAPAMIL HCL ER)	76
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verapamil hcl tab 80 mg	76
verapamil hcl tab er 120 mg (VERAPAMIL HCL ER)	76
verapamil hcl tab er 180 mg (VERAPAMIL HCL ER)	76
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VIREAD (tenofovir disoproxil fumarate)	52
VIRT-NATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	109
VIRT-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	109
VITATHELY WITH GINGER (prenatal vit w/ ferrous fumarate-folic acid)	109
VIVA DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	109
voriconazole for susp 40 mg/ml	30
voriconazole tab 200 mg	30
voriconazole tab 50 mg	30
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VORTEX HOLD CHMBR/MASK/TODDLER	153
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warfarin sodium tab 1 mg (Jantoven)	63
warfarin sodium tab 10 mg	63
warfarin sodium tab 10 mg (Jantoven)	63
warfarin sodium tab 2 mg	64
warfarin sodium tab 2 mg (Jantoven)	64
warfarin sodium tab 2.5 mg	64
warfarin sodium tab 2.5 mg (Jantoven)	64
warfarin sodium tab 3 mg	64
warfarin sodium tab 3 mg (Jantoven)	64
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warfarin sodium tab 4 mg (Jantoven)	64

warfarin sodium tab 5 mg	64
warfarin sodium tab 5 mg (Jantoven)	64
warfarin sodium tab 6 mg	64
warfarin sodium tab 6 mg (Jantoven)	64
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warfarin sodium tab 7.5 mg (Jantoven)	64
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WESCAP-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	110
WESNATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	110
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XARELTO (rivaroxaban)	64
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XIFAXAN (rifaximin)	12
XIGDUO XR (dapagliflozin free base-metformin hcl)	60
XIIDRA (lifitegrast)	155
XOFLUZA (40 MG DOSE) (baloxavir marboxil)	54
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XOLAIR (omalizumab)	145
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ZATEAN-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	110
ZENPEP (pancrelipase (lipase-protease-amylase))	116
ZEPOSIA (ozanimod hcl)	95
ZEPOSIA 7-DAY STARTER PACK (ozanimod hcl)	95
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ziprasidone hcl cap 40 mg	47
ziprasidone hcl cap 60 mg	47
ziprasidone hcl cap 80 mg	47
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zolmitriptan orally disintegrating tab 5 mg	32
zolmitriptan tab 2.5 mg	32
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zolpidem tartrate tab 10 mg	167
zolpidem tartrate tab 5 mg	167
zolpidem tartrate tab er 12.5 mg (ZOLPIDEM TARTRATE ER)	167
zolpidem tartrate tab er 6.25 mg (ZOLPIDEM TARTRATE ER)	167
zonisamide cap 100 mg	21
zonisamide cap 25 mg	21
zonisamide cap 50 mg	21
ZURZUVAE (zuranolone)	23,24



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 գանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-866-346-7198 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով գանգահարեք 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 ਦੁਬਾਸੀਏ 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 ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫ਼ੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

សេវាកម្មភាសាភាគតិចថ្លៃ៖ 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 بنا 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 ílinígó saad bee yát'i' bee aná'áwo'. Díí shá ata'halne'dooígí hólóqodoo nínízingo éí bííghah. Naaltsoos naanináhájeehígí shich'í' yíidooltah éí doodagó ła' shich'í' ádoolníł 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 anáa'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