



Performance Drug Formulary

April 2026

Blue Shield of California

This formulary corresponds with the following select ASO (administrative services only) plans: ASO PPO, PPO Preferred Savings, ASO EPO. Please review your plan's benefit document for more detailed information.

This formulary was last updated on 04/01/2026 . This formulary is subject to change, and all previous versions of the formulary no longer apply. For the most current information about the *Performance Drug Formulary*, visit www.blueshieldca.com/pharmacy.

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield *Summary of Benefits and Evidence of Coverage*. For plan and coverage documents, visit https://www.blueshieldca.com/bsca/bsc/wcm/connect/employer/employer_contents_en/policies. For additional information about your plan, call the customer service number on your Blue Shield member ID card.

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Informational Section

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

Definitions

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

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

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

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

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

How do I find a drug on this list?

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

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

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

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

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

- A generic name for a brand-name drug is listed after the brand name of the drug in all ***lowercase bold italics***
 - If a generic equivalent for a brand-name drug is both available and covered, the generic drug will be listed separately from the brand-name drug in all ***lowercase bold italics***
 - When a generic drug is marketed with a brand name, the brand name will be listed after the generic name in parentheses with the first letter capitalized.
- A brand-name drug is listed in all CAPITALS followed by the generic name in parentheses in ***lowercase bold italics***.

Example

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

What are drug tiers?

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

The column titled “Drug tier” is the cost level you pay for a drug.

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

[†] Preventive health drugs, including contraceptive drugs and devices, are covered at \$0 when specific criteria are met. See your *Evidence of Coverage* (EOC) for further details about your benefit.

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

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield *Evidence of Coverage*. For additional information about specific plans, call the customer service number on your Blue Shield member ID card.

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

How to read the formulary

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

Coverage Requirements and Limits		Description
AL1	Age limit	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 <i>Evidence of Coverage (EOC)</i> for more detailed information.
CW	Cost waived	This drug may be available with no out of pocket cost. Certain benefit limitations may apply. Please see your <i>Evidence of Coverage (EOC)</i> for more detailed information.
GL	Gender limit	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.

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

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

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

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

What are preventive health drugs?

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

What drugs have their cost waived?

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

What is a contraceptive drug or device?

Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help

prevent pregnancy. With the exception of brands that have a generic equivalent, these drugs and devices are covered with no member copayment.

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

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

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

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

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

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

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

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

Step therapy requirements are based on how the FDA recommends a drug should

be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition.

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

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

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

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

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.

Participating retail pharmacies

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

What are specialty drugs?

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

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

Home delivery pharmacy

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

Categorical List of Prescription Drugs

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ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Drugs for Addiction/Substance Abuse)	9
ANTIBACTERIALS (Drugs for Bacterial Infections)	11
ANTICONVULSANTS (Drugs for Seizures)	18
ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia)	25
ANTIDEPRESSANTS (Drugs for Depression)	26
ANTIEMETICS (Drugs for Nausea and Vomiting)	31
ANTIFUNGALS (Drugs for Fungal Infections)	33
ANTIGOUT AGENTS (Drugs for Gout)	34
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ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)	37
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HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drugs for the Thyroid).....	159
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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>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i> (DICLOFENAC-MISOPROSTOL)	Tier 1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i> (DICLOFENAC-MISOPROSTOL)	Tier 1	
ELYXYB (<i>celecoxib (migraine)</i>) 120 MG/4.8ML SOLUTION	Tier 4	PA, QLC (4.8 ml/day)
<i>etodolac cap 200 mg</i>	Tier 1	
<i>etodolac cap 300 mg</i>	Tier 1	
<i>etodolac tab 400 mg</i>	Tier 1	
<i>etodolac tab 500 mg</i>	Tier 1	
<i>etodolac tab er 24hr 400 mg</i> (ETODOLAC ER)	Tier 1	

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>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	
<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	

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>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	
<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 1	QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 1	QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 1	QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 1	QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 1	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
<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)
NUCYNТА ER (<i>tapentadol hcl</i>) (ER 50 MG TAB ER 12H, ER 100 MG TAB ER 12H, ER 150 MG TAB ER 12H, ER 200 MG TAB ER 12H, ER 250 MG TAB ER 12H)	Tier 2	PA, QLC (2 tabs/day)
TRAMADOL HCL (ER BIPHASIC) (100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H)	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)
XTAMPZA ER (<i>oxycodone</i>) (ER 9 MG CP12 DETER, ER 13.5 MG CP12 DETER, ER 18 MG CP12 DETER, ER 27 MG CP12 DETER, ER 36 MG CP12 DETER)	Tier 2	PA, QLC (2 caps/day)
OPIOID ANALGESICS, SHORT-ACTING (Short-acting Narcotic Pain Relievers)		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> (ACETAMINOPHEN-CODEINE)	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
<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, 1600 MCG LOZ HANDLE)	Tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
FENTANYL CITRATE 1200 MCG LOZ HANDLE	Tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 1200 mcg fentnyl citrte hndle</i>	Tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 1600 mcg fentnyl citrte hndle</i>	Tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 200 mcg fentnyl citrte hndle</i>	Tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 400 mcg fentnyl citrte hndle</i>	Tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fentanyl citrate lozenge on a handle 600 mcg fentnyl citrte hndle</i>	Tier 2	PA, QLC (4 lozenges/day; max 56 lozenges/30 days)
<i>fentanyl citrate lozenge on a handle 800 mcg fentnyl citrte hndle</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)
<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)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pentazocine w/ naloxone tab 50-0.5 mg</i> (PENTAZOCINE-NALOXONE HCL)	Tier 1	AL1 (Up to 64 yrs old), QLC (12 tabs/day)
<i>tramadol hcl tab 100 mg</i>	Tier 1	QLC (4 tabs/day)
<i>tramadol hcl tab 50 mg</i>	Tier 1	QLC (8 tabs/day)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 1	QLC (8 tabs/day; max 112 tabs/30 days)

ANESTHETICS (Drugs for Numbing)

LOCAL ANESTHETICS (Skin Numbing Drugs)

<i>lidocaine hcl soln 4%</i>	Tier 1	
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	Tier 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	
lidocaine hcl urethral/mucosal gel prefilled syringe 2% (Glydo)	Tier 1	
<i>lidocaine hcl viscous soln 2%</i> (LIDOCAINE VISCOUS HCL)	Tier 1	
<i>lidocaine oint 5%</i>	Tier 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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>disulfiram tab 500 mg</i>	Tier 1	
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OPIOID DEPENDENCE (Drugs for Opioid Dependence)

BELBUCA (<i>buprenorphine hcl</i>) (75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 750 MCG FILM, 900 MCG FILM)	Tier 2	PA, QLC (2 films/day)
BELBUCA (<i>buprenorphine hcl</i>) 600 MCG FILM	Tier 2	PA, QLC (2 films/day)
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 1	QLC (12 tabs/day)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 1	QLC (3 tabs/day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 1	QLC (2 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Tier 1	QLC (5 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Tier 1	QLC (5 films/day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Tier 1	QLC (3 films/day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	QLC (12 tabs/day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QLC (3 tabs/day)
LUCEMYRA (<i>lofexidine hcl</i>) 0.18 MG TAB	Tier 3	PA, QLC (16 tabs/day, not to exceed 224 tabs/6 months)
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) (0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB)	Tier 3	QLC (3 tabs/day)
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) (2.9-0.71 MG SL TAB, 11.4-2.9 MG SL TAB)	Tier 3	QLC (1 tab/day)
ZUBSOLV (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 8.6-2.1 MG SL TAB	Tier 3	QLC (2 tabs/day)

OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose)

KLOXXADO (<i>naloxone hcl</i>) 8 MG/0.1ML LIQUID	Tier 2	PA, QLC (2 nasal sprays/30 days)
<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	QLC (two 1 ml vials/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
CLINDESSE (<i>clindamycin phosphate (one dose)</i>) 2 % CREAM	Tier 3	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 3	QLC (1 packet/30 days)
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	PA
<i>linezolid tab 600 mg</i>	Tier 1	PA
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
<i>metronidazole cream 0.75%</i>	Tier 1	
metronidazole cream 0.75% (Rosadan)	Tier 1	
<i>metronidazole gel 0.75%</i>	Tier 1	
metronidazole gel 0.75% (Rosadan)	Tier 1	
<i>metronidazole gel 1%</i>	Tier 1	
<i>metronidazole lotion 0.75%</i>	Tier 1	
<i>metronidazole tab 250 mg</i>	Tier 1	
<i>metronidazole tab 500 mg</i>	Tier 1	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (NITROFURANTOIN MONOHYD MACRO)	Tier 1	
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	
<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	QLC (8 tabs/day)
XIFAXAN (<i>rifaximin</i>) 550 MG TAB	Tier 2	QLC (3 tabs/day)

BETA-LACTAM, CEPHALOSPORINS

CEFACLOR (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP)	Tier 2	
CEFACLOR ER (<i>cefaclor monohydrate</i>) 500 MG TAB 12H	Tier 2	
CEFADROXIL 1 GM TAB	Tier 2	
<i>cefadroxil cap 500 mg</i>	Tier 2	
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 2	
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 2	
<i>cefdinir cap 300 mg</i>	Tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	
<i>cefprozil tab 250 mg</i>	Tier 1	
<i>cefprozil tab 500 mg</i>	Tier 1	
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	
<i>cephalexin cap 250 mg</i>	Tier 1	
<i>cephalexin cap 500 mg</i>	Tier 1	
<i>cephalexin cap 750 mg</i>	Tier 1	
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1	
AMOXICILLIN-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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clarithromycin tab 500 mg</i>	Tier 1	QLC (42 tabs/fill)
<i>clarithromycin tab er 24hr 500 mg</i> (CLARITHROMYCIN ER)	Tier 1	QLC (28 tabs/30 days)
DIFICID (<i>fidaxomicin</i>) 40 MG/ML RECON SUSP	Tier 2	PA, QLC (136 ml/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	
<i>fidaxomicin tab 200 mg</i>	Tier 2	PA, QLC (20 tabs/30 days)
QUINOLONES		
BAXDELA (<i>delafloxacin meglumine</i>) 450 MG TAB	Tier 4	PA, QLC (28 tabs/30 days)
BESIVANCE (<i>besifloxacin hcl</i>) 0.6 % SUSPENSION	Tier 2	QLC (5 ml/30 days)
<i>ciprofloxacin for oral susp 250 mg/5ml</i> (5%) (5 gm/100ml)	Tier 1	QLC (2 bottles/fill)
<i>ciprofloxacin for oral susp 500 mg/5ml</i> (10%) (10 gm/100ml)	Tier 1	QLC (3 bottles/fill)

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CIPROFLOXACIN HCL 100 MG TAB	Tier 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	QLC (2 tabs/day)
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 2	QLC (300 ml/30 days)
<i>levofloxacin tab 250 mg</i>	Tier 1	QLC (14 tabs/30 days)
<i>levofloxacin tab 500 mg</i>	Tier 1	QLC (1 tab/day)
<i>levofloxacin tab 750 mg</i>	Tier 1	QLC (14 tabs/30 days)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 1	QLC (21 tabs/30 days)
OFLOXACIN (300 MG TAB, 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 monohydrate cap 100 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
doxycycline monohydrate cap 100 mg (Mondoxyne NI)	Tier 1	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	Tier 1	
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	
doxycycline monohydrate tab 100 mg (Avidoxy)	Tier 1	
<i>doxycycline monohydrate tab 150 mg</i>	Tier 2	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 2	
<i>doxycycline monohydrate tab 75 mg</i>	Tier 2	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl tab 100 mg</i>	Tier 1	
<i>minocycline hcl tab 50 mg</i>	Tier 1	
<i>minocycline hcl tab 75 mg</i>	Tier 1	
<i>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)
BRIVIACT (<i>brivaracetam</i>) (10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB)	Tier 4	ST, QLC (2 tabs/day)
BRIVIACT (<i>brivaracetam</i>) 10 MG/ML SOLUTION	Tier 4	ST, QLC (20 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
EPIDIOLEX (<i>cannabidiol</i>) 100 MG/ML SOLUTION	Tier 4	PA, LA, S (Specialty Drug), QLC (4 bottles/28 days)
<i>felbamate tab 400 mg</i>	Tier 2	
<i>felbamate tab 600 mg</i>	Tier 2	
FYCOMPA (<i>perampanel</i>) (4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB)	Tier 2	ST, QLC (1 tab/day)
FYCOMPA (<i>perampanel</i>) 0.5 MG/ML SUSPENSION	Tier 2	ST, QLC (24 ml/day)
FYCOMPA (<i>perampanel</i>) 2 MG TAB	Tier 2	ST, QLC (3 tabs/day)
<i>lamotrigine tab 100 mg</i>	Tier 1	
lamotrigine tab 100 mg (Subvenite)	Tier 1	
<i>lamotrigine tab 150 mg</i>	Tier 1	
lamotrigine tab 150 mg (Subvenite)	Tier 1	
<i>lamotrigine tab 200 mg</i>	Tier 1	
lamotrigine tab 200 mg (Subvenite)	Tier 1	
<i>lamotrigine tab 25 mg</i>	Tier 1	
lamotrigine tab 25 mg (Subvenite)	Tier 1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 100 mg</i> (LAMOTRIGINE ER)	Tier 2	ST, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lamotrigine tab er 24hr 200 mg</i> (LAMOTRIGINE ER)	Tier 2	ST, QLC (3 tabs/day)
<i>lamotrigine tab er 24hr 25 mg</i> (LAMOTRIGINE ER)	Tier 2	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 250 mg</i> (LAMOTRIGINE ER)	Tier 2	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 300 mg</i> (LAMOTRIGINE ER)	Tier 2	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 50 mg</i> (LAMOTRIGINE ER)	Tier 2	ST, QLC (1 tab/day)
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	
<i>levetiracetam tab 1000 mg</i>	Tier 1	
<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)
<i>perampanel susp 0.5 mg/ml</i>	Tier 3	ST, QLC (24 ml/day)
<i>perampanel tab 10 mg</i>	Tier 3	ST, QLC (1 tab/day)
<i>perampanel tab 12 mg</i>	Tier 3	ST, QLC (1 tab/day)
<i>perampanel tab 2 mg</i>	Tier 3	ST, QLC (3 tabs/day)
<i>perampanel tab 4 mg</i>	Tier 3	ST, QLC (1 tab/day)
<i>perampanel tab 6 mg</i>	Tier 3	ST, QLC (1 tab/day)
<i>perampanel tab 8 mg</i>	Tier 3	ST, QLC (1 tab/day)
SPRITAM (<i>levetiracetam</i>) 1000 MG TAB	Tier 3	PA, QLC (3 tabs/day)
SPRITAM (<i>levetiracetam</i>) 250 MG TAB	Tier 3	PA, QLC (6 tabs/day)
SPRITAM (<i>levetiracetam</i>) 500 MG TAB	Tier 3	PA, QLC (6 tabs/day)
SPRITAM (<i>levetiracetam</i>) 750 MG TAB	Tier 3	PA, QLC (4 tabs/day)
<i>topiramate cap er 24hr 100 mg</i> (TOPIRAMATE ER)	Tier 2	PA, QLC (3 caps/day)
<i>topiramate cap er 24hr 200 mg</i> (TOPIRAMATE ER)	Tier 2	PA, QLC (2 caps/day)

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

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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
NAYZILAM (<i>midazolam (anticonvulsant)</i>) 5 MG/0.1ML SOLUTION	Tier 4	PA, QLC (5 fills/30 days)
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	
<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	
VALTOCO 10 MG DOSE (<i>diazepam (anticonvulsant)</i>) /0.1ML LIQUID	Tier 4	PA, QLC (10 sprays/30 days)
VALTOCO 15 MG DOSE (<i>diazepam (anticonvulsant)</i>) 2 X 7.5 /0.1ML LIQD THPK	Tier 4	PA, QLC (10 sprays/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VALTOCO 20 MG DOSE (<i>diazepam (anticonvulsant)</i>) 0 X 10 /0.1ML LIQD THPK	Tier 4	PA, QLC (10 sprays/30 days)
VALTOCO 5 MG DOSE (<i>diazepam (anticonvulsant)</i>) /0.1ML LIQUID	Tier 4	PA, QLC (10 sprays/30 days)
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 (Eptol)	Tier 1	
<i>carbamazepine tab er 12hr 100 mg</i> (CARBAMAZEPINE ER)	Tier 1	
<i>carbamazepine tab er 12hr 200 mg</i> (CARBAMAZEPINE ER)	Tier 1	
<i>carbamazepine tab er 12hr 400 mg</i> (CARBAMAZEPINE ER)	Tier 1	
DILANTIN (<i>phenytoin sodium extended</i>) (30 MG CAP, 100 MG CAP)	Tier 2	
DILANTIN (<i>phenytoin</i>) 125 MG/5ML SUSPENSION	Tier 2	
DILANTIN INFATABS (<i>phenytoin</i>) 50 MG CHEW	Tier 2	
DILANTIN-125 (<i>phenytoin</i>) MG/5ML SUSPENSION	Tier 2	
<i>eslicarbazepine acetate tab 200 mg</i>	Tier 2	ST, QLC (1 tab/day)
<i>eslicarbazepine acetate tab 400 mg</i>	Tier 2	ST, QLC (1 tab/day)
<i>eslicarbazepine acetate tab 600 mg</i>	Tier 2	ST, QLC (2 tabs/day)
<i>eslicarbazepine acetate tab 800 mg</i>	Tier 2	ST, QLC (2 tabs/day)
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	QLC (40 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>oxcarbazepine tab er 24hr 150 mg</i> (OXCARBAZEPINE ER)	Tier 2	ST, QLC (1 tab/day)
<i>oxcarbazepine tab er 24hr 300 mg</i> (OXCARBAZEPINE ER)	Tier 2	ST, QLC (1 tab/day)
<i>oxcarbazepine tab er 24hr 600 mg</i> (OXCARBAZEPINE ER)	Tier 2	ST, 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>rufinamide tab 200 mg</i>	Tier 2	ST, QLC (16 tabs/day)
<i>rufinamide tab 400 mg</i>	Tier 2	ST, QLC (8 tabs/day)
XCOPRI (250 MG DAILY DOSE) (<i>cenobamate</i>) 100 & 150 TAB THPK	Tier 4	PA, QLC (2 tabs/day)
XCOPRI (350 MG DAILY DOSE) (<i>cenobamate</i>) 150 & 200 TAB THPK	Tier 4	PA, QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XCOPRI (<i>cenobamate</i>) (COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK)	Tier 4	PA, QLC (28 tabs/84 days)
<i>zonisamide cap 100 mg</i>	Tier 1	
<i>zonisamide cap 25 mg</i>	Tier 1	
<i>zonisamide cap 50 mg</i>	Tier 1	

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

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB	Tier 3	
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CHOLINESTERASE INHIBITORS

<i>donepezil hydrochloride orally disintegrating tab 10 mg</i> (DONEPEZIL HCL)	Tier 1	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i> (DONEPEZIL HCL)	Tier 1	
<i>donepezil hydrochloride tab 10 mg</i> (DONEPEZIL HCL)	Tier 1	
<i>donepezil hydrochloride tab 23 mg</i> (DONEPEZIL HCL)	Tier 1	ST, QLC (1 tab/day)
<i>donepezil hydrochloride tab 5 mg</i> (DONEPEZIL HCL)	Tier 1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i> (GALANTAMINE HYDROBROMIDE ER)	Tier 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	

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

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

MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB	Tier 1	
<i>memantine hcl cap er 24hr 14 mg (MEMANTINE HCL ER)</i>	Tier 1	QLC (1 cap/day)
<i>memantine hcl cap er 24hr 21 mg (MEMANTINE HCL ER)</i>	Tier 1	QLC (1 cap/day)
<i>memantine hcl cap er 24hr 28 mg (MEMANTINE HCL ER)</i>	Tier 1	QLC (1 cap/day)
<i>memantine hcl cap er 24hr 7 mg (MEMANTINE HCL ER)</i>	Tier 1	QLC (1 cap/day)
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	
<i>memantine hcl tab 10 mg</i>	Tier 1	QLC (2 tabs/day)
<i>memantine hcl tab 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 (BUPROPION HCL ER (SR))</i>	Tier 1	QLC (4 tabs/day)
<i>bupropion hcl tab er 12hr 150 mg (BUPROPION HCL ER (SR))</i>	Tier 1	QLC (3 tabs/day)
<i>bupropion hcl tab er 12hr 200 mg (BUPROPION HCL ER (SR))</i>	Tier 1	QLC (2 tabs/day)
<i>bupropion hcl tab er 24hr 150 mg (BUPROPION HCL ER (XL))</i>	Tier 1	QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bupropion hcl tab er 24hr 300 mg</i> (BUPROPION HCL ER (XL))	Tier 1	QLC (1 tab/day)
LYBALVI (<i>olanzapine-samidorphan l-malate</i>) (5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB)	Tier 4	ST, 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 2	LA, QLC (2 caps/day; max 28 caps/365 days)
ZURZUVAE (<i>zuranolone</i>) 30 MG CAP	Tier 2	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	Tier 2	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	Tier 2	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	Tier 2	QLC (1 tab/day)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv) mg/ml</i>	Tier 2	QLC (24 ml/day)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	QLC (4 tabs/day)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	QLC (2 tabs/day)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	QLC (8 tabs/day)
FETZIMA (<i>levomilnacipran hcl</i>) (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H)	Tier 3	PA, QLC (1 cap/day)
FETZIMA TITRATION (<i>levomilnacipran hcl</i>) 20 & 40 MG CP24 THPK	Tier 3	PA, QLC (1 cap/day)
FLUOXETINE HCL (PMDD) (10 MG TAB, 20 MG TAB)	Tier 2	QLC (1 tab/day)
FLUOXETINE HCL 90 MG CAP DR	Tier 1	QLC (4 caps/28 days)
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	
<i>fluoxetine hcl cap 40 mg</i>	Tier 1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	
<i>fluoxetine hcl tab 10 mg</i>	Tier 2	
<i>fluoxetine hcl tab 20 mg</i>	Tier 2	
<i>fluvoxamine maleate cap er 24hr 100 mg</i> (FLUVOXAMINE MALEATE ER)	Tier 2	ST, QLC (3 caps/day)
<i>fluvoxamine maleate cap er 24hr 150 mg</i> (FLUVOXAMINE MALEATE ER)	Tier 2	ST, QLC (2 caps/day)
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QLC (3 tabs/day)
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	QLC (12 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>paroxetine mesylate cap 7.5 mg (base equiv)</i>	Tier 1	QLC (1 cap/day)
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	
<i>sertraline hcl tab 100 mg</i>	Tier 1	
<i>sertraline hcl tab 25 mg</i>	Tier 1	
<i>sertraline hcl tab 50 mg</i>	Tier 1	
<i>trazodone hcl tab 100 mg</i>	Tier 1	
<i>trazodone hcl tab 150 mg</i>	Tier 1	
<i>trazodone hcl tab 300 mg</i>	Tier 1	
<i>trazodone hcl tab 50 mg</i>	Tier 1	
TRINTELLIX (<i>vortioxetine hbr</i>) (5 MG TAB, 10 MG TAB, 20 MG TAB)	Tier 3	ST, QLC (1 tab/day)
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 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)

TRICYCLICS

<i>amitriptyline hcl tab 10 mg</i>	Tier 1	
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	
<i>amoxapine tab 100 mg</i>	Tier 1	
<i>amoxapine tab 150 mg</i>	Tier 1	
<i>amoxapine tab 25 mg</i>	Tier 1	
<i>amoxapine tab 50 mg</i>	Tier 1	
<i>clomipramine hcl cap 25 mg</i>	Tier 3	
<i>clomipramine hcl cap 50 mg</i>	Tier 3	
<i>clomipramine hcl cap 75 mg</i>	Tier 3	
<i>desipramine hcl tab 10 mg</i>	Tier 2	
<i>desipramine hcl tab 100 mg</i>	Tier 2	
<i>desipramine hcl tab 150 mg</i>	Tier 2	
<i>desipramine hcl tab 25 mg</i>	Tier 2	
<i>desipramine hcl tab 50 mg</i>	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desipramine hcl tab 75 mg</i>	Tier 2	
DOXEPIN HCL 10 MG/ML CONC	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	
<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)

BONJESTA (<i>doxylamine-pyridoxine</i>) 20-20 MG TAB ER	Tier 3	QLC (2 tabs/day)
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	Tier 1	QLC (4 tabs/day)
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) mg/ml</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>perphenazine tab 16 mg</i>	Tier 1	
<i>perphenazine tab 2 mg</i>	Tier 1	
<i>perphenazine tab 4 mg</i>	Tier 1	
<i>perphenazine tab 8 mg</i>	Tier 1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine suppos 25 mg</i>	Tier 2	
prochlorperazine suppos 25 mg (Compro)	Tier 2	
<i>promethazine hcl suppos 12.5 mg</i>	Tier 2	
promethazine hcl suppos 12.5 mg (Promethegan)	Tier 2	
<i>promethazine hcl suppos 25 mg</i>	Tier 2	
promethazine hcl suppos 25 mg (Promethegan)	Tier 2	
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	
<i>promethazine hcl tab 25 mg</i>	Tier 1	
<i>promethazine hcl tab 50 mg</i>	Tier 1	
PROMETHEGAN (<i>promethazine hcl</i>) 50 MG SUPPOS	Tier 2	QLC (1 suppository/day)
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 1	
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 1	

EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)

ANZEMET (<i>dolasetron mesylate</i>) 50 MG TAB	Tier 3	QLC (2 tabs/fill)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
VARUBI (180 MG DOSE) (<i>rolapitant hcl</i>) 2 X 90 TAB THPK	Tier 2	LA, QLC (2 tabs/14 days)

ANTIFUNGALS (Drugs for Fungal Infections)

ANTIFUNGALS

<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	
GYNAZOLE-1 (<i>butoconazole nitrate (one dose)</i>) 2 % CREAM	Tier 3	
<i>itraconazole cap 100 mg</i>	Tier 2	QLC (4 caps/day)
JUBLIA (<i>efinaconazole</i>) 10 % SOLUTION	Tier 2	QLC (1 bottle (4ml)/30 days)
<i>ketoconazole cream 2%</i>	Tier 1	
<i>ketoconazole shampoo 2%</i>	Tier 1	
<i>ketoconazole tab 200 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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>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>terconazole vaginal suppos 80 mg</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)

ANTIGOUT AGENTS

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTIMIGRAINE AGENTS (Drugs for Migraine)

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AIMOVIG (<i>erenumab-aooe</i>) 140 MG/ML SOLN A-INJ	Tier 2	PA, QLC (1 injection/28 days)
AIMOVIG (<i>erenumab-aooe</i>) 70 MG/ML SOLN A-INJ	Tier 2	PA, QLC (1 injection/28 days)
AJOVY (<i>fremanezumab-vfrm</i>) 225 MG/1.5ML SOLN A-INJ	Tier 2	PA, QLC (3 autoinjectors/84 days)
AJOVY (<i>fremanezumab-vfrm</i>) 225 MG/1.5ML SOLN PRSYR	Tier 2	PA, QLC (3 syringes/84 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)
QULIPTA (<i>atogepant</i>) (10 MG TAB, 30 MG TAB, 60 MG TAB)	Tier 2	PA, QLC (1 tab/day)
UBRELVY (<i>ubrogepant</i>) (50 MG TAB, 100 MG TAB)	Tier 2	PA, QLC (2 tabs/day; max 16 tabs/30 days)

ERGOT ALKALOIDS

<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

<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 1	QLC (18 tabs/30 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 1	QLC (18 tabs/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
REYVOW (<i>lasmiditan succinate</i>) (50 MG TAB, 100 MG TAB)	Tier 2	PA, QLC (8 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)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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)
VYVGART HYTRULO (<i>efgartigimod alfa-hyaluronidase-qvfc</i>) 1000-10000 MG-UNT/5ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/week)

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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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TRECTOR (<i>ethionamide</i>) 250 MG TAB	Tier 3	
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ANTINEOPLASTICS (Drugs for Cancer)

ALKYLATING AGENTS

CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB)	Tier 2	OAC
<i>cyclophosphamide cap 25 mg</i>	Tier 2	OAC
<i>cyclophosphamide cap 50 mg</i>	Tier 2	OAC
GLEOSTINE (<i>lomustine</i>) (10 MG CAP, 40 MG CAP, 100 MG CAP)	Tier 4	S (Specialty Drug), 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
<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 (Abitrega)	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), OAC, SF
XTANDI (<i>enzalutamide</i>) 40 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
XTANDI (<i>enzalutamide</i>) 40 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XTANDI (<i>enzalutamide</i>) 80 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
ANTIANGIOGENIC AGENTS		
<i>lenalidomide cap 10 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 15 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 20 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 25 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 5 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide caps 2.5 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>pomalidomide cap 1 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>pomalidomide cap 2 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>pomalidomide cap 3 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>pomalidomide cap 4 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC
POMALYST (<i>pomalidomide</i>) (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP)	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BRUKINSA (<i>zanubrutinib</i>) 160 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
BRUKINSA (<i>zanubrutinib</i>) 80 MG CAP	Tier 4	PA, LA, QLC (4 caps/day), OAC, SF
CABOMETYX (<i>cabozantinib s-malate</i>) (20 MG TAB, 40 MG TAB, 60 MG TAB)	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
CALQUENCE (<i>acalabrutinib maleate</i>) 100 MG TAB	Tier 4	PA, LA, QLC (2 caps/day), OAC, SF
CALQUENCE (<i>acalabrutinib</i>) 100 MG CAP	Tier 4	PA, LA, QLC (2 caps/day), OAC, SF
CAPRELSA (<i>vandetanib</i>) 100 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC
CAPRELSA (<i>vandetanib</i>) 300 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
COMETRIQ (100 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 80 & 20 KIT	Tier 4	PA, 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), OAC, SF
<i>dasatinib tab 140 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
<i>dasatinib tab 20 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
<i>dasatinib tab 50 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
<i>dasatinib tab 70 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
<i>dasatinib tab 80 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC, SF
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
<i>everolimus tab 10 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
<i>everolimus tab 2.5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KISQALI FEMARA (200 MG DOSE) (<i>ribociclib succinate-letrozole</i>) (& 2.5 TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (400 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (600 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 3	PA, 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
LORBRENA (<i>lorlatinib</i>) 100 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
LORBRENA (<i>lorlatinib</i>) 25 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
LUMAKRAS (<i>sotorasib</i>) 120 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (8 tabs/day), OAC, SF
LUMAKRAS (<i>sotorasib</i>) 240 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
LUMAKRAS (<i>sotorasib</i>) 320 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF
LYNPARZA (<i>olaparib</i>) (100 MG TAB, 150 MG TAB)	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
MEKTOVI (<i>binimetinib</i>) 15 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC
<i>nilotinib hcl cap 150 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
<i>nilotinib hcl cap 200 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
<i>nilotinib hcl cap 50 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (4 caps/day), OAC, SF
ODOMZO (<i>sonidegib phosphate</i>) 200 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF
PAZOPANIB HCL 400 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
<i>pazopanib hcl tab 200 mg (base equiv)</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC, SF
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
ROZLYTREK (<i>entrectinib</i>) 100 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (5 caps/day), OAC, SF
ROZLYTREK (<i>entrectinib</i>) 200 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC, SF
RYDAPT (<i>midostaurin</i>) 25 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (56 caps/21 days [#56 package size] or 224 caps/28 days), OAC
SCSEMBLIX (<i>asciminib hcl</i>) 100 MG TAB	Tier 4	PA, LA, QLC (4 tabs/day), OAC
SCSEMBLIX (<i>asciminib hcl</i>) 20 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC
SCSEMBLIX (<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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
<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
TABRECTA (<i>capmatinib hcl</i>) (150 MG TAB, 200 MG TAB)	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
TAFINLAR (<i>dabrafenib mesylate</i>) (50 MG CAP, 75 MG CAP)	Tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC
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), OAC, SF
TALZENNA (<i>talazoparib tosylate</i>) (0.1 MG CAP, 0.35 MG CAP, 0.5 MG CAP, 0.75 MG CAP)	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF
TALZENNA (<i>talazoparib tosylate</i>) 0.25 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC, SF
TALZENNA (<i>talazoparib tosylate</i>) 1 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC, SF
TIBSOVO (<i>ivosidenib</i>) 250 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC, SF
VERZENIO (<i>abemaciclib</i>) (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB)	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC
VITRAKVI (<i>larotrectinib sulfat</i>) 100 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day), OAC, SF
VITRAKVI (<i>larotrectinib sulfat</i>) 20 MG/ML SOLUTION	Tier 4	PA, LA, S (Specialty Drug), QLC (10 ml/day), OAC, SF
VITRAKVI (<i>larotrectinib sulfat</i>) 25 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC, SF
VIZIMPRO (<i>dacomitinib</i>) (15 MG TAB, 30 MG TAB, 45 MG TAB)	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC, SF
XALKORI (<i>crizotinib</i>) (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP)	Tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC, SF

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XALKORI (<i>crizotinib</i>) 150 MG CAP SPRINK	Tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC, SF
ZEJULA (<i>niraparib tosylate</i>) (100 MG TAB, 200 MG TAB, 300 MG TAB)	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
ZEJULA (<i>niraparib tosylate</i>) 100 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC, SF
ZELBORAF (<i>vemurafenib</i>) 240 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (8 tabs/day), OAC
ZYKADIA (<i>ceritinib</i>) 150 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC, SF

RETINOIDS

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

TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)

<i>mesna tab 400 mg</i>	Tier 2	OAC
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ANTIPARASITICS (Drugs for Parasitic Infections)

ANTHELMINTHICS (Drugs for Worm Infection)

<i>albendazole tab 200 mg</i>	Tier 3	QLC (4 tabs/day)
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	

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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QLC (25 tabs/30 days)
COARTEM (<i>artemether-lumefantrine</i>) 20-120 MG TAB	Tier 3	QLC (24 tabs/30 days)
<i>hydroxychloroquine sulfate tab 100 mg</i>	Tier 1	QLC (2 tabs/day)
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	QLC (3 tabs/day)
<i>hydroxychloroquine sulfate tab 300 mg</i>	Tier 1	QLC (2 tabs/day)
<i>hydroxychloroquine sulfate tab 400 mg</i>	Tier 1	QLC (1 tab/day)
KRINTAFEL (<i>tafenoquine succinate</i>) 150 MG TAB	Tier 3	QLC (2 tabs/28 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QLC (5 tabs/30 days)
<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	
<i>benztropine mesylate tab 1 mg</i>	Tier 1	
<i>benztropine mesylate tab 2 mg</i>	Tier 1	
TRIHXYPHENIDYL HCL 0.4 MG/ML SOLUTION	Tier 1	
<i>trihexyphenidyl hcl 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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 2	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 2	
<i>entacapone tab 200 mg</i>	Tier 2	QLC (8 tabs/day)
DOPAMINE AGONISTS		
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 1	
NEUPRO (<i>rotigotine</i>) (1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR)	Tier 3	QLC (1 patch/day)
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	Tier 2	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	Tier 2	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	Tier 2	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	Tier 2	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	Tier 2	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	Tier 2	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	Tier 2	QLC (1 tab/day)
<i>ropinirole hydrochloride tab 0.25 mg</i> (ROPINIROLE HCL)	Tier 1	
<i>ropinirole hydrochloride tab 0.5 mg</i> (ROPINIROLE HCL)	Tier 1	
<i>ropinirole hydrochloride tab 1 mg</i> (ROPINIROLE HCL)	Tier 1	
<i>ropinirole hydrochloride tab 2 mg</i> (ROPINIROLE HCL)	Tier 1	
<i>ropinirole hydrochloride tab 3 mg</i> (ROPINIROLE HCL)	Tier 1	
<i>ropinirole hydrochloride tab 4 mg</i> (ROPINIROLE HCL)	Tier 1	
<i>ropinirole hydrochloride tab 5 mg</i> (ROPINIROLE HCL)	Tier 1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i> (ROPINIROLE HCL ER)	Tier 1	QLC (2 tabs/day)
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i> (ROPINIROLE HCL ER) 4hr	Tier 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i> (ROPINIROLE HCL ER) 2hr	Tier 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i> (ROPINIROLE HCL ER)	Tier 1	QLC (1 tab/day)
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i> (ROPINIROLE HCL ER)	Tier 1	QLC (3 tabs/day)

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

<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	QLC (8 tabs/day)
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	QLC (8 tabs/day)
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	QLC (8 tabs/day)
<i>carbidopa & levodopa tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	
<i>carbidopa & levodopa tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	
<i>carbidopa & levodopa tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	
<i>carbidopa & levodopa tab er 25-100 mg</i> (CARBIDOPA-LEVODOPA ER)	Tier 1	
<i>carbidopa & levodopa tab er 50-200 mg</i> (CARBIDOPA-LEVODOPA ER)	Tier 1	
<i>carbidopa tab 25 mg</i>	Tier 2	
RYTARY (<i>carbidopa-levodopa</i>) 23.75-95 MG CAP ER	Tier 3	ST, QLC (25 caps/day)
RYTARY (<i>carbidopa-levodopa</i>) 36.25-145 MG CAP ER	Tier 3	ST, QLC (16 caps/day)
RYTARY (<i>carbidopa-levodopa</i>) 48.75-195 MG CAP ER	Tier 3	ST, QLC (12 caps/day)
RYTARY (<i>carbidopa-levodopa</i>) 61.25-245 MG CAP ER	Tier 3	ST, QLC (10 caps/day)

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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTIPSYCHOTICS (Drugs for Mental Health)

1ST GENERATION/TYPICAL

<i>chlorpromazine hcl tab 10 mg</i>	Tier 2	
<i>chlorpromazine hcl tab 100 mg</i>	Tier 2	
<i>chlorpromazine hcl tab 200 mg</i>	Tier 2	
<i>chlorpromazine hcl tab 25 mg</i>	Tier 2	
<i>chlorpromazine hcl tab 50 mg</i>	Tier 2	
<i>fluphenazine hcl tab 1 mg</i>	Tier 2	
<i>fluphenazine hcl tab 10 mg</i>	Tier 2	
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 2	
<i>fluphenazine hcl tab 5 mg</i>	Tier 2	
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	
<i>haloperidol tab 0.5 mg</i>	Tier 1	
<i>haloperidol tab 1 mg</i>	Tier 1	
<i>haloperidol tab 10 mg</i>	Tier 1	
<i>haloperidol tab 2 mg</i>	Tier 1	
<i>haloperidol tab 20 mg</i>	Tier 1	
<i>haloperidol tab 5 mg</i>	Tier 1	
<i>loxapine succinate cap 10 mg</i>	Tier 1	
<i>loxapine succinate cap 25 mg</i>	Tier 1	
<i>loxapine succinate cap 5 mg</i>	Tier 1	
<i>loxapine succinate cap 50 mg</i>	Tier 1	
PIMOZIDE (1 MG TAB, 2 MG TAB)	Tier 1	
<i>thioridazine hcl tab 10 mg</i>	Tier 1	
<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	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
<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	
REXULTI (<i>brexpiprazole</i>) (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB)	Tier 2	QLC (1 tab/day)
<i>risperidone soln 1 mg/ml</i>	Tier 1	
<i>risperidone tab 0.25 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
SECUADO (<i>asenapine</i>) (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR)	Tier 4	PA, QLC (1 patch/day)
VRAYLAR (<i>cariprazine hcl</i>) (0.5 MG CAP, 0.75 MG CAP, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP)	Tier 2	QLC (1 cap/day)
VRAYLAR (<i>cariprazine hcl</i>) 1.5 & 3 MG CAP THPK	Tier 2	QLC (1 pack/month)
<i>ziprasidone hcl cap 20 mg</i>	Tier 1	
<i>ziprasidone hcl cap 40 mg</i>	Tier 1	
<i>ziprasidone hcl cap 60 mg</i>	Tier 1	
<i>ziprasidone hcl cap 80 mg</i>	Tier 1	

TREATMENT-RESISTANT

<i>clozapine tab 100 mg</i>	Tier 1	
<i>clozapine tab 200 mg</i>	Tier 1	
<i>clozapine tab 25 mg</i>	Tier 1	
<i>clozapine tab 50 mg</i>	Tier 1	

ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
BARACLUDGE (<i>entecavir</i>) 0.05 MG/ML SOLUTION	Tier 2	QLC (3 bottles/30 days)
<i>entecavir tab 0.5 mg</i>	Tier 4	QLC (1 tab/day)
<i>entecavir tab 1 mg</i>	Tier 4	QLC (1 tab/day)
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	QLC (1 tab/day)
VEMLIDY (<i>tenofovir alafenamide fumarate</i>) 25 MG TAB	Tier 2	QLC (1 tab/day)

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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
SOVALDI (<i>sofosbuvir</i>) (200 MG TAB, 400 MG TAB)	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
SOVALDI (<i>sofosbuvir</i>) 150 MG PACKET	Tier 4	PA, S (Specialty Drug), QLC (1 packet/day)
SOVALDI (<i>sofosbuvir</i>) 200 MG PACKET	Tier 4	PA, S (Specialty Drug), QLC (2 packets/day)
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 3	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)
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 (<i>rilpivirine hcl</i>) 25 MG TAB	Tier 2	QLC (2 tabs/day)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)

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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CIMDUO (<i>lamivudine-tenofovir disoproxil fumarate</i>) 300-300 MG TAB	Tier 2	QLC (1 tab/day)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate</i>) 120-15 MG	Tier 2	QLC (1 tab/day)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate</i>) 200-25 MG	Tier 2	ACA (Preventive Health), QLC (1 tab/day; requires confirmation of pre-exposure prophylaxis use.)
<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 2	QLC (1 tab/day)
TRIUMEQ (<i>abacavir-dolutegravir-lamivudine</i>) 600-50-300 MG TAB	Tier 2	QLC (1 tab/day)
TRIUMEQ PD (<i>abacavir-dolutegravir-lamivudine</i>) 60-5-30 MG TAB SOL	Tier 2	QLC (6 tabs/day)
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)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
VIRACEPT (<i>nelfinavir mesylate</i>) 250 MG TAB	Tier 2	QLC (9 tabs/day)
VIRACEPT (<i>nelfinavir mesylate</i>) 625 MG TAB	Tier 2	QLC (4 tabs/day)

ANTI-INFLUENZA AGENTS (Drugs for Flu)

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 2	QLC (40 caps/6 months)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 2	QLC (20 caps/6 months)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 2	QLC (20 caps/6 months)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 2	QLC (6 bottles/6 months)
RELENZA DISKHALER (<i>zanamivir</i>) 5 MG/ACT AER POW BA	Tier 2	QLC (2 inhalers/6 months)
RIMANTADINE HCL (<i>rimantadine hydrochloride</i>) 100 MG TAB	Tier 1	
XOFLUZA (40 MG DOSE) (<i>baloxavir marboxil</i>) OFLUZA 1 TAB THPK	Tier 3	QLC (1 tab/day; max 2 tabs/180 days)
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 & 0MG TAB THPK	Tier 2	AL1 (At least 12 yrs old), QLC (20 tabs/30 days; COVID treatment covered at \$0), CW
PAXLOVID (300/100 & 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 & 0MG TAB THPK	Tier 2	AL1 (At least 12 yrs old), QLC (30 tabs/30 days; COVID treatment covered at \$0), CW

ANXIOLYTICS (Drugs for Anxiety)

ANXIOLYTICS, OTHER (Other Drugs for Anxiety)

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

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

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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	
BYDUREON BCISE (<i>exenatide</i>) 2 MG/0.85ML A-INJ	Tier 3	PA, QLC (4 injectors/28 days)
<i>glimepiride tab 1 mg</i>	Tier 1	
<i>glimepiride tab 2 mg</i>	Tier 1	
<i>glimepiride tab 4 mg</i>	Tier 1	
GLIPIZIDE 2.5 MG TAB	Tier 1	QLC (1 tab/day)
<i>glipizide tab 10 mg</i>	Tier 1	
<i>glipizide tab 5 mg</i>	Tier 1	
<i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE ER)	Tier 1	
<i>glipizide tab er 24hr 10 mg</i> (GLIPIZIDE XL)	Tier 1	
<i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE ER)	Tier 1	
<i>glipizide tab er 24hr 2.5 mg</i> (GLIPIZIDE XL)	Tier 1	
<i>glipizide tab er 24hr 5 mg</i> (GLIPIZIDE ER)	Tier 1	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	
GLYXAMBI (<i>empagliflozin-linagliptin</i>) (10-5 MG TAB, 25-5 MG TAB)	Tier 2	ST, QLC (1 tab/day)
JANUMET (<i>sitagliptin phosphate-metformin hcl</i>) (50-1000 MG TAB, 50-500 MG TAB)	Tier 2	ST, QLC (2 tabs/day)
JANUMET XR (<i>sitagliptin phosphate-metformin hcl</i>) (50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H)	Tier 2	ST, QLC (1 tab/day)
JANUMET XR (<i>sitagliptin phosphate-metformin hcl</i>) 50-1000 MG TAB ER 24H	Tier 2	ST, QLC (2 tabs/day)
JANUVIA (<i>sitagliptin phosphate</i>) (25 MG TAB, 50 MG TAB, 100 MG TAB)	Tier 2	ST, QLC (1 tab/day)
<i>metformin hcl tab 1000 mg</i>	Tier 1	
<i>metformin hcl tab 500 mg</i>	Tier 1	
<i>metformin hcl tab 850 mg</i>	Tier 1	
<i>metformin hcl tab er 24hr 500 mg</i> (METFORMIN HCL ER)	Tier 1	
<i>metformin hcl tab er 24hr 750 mg</i> (METFORMIN HCL ER)	Tier 1	
MOUNJARO (<i>tirzepatide</i>) (2.5 MG/0.5ML SOLN A-INJ, 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)
<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)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Tier 1	QLC (3 tabs/day)
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Tier 1	QLC (3 tabs/day)
<i>repaglinide tab 0.5 mg</i>	Tier 1	
<i>repaglinide tab 1 mg</i>	Tier 1	
<i>repaglinide tab 2 mg</i>	Tier 1	
RYBELSUS (<i>semaglutide</i>) (3 MG TAB, 7 MG TAB, 14 MG TAB)	Tier 2	PA, QLC (1 tab/day)
SOLIQUA (<i>insulin glargine-lixisenatide</i>) 100-33 UNT-MCG/ML SOLN PEN	Tier 2	PA, QLC (6 pens/30 days)
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)
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin</i>) (10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H)	Tier 2	ST, QLC (1 tab/day)
TRIJARDY XR (<i>empagliflozin-linagliptin-metformin</i>) (5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H)	Tier 2	ST, QLC (2 tabs/day)
TRULICITY (<i>dulaglutide</i>) (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)
TRULICITY (<i>dulaglutide</i>) 0.75 MG/0.5ML SOLN A-INJ	Tier 2	PA, QLC (4 pens (2 ml)/ 28 days)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>) 10-1000 MG TAB ER 24H	Tier 2	ST, QLC (1 tab/day)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>) 5-1000 MG TAB ER 24H	Tier 2	ST, QLC (2 tabs/day)
XIGDUO XR (<i>dapagliflozin-metformin hcl</i>) (5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H)	Tier 2	ST, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XIGDUO XR (<i>dapagliflozin-metformin hcl</i>) 2.5-1000 MG TAB ER 24H	Tier 2	ST, QLC (2 tabs/day)
XULTOPHY (<i>insulin degludec-liraglutide</i>) 100-3.6 UNIT-MG/ML SOLN PEN	Tier 2	PA, QLC (5 pens/month)
GLYCEMIC AGENTS (Drugs for Low Blood Sugar)		
BAQSIMI ONE PACK (<i>glucagon</i>) 3 MG/DOSE POWDER	Tier 2	QLC (2 sprayers/30 days)
BAQSIMI TWO PACK (<i>glucagon</i>) 3 MG/DOSE POWDER	Tier 2	QLC (2 sprayers/30 days)
<i>diazoxide susp 50 mg/ml</i>	Tier 2	
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)
GVOKE HYPOPEN 1-PACK (<i>glucagon</i>) (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	Tier 2	QLC (2 injectors/30 days)
GVOKE HYPOPEN 2-PACK (<i>glucagon</i>) (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ)	Tier 2	QLC (2 injectors/30 days)
GVOKE KIT (<i>glucagon</i>) 1 MG/0.2ML SOLUTION	Tier 2	QLC (2 kits/30 days)
GVOKE PFS (<i>glucagon</i>) (0.5 MG/0.1ML SOLN PRSYR, 1 MG/0.2ML SOLN PRSYR)	Tier 2	QLC (2 syringes/30 days)
ZEGALOGUE (<i>dasiglucagon hcl</i>) (0.6 MG/0.6ML SOLN A-INJ, 0.6 MG/0.6ML SOLN PRSYR)	Tier 2	QLC (2 syringes/30 days)
INSULINS		
FIASP (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLUTION	Tier 2	
FIASP FLEXTOUCH (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN PEN	Tier 2	
FIASP PENFILL (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN CART	Tier 2	
FIASP PUMPCART (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMALOG (<i>insulin lispro</i>) (100 UNIT/ML SOLN CART, 100 UNIT/ML SOLUTION)	Tier 2	
HUMALOG JUNIOR KWIKPEN (<i>insulin lispro</i>) KWIK100 UNIT/ML SOLN	Tier 2	
HUMALOG KWIKPEN (<i>insulin lispro</i>) (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	Tier 2	
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	
HUMALOG TEMPO PEN (<i>insulin lispro</i>) 100 UNIT/ML SOLN	Tier 2	
HUMULIN 70/30 (<i>insulin nph isophane & reg (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	Tier 2	
HUMULIN 70/30 KWIKPEN (<i>insulin nph isophane & reg (human)</i>) KWIK(70-30) 100 UNIT/ML SUSP	Tier 2	
HUMULIN N (<i>insulin nph (human) (isophane)</i>) 100 UIT/ML SUSPESIO	Tier 2	
HUMULIN N KWIKPEN (<i>insulin nph (human) (isophane)</i>) KWIK100 UIT/ML SUSP	Tier 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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LEVEMIR (<i>insulin detemir</i>) 100 UNIT/ML SOLUTION	Tier 2	QLC (40 ml/30 days)
LEVEMIR FLEXPEN (<i>insulin detemir</i>) FLEX100 UNIT/ML SOLN	Tier 2	QLC (45 ml/30 days)
LEVEMIR FLEXTOUCH (<i>insulin detemir</i>) 100 UNIT/ML SOLN PEN	Tier 2	QLC (45 ml/30 days)
LYUMJEV (<i>insulin lispro-aabc</i>) 100 UNIT/ML SOLUTION	Tier 2	
LYUMJEV KWIKPEN (<i>insulin lispro-aabc</i>) (100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN)	Tier 2	
LYUMJEV TEMPO PEN (<i>insulin lispro-aabc</i>) 100 UNIT/ML SOLN	Tier 2	
NOVOLIN 70/30 (<i>insulin nph isophane & reg (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	Tier 2	
NOVOLIN 70/30 FLEXPEN (<i>insulin nph isophane & reg (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	Tier 2	
NOVOLIN N (<i>insulin nph (human) (isophane)</i>) 100 UIT/ML SUSPESIO	Tier 2	
NOVOLIN N FLEXPEN (<i>insulin nph (human) (isophane)</i>) FLEX100 UIT/ML SUSP	Tier 2	
NOVOLIN R (<i>insulin regular (human)</i>) 100 UNIT/ML SOLUTION	Tier 2	
NOVOLIN R FLEXPEN (<i>insulin regular (human)</i>) FLEX100 UNIT/ML SOLN	Tier 2	
NOVOLOG (<i>insulin aspart</i>) 100 UNIT/ML SOLUTION	Tier 2	
NOVOLOG FLEXPEN (<i>insulin aspart</i>) FLEX100 UNIT/ML SOLN	Tier 2	
NOVOLOG MIX 70/30 (<i>insulin aspart protamine & aspart (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	Tier 2	
NOVOLOG MIX 70/30 FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	Tier 2	
NOVOLOG PENFILL (<i>insulin aspart</i>) 100 UNIT/ML SOLN CART	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TOUJEO MAX SOLOSTAR (<i>insulin glargine</i>) 300 UNIT/ML SOLN PEN	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)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
FRAGMIN (<i>dalteparin sodium</i>) (10000 UNIT/ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR)	Tier 4	QLC (1 syringe/day)
FRAGMIN (<i>dalteparin sodium</i>) (2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR)	Tier 4	QLC (2 syringes/day)
FRAGMIN (<i>dalteparin sodium</i>) 10000 UNIT/4ML SOLUTION	Tier 4	QLC (2 vials/day)
FRAGMIN (<i>dalteparin sodium</i>) 12500 UNIT/0.5ML SOLN PRSYR	Tier 4	QLC (1 syringe/day)
FRAGMIN (<i>dalteparin sodium</i>) 95000 UNIT/3.8ML SOLUTION	Tier 4	QLC (0.8 ml/day)
HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR	Tier 1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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)
ZONTIVITY (<i>vorapaxar sulfate</i>) 2.08 MG TAB	Tier 3	QLC (1 tab/day)

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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ARANESP (ALBUMIN FREE) (<i>darbepoetin alfa</i>) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	Tier 4	PA, S (Specialty Drug), QLC (1 syringe or vial/week)
<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)
<i>eltrombopag olamine tab 75 mg (base equiv)</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
FABHALTA (<i>iptacopan hcl</i>) 200 MG CAP	Tier 4	PA, LA, QLC (2 caps/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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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HEMOSTASIS AGENTS (Drugs to Stop Bleeding)

<i>tranexamic acid tab 650 mg</i>	Tier 1	QLC (6 tabs/day; max 5 days of therapy/28 days)
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PLATELET MODIFYING AGENTS

<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	
DOPTELET (<i>avatrombopag maleate</i>) 20 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
DOPTELET SPRINKLE (<i>avatrombopag maleate</i>) 10 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day)
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 1	QLC (1 tab/day)
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 1	QLC (1 tab/day)
TAVALISSE (<i>fostamatinib disodium</i>) (100 MG TAB, 150 MG TAB)	Tier 4	PA, LA, QLC (2 tabs/day)
<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

<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 2	
<i>guanfacine hcl tab 1 mg</i>	Tier 1	
<i>guanfacine hcl tab 2 mg</i>	Tier 1	
METHYLDOPA (250 MG TAB, 500 MG TAB)	Tier 1	
<i>methyldopa tab 250 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	
<i>midodrine hcl tab 5 mg</i>	Tier 1	

ALPHA-ADRENERGIC BLOCKING AGENTS

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>losartan potassium tab 100 mg</i>	Tier 1	QLC (1 tab/day)
<i>losartan potassium tab 25 mg</i>	Tier 1	QLC (4 tabs/day)
<i>losartan potassium tab 50 mg</i>	Tier 1	QLC (2 tabs/day)
<i>olmesartan medoxomil tab 20 mg</i>	Tier 1	QLC (1 tab/day)
<i>olmesartan medoxomil tab 40 mg</i>	Tier 1	QLC (1 tab/day)
<i>olmesartan medoxomil tab 5 mg</i>	Tier 1	QLC (3 tabs/day)
<i>telmisartan tab 20 mg</i>	Tier 1	QLC (1 tab/day)
<i>telmisartan tab 40 mg</i>	Tier 1	QLC (1 tab/day)
<i>telmisartan tab 80 mg</i>	Tier 1	QLC (2 tabs/day)
<i>valsartan tab 160 mg</i>	Tier 1	QLC (2 tabs/day)
<i>valsartan tab 320 mg</i>	Tier 1	QLC (1 tab/day)
<i>valsartan tab 40 mg</i>	Tier 1	QLC (2 tabs/day)
<i>valsartan tab 80 mg</i>	Tier 1	QLC (2 tabs/day)

ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS

<i>benazepril hcl tab 10 mg</i>	Tier 1	QLC (1 tab/day)
<i>benazepril hcl tab 20 mg</i>	Tier 1	QLC (1 tab/day)
<i>benazepril hcl tab 40 mg</i>	Tier 1	QLC (2 tabs/day)
<i>benazepril hcl tab 5 mg</i>	Tier 1	QLC (1 tab/day)
<i>captopril tab 100 mg</i>	Tier 1	
<i>captopril tab 12.5 mg</i>	Tier 1	
<i>captopril tab 25 mg</i>	Tier 1	
<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	

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<i>moexipril hcl tab 15 mg</i>	Tier 1	
<i>moexipril hcl tab 7.5 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	

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)

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Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
digoxin tab 125 mcg (0.125 mg) (Digitek) (0.	Tier 1	QLC (1 tab/day)
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	QLC (1 tab/day)
digoxin tab 250 mcg (0.25 mg) (Digitek)	Tier 1	QLC (1 tab/day)
<i>disopyramide phosphate cap 100 mg</i>	Tier 1	
<i>disopyramide phosphate cap 150 mg</i>	Tier 1	
<i>dofetilide cap 125 mcg (0.125 mg) (0.</i>	Tier 3	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 3	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 3	
<i>flecainide acetate tab 100 mg</i>	Tier 1	
<i>flecainide acetate tab 150 mg</i>	Tier 1	
<i>flecainide acetate tab 50 mg</i>	Tier 1	
<i>mexiletine hcl cap 150 mg</i>	Tier 1	
<i>mexiletine hcl cap 200 mg</i>	Tier 1	
<i>mexiletine hcl cap 250 mg</i>	Tier 1	
MULTAQ (<i>dronedaron 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	
<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/af) tab 120 mg (Sotalol Hcl (af))	Tier 1	
sotalol hcl (afib/af) tab 160 mg (Sotalol Hcl (af))	Tier 1	
sotalol hcl (afib/af) tab 80 mg (Sotalol Hcl (af))	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<i>carvedilol tab 3.125 mg</i>	Tier 1	
<i>carvedilol tab 6.25 mg</i>	Tier 1	
HEMANGEOL (<i>propranolol hcl</i>) 4.28 MG/ML SOLUTION	Tier 2	LA, QLC (2 bottles/30 days)
<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	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>isradipine cap 2.5 mg</i>	Tier 1	
<i>isradipine cap 5 mg</i>	Tier 1	
<i>nicardipine hcl cap 20 mg</i>	Tier 1	
<i>nicardipine hcl cap 30 mg</i>	Tier 1	
<i>nifedipine cap 10 mg</i>	Tier 1	
<i>nifedipine cap 20 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 30 mg</i> (NIFEDIPINE ER)	Tier 1	
<i>nifedipine tab er 24hr 60 mg</i> (NIFEDIPINE ER)	Tier 1	
<i>nifedipine tab er 24hr 90 mg</i> (NIFEDIPINE ER)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nifedipine tab er 24hr osmotic release 30 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	Tier 1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	Tier 1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i> (NIFEDIPINE ER OSMOTIC RELEASE)	Tier 1	
<i>nimodipine cap 30 mg</i>	Tier 3	
NISOLDIPINE ER (ER 8.5 MG TAB ER 24H, ER 17 MG TAB ER 24H, ER 20 MG TAB ER 24H, ER 25.5 MG TAB ER 24H, ER 30 MG TAB ER 24H, ER 34 MG TAB ER 24H, ER 40 MG TAB ER 24H)	Tier 2	
<i>nisoldipine tab er 24hr 17 mg</i> (NISOLDIPINE ER)	Tier 2	
<i>nisoldipine tab er 24hr 34 mg</i> (NISOLDIPINE ER)	Tier 2	
<i>nisoldipine tab er 24hr 8.5 mg</i> (NISOLDIPINE ER)	Tier 2	

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	

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diltiazem hcl tab er 24hr 360 mg</i> (DILTIAZEM HCL ER)	Tier 1	
diltiazem hcl tab er 24hr 360 mg (Matzim La)	Tier 1	
<i>diltiazem hcl tab er 24hr 420 mg</i> (DILTIAZEM HCL ER)	Tier 1	
diltiazem hcl tab er 24hr 420 mg (Matzim La)	Tier 1	
<i>verapamil hcl cap er 24hr 120 mg</i> (VERAPAMIL HCL ER)	Tier 1	
<i>verapamil hcl cap er 24hr 180 mg</i> (VERAPAMIL HCL ER)	Tier 1	
<i>verapamil hcl cap er 24hr 240 mg</i> (VERAPAMIL HCL ER)	Tier 1	
VERAPAMIL HCL ER (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H)	Tier 1	
<i>verapamil hcl tab 120 mg</i>	Tier 1	
<i>verapamil hcl tab 40 mg</i>	Tier 1	
<i>verapamil hcl tab 80 mg</i>	Tier 1	
<i>verapamil hcl tab er 120 mg</i> (VERAPAMIL HCL ER)	Tier 1	
<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		
<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)

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Therapy

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>atenolol & chlorthalidone tab 100-25 mg</i> (ATENOLOL-CHLORTHALIDONE)	Tier 1	
<i>atenolol & chlorthalidone tab 50-25 mg</i> (ATENOLOL-CHLORTHALIDONE)	Tier 1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	Tier 1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	Tier 1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	Tier 1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i> (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	Tier 1	
<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	
CORLANOR (<i>ivabradine hcl</i>) 5 MG/5ML SOLUTION	Tier 2	QLC (20 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)	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>ivabradine hcl tab 5 mg (base equiv)</i>	Tier 2	QLC (2 tabs/day)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	Tier 2	QLC (2 tabs/day)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i> (LISINOPRIL-HYDROCHLOROTHIAZIDE)	Tier 1	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	Tier 1	
NEXLETOL (<i>bempedoic acid</i>) 180 MG TAB	Tier 2	PA, QLC (1 tab/day)
<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)
<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)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VERQUVO (<i>vericiguat</i>) (2.5 MG TAB, 5 MG TAB, 10 MG TAB)	Tier 2	PA, QLC (1 tab/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)
FUROSCIX (<i>furosemide</i>) 80 MG/10ML CART KIT	Tier 4	PA, LA, QLC (1 kit/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>torseamide tab 10 mg</i>	Tier 1	
<i>torseamide tab 100 mg</i>	Tier 1	
<i>torseamide tab 20 mg</i>	Tier 1	
<i>torseamide tab 5 mg</i>	Tier 1	
DIURETICS, POTASSIUM-SPARING		
<i>amiloride hcl tab 5 mg</i>	Tier 1	
<i>eplerenone tab 25 mg</i>	Tier 2	
<i>eplerenone tab 50 mg</i>	Tier 2	
DIURETICS, THIAZIDE		
<i>chlorthalidone tab 25 mg</i>	Tier 1	
<i>chlorthalidone tab 50 mg</i>	Tier 1	
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	
<i>indapamide tab 1.25 mg</i>	Tier 1	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lovastatin tab 40 mg</i>	Tier 1	QLC (2 tabs/day)
<i>pravastatin sodium tab 10 mg</i>	Tier 1	QLC (1 tab/day)
<i>pravastatin sodium tab 20 mg</i>	Tier 1	QLC (1 tab/day)
<i>pravastatin sodium tab 40 mg</i>	Tier 1	QLC (1 tab/day)
<i>pravastatin sodium tab 80 mg</i>	Tier 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 10 mg</i>	Tier 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 20 mg</i>	Tier 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	QLC (1 tab/day)
<i>rosuvastatin calcium tab 5 mg</i>	Tier 1	QLC (1 tab/day)
<i>simvastatin tab 10 mg</i>	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 20 mg</i>	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 40 mg</i>	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 5 mg</i>	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
<i>simvastatin tab 80 mg</i>	Tier 1	QLC (1 tab/day)

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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
NEXLIZET (<i>bempedoic acid-ezetimibe</i>) 180-10 MG TAB	Tier 2	PA, QLC (1 tab/day)
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	Tier 1	
<i>niacin tab er 1000 mg</i> (<i>antihyperlipidemic</i>)(NIACIN ER (ANTIHYPERLIPIDEMIC))	Tier 1	QLC (2 tabs/day)
<i>niacin tab er 500 mg</i> (<i>antihyperlipidemic</i>)(NIACIN ER (ANTIHYPERLIPIDEMIC))	Tier 1	QLC (4 tabs/day)
<i>niacin tab er 750 mg</i> (<i>antihyperlipidemic</i>)(NIACIN ER (ANTIHYPERLIPIDEMIC))	Tier 1	QLC (2 tabs/day)
NIACOR (<i>niacin (antihyperlipidemic)</i>) 500 MG TAB	Tier 1	
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1	QLC (4 caps/day)
REPATHA (<i>evolocumab</i>) 140 MG/ML SOLN PRSYR	Tier 2	PA, QLC (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)
VASCEPA (<i>icosapent ethyl</i>) 0.5 GM CAP	Tier 2	QLC (2 caps/day)
VASCEPA (<i>icosapent ethyl</i>) 1 GM CAP	Tier 2	QLC (4 caps/day)

MINERALOCORTICOID RECEPTOR ANTAGONISTS

KERENDIA (<i>finerenone</i>) (10 MG TAB, 20 MG TAB, 40 MG TAB)	Tier 2	ST, QLC (1 tab/day)
<i>spironolactone tab 100 mg</i>	Tier 1	
<i>spironolactone tab 25 mg</i>	Tier 1	
<i>spironolactone tab 50 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)

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

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

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

VASODILATORS, DIRECT-ACTING ARTERIAL/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	
ISOSORBIDE MONONITRATE (10 MG TAB, 20 MG TAB)	Tier 1	
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i> (ISOSORBIDE MONONITRATE ER)	Tier 1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i> (ISOSORBIDE MONONITRATE ER)	Tier 1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i> (ISOSORBIDE MONONITRATE ER)	Tier 1	
NITRO-BID (<i>nitroglycerin</i>) 2 % OINTMENT	Tier 3	
NITRO-TIME (<i>nitroglycerin</i>) (2.5 MG CAP ER, 6.5 MG CAP ER, 9 MG CAP ER)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
RECTIV (<i>nitroglycerin (intra-anal) 0.4 %</i> OINTMENT)	Tier 3	QLC (30 gm/30 days)

CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

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

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)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
AZSTARYS (<i>serdexmethylphenidate chloride-dexmethylphenidate hcl</i>) (26.1-5.2 MG CAP, 39.2-7.8 MG CAP, 52.3-10.4 MG CAP)	Tier 2	PA, AL1 (Up to 17 yrs old), QLC (1 cap/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 (Zenedi)	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 (Zenedi)	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 (Zenedi)	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dextroamphetamine sulfate tab 20 mg</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
DYANAVEL XR (<i>amphetamine</i>) (5 MG TAB ER, 10 MG TAB ER, 15 MG TAB ER, 20 MG TAB ER)	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (1 tab/day)
DYANAVEL XR (<i>amphetamine</i>) 2.5 MG/ML SUSP	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (8 ml/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)

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

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 2	QLC (4 caps/day)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 2	QLC (1 cap/day)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 2	QLC (4 caps/day)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 2	QLC (4 caps/day)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 2	QLC (2 caps/day)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 2	QLC (1 cap/day)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 2	QLC (1 cap/day)
<i>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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> (GUANFACINE HCL ER)	Tier 1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> (GUANFACINE HCL ER) 4hr	Tier 1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> (GUANFACINE HCL ER)	Tier 1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> (GUANFACINE HCL ER) 2hr	Tier 1	QLC (1 tab/day)
JORNAY PM (<i>methylphenidate hcl</i>) (20 MG CAP ER 24H, 40 MG CAP ER 24H, 60 MG CAP ER 24H, 80 MG CAP ER 24H, 100 MG CAP ER 24H)	Tier 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<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 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	Tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	Tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> (METHYLPHENIDATE HCL ER (LA))	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i> (METHYLPHENIDATE HCL ER (XR))	Tier 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl cap er 30 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	Tier 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>methylphenidate hcl cap er 40 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	Tier 1	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 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
METHYLPHENIDATE HCL ER(DIFFUS) 36 MG TAB	Tier 1	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl tab er diffusion 27 mg</i> (METHYLPHENIDATE HCL ER(DIFFUS))	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er diffusion 36 mg</i> (METHYLPHENIDATE HCL ER(DIFFUS))	Tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl tab er diffusion 54 mg</i> (METHYLPHENIDATE HCL ER(DIFFUS))	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> (METHYLPHENIDATE HCL ER (OSM))	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> (METHYLPHENIDATE HCL ER)	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER (OSM))	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER)	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> (METHYLPHENIDATE HCL ER (OSM))	Tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> (METHYLPHENIDATE HCL ER)	Tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> (METHYLPHENIDATE HCL ER (OSM))	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> (METHYLPHENIDATE HCL ER)	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate 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)
QUILLICHEW ER (<i>methylphenidate hcl</i>) (ER 20 MG, ER 40 MG)	Tier 2	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
QUILLICHEW ER (<i>methylphenidate hcl</i>) 30 MG CH	Tier 2	PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
QUILLIVANT XR (<i>methylphenidate hcl</i>) 25 MG/5ML SRER	Tier 2	PA, AL1 (Up to 17 yrs old), QLC (12 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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CENTRAL NERVOUS SYSTEM, OTHER

ADIPEX-P (<i>phentermine hcl</i>) 37.5 MG CAP	Tier 1	PA, QLC (1 cap/day)
AUSTEDO (<i>deutetrabenazine</i>) (6 MG TAB, 9 MG TAB, 12 MG TAB)	Tier 3	PA, S (Specialty Drug), QLC (4 tabs/day)
AUSTEDO XR (<i>deutetrabenazine</i>) (6 MG TAB ER 24H, 18 MG TAB ER 24H, 30 MG TAB ER 24H, 36 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H)	Tier 3	PA, S (Specialty Drug), QLC (1 tab/day)
AUSTEDO XR (<i>deutetrabenazine</i>) 12 MG TAB ER 24H	Tier 3	PA, S (Specialty Drug), QLC (1 tab/day)
AUSTEDO XR (<i>deutetrabenazine</i>) 24 MG TAB ER 24H	Tier 3	PA, S (Specialty Drug), QLC (2 tabs/day)
AUSTEDO XR PATIENT TITRATION (<i>deutetrabenazine</i>) 12 & 18 & 24 & 30 MG TBER THPK	Tier 3	PA, S (Specialty Drug), QLC (28 tabs/28 day; max 2 fills/365 days)
AUSTEDO XR PATIENT TITRATION (<i>deutetrabenazine</i>) 6 & 12 & 24 MG TBER THPK	Tier 3	PA, S (Specialty Drug), QLC (42 tabs/28 days; max 2 fills/365 days)
<i>benzphetamine hcl tab 50 mg</i>	Tier 1	PA, QLC (3 tabs/day)
<i>butalbital-acetaminophen tab 50-325 mg</i>	Tier 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BAC (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)
DIETHYLPROPION HCL ER 75 MG TAB 24H	Tier 1	PA, QLC (1 tab/day)
<i>diethylpropion hcl tab 25 mg</i>	Tier 1	PA, QLC (3 tabs/day)
GRALISE (<i>gabapentin (once-daily)</i>) (750 MG TAB, 900 MG TAB)	Tier 3	ST, QLC (2 tabs/day)
GRALISE (<i>gabapentin (once-daily)</i>) 300 MG TAB	Tier 3	ST, QLC (1 tab/day)
GRALISE (<i>gabapentin (once-daily)</i>) 450 MG TAB	Tier 3	ST, QLC (3 tabs/day)
GRALISE (<i>gabapentin (once-daily)</i>) 600 MG TAB	Tier 3	ST, QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HORIZANT (<i>gabapentin enacarbil</i>) (300 MG TAB ER, 600 MG TAB ER)	Tier 3	PA, QLC (2 tabs/day)
INGREZZA (<i>valbenazine tosylate</i>) (40 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)
NUEDEXTA (<i>dextromethorphan hbr-quinidine sulfate</i>) 20-10 MG CAP	Tier 2	PA, QLC (2 caps/day)
<i>phendimetrazine tartrate tab 35 mg</i>	Tier 1	PA, QLC (6 tabs/day)
<i>phentermine hcl cap 15 mg</i>	Tier 1	PA, QLC (1 cap/day)
<i>phentermine hcl cap 30 mg</i>	Tier 1	PA, QLC (1 cap/day)
<i>phentermine hcl cap 37.5 mg</i>	Tier 1	PA, QLC (1 cap/day)
<i>phentermine hcl tab 37.5 mg</i>	Tier 1	PA, QLC (1 tab/day)
<i>phentermine hcl tab 8 mg</i>	Tier 1	PA, QLC (3 tabs/day)
phentermine hcl tab 8 mg (Lomaira)	Tier 1	PA, QLC (3 tabs/day)
<i>phentermine hcl-topiramate cap er 24hr 11.25-69 mg</i> (PHENTERMINE-TOPIRAMATE ER)	Tier 3	PA, QLC (1 cap/day)
<i>phentermine hcl-topiramate cap er 24hr 11.25-69 mg</i> (PHENTERMINE-TOPIRAMATE ERXDNU)	Tier 3	PA, QLC (1 cap/day)
<i>phentermine hcl-topiramate cap er 24hr 15-92 mg</i> (PHENTERMINE-TOPIRAMATE ER)	Tier 3	PA, QLC (1 cap/day)
<i>phentermine hcl-topiramate cap er 24hr 15-92 mg</i> (PHENTERMINE-TOPIRAMATE ERXDNU)	Tier 3	PA, QLC (1 cap/day)
<i>phentermine hcl-topiramate cap er 24hr 3.75-23 mg</i> (PHENTERMINE-TOPIRAMATE ER)	Tier 3	PA, QLC (1 cap/day)
<i>phentermine hcl-topiramate cap er 24hr 3.75-23 mg</i> (PHENTERMINE-TOPIRAMATE ERXDNU)	Tier 3	PA, QLC (1 cap/day)
<i>phentermine hcl-topiramate cap er 24hr 7.5-46 mg</i> (PHENTERMINE-TOPIRAMATE ER)	Tier 3	PA, QLC (1 cap/day)
<i>phentermine hcl-topiramate cap er 24hr 7.5-46 mg</i> (PHENTERMINE-TOPIRAMATE ERXDNU)	Tier 3	PA, QLC (1 cap/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VYLEESI (<i>bremelanotide acetate</i>) 1.75 MG/0.3ML SOLN A-INJ	Tier 3	PA, LA, QLC (8 doses/30 days)
FIBROMYALGIA AGENTS		
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Tier 1	QLC (2 caps/day)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1	QLC (3 caps/day)
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	Tier 1	QLC (2 caps/day)
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	QLC (2 caps/day)
<i>pregabalin cap 100 mg</i>	Tier 2	QLC (3 caps/day)
<i>pregabalin cap 150 mg</i>	Tier 2	QLC (3 caps/day)
<i>pregabalin cap 200 mg</i>	Tier 2	QLC (3 caps/day)
<i>pregabalin cap 225 mg</i>	Tier 2	QLC (2 caps/day)
<i>pregabalin cap 25 mg</i>	Tier 2	QLC (3 caps/day)
<i>pregabalin cap 300 mg</i>	Tier 2	QLC (2 caps/day)
<i>pregabalin cap 50 mg</i>	Tier 2	QLC (3 caps/day)
<i>pregabalin cap 75 mg</i>	Tier 2	QLC (3 caps/day)
<i>pregabalin soln 20 mg/ml</i>	Tier 2	QLC (30 ml/day)
MULTIPLE SCLEROSIS AGENTS		
AVONEX PEN (<i>interferon beta-1a</i>) 30 MCG/0.5ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (4 injections/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)
BETASERON (<i>interferon beta-1b</i>) 0.3 MG KIT	Tier 4	PA, S (Specialty Drug), QLC (15 injections/30 days)
<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)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
MAVENCLAD (10 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (20 tabs/365 days)
MAVENCLAD (4 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (20 tabs/365 days)
MAVENCLAD (5 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (20 tabs/365 days)
MAVENCLAD (6 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (20 tabs/365 days)
MAVENCLAD (7 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (20 tabs/365 days)
MAVENCLAD (8 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (20 tabs/365 days)
MAVENCLAD (9 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (20 tabs/365 days)
MAYZENT (<i>siponimod fumarate</i>) (1 MG TAB, 2 MG TAB)	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
MAYZENT (<i>siponimod fumarate</i>) 0.25 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)
MAYZENT STARTER PACK (<i>siponimod fumarate</i>) 12 X 0.25 MG TAB THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (12 tabs/28 days; max 2 fills/365 days)
MAYZENT STARTER PACK (<i>siponimod fumarate</i>) 7 X 0.25 MG TAB THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (7 tabs/28 days; max 2 fills/365 days)
PLEGRIDY (<i>peginterferon beta-1a</i>) 125 MCG/0.5ML SOLN A-INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
PLEGRIDY (<i>peginterferon beta-1a</i>) 125 MCG/0.5ML 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
PLEGRIDY STARTER PACK (<i>peginterferon beta-1a</i>) (PACK 63 94 MCG/0.5ML SOLN A-INJ, PACK 63 94 MCG/0.5ML SOLN PRSYR)	Tier 4	PA, LA, S (Specialty Drug), QLC (1 starter pack/12 months)
REBIF (<i>interferon beta-1a</i>) (22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR)	Tier 4	PA, S (Specialty Drug), QLC (12 injections/28 days)
REBIF REBIDOSE (<i>interferon beta-1a</i>) (22 MCG/0.5ML SOLN A-INJ, 44 MCG/0.5ML SOLN A-INJ)	Tier 4	PA, S (Specialty Drug), QLC (12 injections/28 days)
REBIF REBIDOSE TITRATION PACK (<i>interferon beta-1a</i>) 6X8.8 & 6X22 MCG SOLN A-INJ	Tier 4	PA, S (Specialty Drug), QLC (4.2 ml/28 days; max 2 fills/365 days)
REBIF TITRATION PACK (<i>interferon beta-1a</i>) 6X8.8 & 6X22 MCG SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (4.2 ml/28 days; max 2 fills/365 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>dirximel 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)

DENTAL AND ORAL AGENTS

<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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Therapy

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

ABSORICA LD (<i>isotretinoin micronized</i>) (8 MG CAP, 16 MG CAP, 24 MG CAP, 32 MG CAP)	Tier 4	
<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)
AKLIEF (<i>trifarotene</i>) 0.005 % CREAM	Tier 3	PA, QLC (45 gm/30 days)
AMZEEQ (<i>minocycline hcl micronized (acne)</i>) 4 % FOAM	Tier 3	PA, QLC (1 bottle/30 days)
<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%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	Tier 1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	Tier 1	
<i>isotretinoin cap 10 mg</i>	Tier 1	
isotretinoin cap 10 mg (Accutane)	Tier 1	
isotretinoin cap 10 mg (Amnesteem)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
isotretinoin cap 10 mg (Claravis)	Tier 1	
isotretinoin cap 10 mg (Myorisan)	Tier 1	
isotretinoin cap 10 mg (Zenatane)	Tier 1	
<i>isotretinoin cap 20 mg</i>	Tier 1	
isotretinoin cap 20 mg (Accutane)	Tier 1	
isotretinoin cap 20 mg (Amnesteem)	Tier 1	
isotretinoin cap 20 mg (Claravis)	Tier 1	
isotretinoin cap 20 mg (Myorisan)	Tier 1	
isotretinoin cap 20 mg (Zenatane)	Tier 1	
<i>isotretinoin cap 30 mg</i>	Tier 1	
isotretinoin cap 30 mg (Accutane)	Tier 1	
isotretinoin cap 30 mg (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	
SOOLANTRA (<i>ivermectin (rosacea)</i>) 1% CREAM	Tier 3	QLC (1 bottle (45gm))/30 days)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tretinoin cream 0.1%</i>	Tier 1	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.01%</i>	Tier 2	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.025%</i>	Tier 1	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.05%</i>	Tier 2	PA
WINLEVI (<i>clascoterone</i>) 1 % CREAM	Tier 4	QLC (60 gm/30 days)
ZILXI (<i>minocycline hcl micronized (rosacea)</i>) 1.5 % FOAM	Tier 2	QLC (1 bottle/30 days)

DERMATITIS AND PRURITUS AGENTS

ADBRY (<i>tralokinumab-ldrm</i>) 150 MG/ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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-SMOOTH/FS BODY (<i>fluocinolone acetonide</i>) 0.01 % OIL	Tier 2	
DERMA-SMOOTH/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
EUCRISA (<i>crisaborole</i>) 2 % OINTMENT	Tier 2	QLC (100 gm/30 days)
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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	
VTAMA (<i>tapinarof</i>) 1 % CREAM	Tier 4	PA, QLC (60 gm/30 days)

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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
calcipotriene oint 0.005% (Calcitrene)	Tier 1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 1	
<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)
CIBINQO (<i>abrocitinib</i>) (50 MG TAB, 100 MG TAB, 200 MG TAB)	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	Tier 1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	Tier 1	
CLOTRIMAZOLE-BETAMETHASONE (<i>clotrimazole w/ betamethasone</i>) 1-0.05 % LOTION	Tier 1	
DUOBRII (<i>halobetasol propionate-tazarotene</i>) 0.01-0.045 % LOTION	Tier 4	PA, QLC (200 gm/28 days)
ENSTILAR (<i>calcipotriene-betamethasone dipropionate</i>) 0.005-0.064 % FOAM	Tier 2	QLC (420gm/30 days)
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)
KLISYRI (250 MG) (<i>tirbanibulin</i>) 1 % OINTMENT	Tier 4	QLC (5 packets/30 days)
KLISYRI (350 MG) (<i>tirbanibulin</i>) 1 % OINTMENT	Tier 4	QLC (5 packets/30 days)
METHOXSALLEN RAPID 10 MG CAP	Tier 1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 1	
OPZELURA (<i>ruxolitinib phosphate (topical)</i>) 1.5 % CREAM	Tier 3	PA, QLC (240 gm/28 days)
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	
PROCTOFOAM HC (<i>hydrocortisone acetate w/ pramoxine</i>) PROCTO1	Tier 3	
<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	
SODIUM SULFACETAMIDE-BAKUCHIOL (<i>sulfacetamide sodium in bakuchiol vehicle</i>) 10 % LIQUID	Tier 1	
SSS 10-5 (<i>sulfacetamide sodium w/ sulfur</i>) % CREAM	Tier 1	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i> (SULFACETAMIDE SODIUM-SULFUR)	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 Lice and Scabies)

<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

<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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
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 iron polysacch complex -fa-omega 3</i>) 53.5-38-1 MG CAP	Tier 1	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NATALCHEW (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 29-1 MG TAB	Tier 1	
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 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	
<i>potassium chloride microencapsulated crys er tab 10 meq</i> (POTASSIUM CHLORIDE CRYE ER)	Tier 1	
potassium chloride microencapsulated crys er tab 15 meq (Klor-Con M15)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>potassium chloride microencapsulated crys er tab 15 meq</i> (POTASSIUM CHLORIDE CRYs 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 CRYs 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	
<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	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
PREPLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	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)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) 53.5-38-1 MG CAP	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	
WESCAP-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 27-0.6-0.4-300 MG	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WESNATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	Tier 1	
WESTAB PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) WES27-1 MG	Tier 1	
ZATEAN-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 27-0.6-0.4-300 MG CAP	Tier 1	
ZATEAN-PN PLUS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>) 28-0.6-0.4-340 MG CAP	Tier 1	
ELECTROLYTE/MINERAL/METAL MODIFIERS		
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)		
AURYXIA (<i>ferric citrate</i>) 1 GM 210 MG(FE) TAB	Tier 3	PA, QLC (12 tabs/day)
<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		
<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	
VELTASSA (<i>patiromer sorbitex calcium</i>) (8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET)	Tier 4	QLC (1 packet/day)
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%) gm/0ml (0%)</i>	Tier 1	
<i>levocarnitine tab 330 mg</i>	Tier 1	
NASCOBAL (<i>cyanocobalamin</i>) 500 MCG/0.1ML SOLUTION	Tier 3	QLC (1 bottle/week)
TRI-VITE/FLUORIDE (<i>pediatric vitamins acd w/ fluoride</i>) (0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION)	Tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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	
<i>lactulose solution 10 gm/15ml</i>	Tier 1	
lactulose solution 10 gm/15ml (Constulose)	Tier 1	
<i>lubiprostone cap 24 mcg</i>	Tier 1	AL1 (At least 18 yrs old), QLC (2 caps/day)
<i>lubiprostone cap 8 mcg</i>	Tier 1	AL1 (At least 18 yrs old), QLC (2 caps/day)
MOVANTI ^K (<i>naloxegol oxalate</i>) (12.5 MG TAB, 25 MG TAB)	Tier 2	AL1 (At least 18 yrs old), QLC (1 tab/day)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-N With Flavor Pack)	Tier 1	ACA (Preventive Health)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (PEG 3350-KCL-NA BICARB-NACL)	Tier 1	ACA (Preventive Health)
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)
SYMPROIC (<i>naldemedine tosylate</i>) 0.2 MG TAB	Tier 2	PA, QLC (1 tab/day)
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>alose^{tr}on hcl tab 0.5 mg (base equiv)</i>	Tier 4	PA
<i>alose^{tr}on hcl tab 1 mg (base equiv)</i>	Tier 4	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
VIBERZI (<i>eluxadoline</i>) (75 MG TAB, 100 MG TAB)	Tier 2	QLC (2 tabs/day)
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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GASTROINTESTINAL AGENTS, OTHER (Other Drugs for 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)
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 (Preventive Health)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (PEG-3350/ELECTROLYTES)	Tier 1	ACA (Preventive Health)
TALICIA (<i>amoxicillin-rifabutin-omeprazole</i>) 250-12.5-10 MG CAP DR	Tier 2	QLC (168 caps/28 days)
<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>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)

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

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic, Enzyme or Protein 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)
NITYR (<i>nitisinone</i>) 10 MG TAB	Tier 4	PA, LA, QLC (14 tabs/day)
NITYR (<i>nitisinone</i>) 2 MG TAB	Tier 4	PA, LA, QLC (70 tabs/day)
NITYR (<i>nitisinone</i>) 5 MG TAB	Tier 4	PA, LA, QLC (28 tabs/day)
STRENSIQ (<i>asfotase alfa</i>) (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION)	Tier 4	PA, LA, QLC (24 vials/28 days)
TEGSEDI (<i>inotersen sodium</i>) 284 MG/1.5ML SOLN PRSYR	Tier 4	PA, LA, QLC (1 syringe/week)
VYNDAMAX (<i>tafamidis</i>) 61 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VYNDAQEL (<i>tafamidis meglumine (cardiac)</i>) 20 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day)
ZENPEP (<i>pancrelipase (lipase-protease-amylase)</i>) (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART)	Tier 2	

GENITOURINARY AGENTS (Drugs for 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	
GEMTESA (<i>vibegron</i>) 75 MG TAB	Tier 3	QLC (1 tab/day)
<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)
MYRBETRIQ (<i>mirabegron</i>) 8 MG/ML SRER	Tier 2	QLC (10 ml/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)

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

BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ELMIRON (<i>pentosan polysulfate sodium</i>) 100 MG CAP	Tier 3	
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	
POT & SOD CIT-CIT AC (<i>pot & sod citrates w/citric ac</i>) 550-500-334 MG/5ML SOLUTION	Tier 1	
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i> (POT & SOD CIT-CIT AC)	Tier 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-Phos 250 Neutral) ic	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
TRICITRATES (<i>pot & sod citrates w/citric ac</i>) 550-500-334 MG/5ML SOLUTION	Tier 1	
WES-PHOS 250 NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>) 155-852-130 MG TAB	Tier 1	

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

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

ACTHAR (<i>corticotropin</i>) 80 UNIT/ML GEL	Tier 4	PA, LA, S (Specialty Drug)
ACTHAR GEL (<i>corticotropin</i>) 40 UNIT/0.5ML PEN	Tier 4	PA, LA, S (Specialty Drug), QLC (0.5 ml/day)
ACTHAR GEL (<i>corticotropin</i>) 80 UNIT/ML PEN	Tier 4	PA, LA, S (Specialty Drug), QLC (1 ml/day)
CORTISONE ACETATE 25 MG TAB	Tier 1	
DEXAMETHASONE 0.5 MG/5ML SOLUTION	Tier 1	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
dexamethasone tab 0.5 mg (Decadron)	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
dexamethasone tab 0.75 mg (Decadron)	Tier 1	
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dexamethasone tab 4 mg</i>	Tier 1	
dexamethasone tab 4 mg (Decadron)	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
dexamethasone tab 6 mg (Decadron)	Tier 1	
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	
<i>methylprednisolone tab 4 mg</i>	Tier 1	
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
MIFEPREX (<i>mifepristone</i>) 200 MG TAB	Tier 3	QLC (1 tablet/fill)
<i>mifepristone tab 200 mg</i>	Tier 1	QLC (1 tablet/fill)
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> (PREDNISOLONE SODIUM PHOSPHATE)	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)	Tier 1	
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE) <i>mg/ml</i>	Tier 1	
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone soln 15 mg/5ml</i>	Tier 1	
PREDNISON 5 MG/5ML SOLUTION	Tier 1	
PREDNISON INTENSOL 5 MG/ML CONC	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
RAYOS (<i>prednisone</i>) 1 MG TAB DR	Tier 4	QLC (1 tab/day)
RAYOS (<i>prednisone</i>) 2 MG TAB DR	Tier 4	QLC (2 tabs/day)
RAYOS (<i>prednisone</i>) 5 MG TAB DR	Tier 4	QLC (12 tabs/day)

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

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

<i>desmopressin acetate nasal spray soln 0.01%</i> (DESMOPRESSIN ACETATE SPRAY)	Tier 1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> (DESMOPRESSIN ACE SPRAY REFRIG)	Tier 1	
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	
FOLLISTIM AQ (<i>follitropin beta</i>) (300 UNT/0.36ML SOLUTION, 600 UNT/0.72ML SOLUTION, 900 UNT/1.08ML SOLUTION)	Tier 4	PA, S (Specialty Drug)
GENOTROPIN (<i>somatropin</i>) (5 MG CARTRIDGE, 12 MG CARTRIDGE)	Tier 4	PA, S (Specialty Drug)
GENOTROPIN MINIQUICK (<i>somatropin</i>) (0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR)	Tier 4	PA, S (Specialty Drug)
INCRELEX (<i>mecasermin</i>) 40 MG/4ML SOLUTION	Tier 4	PA, LA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MYFEMBREE (<i>relugolix-estradiol-norethindrone acetate</i>) 40-1-0.5 MG TAB	Tier 2	PA, QLC (1 tab/day)
OMNITROPE (<i>somatropin</i>) (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN)	Tier 4	PA, LA, S (Specialty Drug)
OVIDREL (<i>choriogonadotropin alfa</i>) 250 MCG/0.5ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/28 days)
PREGNYL (<i>chorionic gonadotropin</i>) 10000 UNIT RECON SOLN	Tier 4	PA, S (Specialty Drug)
SKYTROFA (<i>lonapegsomatropin-tcgd</i>) (0.7 MG CARTRIDGE, 1.4 MG CARTRIDGE, 1.8 MG CARTRIDGE, 2.1 MG CARTRIDGE, 2.5 MG CARTRIDGE, 3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE)	Tier 4	PA, LA, S (Specialty Drug)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)

<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>methyltestosterone</i>) 10 MG TAB	Tier 3	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
<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)
<i>testosterone td soln 30 mg/act</i>	Tier 1	PA, QLC (2 bottles/28 days)
XYOSTED (<i>testosterone enanthate</i>) (50 MG/0.5ML SOLN A-INJ, 75 MG/0.5ML SOLN A-INJ, 100 MG/0.5ML SOLN A-INJ)	Tier 3	PA, QLC (1 injection/week)

ESTROGENS (Contraceptives and Drugs for Menopause)

ANGELIQ (<i>drospirenone-estradiol</i>) (0.25-0.5 MG TAB, 0.5-1 MG TAB)	Tier 3	QLC (1 tab/day)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CLIMARA PRO (<i>estradiol-levonorgestrel</i>) 0.045-0.015 MG/DAY PATCH WK	Tier 2	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) (Pimtrea)	Tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya)	Tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	Tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea)	Tier 1	ACA (Preventive Health)
desogest-ethin est tab 0.1-0.025/0.125- 0.025/0.15-0.025mg-mg (Caziant)	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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	
ELESTRIN (<i>estradiol</i>) 0.52 MG/0.87 GM (0.06%) GEL	Tier 3	QLC (1 package (2 bottles)/ 30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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 2	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 2	QLC (1 pack/day)
<i>estradiol td gel 0.5 mg/0.5gm (0.1%) mg/gm</i>	Tier 2	QLC (1 pack/day)
<i>estradiol td gel 0.75 mg/0.75gm (0.1%) mg/gm</i>	Tier 2	QLC (1 pack/day)
<i>estradiol td gel 1 mg/gm (0.1%) (0.%)</i>	Tier 2	QLC (1 pack/day)
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	Tier 2	QLC (1 pack/day)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Tier 1	QLC (16 patches/28 days)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
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 (Yuvafem)	Tier 1	
<i>estradiol valerate im in oil 10 mg/ml</i>	Tier 1	
<i>estradiol valerate im in oil 20 mg/ml</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 2	QLC (1 ring/90 days)
ESTROGEL (<i>estradiol</i>) 0.75 MG/1.25 GM (0.06%)	Tier 2	QLC (1 bottle/30 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	
<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)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e (28))	Tier 1	ACA (Preventive Health)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	Tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	Tier 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Valtya 1/50)	Tier 1	ACA (Preventive Health)
EVAMIST (<i>estradiol</i>) 1.53 MG/SPRAY SOLUTION	Tier 3	QLC (2 bottles/30 days)
FEMLYV (<i>norethindrone acet & eth estro</i>) 1-0.02 MG TAB DISP	Tier 3	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> (LEVONORGEST-ETH ESTRAD 91-DAY)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Larissia)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina)	Tier 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienva)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Ayuna)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal)	Tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo)	Tier 1	ACA (Preventive Health)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (LEVONORGESTREL-ETHINYL ESTRAD)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30 (28))	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Lillow)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa)	Tier 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28)	Tier 1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28)	Tier 1	ACA (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest)	Tier 1	ACA (Preventive Health)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> (LEVONORG-ETH ESTRAD TRIPHASIC)	Tier 1	ACA (Preventive Health)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MENEST (<i>esterified estrogens</i>) (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB)	Tier 3	
NATAZIA (<i>estradiol valerate-dienogest</i>) 3/2-2/2-3/1 MG TAB	Tier 3	ACA (Preventive Health)
NEXTSTELLIS (<i>drospirenone-estetrol</i>) 3-14.2 MG TAB	Tier 3	ACA (Preventive Health)
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (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)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva)	Tier 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (BRIELLYN)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35 (28))	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Cyclafem 1/35)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (21))	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (28))	Tier 1	ACA (Preventive Health)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE)	Tier 3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taysofy)	Tier 3	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Aurovela 24 Fe)	Tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Blisovi 24 Fe)	Tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Hailey 24 Fe)	Tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Junel Fe 24)	Tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	Tier 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Microgestin 24 Fe)	Tier 1	ACA (Preventive Health)
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 (Cyclafem 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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (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)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Nymyo)	Tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Previfem)	Tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Sprintec 28)	Tier 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Vylibra)	Tier 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (NORGESTIM-ETH ESTRAD TRIPHASIC)	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-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)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Previfem)	Tier 1	ACA (Preventive Health)
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 (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)	Tier 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)	Tier 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-Ogestrel)	Tier 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Turqoz)	Tier 1	ACA (Preventive Health)
NUVARING (<i>etonogestrel-ethinyl estradiol</i>) NUVA0.12-0.015 MG/24HR	Tier 2	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREMARIN (<i>estrogens, conjugated vaginal</i>) 0.625 MG/GM CREAM	Tier 2	
PREMARIN (<i>estrogens, conjugated</i>) (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB)	Tier 3	
PREMPHASE (<i>conjugated estrogens-medroxyprogesterone acetate</i>) 0.625-5 MG TAB	Tier 2	QLC (28 tabs/28 days)
PREMPRO (<i>conjugated estrogens-medroxyprogesterone acetate</i>) (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB)	Tier 2	QLC (28 tabs/28 days)
TYBLUME (<i>levonorgestrel & eth estradiol</i>) 0.1-20 MG-MCG CHEW TAB	Tier 3	ACA (Preventive Health)
VELIVET (<i>desogestrel-ethinyl estradiol (triphasic)</i>) 0.1/0.125/0.15 -0.025 MG TAB	Tier 1	ACA (Preventive Health)

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

COMBIPATCH (<i>estradiol & norethindrone acetate</i>) (0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW)	Tier 3	QLC (8 patches/28 days)
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)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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PROGESTINS

ELLA (<i>ulipristal acetate</i>) 30 MG TAB	Tier 3	ACA (Preventive Health), QLC (1 tab/fill)
ENDOMETRIN (<i>progesterone (vaginal)</i>) 100 MG INSERT	Tier 3	PA
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	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)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 im in oil 50 mg/ml</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	
DUAVEE (<i>conjugated estrogens-bazedoxifene</i>) 0.45-20 MG TAB	Tier 2	QLC (1 tab/day)
<i>raloxifene hcl tab 60 mg</i>	Tier 1	ACA (Preventive Health), QLC (1 tab/day)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for the Thyroid)

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

ARMOUR THYROID (15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB)	Tier 3	
ERMEZA (<i>levothyroxine sodium</i>) 150 MCG/5ML SOLUTION	Tier 3	PA, QLC (10ml/day)
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levothyroxine sodium tab 112 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 125 mcg</i>	Tier 1	
levothyroxine sodium tab 125 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 125 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 137 mcg</i>	Tier 1	
levothyroxine sodium tab 137 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 137 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 150 mcg</i>	Tier 1	
levothyroxine sodium tab 150 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 150 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 175 mcg</i>	Tier 1	
levothyroxine sodium tab 175 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 175 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1	
levothyroxine sodium tab 200 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 200 mcg (Levoxyl)	Tier 3	
<i>levothyroxine sodium tab 25 mcg</i>	Tier 1	
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	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TIROSINT-SOL (<i>levothyroxine sodium</i>) (13 MCG/ML SOLUTION, 25 MCG/ML SOLUTION, 37.5 MCG/ML SOLUTION, 44 MCG/ML SOLUTION, 50 MCG/ML SOLUTION, 62.5 MCG/ML SOLUTION, 75 MCG/ML SOLUTION, 88 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 112 MCG/ML SOLUTION, 125 MCG/ML SOLUTION, 137 MCG/ML SOLUTION, 150 MCG/ML SOLUTION, 175 MCG/ML SOLUTION, 200 MCG/ML SOLUTION)	Tier 3	

HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)

<i>cabergoline tab 0.5 mg</i>	Tier 1	QLC (16 tabs/28 days)
<i>cetorelix acetate for inj kit 0.25 mg</i>	Tier 4	PA, S (Specialty Drug)
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	Tier 4	PA, S (Specialty Drug)
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Fyremadel)	Tier 4	PA, S (Specialty Drug)
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 4	PA, S (Specialty Drug)
OCTREOTIDE ACETATE (50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR)	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
ORIAHNN (<i>elagolix sodium-estradiol-norethindrone acetate</i>) 300-1-0.5 & 300 MG CAP THPK	Tier 4	PA, QLC (2 caps/day)
ORLISSA (<i>elagolix sodium</i>) 150 MG TAB	Tier 4	PA, QLC (1 tab/day)
ORLISSA (<i>elagolix sodium</i>) 200 MG TAB	Tier 4	PA, QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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SYNAREL (<i>nafarelin acetate</i>) 2 MG/ML SOLUTION	Tier 4	PA, QLC (16 ml/30 days)
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HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drugs for the Thyroid)

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)
ORLADEYO (<i>berotralstat hcl</i>) (110 MG CAP, 150 MG CAP)	Tier 4	PA, LA, QLC (1 cap/day)
ORLADEYO (<i>berotralstat hcl</i>) (72 MG PACKET, 96 MG PACKET, 108 MG PACKET, 132 MG PACKET)	Tier 4	PA, LA, QLC (1 packet/day)
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)

IMMUNOLOGICAL AGENTS, OTHER

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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
DUPIXENT (<i>dupilumab</i>) 200 MG/1.14ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
DUPIXENT (<i>dupilumab</i>) 300 MG/2ML SOLN 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)
GRASTEK (<i>timothy grass pollen allergen extract</i>) 2800 BAU SL TAB	Tier 3	PA, QLC (1 tab/day)
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)
ODACTRA (<i>dust mite mixed allergen extract</i>) 12 SQ-HDM SL TAB	Tier 3	PA, QLC (1 tab/day)
OLUMIANT (<i>baricitinib</i>) (1 MG TAB, 2 MG TAB, 4 MG TAB)	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORALAIR (<i>grass mixed pollens allergen extract</i>) ORALA300 SL TAB	Tier 3	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORALAIR ADULT STARTER PACK (<i>grass mixed pollens allergen extract</i>) ORALA300 SL TAB	Tier 3	PA, LA, S (Specialty Drug), QLC (1 tab/day; 2 fills/365 days)
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)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
SELARSDI (<i>ustekinumab-aekn</i>) 45 MG/0.5ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (0.5 ml/84 day)
SELARSDI (<i>ustekinumab-aekn</i>) 45 MG/0.5ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (0.5ml/84 days)
SELARSDI (<i>ustekinumab-aekn</i>) 90 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 ml/84 days)
SKYRIZI (150 MG DOSE) (<i>risankizumab-rzaa</i>) 75 /0.83ML PEF SY KT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/84 days)
SKYRIZI (<i>risankizumab-rzaa (crohn's)</i>) (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART)	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/56 days)
SKYRIZI (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
SKYRIZI PEN (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN 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)
STELARA (<i>ustekinumab</i>) (45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR)	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (1 vial/84 days)
STEQEYMA (<i>ustekinumab-stba</i>) 45 MG/0.5ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
STEQEYMA (<i>ustekinumab-stba</i>) 90 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
TREMFYA (<i>guselkumab (gastrointestinal)</i>) 200 MG/2ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 ml/28 days)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/8 weeks)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
XELJANZ (<i>tofacitinib citrate</i>) (5 MG TAB, 10 MG TAB)	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
XELJANZ (<i>tofacitinib citrate</i>) 1 MG/ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (10 ml/day)
XELJANZ XR (<i>tofacitinib citrate</i>) (11 MG TAB ER 24H, 22 MG TAB ER 24H)	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
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		
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 RECON SOLN, 18000000 RECON SOLN, 50000000 RECON SOLN)	Tier 4	LA, S (Specialty Drug)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)

IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)

ADALIMUMAB-AATY (1 PEN) 40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ADALIMUMAB-AATY (1 PEN) 80 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (3 pens/365 days)
ADALIMUMAB-AATY (2 PEN) 40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ADALIMUMAB-AATY (2 SYRINGE) RINGE) 20 MG/0.2ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADALIMUMAB-AATY (2 SYRINGE) RINGE) 40 MG/0.4ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADALIMUMAB-AATY CD/UC/HS START 80 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (3 pens/365 days)
ADALIMUMAB-ADAZ (10 MG/0.1ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR)	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN A-INJ	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADALIMUMAB-ADAZ 80 MG/0.8ML SOLN A-INJ	Tier 4	PA, S (Specialty Drug), QLC (Starter Pack (3 pens/365 days); maintenance (2 pens/28 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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
ENBREL SURECLICK (<i>etanercept</i>) 50 MG/ML SOLN A-INJ	Tier 4	PA, S (Specialty Drug), QLC (4 ml/28 days)
<i>everolimus tab 0.25 mg</i>	Tier 4	QLC (2 tabs/day)
<i>everolimus tab 0.5 mg</i>	Tier 4	QLC (4 tabs/day)
<i>everolimus tab 0.75 mg</i>	Tier 4	QLC (2 tabs/day)
<i>everolimus tab 1 mg</i>	Tier 4	QLC (2 tabs/day)
HADLIMA (<i>adalimumab-bwwd</i>) (40 MG/0.4ML SOLN PRSYR, 40 MG/0.8ML SOLN PRSYR)	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
HADLIMA PUSHTOUCH (<i>adalimumab-bwwd</i>) (40 MG/0.4ML SOLN A-INJ, 40 MG/0.8ML SOLN A-INJ)	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
HUMIRA (1 PEN) (<i>adalimumab</i>) 80 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (1 carton/365 days)
HUMIRA (2 PEN) (<i>adalimumab</i>) 40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens [1 kit]/28 days)
HUMIRA (2 PEN) (<i>adalimumab</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton])/ year; Maintenance (2 pens/28 days))

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMIRA (2 PEN) (<i>adalimumab</i>) 80 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens (1 kit)/ 28 days)
HUMIRA (2 SYRINGE) (<i>adalimumab</i>) RINGE) 20 MG/0.2ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (1 kit (2 syr)/28 days)
HUMIRA (2 SYRINGE) (<i>adalimumab</i>) RINGE) 40 MG/0.4ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes (1 kit)/28 days)
HUMIRA (2 SYRINGE) (<i>adalimumab</i>) RINGE) 40 MG/0.8ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
HUMIRA (<i>adalimumab</i>) 10 MG/0.1ML PREF SY KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes [1 kit]/28 days)
HUMIRA-CD/UC/HS STARTER (<i>adalimumab</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton])/ year; Maintenance (2 pens/28 days))
HUMIRA-CD/UC/HS STARTER (<i>adalimumab</i>) 80 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (1 carton/365 days)
HUMIRA-PED<40KG CROHNS STARTER (<i>adalimumab</i>) 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	Tier 4	PA, S (Specialty Drug), QLC (2 syr [1 kit]/365 days)
HUMIRA-PED>/=40KG CROHNS START (<i>adalimumab</i>) 80 MG/0.8ML PREF SY KT	Tier 4	PA, S (Specialty Drug), QLC (3 syr [1 kit]/365 days)
HUMIRA-PED>/=40KG UC STARTER (<i>adalimumab</i>) 80 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (1 carton/365 days)
HUMIRA-PS/UV/ADOL HS STARTER (<i>adalimumab</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton])/ year; Maintenance (2 pens/28 days))
HUMIRA-PSORIASIS/UEVIT STARTER (<i>adalimumab</i>) 80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (1 carton/365 days)
<i>leflunomide tab 10 mg</i>	Tier 1	
<i>leflunomide tab 20 mg</i>	Tier 1	
LUPKYNIS (<i>voclosporin</i>) 7.9 MG CAP	Tier 4	PA, LA, QLC (6 caps/day)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 3	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 3	
OTREXUP (<i>methotrexate (antirheumatic)</i>) (10 MG/0.4ML SOLN A-INJ, 12.5 MG/0.4ML SOLN A-INJ, 15 MG/0.4ML SOLN A-INJ, 17.5 MG/0.4ML SOLN A-INJ, 20 MG/0.4ML SOLN A-INJ, 22.5 MG/0.4ML SOLN A-INJ, 25 MG/0.4ML SOLN A-INJ)	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/week)
REDITREX (<i>methotrexate (antirheumatic)</i>) (7.5 MG/0.3ML SOLN PRSYR, 10 MG/0.4ML SOLN PRSYR, 12.5 MG/0.5ML SOLN PRSYR, 15 MG/0.6ML SOLN PRSYR, 17.5 MG/0.7ML SOLN PRSYR, 20 MG/0.8ML SOLN PRSYR, 22.5 MG/0.9ML SOLN PRSYR, 25 MG/ML SOLN PRSYR)	Tier 4	PA, S (Specialty Drug), QLC (4 syringes/28 days)
SIMLANDI (1 PEN) (<i>adalimumab-ryvk</i>) 40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
SIMLANDI (1 PEN) (<i>adalimumab-ryvk</i>) 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>) RINGE) 20 MG/0.2ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
SIMLANDI (2 SYRINGE) (<i>adalimumab-ryvk</i>) RINGE) 40 MG/0.4ML PREF 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	
ZYMFENTRA (1 PEN) (<i>infliximab-dyyb</i>) 120 MG/ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ZYMFENTRA (2 PEN) (<i>infliximab-dyyb</i>) 120 MG/ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ZYMFENTRA (2 SYRINGE) (<i>infliximab-dyyb</i>) RINGE) 120 MG/ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)

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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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GLUCOCORTICOIDS

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

METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)

METABOLIC BONE DISEASE AGENTS

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>calcitriol oral soln 1 mcg/ml</i>	Tier 1	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 4	PA
<i>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>paricalcitol cap 1 mcg</i>	Tier 1	
<i>paricalcitol cap 2 mcg</i>	Tier 1	
<i>paricalcitol cap 4 mcg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
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	
BREATHRITE 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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
IQIRVO (<i>elafibranor</i>) 80 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
KETO-DIASTIX (<i>urine glucose-ketones test</i>) STRIP	Tier 2	
KETONE TEST (<i>acetone (urine) test</i>) STRIP	Tier 2	
KETOSTIX (<i>acetone (urine) test</i>) STRIP	Tier 2	
LANCETS	Tier 2	QLC (200 lancets/30 days)
LIVDELZI (<i>seladelpar lysine</i>) 10 MG CAP	Tier 4	PA, LA, QLC (1 cap/day)
<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)
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	Tier 3	PA, QLC (1 kit/2 years)
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	Tier 3	PA, QLC (1 pod/2 days)
OMNIPOD 5 G7 INTRO (GEN 5) KIT	Tier 3	PA, QLC (1 kit/2 years)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OMNIPOD 5 G7 PODS (GEN 5) MISC	Tier 3	PA, QLC (1 pod/2 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	Tier 3	PA, QLC (1 pod/2 days)
OMNIPOD CLASSIC PODS (GEN 3) MISC	Tier 3	PA, QLC (1 pod/2 days)
OMNIPOD DASH INTRO (GEN 4) KIT	Tier 3	PA, QLC (1 kit/2 years)
OMNIPOD DASH PODS (GEN 4) MISC	Tier 3	PA, QLC (1 pod/2 days)
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	
PTS PANELS KETONE TEST (<i>ketone blood test</i>) STRIP	Tier 2	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	Tier 2	
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	Tier 2	
VORTEX VALVED HOLDING CHAMBER DEVICE	Tier 2	
VOWST (<i>fecal microbiota spores, live-brpk</i>) CAP	Tier 4	PA, LA, QLC (12 caps/30 days)
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	
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ROCKLATAN (<i>netarsudil dimesylate-latanoprost</i>) 0.02-0.005 % SOLUTION	Tier 3	PA, QLC (2.5 ml/25 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	
TYRVAYA (<i>varenicline tartrate (cholinergic agonist)</i>) 0.03 MG/ACT SOLUTION	Tier 3	QLC (2 bottles (8.4 ml)/30 days)
ZYLET (<i>loteprednol etabonate-tobramycin</i>) 0.5-0.3 % SUSPENSION	Tier 3	

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>) 1.5 % SOLUTION	Tier 1	
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)

<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> (BROMFENAC SODIUM (ONCE-DAILY))	Tier 1	
DEXAMETHASONE SODIUM PHOSPHATE (<i>dexamethasone sodium phosphate (ophth)</i>) 0.1 % SOLUTION	Tier 1	
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
EYSUVIS (<i>loteprednol etabonate</i>) 0.25 % SUSPENSION	Tier 2	QLC (1 bottle (8.3 ml)/30 days)
FLAREX (<i>fluorometholone acetate</i>) 0.1 % SUSPENSION	Tier 3	
<i>fluorometholone ophth susp 0.1%</i>	Tier 1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	Tier 1	
ILEVRO (<i>nepafenac</i>) 0.3 % SUSPENSION	Tier 3	QLC (1 bottle/30 days)
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	
LOTEMAX (<i>loteprednol etabonate</i>) 0.5 % OINTMENT	Tier 2	QLC (1 tube/28 days)
LOTEMAX SM (<i>loteprednol etabonate</i>) 0.38 % GEL	Tier 2	
<i>loteprednol etabonate ophth susp 0.2%</i>	Tier 2	
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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	
<i>timolol ophth soln 0.5%</i> (TIMOLOL HEMIHYDRATE)	Tier 2	
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 0.1%</i>	Tier 2	
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 2	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	
<i>brinzolamide ophth susp 1%</i>	Tier 2	ST
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	
<i>methazolamide tab 25 mg</i>	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
RHOPRESSA (<i>netarsudil dimesylate</i>) 0.02 % SOLUTION	Tier 3	PA, QLC (1 bottle/25 days)
SIMBRINZA (<i>brinzolamide-brimonidine tartrate</i>) 1-0.2 % SUSPENSION	Tier 3	

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)

<i>bimatoprost ophth soln 0.03%</i>	Tier 1	ST, 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)
LUMIGAN (<i>bimatoprost</i>) 0.01 % SOLUTION	Tier 2	QLC (5 ml/28 days)
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free) (TRAVOPROST (BAK FREE))</i>	Tier 3	ST, QLC (5 ml/28 days)
VYZULTA (<i>latanoprostene bunod</i>) 0.024 % SOLUTION	Tier 3	QLC (1 bottle/month)

OTIC AGENTS (Drugs for the Ears)

OTIC AGENTS (Drugs for 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%</i> (HYDROCORTISONE-ACETIC ACID)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
<i>ofloxacin otic soln 0.3%</i>	Tier 1	

RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)

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

ARNUIITY ELLIPTA (<i>fluticasone furoate (inhalation)</i>) (100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA)	Tier 2	QLC (1 inhaler/30 days)
ARNUIITY ELLIPTA (<i>fluticasone furoate (inhalation)</i>) 50 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)
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)
XHANCE (<i>fluticasone propionate (nasal)</i>) 93 MCG/ACT EXHU	Tier 3	PA, QLC (2 bottles/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTIHISTAMINES

<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	

ANTILEUKOTRIENES

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

BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)

ATROVENT HFA (<i>ipratropium bromide hfa</i>) 17 MCG/ACT AERO SOLN	Tier 3	QLC (2 inhalers/30 days)
INCRUSE ELLIPTA (<i>umeclidinium bromide</i>) 62.5 MCG/ACT AER POW BA	Tier 2	QLC (1 inhaler/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
<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	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	Tier 1	QLC (120 ml/30 days)
AUVI-Q (<i>epinephrine (anaphylaxis)</i>) (0.1 MG/0.1ML SOLN A-INJ, 0.15 MG/0.15ML SOLN A-INJ, 0.3 MG/0.3ML SOLN A-INJ)	Tier 2	QLC (4 injections/30 days; max 6 fills per year)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	Tier 1	QLC (4 injections/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)
SEREVENT DISKUS (<i>salmeterol xinafoate</i>) 50 MCG/ACT AER POW BA	Tier 2	QLC (1 inhaler/30 days)
STRIVERDI RESPIMAT (<i>olodaterol hcl</i>) 2.5 MCG/ACT AERO SOLN	Tier 2	QLC (1 inhaler/30 days)
VENTOLIN HFA (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AERO SOLN	Tier 2	QLC (2 inhalers/30 days)
CYSTIC FIBROSIS AGENTS		
ALYFTREK (<i>vanzacaftor-tezacaftor-deutivacaftor</i>) 10-50-125 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (56 tabs/28 days)
ALYFTREK (<i>vanzacaftor-tezacaftor-deutivacaftor</i>) 4-20-50 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (84 tabs/28 days)
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)
KITABIS PAK (<i>tobramycin</i>) 300 MG/5ML NEBU SOLN	Tier 4	PA, LA, S (Specialty Drug), QLC (1 box/2 months)
SYMDEKO (<i>tezacaftor-ivacaftor</i>) (50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK)	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
TOBI PODHALER (<i>tobramycin</i>) 28 MG CAP	Tier 4	LA, S (Specialty Drug), QLC (224 caps/2 months)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 3	PA, S (Specialty Drug), QLC (1 box/2 months)
MAST CELL STABILIZERS (Drugs to Block Mast Cells)		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 3	QLC (2 boxes/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 2	PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months)
<i>roflumilast tab 500 mcg</i>	Tier 2	PA, QLC (1 tab/day)
<i>theophylline elixir 80 mg/15ml</i>	Tier 1	
theophylline elixir 80 mg/15ml (Elixophyllin)	Tier 1	
THEOPHYLLINE ER (ER 100 MG TAB ER 12H, ER 200 MG TAB ER 12H)	Tier 1	
<i>theophylline soln 80 mg/15ml</i>	Tier 1	
<i>theophylline tab er 12hr 300 mg</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)		
ADEMPAS (<i>riociguat</i>) (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB)	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day)
<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)
<i>bosentan tab 62.5 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 for oral susp 32 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)
OPSUMIT (<i>macitentan</i>) 10 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORENITRAM (<i>treprostinil diolamine</i>) (0.125 MG TAB ER, 0.25 MG TAB ER)	Tier 4	PA, LA, S (Specialty Drug), QLC (9 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 1 MG TAB ER	Tier 4	PA, LA, S (Specialty Drug), QLC (42 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 2.5 MG TAB ER	Tier 4	PA, LA, S (Specialty Drug), QLC (16 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 5 MG TAB ER	Tier 4	PA, LA, S (Specialty Drug), QLC (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)
UPTRAVI (<i>selexipag</i>) (400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB)	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
UPTRAVI (<i>selexipag</i>) 200 & 800 MCG TAB THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (200 tabs/6 months)
UPTRAVI (<i>selexipag</i>) 200 MCG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (pckg size #60= 2 tabs/day; pckg size #140= 140 tabs/6 months)
PULMONARY FIBROSIS AGENTS		
OFEV (<i>nintedanib esylate</i>) (100 MG CAP, 150 MG CAP)	Tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day)
<i>pirfenidone cap 267 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (9 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 (Other Drugs for Breathing Conditions)

<i>acetylcysteine inhal soln 10%</i>	Tier 3	
<i>acetylcysteine inhal soln 20%</i>	Tier 3	
ADVAIR HFA (<i>fluticasone-salmeterol</i>) (45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL)	Tier 2	QLC (1 inhaler/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)
BREZTRI AEROSPHERE (<i>budesonide-glycopyrrolate-formoterol fumarate</i>) 160-9-4.8 MCG/ACT AEROSOL	Tier 2	QLC (1 inhaler/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 2	QLC (1 inhaler/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DULERA (<i>mometasone furoate-formoterol fumarate dihydrate</i>) (50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL)	Tier 2	QLC (1 inhaler/30 days)
FASENRA PEN (<i>benralizumab</i>) 30 MG/ML SOLN A-INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/56 days)
<i>flutisolid 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)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
<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	
NUCALA (<i>mepolizumab</i>) 100 MG/ML SOLN A-INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (3 auto-injectors/28 days)
NUCALA (<i>mepolizumab</i>) 100 MG/ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (3 syringes/28 days)
NUCALA (<i>mepolizumab</i>) 40 MG/0.4ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
STIOLTO RESPIMAT (<i>tiotropium bromide-olodaterol hcl</i>) 2.5-2.5 MCG/ACT AERO SOLN	Tier 2	QLC (1 inhaler/30 days)
TEZSPIRE (<i>tezepelumab-ekko</i>) 210 MG/1.91ML SOLN A-INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
TRELEGY ELLIPTA (<i>fluticasone-umeclidinium-vilanterol</i>) (100-62.5-25 MCG/ACT AER POW BA, 200-62.5-25 MCG/ACT AER POW BA)	Tier 2	QLC (60 blister packs/30 days)

SKELETAL MUSCLE RELAXANTS (Drugs for Muscle Tightness)

<i>carisoprodol tab 250 mg</i>	Tier 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>carisoprodol tab 350 mg</i>	Tier 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
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>metaxalone tab 400 mg</i>	Tier 2	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>metaxalone tab 800 mg</i>	Tier 2	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>methocarbamol tab 500 mg</i>	Tier 1	AL1 (Up to 64 yrs old)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methocarbamol tab 750 mg</i>	Tier 1	AL1 (Up to 64 yrs old)
<i>orphenadrine citrate tab er 12hr 100 mg</i> (ORPHENADRINE CITRATE ER)	Tier 1	AL1 (Up to 64 yrs old)

SLEEP DISORDER AGENTS (Drugs for Sleep Problems)

SLEEP PROMOTING AGENTS (Drugs for Insomnia)

BELSOMRA (<i>suvorexant</i>) (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB)	Tier 2	ST, QLC (1 tab/day)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 2	ST, QLC (1 tab/day)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 2	ST, QLC (1 tab/day)
<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>triazolam tab 0.125 mg</i>	Tier 1	QLC (4 tabs/day)
<i>triazolam tab 0.25 mg</i>	Tier 1	QLC (2 tabs/day)
<i>zaleplon cap 10 mg</i>	Tier 1	AL1 (Up to 64 yrs old), QLC (2 caps/day)
<i>zaleplon cap 5 mg</i>	Tier 1	AL1 (Up to 64 yrs old), QLC (4 caps/day)
<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)

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
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<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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WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)

LUMRYZ (<i>sodium oxybate</i>) (4.5 GM PACKET, 6 GM PACKET, 7.5 GM PACKET, 9 GM PACKET)	Tier 4	PA, LA, S (Specialty Drug), QLC (1 packet/day)
LUMRYZ STARTER PACK (<i>sodium oxybate</i>) 4.5 & 6 & 7.5 GM THER	Tier 4	PA, LA, S (Specialty Drug), QLC (56 packets/365 days)
<i>modafinil tab 100 mg</i>	Tier 1	QLC (3 tabs/day)
<i>modafinil tab 200 mg</i>	Tier 1	QLC (2 tabs/day)
SODIUM OXYBATE 500 MG/ML SOLUTION	Tier 4	PA, LA, QLC (18 ml (9 grams)/day)
<i>sodium oxybate oral solution 500 mg/ml</i>	Tier 4	PA, LA, QLC (18 ml (9 grams)/day)
SUNOSI (<i>solriamfetol hcl</i>) (75 MG TAB, 150 MG TAB)	Tier 2	PA, QLC (1 tab/day)
WAKIX (<i>pitolisant hcl</i>) (4.45 MG TAB, 17.8 MG TAB)	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
XYWAV (<i>calcium, magnesium, potassium, & sodium oxybates</i>) 500 MG/ML SOLUTION	Tier 4	PA, LA, QLC (18 ml/day)

WEIGHT LOSS AGENTS

<i>liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml)</i> (LIRAGLUTIDE - WEIGHT MANAGEMENT)	Tier 3	PA, QLC (5 pens/30 days)
WEGOVY (<i>semaglutide (weight management)</i>) (0.25 MG/0.5ML SOLN A-INJ, 0.5 MG/0.5ML SOLN A-INJ, 1.7 MG/0.75ML SOLN A-INJ, 2.4 MG/0.75ML SOLN A-INJ)	Tier 3	PA, QLC (4 pens/month)
WEGOVY (<i>semaglutide (weight management)</i>) (1.5 MG TAB, 4 MG TAB, 9 MG TAB, 25 MG TAB)	Tier 3	PA, QLC (1 tab/day)
WEGOVY (<i>semaglutide (weight management)</i>) 1 MG/0.5ML SOLN A-INJ	Tier 3	PA, QLC (4 pens/28 days)

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
ZEPBOUND (<i>tirzepatide (weight management)</i>) (2.5 MG/0.5ML SOLN A-INJ, 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 3	PA, QLC (4 pens/28 days)
ZEPBOUND KWIKPEN (<i>tirzepatide (weight management)</i>) (2.5 MG/0.6ML SOLN PEN, 5 MG/0.6ML SOLN PEN, 7.5 MG/0.6ML SOLN PEN, 10 MG/0.6ML SOLN PEN, 12.5 MG/0.6ML SOLN PEN, 15 MG/0.6ML SOLN PEN)	Tier 3	PA, QLC (2.4ml (1 pen)/28 days)

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

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betamethasone dipropionate cream 0.05%.....	111	Breathe Comfort Chamber/Child.....	169
betamethasone dipropionate lotion 0.05%.....	111	Breathe Ease Large.....	169
betamethasone dipropionate oint 0.05%.....	111	Breathe Ease Medium.....	169
Betamethasone Valerate.....	111	Breathe Ease Small.....	169
betamethasone valerate cream 0.1% (base equivalent).....	111	BreatheRite Valved MDI Chamber.....	169
betamethasone valerate lotion 0.1% (base equivalent).....	112	Breo Ellipta (fluticasone furoate-vilanterol).....	185
betamethasone valerate oint 0.1% (base equivalent).....	112	Breztri Aerosphere (budesonide-glycopyrrolate- formoterol fumarate).....	185
Betaseron (interferon beta-1b).....	106	brimonidine tartrate ophth soln 0.1%.....	177
Betaxolol HCl (betaxolol hcl (ophth)).....	177	brimonidine tartrate ophth soln 0.15%.....	177
betaxolol hcl ophth soln 0.5%.....	177	brimonidine tartrate ophth soln 0.2%.....	177
betaxolol hcl tab 10 mg.....	79	brinzolamide ophth susp 1%.....	177
betaxolol hcl tab 20 mg.....	79	brivaracetam oral soln 10 mg/ml.....	18
bethanechol chloride tab 10 mg.....	131	brivaracetam tab 10 mg.....	18
bethanechol chloride tab 25 mg.....	131	brivaracetam tab 100 mg.....	18
		brivaracetam tab 25 mg.....	18
		brivaracetam tab 50 mg.....	18
		brivaracetam tab 75 mg.....	18

Briviact (brivaracetam).....	18	buprenorphine td patch weekly 20 mcg/hr.....	4
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) (Bromfenac Sodium (Once-Daily)).....	176	buprenorphine td patch weekly 5 mcg/hr.....	4
bromocriptine mesylate cap 5 mg (base equivalent).....	48	buprenorphine td patch weekly 7.5 mcg/hr.....	4
bromocriptine mesylate tab 2.5 mg (base equivalent).....	48	bupropion hcl (smoking deterrent) tab er 12hr 150 mg (BuPROPion HCl ER (Smoking Det)).....	11
Brukinsa (zanubrutinib).....	41	bupropion hcl tab 100 mg.....	26
budesonide delayed release particles cap 3 mg.....	168	bupropion hcl tab 75 mg.....	26
budesonide inhalation susp 0.25 mg/2ml.....	179	bupropion hcl tab er 12hr 100 mg (buPROPion HCl ER (SR)).....	26
budesonide inhalation susp 0.5 mg/2ml.....	179	bupropion hcl tab er 12hr 150 mg (buPROPion HCl ER (SR)).....	26
budesonide inhalation susp 1 mg/2ml.....	179	bupropion hcl tab er 12hr 200 mg (buPROPion HCl ER (SR)).....	26
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act.....	185	bupropion hcl tab er 24hr 150 mg (buPROPion HCl ER (XL)).....	26
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breynd).....	185	bupropion hcl tab er 24hr 300 mg (buPROPion HCl ER (XL)).....	27
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act.....	185	bupirone hcl tab 10 mg.....	61
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breynd).....	185	bupirone hcl tab 15 mg.....	61
bumetanide tab 0.5 mg.....	92	bupirone hcl tab 30 mg.....	61
bumetanide tab 1 mg.....	92	bupirone hcl tab 5 mg.....	61
bumetanide tab 2 mg.....	92	bupirone hcl tab 7.5 mg.....	61
buprenorphine hcl sl tab 2 mg (base equiv).....	10	butalbital-acetaminophen tab 50-325 mg...104	
buprenorphine hcl sl tab 8 mg (base equiv).....	10	butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg (Butalbital-APAP-Caff-Cod).....	6
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv).....	10	butalbital-acetaminophen-caffeine tab 50-325-40 mg (BAC (Butalbital-Acetamin-Caff))104	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv).....	10	butalbital-acetaminophen-caffeine tab 50-325-40 mg (Butalbital-APAP-Caffeine).....	104
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv).....	10	butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine).....	6
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv).....	10	butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Butalbital-ASA-Caff-Codeine).....	6
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....	10	butalbital-aspirin-caffeine cap 50-325-40 mg.2	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....	10	butorphanol tartrate nasal soln 10 mg/ml.....	6
buprenorphine td patch weekly 10 mcg/hr.....	4	Bydureon BCise (exenatide).....	64
buprenorphine td patch weekly 15 mcg/hr.....	4		

C

C-Nate DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids).....	118
cabergoline tab 0.5 mg.....	158

Cablivi (caplacizumab-yhdp).....	74	carBAMazepine.....	23
Cabometyx (cabozantinib s-malate).....	41	carbamazepine cap er 12hr 100 mg (CarBAMazepine ER).....	23
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).....	125,183	carbamazepine cap er 12hr 200 mg (CarBAMazepine ER).....	23
Calcipotriene.....	114	carbamazepine cap er 12hr 300 mg (CarBAMazepine ER).....	23
calcipotriene cream 0.005%.....	114	carbamazepine chew tab 100 mg.....	23
calcipotriene oint 0.005%.....	114	carbamazepine susp 100 mg/5ml.....	23
calcipotriene oint 0.005% (Calcitrene).....	115	carbamazepine tab 200 mg.....	23
calcipotriene soln 0.005% (50 mcg/ml).....	115	carbamazepine tab 200 mg (Epitol).....	23
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Calcipotriene-Betameth Diprop).....	115	carbamazepine tab er 12hr 100 mg (carBAMazepine ER).....	23
calcitonin (salmon) nasal soln 200 unit/act..	168	carbamazepine tab er 12hr 200 mg (carBAMazepine ER).....	23
Calcitriol (calcitriol (topical)).....	115	carbamazepine tab er 12hr 400 mg (CarBAMazepine ER).....	23
calcitriol cap 0.25 mcg.....	168	carbidopa & levodopa orally disintegrating tab 10-100 mg (Carbidopa-Levodopa).....	50
calcitriol cap 0.5 mcg.....	168	carbidopa & levodopa orally disintegrating tab 25-100 mg (Carbidopa-Levodopa).....	50
calcitriol oral soln 1 mcg/ml.....	168	carbidopa & levodopa orally disintegrating tab 25-250 mg (Carbidopa-Levodopa).....	50
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Calcium Acetate (Phos Binder))..	124	carbidopa & levodopa tab 10-100 mg (Carbidopa-Levodopa).....	50
Calquence (acalabrutinib maleate).....	41	carbidopa & levodopa tab 25-100 mg (Carbidopa-Levodopa).....	50
Calquence (acalabrutinib).....	41	carbidopa & levodopa tab 25-250 mg (Carbidopa-Levodopa).....	50
candesartan cilexetil tab 16 mg.....	75	carbidopa & levodopa tab er 25-100 mg (Carbidopa-Levodopa ER).....	50
candesartan cilexetil tab 32 mg.....	75	carbidopa & levodopa tab er 50-200 mg (Carbidopa-Levodopa ER).....	50
candesartan cilexetil tab 4 mg.....	75	carbidopa tab 25 mg.....	50
candesartan cilexetil tab 8 mg.....	75	carbidopa-levodopa-entacapone tabs 12.5-50- 200 mg.....	47
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Candesartan Cilexetil-HCTZ).....	88	carbidopa-levodopa-entacapone tabs 18.75- 75-200 mg.....	48
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Candesartan Cilexetil-HCTZ).....	88	carbidopa-levodopa-entacapone tabs 25-100- 200 mg.....	48
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Candesartan Cilexetil-HCTZ).....	88		
capecitabine tab 150 mg.....	40		
capecitabine tab 500 mg.....	40		
Caplyta (lumateperone tosylate).....	52		
Caprelsa (vandetanib).....	41		
captopril tab 100 mg.....	76		
captopril tab 12.5 mg.....	76		
captopril tab 25 mg.....	76		
captopril tab 50 mg.....	76		
Captopril-hydroCHLOROthiazide (captopril & hydrochlorothiazide).....	88		

carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	48	cephalexin cap 500 mg	14
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	48	cephalexin cap 750 mg	14
carbidopa-levodopa-entacapone tabs 50-200-200 mg	48	cephalexin for susp 125 mg/5ml	14
carbinoxamine maleate tab 4 mg	180	cephalexin for susp 250 mg/5ml	14
carglumic acid soluble tab 200 mg	129	cephalexin tab 250 mg	14
carisoprodol tab 250 mg	188	cephalexin tab 500 mg	14
carisoprodol tab 350 mg	188	Cerdelga (eliglustat tartrate)	129
carisoprodol tab 350 mg (Vanadom)	188	cetorelix acetate for inj kit 0.25 mg	158
Carteolol HCl (carteolol hcl (ophth))	177	cevimeline hcl cap 30 mg	108
carvedilol tab 12.5 mg	79	Chemet (succimer)	124
carvedilol tab 25 mg	79	Chemstrip K (acetone (urine) test)	169
carvedilol tab 3.125 mg	79	Chemstrip uGK (urine glucose-ketones test)	170
carvedilol tab 6.25 mg	79	chlordiazepoxide hcl cap 10 mg	62
Caya (diaphragm arc-spring)	169	chlordiazepoxide hcl cap 25 mg	62
Cayston (aztreonam lysine)	12	chlordiazepoxide hcl cap 5 mg	62
Cefaclor	13	chlorhexidine gluconate soln 0.12%	108
Cefaclor ER (cefaclor monohydrate)	13	chlorhexidine gluconate soln 0.12% (Periogard)	108
Cefadroxil	13	Chloroquine Phosphate	46
cefadroxil cap 500 mg	13	chloroquine phosphate tab 250 mg	46
cefadroxil for susp 250 mg/5ml	13	chloroquine phosphate tab 500 mg	47
cefadroxil for susp 500 mg/5ml	13	chlorpromazine hcl tab 10 mg	51
cefdinir cap 300 mg	13	chlorpromazine hcl tab 100 mg	51
cefdinir for susp 125 mg/5ml	13	chlorpromazine hcl tab 200 mg	51
cefdinir for susp 250 mg/5ml	13	chlorpromazine hcl tab 25 mg	51
Cefpodoxime Proxetil	13	chlorpromazine hcl tab 50 mg	51
cefpodoxime proxetil tab 100 mg	13	chlorthalidone tab 25 mg	92
cefpodoxime proxetil tab 200 mg	13	chlorthalidone tab 50 mg	92
cefprozil for susp 125 mg/5ml	13	cholestyramine light powder 4 gm/dose	94
cefprozil for susp 250 mg/5ml	14	cholestyramine light powder 4 gm/dose (Prevalite)	94
cefprozil tab 250 mg	14	cholestyramine light powder packets 4 gm	94
cefprozil tab 500 mg	14	cholestyramine light powder packets 4 gm (Prevalite)	94
cefuroxime axetil tab 250 mg	14	cholestyramine powder 4 gm/dose	94
cefuroxime axetil tab 500 mg	14	cholestyramine powder packets 4 gm	94
celecoxib cap 100 mg	2	choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	93
celecoxib cap 200 mg	2	choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	93
celecoxib cap 400 mg	2	Cibinqo (abrocitinib)	115
celecoxib cap 50 mg	2		
cephalexin cap 250 mg	14		

ciclopirox gel 0.77%	117	Clarithromycin	15
ciclopirox olamine cream 0.77% (base equiv)	117	clarithromycin tab 250 mg	15
ciclopirox olamine susp 0.77% (base equiv)	117	clarithromycin tab 500 mg	16
ciclopirox shampoo 1%	117	clarithromycin tab er 24hr 500 mg (Clarithromycin ER)	16
ciclopirox solution 8%	117	Clever Choice Holding Chamber	170
ciclopirox solution 8% (Ciclodan)	117	Climara Pro (estradiol-levonorgestrel)	138
cilostazol tab 100 mg	74	clindamycin hcl cap 150 mg	12
cilostazol tab 50 mg	74	clindamycin hcl cap 300 mg	12
Cimduo (lamivudine-tenofovir disoproxil fumarate)	58	clindamycin hcl cap 75 mg	12
cimetidine tab 300 mg	128	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	12
cimetidine tab 400 mg	128	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Clindamycin Phos-Benzoyl Perox)	109
cimetidine tab 800 mg	128	clindamycin phosphate gel 1% (once-daily) (Clindamycin Phos (Once-Daily))	117
Cimzia (1 Syringe) (certolizumab pegol)	163	clindamycin phosphate gel 1% (twice-daily) (Clindamycin Phos (Twice-Daily))	117
Cimzia (2 Syringe) (certolizumab pegol)	163	clindamycin phosphate lotion 1%	118
Cimzia-Starter (certolizumab pegol)	163	clindamycin phosphate soln 1%	118
cinacalcet hcl tab 30 mg (base equiv)	168	clindamycin phosphate swab 1%	118
cinacalcet hcl tab 60 mg (base equiv)	168	clindamycin phosphate swab 1% (Clindacin Etz)	118
cinacalcet hcl tab 90 mg (base equiv)	168	clindamycin phosphate swab 1% (Clindacin- P)	118
ciprofloxacin for oral susp 250 mg/5ml (5% (5 gm/100ml)	16	clindamycin phosphate vaginal cream 2%	12
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	16	clindamycin phosphate-benzoyl peroxide gel 1- 5% (Clindamycin Phos-Benzoyl Perox)	109
Ciprofloxacin HCl	17	Clindesse (clindamycin phosphate (one dose))	12
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	17	clobazam suspension 2.5 mg/ml	21
ciprofloxacin hcl otic soln 0.2% (base equivalent)	178	clobazam tab 10 mg	21
ciprofloxacin hcl tab 250 mg (base equiv)	17	clobazam tab 20 mg	21
ciprofloxacin hcl tab 500 mg (base equiv)	17	clobetasol propionate cream 0.05%	112
ciprofloxacin hcl tab 750 mg (base equiv)	17	clobetasol propionate emollient base cream 0.05%	112
ciprofloxacin-dexamethasone otic susp 0.3- 0.1%	178	clobetasol propionate emollient base cream 0.05% (Clobetasol Prop Emollient Base)	112
citalopram hydrobromide oral soln 10 mg/5ml	27	clobetasol propionate foam 0.05%	112
citalopram hydrobromide tab 10 mg (base equiv)	27	clobetasol propionate gel 0.05%	112
citalopram hydrobromide tab 20 mg (base equiv)	27	clobetasol propionate lotion 0.05%	112
citalopram hydrobromide tab 40 mg (base equiv)	27		

clobetasol propionate oint 0.05%	112	clozapine tab 200 mg	54
clobetasol propionate shampoo 0.05%	112	clozapine tab 25 mg	54
clobetasol propionate shampoo 0.05% (Clodan)	112	clozapine tab 50 mg	54
clobetasol propionate soln 0.05%	112	Co-Natal FA (prenatal vit w/ ferrous fumarate- folic acid)	118
ClomiPHENE Citrate	155	Coartem (artemether-lumefantrine)	47
clomiphene citrate tab 50 mg	155	Codeine Sulfate	6
clomiphene citrate tab 50 mg (Clomid)	155	codeine sulfate tab 30 mg	6
clomiphene citrate tab 50 mg (Milophene)	155	colchicine cap 0.6 mg	34
clomipramine hcl cap 25 mg	30	colchicine tab 0.6 mg	34
clomipramine hcl cap 50 mg	30	colchicine w/ probenecid tab 0.5-500 mg (Colchicine-Probenecid)	34
clomipramine hcl cap 75 mg	30	colesevelam hcl packet for susp 3.75 gm	94
clonazepam orally disintegrating tab 0.125 mg	62	colesevelam hcl tab 625 mg	94
clonazepam orally disintegrating tab 0.25 mg	62	colestipol hcl granule packets 5 gm	94
clonazepam orally disintegrating tab 0.5 mg .	62	colestipol hcl granules 5 gm	94
clonazepam orally disintegrating tab 1 mg . . .	62	colestipol hcl tab 1 gm	94
clonazepam orally disintegrating tab 2 mg . . .	62	CombiPatch (estradiol & norethindrone acetate)	153
clonazepam tab 0.5 mg	62	Combivent Respimat (ipratropium-albuterol)	185
clonazepam tab 1 mg	62	Cometriq (100 mg Daily Dose) (cabozantinib s- malate)	41
clonazepam tab 2 mg	62	Cometriq (140 mg Daily Dose) (cabozantinib s- malate)	41
clonidine hcl tab 0.1 mg	74	Cometriq (60 mg Daily Dose) (cabozantinib s- malate)	41
clonidine hcl tab 0.2 mg	74	Compact Space Chamber	170
clonidine hcl tab 0.3 mg	74	Compact Space Chamber/Lg Mask	170
clonidine hcl tab er 12hr 0.1 mg (cloNIDine HCl ER)	100	Compact Space Chamber/Med Mask	170
clonidine td patch weekly 0.1 mg/24hr	74	Compact Space Chamber/Sm Mask	170
clonidine td patch weekly 0.2 mg/24hr	74	CompleteNate (prenatal vit w/ ferrous fumarate-folic acid)	118
clonidine td patch weekly 0.3 mg/24hr	75	Concept DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	118
clopidogrel bisulfate tab 75 mg (base equiv) . .	74	Concept OB (prenatal without a vit w/ fe fum- iron polysacch complex -fa)	119
clorazepate dipotassium tab 15 mg	62	Corlanor (ivabradine hcl)	88
clorazepate dipotassium tab 3.75 mg	62	Cortisone Acetate	133
clorazepate dipotassium tab 7.5 mg	62	Cosentyx (300 MG Dose) (secukinumab)	159
clotrimazole troche 10 mg	33	Cosentyx (secukinumab)	159
clotrimazole w/ betamethasone cream 1-0.05% (Clotrimazole-Betamethasone)	115		
clotrimazole w/ betamethasone lotion 1-0.05% (Clotrimazole-Betamethasone)	115		
Clotrimazole-Betamethasone (clotrimazole w/ betamethasone)	115		
clozapine tab 100 mg	54		

Cosentyx Sensoready (300 MG) (secukinumab)	160
Cosentyx Sensoready Pen (secukinumab)	160
Cosentyx UnoReady (secukinumab)	160
Covaryx (esterified estrogens & methyltestosterone)	138
Covaryx HS (esterified estrogens & methyltestosterone)	138
Creon (pancrelipase (lipase-protease- amylase))	129
Cromolyn Sodium (cromolyn sodium (ophth))	175
cromolyn sodium ophth soln 4%	175
cromolyn sodium oral conc 100 mg/5ml	128
cromolyn sodium soln nebu 20 mg/2ml	183
CVS Ketone Care (urine glucose-ketones test)	170
cyanocobalamin inj 1000 mcg/ml	125
cyanocobalamin inj 1000 mcg/ml (Dodex)	125
cyclobenzaprine hcl tab 10 mg	188
cyclobenzaprine hcl tab 5 mg	188
cyclopentolate hcl ophth soln 0.5%	173
cyclopentolate hcl ophth soln 1%	173
cyclopentolate hcl ophth soln 2%	173
Cyclophosphamide	38
cyclophosphamide cap 25 mg	38
cyclophosphamide cap 50 mg	38
cycloSERINE	37
cyclosporine (ophth) emulsion 0.05% (pf) (cycloSPORINE (PF))	173
cyclosporine cap 100 mg	163
cyclosporine cap 25 mg	163
cyclosporine modified cap 100 mg	163
cyclosporine modified cap 100 mg (Gengraf)	164
cyclosporine modified cap 25 mg	164
cyclosporine modified cap 25 mg (Gengraf)	164
cyclosporine modified cap 50 mg	164
cyclosporine modified oral soln 100 mg/ml	164
cyclosporine modified oral soln 100 mg/ml (Gengraf)	164
cyproheptadine hcl syrup 2 mg/5ml	180
cyproheptadine hcl tab 4 mg	180

Cystagon (cysteamine bitartrate)	129
Cytra K Crystals (potassium citrate-citric acid)	131

D

dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	70
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	70
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	70
danazol cap 100 mg	136
danazol cap 200 mg	136
danazol cap 50 mg	136
dantrolene sodium cap 100 mg	54
dantrolene sodium cap 25 mg	54
dantrolene sodium cap 50 mg	54
dapsone gel 5%	118
dapsone gel 7.5%	118
dapsone tab 100 mg	37
dapsone tab 25 mg	37
darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (Darifenacin Hydrobromide ER)	130
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (Darifenacin Hydrobromide ER)	130
darunavir tab 600 mg	59
darunavir tab 800 mg	59
dasatinib tab 100 mg	41
dasatinib tab 140 mg	41
dasatinib tab 20 mg	41
dasatinib tab 50 mg	41
dasatinib tab 70 mg	41
dasatinib tab 80 mg	41
deferasirox tab for oral susp 125 mg	124
deferasirox tab for oral susp 250 mg	124
deferasirox tab for oral susp 500 mg	124
demeclocycline hcl tab 150 mg	17
demeclocycline hcl tab 300 mg	17
Derma-Smoothe/FS Body (fluocinolone acetone)	112

Derma-Smoothe/FS Scalp (fluocinolone acetone)	112	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred)	138
DermOtic (fluocinolone acetone (otic))	178	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogestrel-Ethinyl Estradiol)	138
Descovy (emtricitabine-tenofovir alafenamide fumarate)	58	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)	138
desipramine hcl tab 10 mg	30	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)	138
desipramine hcl tab 100 mg	30	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom)	138
desipramine hcl tab 150 mg	30	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber)	138
desipramine hcl tab 25 mg	30	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga)	139
desipramine hcl tab 50 mg	30	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)	139
desipramine hcl tab 75 mg	31	desonide cream 0.05%	112
desloratadine tab 5 mg	180	desonide lotion 0.05%	112
desmopressin acetate nasal spray soln 0.01% (Desmopressin Acetate Spray)	135	desonide oint 0.05%	112
desmopressin acetate nasal spray soln 0.01% (refrigerated) (Desmopressin Ace Spray Refrig)	135	desoximetasone cream 0.05%	112
Desmopressin Acetate Spray	135	desoximetasone cream 0.25%	112
desmopressin acetate tab 0.1 mg	135	desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Desvenlafaxine Succinate ER)	28
desmopressin acetate tab 0.2 mg	135	desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Desvenlafaxine Succinate ER)	28
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)	138	desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Desvenlafaxine Succinate ER)	28
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Desogestrel-Ethinyl Estradiol)	138	Dexamethasone	133
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	138	dexamethasone elixir 0.5 mg/5ml	133
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtreea)	138	Dexamethasone Intensol	133
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya)	138	Dexamethasone Sodium Phosphate (dexamethasone sodium phosphate (ophth))	176
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	138	dexamethasone tab 0.5 mg	133
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea)	138	dexamethasone tab 0.5 mg (Decadron)	133
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant)	138	dexamethasone tab 0.75 mg	133
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)	138	dexamethasone tab 0.75 mg (Decadron)	133
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq)	138	dexamethasone tab 1 mg	133
		dexamethasone tab 1.5 mg	133
		dexamethasone tab 2 mg	133
		dexamethasone tab 4 mg	134
		dexamethasone tab 4 mg (Decadron)	134

dexamethasone tab 6 mg	134	dextroamphetamine sulfate tab 2.5 mg	
dexamethasone tab 6 mg (Decadron)	134	(Zenedi)	98
Dexcom G6 Receiver	170	dextroamphetamine sulfate tab 20 mg	98
Dexcom G6 Sensor	170	dextroamphetamine sulfate tab 20 mg	
Dexcom G6 Transmitter	170	(Zenedi)	99
Dexcom G7 15 Day Sensor	170	dextroamphetamine sulfate tab 30 mg	99
Dexcom G7 Receiver	170	dextroamphetamine sulfate tab 30 mg	
Dexcom G7 Sensor	170	(Zenedi)	99
dexmethylphenidate hcl cap er 24 hr 10 mg		dextroamphetamine sulfate tab 5 mg	99
(Dexmethylphenidate HCl ER)	100	dextroamphetamine sulfate tab 5 mg	
dexmethylphenidate hcl cap er 24 hr 15 mg		(Zenedi)	99
(Dexmethylphenidate HCl ER)	100	dextroamphetamine sulfate tab 7.5 mg	99
dexmethylphenidate hcl cap er 24 hr 20 mg		dextroamphetamine sulfate tab 7.5 mg	
(Dexmethylphenidate HCl ER)	100	(Zenedi)	99
dexmethylphenidate hcl cap er 24 hr 25 mg		diazepam conc 5 mg/ml	63
(Dexmethylphenidate HCl ER)	100	diazepam conc 5 mg/ml (DiazePAM Intensol)	63
dexmethylphenidate hcl cap er 24 hr 30 mg		diazepam oral soln 1 mg/ml	63
(Dexmethylphenidate HCl ER)	100	diazepam rectal gel delivery system 10 mg	22
dexmethylphenidate hcl cap er 24 hr 35 mg		diazepam rectal gel delivery system 2.5 mg	22
(Dexmethylphenidate HCl ER)	100	diazepam rectal gel delivery system 20 mg	22
dexmethylphenidate hcl cap er 24 hr 40 mg		diazepam tab 10 mg	63
(Dexmethylphenidate HCl ER)	100	diazepam tab 2 mg	63
dexmethylphenidate hcl cap er 24 hr 5 mg		diazepam tab 5 mg	63
(Dexmethylphenidate HCl ER)	100	diazoxide susp 50 mg/ml	67
dexmethylphenidate hcl tab 10 mg	100	diclofenac potassium tab 50 mg	2
dexmethylphenidate hcl tab 2.5 mg	100	diclofenac potassium tab 50 mg (Cataflam)	2
dexmethylphenidate hcl tab 5 mg	101	diclofenac sodium ophth soln 0.1%	176
dextroamphetamine sulfate cap er 24hr 10 mg		diclofenac sodium soln 1.5%	2
(Dextroamphetamine Sulfate ER)	98	diclofenac sodium tab delayed release 25 mg	2
dextroamphetamine sulfate cap er 24hr 15 mg		diclofenac sodium tab delayed release 50 mg	2
(Dextroamphetamine Sulfate ER)	98	diclofenac sodium tab delayed release 75 mg	2
dextroamphetamine sulfate cap er 24hr 5 mg		diclofenac sodium tab er 24hr 100 mg	
(Dextroamphetamine Sulfate ER)	98	(Diclofenac Sodium ER)	2
dextroamphetamine sulfate tab 10 mg	98	diclofenac w/ misoprostol tab delayed release	
dextroamphetamine sulfate tab 10 mg		50-0.2 mg (Diclofenac-miSOPROStol)	2
(Zenedi)	98	diclofenac w/ misoprostol tab delayed release	
dextroamphetamine sulfate tab 15 mg	98	75-0.2 mg (Diclofenac-Misoprostol)	2
dextroamphetamine sulfate tab 15 mg		dicloxacillin sodium cap 250 mg	15
(Zenedi)	98	dicloxacillin sodium cap 500 mg	15
dextroamphetamine sulfate tab 2.5 mg	98	dicyclomine hcl cap 10 mg	127
		dicyclomine hcl oral soln 10 mg/5ml	127

dicyclomine hcl tab 20 mg	127	diltiazem hcl coated beads cap er 24hr 240 mg (Cartia Xt)	83
Diethylpropion HCl ER	104	diltiazem hcl coated beads cap er 24hr 240 mg (DiLTIAZem HCl ER Coated Beads)	83
diethylpropion hcl tab 25 mg	104	diltiazem hcl coated beads cap er 24hr 300 mg (Cartia Xt)	83
Difucid (fidaxomicin)	16	diltiazem hcl coated beads cap er 24hr 300 mg (diLTIAZem HCl ER Coated Beads)	83
Diflorasone Diacetate	112	diltiazem hcl coated beads cap er 24hr 360 mg (DiLTIAZem HCl ER Coated Beads)	83
Digoxin	77	diltiazem hcl extended release beads cap er 24hr 120 mg (DiLTIAZem HCl ER Beads)	83
digoxin oral soln 0.05 mg/ml	77	diltiazem hcl extended release beads cap er 24hr 120 mg (Taztia Xt)	83
digoxin tab 125 mcg (0.125 mg)	77	diltiazem hcl extended release beads cap er 24hr 120 mg (Tiadylt Er)	83
digoxin tab 125 mcg (0.125 mg) (Digitek)	78	diltiazem hcl extended release beads cap er 24hr 180 mg (DiLTIAZem HCl ER Beads)	83
digoxin tab 250 mcg (0.25 mg)	78	diltiazem hcl extended release beads cap er 24hr 180 mg (Taztia Xt)	83
digoxin tab 250 mcg (0.25 mg) (Digitek)	78	diltiazem hcl extended release beads cap er 24hr 180 mg (Tiadylt Er)	83
dihydroergotamine mesylate inj 1 mg/ml	35	diltiazem hcl extended release beads cap er 24hr 240 mg (DiLTIAZem HCl ER Beads)	83
dihydroergotamine mesylate nasal spray 4 mg/ml	35	diltiazem hcl extended release beads cap er 24hr 240 mg (Taztia Xt)	83
Dilantin (phenytoin sodium extended)	23	diltiazem hcl extended release beads cap er 24hr 240 mg (Tiadylt Er)	84
Dilantin (phenytoin)	23	diltiazem hcl extended release beads cap er 24hr 300 mg (DiLTIAZem HCl ER Beads)	84
Dilantin Infatabs (phenytoin)	23	diltiazem hcl extended release beads cap er 24hr 300 mg (Taztia Xt)	84
Dilantin-125 (phenytoin)	23	diltiazem hcl extended release beads cap er 24hr 300 mg (Tiadylt Er)	84
diltiazem hcl cap er 12hr 120 mg (diLTIAZem HCl ER)	82	diltiazem hcl extended release beads cap er 24hr 360 mg (DiLTIAZem HCl ER Beads)	84
diltiazem hcl cap er 12hr 60 mg (diLTIAZem HCl ER)	82	diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt)	84
diltiazem hcl cap er 12hr 90 mg (diLTIAZem HCl ER)	82	diltiazem hcl extended release beads cap er 24hr 360 mg (Tiadylt Er)	84
diltiazem hcl cap er 24hr 120 mg (Dilt-Xr)	82		
diltiazem hcl cap er 24hr 120 mg (diLTIAZem HCl ER)	82		
diltiazem hcl cap er 24hr 180 mg (Dilt-Xr)	82		
diltiazem hcl cap er 24hr 180 mg (diLTIAZem HCl ER)	82		
diltiazem hcl cap er 24hr 240 mg (Dilt-Xr)	82		
diltiazem hcl cap er 24hr 240 mg (diLTIAZem HCl ER)	82		
diltiazem hcl coated beads cap er 24hr 120 mg (Cartia Xt)	82		
diltiazem hcl coated beads cap er 24hr 120 mg (DiLTIAZem HCl ER Coated Beads)	83		
diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt)	83		
diltiazem hcl coated beads cap er 24hr 180 mg (DiLTIAZem HCl ER Coated Beads)	83		

diltiazem hcl extended release beads cap er 24hr 420 mg (DiTIAZem HCl ER Beads)	84	disulfiram tab 250 mg	9
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiadyt Er)	84	disulfiram tab 500 mg	10
diltiazem hcl tab 120 mg	84	divalproex sodium cap delayed release sprinkle 125 mg	19
diltiazem hcl tab 30 mg	84	divalproex sodium tab delayed release 125 mg	19
diltiazem hcl tab 60 mg	84	divalproex sodium tab delayed release 250 mg	19
diltiazem hcl tab 90 mg	84	divalproex sodium tab delayed release 500 mg	19
diltiazem hcl tab er 24hr 120 mg (dilTIAZem HCl ER)	84	divalproex sodium tab er 24 hr 250 mg (Divalproex Sodium ER)	19
diltiazem hcl tab er 24hr 180 mg (dilTIAZem HCl ER)	84	divalproex sodium tab er 24 hr 500 mg (Divalproex Sodium ER)	19
diltiazem hcl tab er 24hr 180 mg (Matzim La) .	84	dofetilide cap 125 mcg (0.125 mg)	78
diltiazem hcl tab er 24hr 240 mg (dilTIAZem HCl ER)	84	dofetilide cap 250 mcg (0.25 mg)	78
diltiazem hcl tab er 24hr 240 mg (Matzim La) .	84	dofetilide cap 500 mcg (0.5 mg)	78
diltiazem hcl tab er 24hr 300 mg (dilTIAZem HCl ER)	84	donepezil hydrochloride orally disintegrating tab 10 mg (Donepezil HCl)	25
diltiazem hcl tab er 24hr 300 mg (Matzim La) .	84	donepezil hydrochloride orally disintegrating tab 5 mg (Donepezil HCl)	25
diltiazem hcl tab er 24hr 360 mg (dilTIAZem HCl ER)	85	donepezil hydrochloride tab 10 mg (Donepezil HCl)	25
diltiazem hcl tab er 24hr 360 mg (Matzim La) .	85	donepezil hydrochloride tab 23 mg (Donepezil HCl)	25
diltiazem hcl tab er 24hr 420 mg (dilTIAZem HCl ER)	85	donepezil hydrochloride tab 5 mg (Donepezil HCl)	25
diltiazem hcl tab er 24hr 420 mg (Matzim La) .	85	Doptelet (avatrombopag maleate)	74
dimethyl fumarate capsule delayed release 120 mg	106	Doptelet Sprinkle (avatrombopag maleate) . .	74
dimethyl fumarate capsule delayed release 240 mg	106	dorzolamide hcl ophth soln 2%	177
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (Dimethyl Fumarate Starter Pack)	106	Dorzolamide HCl-Timolol Mal (dorzolamide hcl- timolol maleate)	174
diphenoxylate w/ atropine tab 2.5-0.025 mg (Diphenoxylate-Atropine)	127	dorzolamide hcl-timolol maleate ophth sol 22.3- 6.8 mg/ml pf (Dorzolamide HCl-Timolol Mal PF)	174
Diphenoxylate-Atropine (diphenoxylate w/ atropine)	127	dorzolamide hcl-timolol maleate ophth soln 2- 0.5%	174
dipyridamole tab 25 mg	74	dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	174
dipyridamole tab 50 mg	74	dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (Dorzolamide HCl-Timolol Mal PF) . .	174
dipyridamole tab 75 mg	74	Dovato (dolutegravir sodium-lamivudine)	56
disopyramide phosphate cap 100 mg	78		
disopyramide phosphate cap 150 mg	78		

doxazosin mesylate tab 1 mg	75	drospirenone-ethinyl estradiol tab 3-0.02 mg (Jasmiel)	139
doxazosin mesylate tab 2 mg	75	drospirenone-ethinyl estradiol tab 3-0.02 mg (Lo-Zumandimine)	139
doxazosin mesylate tab 4 mg	75	drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna)	139
doxazosin mesylate tab 8 mg	75	drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki)	139
Doxepin HCl	31	drospirenone-ethinyl estradiol tab 3-0.02 mg (Vestura)	139
doxepin hcl (sleep) tab 3 mg (base equiv)	189	drospirenone-ethinyl estradiol tab 3-0.03 mg	139
doxepin hcl (sleep) tab 6 mg (base equiv)	189	drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella)	139
doxepin hcl cap 10 mg	31	drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda)	139
doxepin hcl cap 100 mg	31	drospirenone-ethinyl estradiol tab 3-0.03 mg (Zumandimine)	139
doxepin hcl cap 150 mg	31	Droxia (hydroxyurea (sickle cell disease))	129
doxepin hcl cap 25 mg	31	Duavee (conjugated estrogens-bazedoxifene)	155
doxepin hcl cap 50 mg	31	Dulera (mometasone furoate-formoterol fumarate dihydrate)	186
doxepin hcl cap 75 mg	31	duloxetine hcl enteric coated pellets cap 20 mg (base eq)	106
doxepin hcl conc 10 mg/ml	31	duloxetine hcl enteric coated pellets cap 30 mg (base eq)	106
doxycycline hyclate cap 100 mg	17	duloxetine hcl enteric coated pellets cap 40 mg (base eq)	106
doxycycline hyclate cap 50 mg	17	duloxetine hcl enteric coated pellets cap 60 mg (base eq)	106
doxycycline hyclate tab 100 mg	17	Duobrii (halobetasol propionate-tazarotene)	115
doxycycline hyclate tab 20 mg	17	Dupixent (dupilumab)	160
doxycycline monohydrate cap 100 mg	17	dutasteride cap 0.5 mg	131
doxycycline monohydrate cap 100 mg (Mondoxyne NI)	18	Dyanavel XR (amphetamine)	99
doxycycline monohydrate cap 50 mg	18	E	
doxycycline monohydrate for susp 25 mg/5ml	18	EasiVent	170
doxycycline monohydrate tab 100 mg	18	EasiVent Mask Large	170
doxycycline monohydrate tab 100 mg (Avidoxy)	18	EasiVent Mask Medium	170
doxycycline monohydrate tab 150 mg	18	EasiVent Mask Small	170
doxycycline monohydrate tab 50 mg	18		
doxycycline monohydrate tab 75 mg	18		
doxylamine-pyridoxine tab delayed release 10-10 mg	31		
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Drospiren-Eth Estrad-Levomefol)	139		
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Drospiren-Eth Estrad-Levomefol)	139		
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)	139		
drospirenone-ethinyl estradiol tab 3-0.02 mg	139		

econazole nitrate cream 1%	33	Emgality (300 MG Dose) (galcanezumab-gnlm)	35
Edurant (rilpivirine hcl)	56	Emgality (galcanezumab-gnlm)	35
Edurant PED (rilpivirine hcl)	57	emtricitabine caps 200 mg	58
EEMT (esterified estrogens & methyltestosterone)	139	emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg (Emtricitab-Rilpivir-Tenofov DF)	57
EEMT HS (esterified estrogens & methyltestosterone)	139	emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (Emtricitabine-Tenofovir DF)	58
Efavirenz	57	emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (Emtricitabine-Tenofovir DF)	58
efavirenz tab 600 mg	57	emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (Emtricitabine-Tenofovir DF)	58
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (Efavirenz-Emtricitab-Tenofo DF)	57	emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (Emtricitabine-Tenofovir DF)	58
Efavirenz-lamiVUDine-Tenofovir (efavirenz-lamivudine-tenofovir disoproxil fumarate)	57	Emtriva (emtricitabine)	58
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	57	enalapril maleate & hydrochlorothiazide tab 10-25 mg (Enalapril-Hydrochlorothiazide)	89
Effer-K (potassium bicarbonate)	119	enalapril maleate & hydrochlorothiazide tab 5-12.5 mg (Enalapril-Hydrochlorothiazide)	89
Elestrin (estradiol)	139	enalapril maleate tab 10 mg	76
eletriptan hydrobromide tab 20 mg (base equivalent)	35	enalapril maleate tab 2.5 mg	76
eletriptan hydrobromide tab 40 mg (base equivalent)	35	enalapril maleate tab 20 mg	76
Eliquis (1.5 MG Pack) (apixaban)	70	enalapril maleate tab 5 mg	76
Eliquis (2 MG Pack) (apixaban)	70	Enbrel (etanercept)	164
Eliquis (apixaban)	70	Enbrel Mini (etanercept)	164
Eliquis DVT/PE Starter Pack (apixaban)	70	Enbrel SureClick (etanercept)	164
Elite-OB (prenatal vit w/ iron carbonyl-folic acid)	119	Endometrin (progesterone (vaginal))	154
Ella (ulipristal acetate)	154	enoxaparin sodium inj 300 mg/3ml	70
Elmiron (pentosan polysulfate sodium)	132	enoxaparin sodium inj soln pref syr 100 mg/ml	70
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	73	enoxaparin sodium inj soln pref syr 120 mg/0.8ml	70
eltrombopag olamine powder pack for susp 25 mg (base equiv)	73	enoxaparin sodium inj soln pref syr 150 mg/ml	70
eltrombopag olamine tab 12.5 mg (base equiv)	73	enoxaparin sodium inj soln pref syr 30 mg/0.3ml	71
eltrombopag olamine tab 25 mg (base equiv)	73	enoxaparin sodium inj soln pref syr 40 mg/0.4ml	71
eltrombopag olamine tab 50 mg (base equiv)	73	enoxaparin sodium inj soln pref syr 60 mg/0.6ml	71
eltrombopag olamine tab 75 mg (base equiv)	73		
Elyxyb (celecoxib (migraine))	2		

enoxaparin sodium inj soln pref syr 80 mg/0.8ml.....	71	erythromycin tab delayed release 250 mg.....	16
Enstilar (calcipotriene-betamethasone dipropionate).....	115	erythromycin tab delayed release 250 mg (Ery-Tab).....	16
entacapone tab 200 mg.....	48	erythromycin tab delayed release 250 mg (Erythromycin Base).....	16
entecavir tab 0.5 mg.....	55	erythromycin tab delayed release 333 mg.....	16
entecavir tab 1 mg.....	55	erythromycin tab delayed release 333 mg (Ery-Tab).....	16
Epclusa (sofosbuvir-velpatasvir).....	55	erythromycin tab delayed release 333 mg (Erythromycin Base).....	16
Epidiolex (cannabidiol).....	19	erythromycin tab delayed release 500 mg.....	16
epinastine hcl ophth soln 0.05%.....	175	erythromycin tab delayed release 500 mg (Ery-Tab).....	16
EPINEPHrine (epinephrine (anaphylaxis)).....	181	erythromycin tab delayed release 500 mg (Erythromycin Base).....	16
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	182	escitalopram oxalate soln 5 mg/5ml (base equiv).....	28
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....	182	escitalopram oxalate tab 10 mg (base equiv).....	28
eplerenone tab 25 mg.....	92	escitalopram oxalate tab 20 mg (base equiv).....	28
eplerenone tab 50 mg.....	92	escitalopram oxalate tab 5 mg (base equiv).....	28
EQ Space Chamber Anti-Static.....	170	eslicarbazepine acetate tab 200 mg.....	23
EQ Space Chamber Anti-Static L.....	170	eslicarbazepine acetate tab 400 mg.....	23
EQ Space Chamber Anti-Static M.....	170	eslicarbazepine acetate tab 600 mg.....	23
EQ Space Chamber Anti-Static S.....	170	eslicarbazepine acetate tab 800 mg.....	23
ergocalciferol cap 1.25 mg (50000 unit).....	168	esomeprazole magnesium cap delayed release 40 mg (base eq).....	128
ergocalciferol cap 1.25 mg (50000 unit) (Vitamin D (Ergocalciferol)).....	168	Est Estrogens-Methyltest (esterified estrogens & methyltestosterone).....	140
Ergoloid Mesylates.....	25	Est Estrogens-Methyltest DS (esterified estrogens & methyltestosterone).....	140
Ergotamine-Caffeine (ergotamine w/ caffeine).....	35	Est Estrogens-Methyltest HS (esterified estrogens & methyltestosterone).....	140
Erleada (apalutamide).....	38	estazolam tab 1 mg.....	189
erlotinib hcl tab 100 mg (base equivalent).....	41	estazolam tab 2 mg.....	189
erlotinib hcl tab 150 mg (base equivalent).....	41	esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Est Estrogens-Methyltest HS).....	140
erlotinib hcl tab 25 mg (base equivalent).....	41	esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Est Estrogens-Methyltest DS).....	140
Ermeza (levothyroxine sodium).....	155	esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Est Estrogens-Methyltest).....	140
Ery (erythromycin (acne aid)).....	118		
Erythromycin (erythromycin (acne aid)).....	118		
Erythromycin (erythromycin (ophth)).....	175		
erythromycin gel 2%.....	118		
erythromycin ophth oint 5 mg/gm.....	175		
erythromycin soln 2%.....	118		
erythromycin tab 250 mg (Erythromycin Base).....	16		
erythromycin tab 500 mg (Erythromycin Base).....	16		

esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.s.).....	140	estradiol td patch twice weekly 0.05 mg/24hr (Lyllana).....	141
estradiol & norethindrone acetate tab 0.5-0.1 mg (Abigale Lo).....	153	estradiol td patch twice weekly 0.075 mg/24hr.....	141
estradiol & norethindrone acetate tab 0.5-0.1 mg (Amabelz).....	153	estradiol td patch twice weekly 0.075 mg/24hr (Dotti).....	141
estradiol & norethindrone acetate tab 0.5-0.1 mg (Estradiol-Norethindrone Acet).....	153	estradiol td patch twice weekly 0.075 mg/24hr (Lyllana).....	141
estradiol & norethindrone acetate tab 1-0.5 mg (Abigale).....	153	estradiol td patch twice weekly 0.1 mg/24hr ..	141
estradiol & norethindrone acetate tab 1-0.5 mg (Amabelz).....	153	estradiol td patch twice weekly 0.1 mg/24hr (Dotti).....	141
estradiol & norethindrone acetate tab 1-0.5 mg (Estradiol-Norethindrone Acet).....	153	estradiol td patch twice weekly 0.1 mg/24hr (Lyllana).....	141
estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey).....	153	estradiol td patch weekly 0.025 mg/24hr.....	141
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump).....	140	estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....	141
estradiol tab 0.5 mg.....	140	estradiol td patch weekly 0.05 mg/24hr.....	141
estradiol tab 1 mg.....	140	estradiol td patch weekly 0.06 mg/24hr.....	141
estradiol tab 2 mg.....	140	estradiol td patch weekly 0.075 mg/24hr.....	141
estradiol td gel 0.25 mg/0.25gm (0.1%).....	140	estradiol td patch weekly 0.1 mg/24hr.....	141
estradiol td gel 0.5 mg/0.5gm (0.1%).....	140	estradiol vaginal cream 0.01%.....	141
estradiol td gel 0.75 mg/0.75gm (0.1%).....	140	estradiol vaginal tab 10 mcg.....	141
estradiol td gel 1 mg/gm (0.1%).....	140	estradiol vaginal tab 10 mcg (Yuvaferm).....	141
estradiol td gel 1.25 mg/1.25gm (0.1%).....	140	estradiol valerate im in oil 10 mg/ml.....	141
estradiol td patch twice weekly 0.025 mg/24hr.....	140	estradiol valerate im in oil 20 mg/ml.....	141
estradiol td patch twice weekly 0.025 mg/24hr (Dotti).....	140	estradiol valerate im in oil 40 mg/ml.....	142
estradiol td patch twice weekly 0.025 mg/24hr (Lyllana).....	140	Estratest H.S. (esterified estrogens & methyltestosterone).....	142
estradiol td patch twice weekly 0.0375 mg/24hr.....	141	Estring (estradiol vaginal).....	142
estradiol td patch twice weekly 0.0375 mg/24hr (Dotti).....	141	Estrogel (estradiol).....	142
estradiol td patch twice weekly 0.0375 mg/24hr (Lyllana).....	141	estrogens, conjugated tab 0.3 mg (Estrogens Conjugated).....	142
estradiol td patch twice weekly 0.05 mg/24hr	141	estrogens, conjugated tab 0.45 mg (Estrogens Conjugated).....	142
estradiol td patch twice weekly 0.05 mg/24hr (Dotti).....	141	estrogens, conjugated tab 0.625 mg (Estrogens Conjugated).....	142
		estrogens, conjugated tab 0.9 mg (Estrogens Conjugated).....	142
		estrogens, conjugated tab 1.25 mg (Estrogens Conjugated).....	142
		eszopiclone tab 1 mg.....	189

eszopiclone tab 2 mg	189	everolimus tab 5 mg	42
eszopiclone tab 3 mg	189	everolimus tab 7.5 mg	42
ethacrynic acid tab 25 mg	92	everolimus tab for oral susp 2 mg	42
ethambutol hcl tab 100 mg	37	everolimus tab for oral susp 3 mg	42
ethambutol hcl tab 400 mg	37	everolimus tab for oral susp 5 mg	42
ethosuximide cap 250 mg	21	exemestane tab 25 mg	40
ethosuximide soln 250 mg/5ml	21	Eysuvis (loteprednol etabonate)	176
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Ethinodiol Diac-Eth Estradiol)	142	ezetimibe tab 10 mg	95
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35)	142	ezetimibe-simvastatin tab 10-10 mg	95
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Valtva 1/35)	142	ezetimibe-simvastatin tab 10-20 mg	95
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28))	142	ezetimibe-simvastatin tab 10-40 mg	95
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e (28))	142	ezetimibe-simvastatin tab 10-80 mg	95
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Ethinodiol Diac-Eth Estradiol)	142	F	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	142	Fabhalta (iptacopan hcl)	73
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Valtva 1/50)	142	famciclovir tab 125 mg	61
etodolac cap 200 mg	2	famciclovir tab 250 mg	61
etodolac cap 300 mg	2	famciclovir tab 500 mg	61
etodolac tab 400 mg	2	famotidine for susp 40 mg/5ml	128
etodolac tab 500 mg	2	famotidine tab 40 mg	128
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lenalidomide cap 20 mg.....	39	levetiracetam tab 250 mg.....	20
lenalidomide cap 25 mg.....	39	levetiracetam tab 500 mg.....	20
lenalidomide cap 5 mg.....	39	levetiracetam tab 500 mg (Roweepra).....	20
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Lenvima (12 MG Daily Dose) (lenvatinib mesylate).....	43	levetiracetam tab er 24hr 750 mg (levETIRAcetam ER).....	20
Lenvima (14 MG Daily Dose) (lenvatinib mesylate).....	43	Levobunolol HCl.....	177
Lenvima (18 MG Daily Dose) (lenvatinib mesylate).....	43	levocarnitine oral soln 1 gm/10ml (10%).....	125
Lenvima (20 MG Daily Dose) (lenvatinib mesylate).....	43	levocarnitine oral soln 1 gm/10ml (10%) (levOCARNitine SF).....	125
Lenvima (24 MG Daily Dose) (lenvatinib mesylate).....	43	levocarnitine tab 330 mg.....	125
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levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (Rosyrah).....	143	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane).....	144
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Camrese Lo).....	143	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla).....	144
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Levonorgest-Eth Estrad 91- Day).....	143	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina).....	144
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Lojaimiess).....	143	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Larissia).....	144
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia).....	143	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina).....	144
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna).....	143	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Levonorgestrel-Ethinyl Estrad).....	144
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Camrese).....	143	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera).....	144
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levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Jaimiess).....	143	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx).....	144
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Levonorgest-Eth Estrad 91- Day).....	143	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienna).....	144
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levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale).....	143	levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg (Chateal Eq).....	144
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolessa).....	143	levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg (Chateal).....	144
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Levonorgest-Eth Estrad 91- Day).....	144	levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg (Kurvelo).....	145
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin).....	144	levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg (Levonorgestrel-Ethinyl Estrad).....	145
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle).....	144	levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg (Levora 0.15/30 (28)).....	145
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq).....	144	levonorgestrel & ethinyl estradiol tab 0.15 mg- 30 mcg (Lillow).....	145
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levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest).....	145	levothyroxine sodium tab 200 mcg (Levoxyl).....	156
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levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	145	levothyroxine sodium tab 25 mcg (Levoxyl).....	156
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levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale).....	145	levothyroxine sodium tab 50 mcg.....	156
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Joyeaux).....	145	levothyroxine sodium tab 50 mcg (Euthyrox).....	156
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Levonorgest-Eth Estradiol-Iron).....	145	levothyroxine sodium tab 50 mcg (Levoxyl).....	157
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Minzoya).....	145	levothyroxine sodium tab 75 mcg.....	157
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levothyroxine sodium tab 100 mcg (Levoxyl).....	155	levothyroxine sodium tab 88 mcg.....	157
levothyroxine sodium tab 112 mcg.....	155	levothyroxine sodium tab 88 mcg (Euthyrox).....	157
levothyroxine sodium tab 112 mcg (Euthyrox).....	155	levothyroxine sodium tab 88 mcg (Levoxyl).....	157
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levothyroxine sodium tab 125 mcg (Euthyrox).....	156	Lidocaine HCl Urethral/Mucosal.....	9
levothyroxine sodium tab 125 mcg (Levoxyl).....	156	lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....	9
levothyroxine sodium tab 137 mcg.....	156	lidocaine hcl urethral/mucosal gel prefilled syringe 2% (Glydo).....	9
levothyroxine sodium tab 137 mcg (Euthyrox).....	156	lidocaine hcl viscous soln 2% (Lidocaine Viscous HCl).....	9
levothyroxine sodium tab 137 mcg (Levoxyl).....	156	lidocaine oint 5%.....	9
levothyroxine sodium tab 150 mcg.....	156	lidocaine patch 5%.....	9
levothyroxine sodium tab 150 mcg (Euthyrox).....	156	lidocaine patch 5% (Lidocan).....	9
levothyroxine sodium tab 150 mcg (Levoxyl).....	156	lidocaine patch 5% (Tridacaine li).....	9
levothyroxine sodium tab 175 mcg.....	156	lidocaine patch 5% (Tridacaine lii).....	9
levothyroxine sodium tab 175 mcg (Euthyrox).....	156	lidocaine-prilocaine cream 2.5-2.5%.....	9
levothyroxine sodium tab 175 mcg (Levoxyl).....	156	linezolid for susp 100 mg/5ml.....	12
		linezolid tab 600 mg.....	12
		liothyronine sodium tab 25 mcg.....	157
		liothyronine sodium tab 25 mcg (Liomny).....	157
		liothyronine sodium tab 5 mcg.....	157
		liothyronine sodium tab 5 mcg (Liomny).....	157
		liothyronine sodium tab 50 mcg.....	157
		liothyronine sodium tab 50 mcg (Liomny).....	157

liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml) (Liraglutide -Weight Management).....	190	lithium carbonate tab er 450 mg (Lithium Carbonate ER).....	63
lisdexamfetamine dimesylate cap 10 mg.....	99	lithium oral solution 8 meq/5ml.....	63
lisdexamfetamine dimesylate cap 20 mg.....	99	Livdelzi (seladelpar lysine).....	171
lisdexamfetamine dimesylate cap 30 mg.....	99	Lo Loestrin Fe (norethindrone acetate-ethinyl estradiol-fe fum (biphasic)).....	145
lisdexamfetamine dimesylate cap 40 mg.....	99	Lokelma (sodium zirconium cyclosilicate).....	124,125
lisdexamfetamine dimesylate cap 50 mg.....	99	lomustine cap 10 mg.....	38
lisdexamfetamine dimesylate cap 60 mg.....	99	lomustine cap 100 mg.....	38
lisdexamfetamine dimesylate cap 70 mg.....	99	lomustine cap 40 mg.....	38
lisdexamfetamine dimesylate chew tab 10 mg.....	99	lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	59
lisdexamfetamine dimesylate chew tab 20 mg.....	99	lopinavir-ritonavir tab 100-25 mg.....	59
lisdexamfetamine dimesylate chew tab 30 mg.....	99	lopinavir-ritonavir tab 200-50 mg.....	59
lisdexamfetamine dimesylate chew tab 40 mg.....	100	lorazepam conc 2 mg/ml.....	63
lisdexamfetamine dimesylate chew tab 50 mg.....	100	lorazepam conc 2 mg/ml (Lorazepam Intensol).....	63
lisdexamfetamine dimesylate chew tab 60 mg.....	100	lorazepam tab 0.5 mg.....	63
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Lisinopril-hydroCHLOROthiazide).....	89	lorazepam tab 1 mg.....	63
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Lisinopril-Hydrochlorothiazide).....	89	lorazepam tab 2 mg.....	63
lisinopril & hydrochlorothiazide tab 20-25 mg (Lisinopril-hydroCHLOROthiazide).....	89	Lorbrena (lorlatinib).....	43
lisinopril tab 10 mg.....	76	losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Losartan Potassium-HCTZ).....	89
lisinopril tab 2.5 mg.....	77	losartan potassium & hydrochlorothiazide tab 100-25 mg (Losartan Potassium-HCTZ).....	89
lisinopril tab 20 mg.....	77	losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Losartan Potassium-HCTZ).....	89
lisinopril tab 30 mg.....	77	losartan potassium tab 100 mg.....	76
lisinopril tab 40 mg.....	77	losartan potassium tab 25 mg.....	76
lisinopril tab 5 mg.....	77	losartan potassium tab 50 mg.....	76
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lithium carbonate cap 300 mg.....	63	loteprednol etabonate ophth susp 0.2%.....	176
lithium carbonate cap 600 mg.....	63	loteprednol etabonate ophth susp 0.5%.....	176
lithium carbonate tab 300 mg.....	63	lovastatin tab 10 mg.....	93
lithium carbonate tab er 300 mg (Lithium Carbonate ER).....	63	lovastatin tab 20 mg.....	93
		lovastatin tab 40 mg.....	94
		loxapine succinate cap 10 mg.....	51
		loxapine succinate cap 25 mg.....	51
		loxapine succinate cap 5 mg.....	51
		loxapine succinate cap 50 mg.....	51

lubiprostone cap 24 mcg	126	Mavenclad (7 Tabs) (cladribine (multiple sclerosis))	107
lubiprostone cap 8 mcg	126	Mavenclad (8 Tabs) (cladribine (multiple sclerosis))	107
Lucemyra (lofexidine hcl)	10	Mavenclad (9 Tabs) (cladribine (multiple sclerosis))	107
Lumakras (sotorasib)	43	Mavyret (glecaprevir-pibrentasvir)	55,56
Lumigan (bimatoprost)	178	Mayzent (siponimod fumarate)	107
Lumryz (sodium oxybate)	190	Mayzent Starter Pack (siponimod fumarate)	107
Lumryz Starter Pack (sodium oxybate)	190	medroxyprogesterone acetate tab 10 mg	154
Lupkynis (voclosporin)	165	medroxyprogesterone acetate tab 2.5 mg	154
lurasidone hcl tab 120 mg	52	medroxyprogesterone acetate tab 5 mg	154
lurasidone hcl tab 20 mg	52	mefloquine hcl tab 250 mg	47
lurasidone hcl tab 40 mg	52	megestrol acetate susp 40 mg/ml	154
lurasidone hcl tab 60 mg	52	megestrol acetate tab 20 mg	154
lurasidone hcl tab 80 mg	52	megestrol acetate tab 40 mg	154
Lybalvi (olanzapine-samidorpham l-malate)	27	Mekinist (trametinib dimethyl sulfoxide)	44
Lynparza (olaparib)	43	Mektovi (binimetinib)	44
Lysodren (mitotane)	40	meloxicam tab 15 mg	3
Lyumjev (insulin lispro-aabc)	69	meloxicam tab 7.5 mg	3
Lyumjev KwikPen (insulin lispro-aabc)	69	Memantine HCl	26
Lyumjev Tempo Pen (insulin lispro-aabc)	69	memantine hcl cap er 24hr 14 mg (Memantine HCl ER)	26
		memantine hcl cap er 24hr 21 mg (Memantine HCl ER)	26
		memantine hcl cap er 24hr 28 mg (Memantine HCl ER)	26
		memantine hcl cap er 24hr 7 mg (Memantine HCl ER)	26
		memantine hcl oral solution 2 mg/ml	26
		memantine hcl tab 10 mg	26
		memantine hcl tab 5 mg	26
		Menest (esterified estrogens)	146
		meperidine hcl tab 50 mg	7
		mercaptopurine tab 50 mg	40
		mesalamine cap er 24hr 0.375 gm (Mesalamine ER)	167
		mesalamine enema 4 gm	167
		mesalamine suppos 1000 mg	167
		mesalamine tab delayed release 1.2 gm	167
		mesna tab 400 mg	46

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M-Natal Plus (prenatal vit w/ ferrous fumarate-folic acid)	119
Mafenide Acetate	118
mafenide acetate packet for topical soln 5% (50 gm)	118
malathion lotion 0.5%	117
maraviroc tab 150 mg	59
maraviroc tab 300 mg	59
Matronex (prenatal vit w/ ferrous fumarate-folic acid)	119
Matulane (procarbazine hcl)	38
Mavenclad (10 Tabs) (cladribine (multiple sclerosis))	107
Mavenclad (4 Tabs) (cladribine (multiple sclerosis))	107
Mavenclad (5 Tabs) (cladribine (multiple sclerosis))	107
Mavenclad (6 Tabs) (cladribine (multiple sclerosis))	107

metaxalone tab 400 mg	188	methylergonovine maleate tab 0.2 mg	171
metaxalone tab 800 mg	188	methylergonovine maleate tab 0.2 mg (Methergine)	171
metformin hcl tab 1000 mg	65	methylphenidate hcl cap er 10 mg (cd) (Methylphenidate HCl ER (CD))	101
metformin hcl tab 500 mg	65	methylphenidate hcl cap er 20 mg (cd) (Methylphenidate HCl ER (CD))	101
metformin hcl tab 850 mg	65	methylphenidate hcl cap er 24hr 10 mg (la) (Methylphenidate HCl ER (LA))	101
metformin hcl tab er 24hr 500 mg (metFORMIN HCl ER)	65	methylphenidate hcl cap er 24hr 10 mg (xr) (Methylphenidate HCl ER (XR))	101
metformin hcl tab er 24hr 750 mg (metFORMIN HCl ER)	65	methylphenidate hcl cap er 24hr 15 mg (xr) (Methylphenidate HCl ER (XR))	101
Methadone HCl	4	methylphenidate hcl cap er 24hr 20 mg (la) (Methylphenidate HCl ER (LA))	101
methadone hcl conc 10 mg/ml	4	methylphenidate hcl cap er 24hr 20 mg (xr) (Methylphenidate HCl ER (XR))	101
methadone hcl conc 10 mg/ml (Methadone Hcl Intensol)	4	methylphenidate hcl cap er 24hr 30 mg (la) (Methylphenidate HCl ER (LA))	101
methadone hcl soln 10 mg/5ml	4	methylphenidate hcl cap er 24hr 30 mg (xr) (Methylphenidate HCl ER (XR))	101
methadone hcl soln 5 mg/5ml	4	methylphenidate hcl cap er 24hr 40 mg (la) (Methylphenidate HCl ER (LA))	101
methadone hcl tab 10 mg	5	methylphenidate hcl cap er 24hr 40 mg (xr) (Methylphenidate HCl ER (XR))	101
methadone hcl tab 5 mg	5	methylphenidate hcl cap er 24hr 50 mg (xr) (Methylphenidate HCl ER (XR))	101
methadone hcl tab for oral susp 40 mg	5	methylphenidate hcl cap er 24hr 60 mg (la) (Methylphenidate HCl ER (LA))	101
methadone hcl tab for oral susp 40 mg (Methadose)	5	methylphenidate hcl cap er 24hr 60 mg (xr) (Methylphenidate HCl ER (XR))	102
methazolamide tab 25 mg	177	methylphenidate hcl cap er 30 mg (cd) (Methylphenidate HCl ER (CD))	102
methazolamide tab 50 mg	178	methylphenidate hcl cap er 40 mg (cd) (Methylphenidate HCl ER (CD))	102
methenamine hippurate tab 1 gm	12	methylphenidate hcl cap er 50 mg (cd) (Methylphenidate HCl ER (CD))	102
methimazole tab 10 mg	159	methylphenidate hcl cap er 60 mg (cd) (Methylphenidate HCl ER (CD))	102
methimazole tab 5 mg	159	methylphenidate hcl cap er 60 mg (cd) (Methylphenidate HCl ER (CD))	102
Methitest (methyltestosterone)	136	methylphenidate hcl chew tab 10 mg	102
methocarbamol tab 500 mg	188	methylphenidate hcl chew tab 2.5 mg	102
methocarbamol tab 750 mg	189		
Methotrexate Sodium	165		
Methotrexate Sodium (PF)	165		
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) (Methotrexate Sodium (PF))	166		
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) (Methotrexate Sodium (PF))	166		
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) (Methotrexate Sodium (PF))	166		
methotrexate sodium tab 2.5 mg (base equiv)	166		
Methoxsalen Rapid	115		
Methyldopa	75		
methyldopa tab 250 mg	75		

methylphenidate hcl chew tab 5 mg	102	methylprednisolone tab 16 mg	134
Methylphenidate HCl ER	102	methylprednisolone tab 32 mg	134
Methylphenidate HCl ER(Diffus)	102	methylprednisolone tab 4 mg	134
methylphenidate hcl soln 10 mg/5ml	102	methylprednisolone tab 8 mg	134
methylphenidate hcl soln 5 mg/5ml	102	methylprednisolone tab therapy pack 4 mg (21)	134
methylphenidate hcl tab 10 mg	102	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	31
methylphenidate hcl tab 20 mg	102	metoclopramide hcl tab 10 mg (base equivalent)	32
methylphenidate hcl tab 5 mg	102	metoclopramide hcl tab 5 mg (base equivalent)	32
methylphenidate hcl tab er 10 mg (Methylphenidate HCl ER)	102	metolazone tab 10 mg	93
methylphenidate hcl tab er 20 mg (Methylphenidate HCl ER)	102	metolazone tab 2.5 mg	93
methylphenidate hcl tab er diffusion 27 mg (Methylphenidate HCl ER(Diffus))	103	metolazone tab 5 mg	93
methylphenidate hcl tab er diffusion 36 mg (Methylphenidate HCl ER(Diffus))	103	metoprolol & hydrochlorothiazide tab 100-25 mg (Metoprolol-hydroCHLOROthiazide)	89
methylphenidate hcl tab er diffusion 54 mg (Methylphenidate HCl ER(Diffus))	103	metoprolol & hydrochlorothiazide tab 100-50 mg (Metoprolol-Hydrochlorothiazide)	89
methylphenidate hcl tab er osmotic release (osm) 18 mg (Methylphenidate HCl ER (OSM))	103	metoprolol & hydrochlorothiazide tab 50-25 mg (Metoprolol-Hydrochlorothiazide)	90
methylphenidate hcl tab er osmotic release (osm) 18 mg (Methylphenidate HCl ER)	103	metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Metoprolol Succinate ER)	79
methylphenidate hcl tab er osmotic release (osm) 27 mg (Methylphenidate HCl ER (OSM))	103	metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Metoprolol Succinate ER)	80
methylphenidate hcl tab er osmotic release (osm) 27 mg (Methylphenidate HCl ER)	103	metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Metoprolol Succinate ER)	80
methylphenidate hcl tab er osmotic release (osm) 36 mg (Methylphenidate HCl ER (OSM))	103	metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Metoprolol Succinate ER)	80
methylphenidate hcl tab er osmotic release (osm) 36 mg (Methylphenidate HCl ER)	103	metoprolol tartrate tab 100 mg	80
methylphenidate hcl tab er osmotic release (osm) 54 mg (Methylphenidate HCl ER (OSM))	103	metoprolol tartrate tab 25 mg	80
methylphenidate hcl tab er osmotic release (osm) 54 mg (Methylphenidate HCl ER)	103	metoprolol tartrate tab 37.5 mg	80
methylphenidate hcl tab er osmotic release (osm) 72 mg (Methylphenidate HCl ER (OSM))	103	metoprolol tartrate tab 50 mg	80
		metoprolol tartrate tab 75 mg	80
		metronidazole cream 0.75%	12
		metronidazole cream 0.75% (Rosadan)	12
		metronidazole gel 0.75%	12
		metronidazole gel 0.75% (Rosadan)	12
		metronidazole gel 1%	12
		metronidazole lotion 0.75%	12
		metronidazole tab 250 mg	12

metronidazole tab 500 mg	12	montelukast sodium chew tab 4 mg (base equiv)	180
metronidazole vaginal gel 0.75%	12	montelukast sodium chew tab 5 mg (base equiv)	180
mexiletine hcl cap 150 mg	78	montelukast sodium oral granules packet 4 mg (base equiv)	180
mexiletine hcl cap 200 mg	78	montelukast sodium tab 10 mg (base equiv)	180
mexiletine hcl cap 250 mg	78	Morphine Sulfate	7
Miconazole 3 (miconazole nitrate vaginal)	34	morphine sulfate oral soln 10 mg/5ml	8
Microchamber	171	morphine sulfate oral soln 20 mg/5ml	8
Microspacer	171	morphine sulfate tab 15 mg	8
midodrine hcl tab 10 mg	75	morphine sulfate tab 30 mg	8
midodrine hcl tab 2.5 mg	75	morphine sulfate tab er 100 mg (Morphine Sulfate ER)	5
midodrine hcl tab 5 mg	75	morphine sulfate tab er 15 mg (Morphine Sulfate ER)	5
Mifeprex (mifepristone)	134	morphine sulfate tab er 200 mg (Morphine Sulfate ER)	5
mifepristone tab 200 mg	134	morphine sulfate tab er 30 mg (Morphine Sulfate ER)	5
minocycline hcl cap 100 mg	18	morphine sulfate tab er 60 mg (Morphine Sulfate ER)	5
minocycline hcl cap 50 mg	18	Mounjaro (tirzepatide)	65
minocycline hcl cap 75 mg	18	Movantik (naloxegol oxalate)	126
minocycline hcl tab 100 mg	18	moxifloxacin hcl ophth soln 0.5% (base equiv)	176
minocycline hcl tab 50 mg	18	moxifloxacin hcl tab 400 mg (base equiv)	17
minocycline hcl tab 75 mg	18	Multaq (dronedarone hcl)	78
minoxidil tab 10 mg	96	Multi-Vit-Flor (pediatric multivitamins w/fl)	119
minoxidil tab 2.5 mg	96	Multi-Vitamin/Fluoride (pediatric multivitamins w/fl)	119
mirabegron tab er 24 hr 25 mg (Mirabegron ER)	130	Multi-Vitamin/Fluoride/Iron (ped multivitamins w/fl & iron)	119
mirabegron tab er 24 hr 50 mg (Mirabegron ER)	130	Multivitamin w/Fluoride (pediatric multivitamins w/fl)	119
mirtazapine orally disintegrating tab 15 mg	27	Multivitamin/Fluoride (pediatric multivitamins w/fl)	119
mirtazapine orally disintegrating tab 30 mg	27	mupirocin oint 2%	118
mirtazapine orally disintegrating tab 45 mg	27	Myalept (metreleptin)	129
mirtazapine tab 15 mg	27	mycophenolate mofetil cap 250 mg	166
mirtazapine tab 30 mg	27	mycophenolate mofetil for oral susp 200 mg/ml	166
mirtazapine tab 45 mg	27		
mirtazapine tab 7.5 mg	27		
misoprostol tab 100 mcg	136		
misoprostol tab 200 mcg	136		
modafinil tab 100 mg	190		
modafinil tab 200 mg	190		
moexipril hcl tab 15 mg	77		
moexipril hcl tab 7.5 mg	77		
mometasone furoate cream 0.1%	114		
mometasone furoate oint 0.1%	114		
mometasone furoate solution 0.1% (lotion)	114		

mycophenolate mofetil tab 500 mg	166
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	166
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	166
Myfembree (relugolix-estradiol-norethindrone acetate)	136
Myrbetriq (mirabegron)	130

N

nabumetone tab 500 mg	3
nabumetone tab 750 mg	3
nadolol tab 20 mg	80
nadolol tab 40 mg	80
nadolol tab 80 mg	80
NaFrinse Drops (sodium fluoride)	119
naloxone hcl inj 0.4 mg/ml	10
naloxone hcl inj 4 mg/10ml	11
naloxone hcl nasal spray 4 mg/0.1ml	11
naloxone hcl soln prefilled syringe 0.4 mg/ml	11
naloxone hcl soln prefilled syringe 2 mg/2ml	11
naltrexone hcl tab 50 mg	11
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
naproxen tab ec 500 mg	3
naproxen tab ec 500 mg (EC-Naproxen)	3
naproxen tab ec 500 mg (Naproxen DR)	3
naratriptan hcl tab 1 mg (base equiv)	36
naratriptan hcl tab 2.5 mg (base equiv)	36
Nascobal (cyanocobalamin)	125
NatalChew (prenatal vit w/ ferrous fumarate- folic acid)	120
Natazia (estradiol valerate-dienogest)	146
nateglinide tab 120 mg	65
nateglinide tab 60 mg	65

Nayzilam (midazolam (anticonvulsant))	22
nebivolol hcl tab 10 mg (base equivalent)	80
nebivolol hcl tab 2.5 mg (base equivalent)	80
nebivolol hcl tab 20 mg (base equivalent)	80
nebivolol hcl tab 5 mg (base equivalent)	80
Nebusal (sodium chloride (inhalant))	187
Nefazodone HCl	29
neomycin sulfate tab 500 mg	11
neomycin-bacitrac zn-polymyx 5(3.5)mg- 400unt-10000unt op oin (Neo-Polycin)	174
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neomycin-polymyxin-dexamethasone ophth oint 0.1%	174
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neomycin-polymyxin-hc otic soln 1%	179
neomycin-polymyxin-hc otic susp 3.5 mg/ml- 10000 unit/ml-1%	179
Neonatal Complete (prenatal vit w/ ferrous fumarate-folic acid)	120
NeoNatal Plus (prenatal vit w/ ferrous fumarate-folic acid)	120
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Nevirapine	57
Nevirapine ER	57
nevirapine tab 200 mg	57
nevirapine tab er 24hr 400 mg (Nevirapine ER)	57
Nexletol (bempedoic acid)	90
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niacin tab er 500 mg (antihyperlipidemic) (Niacin ER (Antihyperlipidemic)).....	95	nitroglycerin td patch 24hr 0.1 mg/hr.....	97
niacin tab er 750 mg (antihyperlipidemic) (Niacin ER (Antihyperlipidemic)).....	95	nitroglycerin td patch 24hr 0.2 mg/hr.....	97
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nifedipine tab er 24hr 60 mg (NIFEdipine ER).....	81	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane).....	146
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norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Junel 1/20).....	147	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20).....	148
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Larin 1/20).....	147	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Microgestin Fe 1/20).....	148
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norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Microgestin 1/20).....	148	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20).....	149
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norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Finzala).....	149	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli).....	150
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norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Norethin Ace-Eth Estrad-FE).....	150	norethindrone tab 0.35 mg (Emzahh).....	154
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NovoLIN N FlexPen (insulin nph (human) (isophane))	69	octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	158
NovoLIN R (insulin regular (human))	69	octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	158
NovoLIN R FlexPen (insulin regular (human))	69	octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	158
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NovoLOG Mix 70/30 (insulin aspart protamine & aspart (human))	69	Odomzo (sonidegib phosphate)	44
NovoLOG Mix 70/30 FlexPen (insulin aspart protamine & aspart (human))	69	Ofev (nintedanib esylate)	184
NovoLOG PenFill (insulin aspart)	69	Ofloxacin	17
NP Thyroid	157	ofloxacin ophth soln 0.3%	176
Nubeqa (darolutamide)	38	ofloxacin otic soln 0.3%	179
Nucala (mepolizumab)	187	ofloxacin tab 400 mg	17
Nucynta ER (tapentadol hcl)	5	olanzapine orally disintegrating tab 10 mg	52
Nuedexa (dextromethorphan hbr-quinidine sulfate)	105	olanzapine orally disintegrating tab 15 mg	52
NuLev (hyoscyamine sulfate)	127	olanzapine orally disintegrating tab 20 mg	52
Nurtec (rimegepant sulfate)	35	olanzapine orally disintegrating tab 5 mg	52
NuvaRing (etonogestrel-ethinyl estradiol)	152	olanzapine tab 10 mg	52
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nystatin oint 100000 unit/gm	34	olanzapine tab 2.5 mg	53
nystatin susp 100000 unit/ml	34	olanzapine tab 20 mg	53
nystatin tab 500000 unit	34	olanzapine tab 5 mg	53
nystatin topical powder 100000 unit/gm	34	olanzapine tab 7.5 mg	53
nystatin topical powder 100000 unit/gm (Klayesta)	34	olmesartan medoxomil tab 20 mg	76
nystatin topical powder 100000 unit/gm (Nyamyc)	34	olmesartan medoxomil tab 40 mg	76
nystatin topical powder 100000 unit/gm (Nystop)	34	olmesartan medoxomil tab 5 mg	76
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	115	olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Olmesartan Medoxomil-HCTZ)	90
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	116	olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Olmesartan Medoxomil-HCTZ)	90
O		olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Olmesartan Medoxomil-HCTZ)	90
Octreotide Acetate	158	olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Olmesartan-Amlodipine-HCTZ)	90
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	158		

olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Olmesartan-amLODIPine- HCTZ).....	90	Opzelura (ruxolitinib phosphate (topical)).....	116
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Olmesartan-Amlodipine- HCTZ).....	90	Oralair (grass mixed pollens allergen extract).....	160
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Olmesartan-Amlodipine- HCTZ).....	90	Oralair Adult Starter Pack (grass mixed pollens allergen extract).....	160
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Olmesartan-Amlodipine- HCTZ).....	90	Orencia (abatacept).....	160
olopatadine hcl nasal soln 0.6%.....	180	Orencia ClickJect (abatacept).....	160
Olumiant (baricitinib).....	160	Orenitram (treprostinil diolamine).....	184
omega-3-acid ethyl esters cap 1 gm.....	95	Orenitram Month 1 (treprostinil diolamine)...	184
omeprazole cap delayed release 10 mg.....	128	Orenitram Month 2 (treprostinil diolamine)...	184
omeprazole cap delayed release 20 mg.....	129	Orenitram Month 3 (treprostinil diolamine)...	184
omeprazole cap delayed release 40 mg.....	129	Oriahnn (elagolix sodium-estradiol- norethindrone acetate).....	158
Omniflex Diaphragm (diaphragms).....	171	Orilissa (elagolix sodium).....	158
Omnipod 5 DexG7G6 Intro Gen 5.....	171	Orladeyo (berotralstat hcl).....	159
Omnipod 5 DexG7G6 Pods Gen 5.....	171	orphenadrine citrate tab er 12hr 100 mg (Orphenadrine Citrate ER).....	189
Omnipod 5 G7 Intro (Gen 5).....	171	Oscimin (hyoscyamine sulfate).....	127
Omnipod 5 G7 Pods (Gen 5).....	172	oseltamivir phosphate cap 30 mg (base equiv).....	60
Omnipod 5 Libre2 Plus G6 Pods.....	172	oseltamivir phosphate cap 45 mg (base equiv).....	60
Omnipod Classic Pods (Gen 3).....	172	oseltamivir phosphate cap 75 mg (base equiv).....	60
Omnipod DASH Intro (Gen 4).....	172	oseltamivir phosphate for susp 6 mg/ml (base equiv).....	60
Omnipod DASH Pods (Gen 4).....	172	Otezla (apremilast).....	116,160
Omnitrope (somatropin).....	128,136	Otezla XR (apremilast).....	116
Ondansetron HCl.....	33	Otezla/Otezla XR Initiation Pk (apremilast)...	161
ondansetron hcl oral soln 4 mg/5ml.....	33	Otrexup (methotrexate (antirheumatic)).....	166
ondansetron hcl tab 4 mg.....	33	Ovidrel (choriogonadotropin alfa).....	136
ondansetron hcl tab 8 mg.....	33	Oxandrolone.....	136
ondansetron orally disintegrating tab 4 mg...	33	oxandrolone tab 10 mg.....	136
ondansetron orally disintegrating tab 8 mg...	33	oxandrolone tab 2.5 mg.....	136
One Vite Womens Plus (prenatal vit w/ ferrous fumarate-folic acid).....	120	oxaprozin tab 600 mg.....	4
Opsumit (macitentan).....	184	oxazepam cap 10 mg.....	63
OptiChamber Diamond.....	172	oxazepam cap 15 mg.....	63
OptiChamber Diamond-Lg Mask.....	172	oxazepam cap 30 mg.....	63
OptiChamber Diamond-Md Mask.....	172	oxcarbazepine susp 300 mg/5ml (60 mg/ml)...	24
OptiChamber Diamond-Sm Mask.....	172	oxcarbazepine tab 150 mg.....	24
		oxcarbazepine tab 300 mg.....	24

oxcarbazepine tab 600 mg	24
oxcarbazepine tab er 24hr 150 mg (OXcarbazepine ER)	24
oxcarbazepine tab er 24hr 300 mg (OXcarbazepine ER)	24
oxcarbazepine tab er 24hr 600 mg (OXcarbazepine ER)	24
oxybutynin chloride solution 5 mg/5ml	130
oxybutynin chloride tab 5 mg	130
oxybutynin chloride tab er 24hr 10 mg (Oxybutynin Chloride ER)	130
oxybutynin chloride tab er 24hr 15 mg (Oxybutynin Chloride ER)	130
oxybutynin chloride tab er 24hr 5 mg (oxyBUTYnin Chloride ER)	130
oxycodone hcl soln 5 mg/5ml	8
oxycodone hcl tab 10 mg	8
oxycodone hcl tab 15 mg	8
oxycodone hcl tab 20 mg	8
oxycodone hcl tab 30 mg	8
oxycodone hcl tab 5 mg	8
oxycodone w/ acetaminophen tab 10-325 mg (Endocet)	8
oxycodone w/ acetaminophen tab 10-325 mg (oxyCODONE-Acetaminophen)	8
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)	8
oxycodone w/ acetaminophen tab 2.5-325 mg (Oxycodone-Acetaminophen)	8
oxycodone w/ acetaminophen tab 5-325 mg (Endocet)	8
oxycodone w/ acetaminophen tab 5-325 mg (Oxycodone-Acetaminophen)	8
oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)	8
oxycodone w/ acetaminophen tab 7.5-325 mg (Oxycodone-Acetaminophen)	8
oxyCODONE-Acetaminophen (oxycodone w/ acetaminophen)	8
Ozempic (0.25 or 0.5 MG/DOSE) (semaglutide)	65

Ozempic (1 MG/DOSE) (semaglutide)	65
Ozempic (2 MG/DOSE) (semaglutide)	65

P

paliperidone tab er 24hr 1.5 mg (Paliperidone ER)	53
paliperidone tab er 24hr 3 mg (Paliperidone ER)	53
paliperidone tab er 24hr 6 mg (Paliperidone ER)	53
paliperidone tab er 24hr 9 mg (Paliperidone ER)	53
Panretin (alitretinoin)	46
pantoprazole sodium ec tab 20 mg (base equiv)	129
pantoprazole sodium ec tab 40 mg (base equiv)	129
paricalcitol cap 1 mcg	168
paricalcitol cap 2 mcg	168
paricalcitol cap 4 mcg	168
paroxetine hcl tab 10 mg	29
paroxetine hcl tab 20 mg	29
paroxetine hcl tab 30 mg	29
paroxetine hcl tab 40 mg	29
paroxetine hcl tab er 24hr 12.5 mg (PARoxetine HCl ER)	29
paroxetine hcl tab er 24hr 25 mg (PARoxetine HCl ER)	29
paroxetine hcl tab er 24hr 37.5 mg (PARoxetine HCl ER)	29
paroxetine mesylate cap 7.5 mg (base equiv)	29
Paser (aminosalicylic acid)	37
Paxlovid (150/100) (nirmatrelvir-ritonavir)	61
Paxlovid (300/100 & 150/100) (nirmatrelvir- ritonavir)	61
Paxlovid (300/100) (nirmatrelvir-ritonavir)	61
PAZOPanib HCl	44
pazopanib hcl tab 200 mg (base equiv)	44
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-G)	128

peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (PEG-3350/Electrolytes)	128	phenobarbital tab 15 mg	22
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-N With Flavor Pack)	126	phenobarbital tab 16.2 mg	22
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (PEG 3350-KCl-Na Bicarb-NaCl)	126	phenobarbital tab 30 mg	22
PEG-Prep (bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride)	126	phenobarbital tab 32.4 mg	22
Pegasys (peginterferon alfa-2a)	163	phenobarbital tab 60 mg	22
penicillamine tab 250 mg	124	phenobarbital tab 64.8 mg	22
Penicillin V Potassium	15	phenobarbital tab 97.2 mg	22
penicillin v potassium tab 250 mg	15	phenoxybenzamine hcl cap 10 mg	75
penicillin v potassium tab 500 mg	15	phentermine hcl cap 15 mg	105
pentazocine w/ naloxone tab 50-0.5 mg (Pentazocine-Naloxone HCl)	9	phentermine hcl cap 30 mg	105
pentoxifylline tab er 400 mg (Pentoxifylline ER)	90	phentermine hcl cap 37.5 mg	105
perampanel susp 0.5 mg/ml	20	phentermine hcl tab 37.5 mg	105
perampanel tab 10 mg	20	phentermine hcl tab 8 mg	105
perampanel tab 12 mg	20	phentermine hcl tab 8 mg (Lomaira)	105
perampanel tab 2 mg	20	phentermine hcl-topiramate cap er 24hr 11.25-69 mg (Phentermine-Topiramate ER)	105
perampanel tab 4 mg	20	phentermine hcl-topiramate cap er 24hr 11.25-69 mg (Phentermine-Topiramate ERXDNU) .	105
perampanel tab 6 mg	20	phentermine hcl-topiramate cap er 24hr 15-92 mg (Phentermine-Topiramate ER)	105
perampanel tab 8 mg	20	phentermine hcl-topiramate cap er 24hr 15-92 mg (Phentermine-Topiramate ERXDNU)	105
Perindopril Erbumine	77	phentermine hcl-topiramate cap er 24hr 3.75-23 mg (Phentermine-Topiramate ER)	105
perindopril erbumine tab 2 mg	77	phentermine hcl-topiramate cap er 24hr 3.75-23 mg (Phentermine-Topiramate ERXDNU)	105
perindopril erbumine tab 4 mg	77	phentermine hcl-topiramate cap er 24hr 7.5-46 mg (Phentermine-Topiramate ER)	105
permethrin cream 5%	117	phentermine hcl-topiramate cap er 24hr 7.5-46 mg (Phentermine-Topiramate ERXDNU)	105
perphenazine tab 16 mg	32	phenylephrine hcl ophth soln 10%	174
perphenazine tab 2 mg	32	phenylephrine hcl ophth soln 2.5%	174
perphenazine tab 4 mg	32	phenytoin chew tab 50 mg	24
perphenazine tab 8 mg	32	phenytoin chew tab 50 mg (Phenytoin Infatabs)	24
Perphenazine-Amitriptyline	27	phenytoin sodium extended cap 100 mg	24
Phenazopyridine HCl	132	phenytoin sodium extended cap 200 mg	24
phenazopyridine hcl tab 100 mg	132	phenytoin sodium extended cap 200 mg (Phenytek)	24
phenazopyridine hcl tab 200 mg	132	phenytoin sodium extended cap 300 mg	24
phendimetrazine tartrate tab 35 mg	105		
Phenelzine Sulfate	27		
PHENobarbital	22		
phenobarbital elixir 20 mg/5ml	22		
phenobarbital tab 100 mg	22		

phenytoin sodium extended cap 300 mg (Phenytek).....	24	piroxicam cap 20 mg.....	4
phenytoin susp 125 mg/5ml.....	24	Plegridy (peginterferon beta-1a).....	107
Phexx (lactic acid-citric acid-potassium bitartrate).....	132	Plegridy Starter Pack (peginterferon beta- 1a).....	108
Phexxi (lactic acid-citric acid-potassium bitartrate).....	132	PNV 27-Ca/Fe/FA (prenatal vit w/ ferrous fumarate-folic acid).....	120
Phospha 250 Neutral (pot phosphate monobasic w/ sod phosphate dibasic & monobasic).....	132	PNV-DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha).....	120
Phospho-Trin 250 Neutral (pot phosphate monobasic w/ sod phosphate dibasic & monobasic).....	132	PNV-Omega (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3).....	120
Phospho-Trin K500 (potassium phosphate monobasic).....	132	PNV-Select (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid).....	120
Phospholine Iodide (echothiophate iodide).....	178	Pocket Chamber.....	172
Phosphorous (pot phosphate monobasic w/ sod phosphate dibasic & monobasic).....	132	Pocket Spacer.....	172
pilocarpine hcl ophth soln 1%.....	178	Podofilox.....	116
pilocarpine hcl ophth soln 2%.....	178	podofilox soln 0.5%.....	116
pilocarpine hcl ophth soln 4%.....	178	polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%.....	176
pilocarpine hcl tab 5 mg.....	108	pomalidomide cap 1 mg.....	39
pilocarpine hcl tab 7.5 mg.....	109	pomalidomide cap 2 mg.....	39
pimecrolimus cream 1%.....	114	pomalidomide cap 3 mg.....	39
Pimozide.....	51	pomalidomide cap 4 mg.....	39
pindolol tab 10 mg.....	80	Pomalyst (pomalidomide).....	39
pindolol tab 5 mg.....	80	Pot & Sod Cit-Cit Ac (pot & sod citrates w/citric ac).....	132
pioglitazone hcl tab 15 mg (base equiv).....	65	pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (Pot & Sod Cit-Cit Ac).....	132
pioglitazone hcl tab 30 mg (base equiv).....	66	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-Phos 250 Neutral).....	132
pioglitazone hcl tab 45 mg (base equiv).....	66	potassium bicarbonate effer tab 25 meq (K- Prime).....	120
pioglitazone hcl-metformin hcl tab 15-500 mg.....	66	potassium bicarbonate effer tab 25 meq (Klor- Con/ef).....	120
pioglitazone hcl-metformin hcl tab 15-850 mg.....	66	potassium chloride cap er 10 meq (Potassium Chloride ER).....	120
Piqray (200 MG Daily Dose) (alpelisib).....	44	potassium chloride cap er 8 meq (Potassium Chloride ER).....	120
Piqray (250 MG Daily Dose) (alpelisib).....	44	Potassium Chloride ER.....	120
Piqray (300 MG Daily Dose) (alpelisib).....	44	potassium chloride microencapsulated crys er tab 10 meq (Klor-Con M10).....	120
pirfenidone cap 267 mg.....	184		
pirfenidone tab 267 mg.....	185		
pirfenidone tab 801 mg.....	185		
piroxicam cap 10 mg.....	4		

potassium chloride microencapsulated crys er tab 10 meq (Potassium Chloride Crys ER)	120	pramipexole dihydrochloride tab er 24hr 0.75 mg (Pramipexole Dihydrochloride ER)	48
potassium chloride microencapsulated crys er tab 15 meq (Klor-Con M15)	120	pramipexole dihydrochloride tab er 24hr 1.5 mg (Pramipexole Dihydrochloride ER)	48
potassium chloride microencapsulated crys er tab 15 meq (Potassium Chloride Crys ER)	121	pramipexole dihydrochloride tab er 24hr 2.25 mg (Pramipexole Dihydrochloride ER)	49
potassium chloride microencapsulated crys er tab 20 meq (Klor-Con M20)	121	pramipexole dihydrochloride tab er 24hr 3 mg (Pramipexole Dihydrochloride ER)	49
potassium chloride microencapsulated crys er tab 20 meq (Potassium Chloride Crys ER)	121	pramipexole dihydrochloride tab er 24hr 3.75 mg (Pramipexole Dihydrochloride ER)	49
potassium chloride oral soln 10% (20 meq/15ml)	121	pramipexole dihydrochloride tab er 24hr 4.5 mg (Pramipexole Dihydrochloride ER)	49
potassium chloride oral soln 20% (40 meq/15ml)	121	prasugrel hcl tab 10 mg (base equiv)	74
potassium chloride powder packet 20 meq	121	prasugrel hcl tab 5 mg (base equiv)	74
potassium chloride powder packet 20 meq (Klor-Con)	121	pravastatin sodium tab 10 mg	94
potassium chloride tab er 10 meq (Potassium Chloride ER)	121	pravastatin sodium tab 20 mg	94
potassium chloride tab er 20 meq (1500 mg) (Potassium Chloride ER)	121	pravastatin sodium tab 40 mg	94
potassium chloride tab er 8 meq (600 mg) (Potassium Chloride ER)	121	pravastatin sodium tab 80 mg	94
potassium citrate & citric acid soln 1100-334 mg/5ml (Potassium Citrate-Citric Acid)	132	praziquantel tab 600 mg	46
potassium citrate tab er 10 meq (1080 mg) (Potassium Citrate ER)	121	prazosin hcl cap 1 mg	75
potassium citrate tab er 15 meq (1620 mg) (Potassium Citrate ER)	121	prazosin hcl cap 2 mg	75
potassium citrate tab er 5 meq (540 mg) (Potassium Citrate ER)	121	prazosin hcl cap 5 mg	75
Potassium Citrate-Citric Acid	132	Precision Xtra Ketone (ketone blood test)	172
pramipexole dihydrochloride tab 0.125 mg	48	Prednicarbate	114
pramipexole dihydrochloride tab 0.25 mg	48	prednisolone acetate ophth susp 1%	177
pramipexole dihydrochloride tab 0.5 mg	48	PrednisoLONE Acetate P-F (prednisolone acetate (ophth))	177
pramipexole dihydrochloride tab 0.75 mg	48	prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (prednisoLONE Sodium Phosphate)	134
pramipexole dihydrochloride tab 1 mg	48	prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) (PrednisoLONE Sodium Phosphate)	134
pramipexole dihydrochloride tab 1.5 mg	48	prednisolone sod phosphate oral soln 5 mg/5ml (base equiv) (prednisoLONE Sodium Phosphate)	134
pramipexole dihydrochloride tab er 24hr 0.375 mg (Pramipexole Dihydrochloride ER)	48	PrednisoLONE Sodium Phosphate	134
		PrednisoLONE Sodium Phosphate (prednisolone sodium phosphate (ophth))	177
		prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	134

prednisolone soln 15 mg/5ml	134	Prenatal 19 (prenatal vit w/ ferrous fumarate-folic acid)	122
PredniSONE	134	Prenatal Plus (prenatal vit w/ ferrous fumarate-folic acid)	122
PredniSONE Intensol	134	Prenatal Plus Vitamin/Mineral (prenatal vit w/ ferrous fumarate-folic acid)	122
prednisone tab 1 mg	134	Prenatal Vitamin Plus Low Iron (prenatal vit w/ ferrous fumarate-folic acid)	122
prednisone tab 10 mg	134	Prenatal-U (prenatal without a vit w/ fe fumarate-folic acid)	122
prednisone tab 2.5 mg	134	PrePLUS (prenatal vit w/ ferrous fumarate-folic acid)	122
prednisone tab 20 mg	134	Prezcobix (darunavir-cobicistat)	59
prednisone tab 5 mg	135	Prezista (darunavir ethanolate)	60
prednisone tab 50 mg	135	Prezista (darunavir)	60
prednisone tab therapy pack 10 mg (21)	135	Priftin (rifapentine)	37
prednisone tab therapy pack 10 mg (48)	135	Primaquine Phosphate	47
prednisone tab therapy pack 5 mg (21)	135	primaquine phosphate tab 26.3 mg (15 mg base)	47
prednisone tab therapy pack 5 mg (48)	135	Primidone	22
pregabalin cap 100 mg	106	primidone tab 250 mg	22
pregabalin cap 150 mg	106	primidone tab 50 mg	22
pregabalin cap 200 mg	106	Pro Comfort Spacer Adult	172
pregabalin cap 225 mg	106	Pro Comfort Spacer Child	172
pregabalin cap 25 mg	106	Pro Comfort Spacer Infant	172
pregabalin cap 300 mg	106	probenecid tab 500 mg	34
pregabalin cap 50 mg	106	Procare Spacer/Adult Mask	172
pregabalin cap 75 mg	106	Procare Spacer/Child Mask	172
pregabalin soln 20 mg/ml	106	ProChamber VHC	172
Pregnyl (chorionic gonadotropin)	136	prochlorperazine maleate tab 10 mg (base equivalent)	32
Premarin (estrogens, conjugated vaginal)	153	prochlorperazine maleate tab 5 mg (base equivalent)	32
Premarin (estrogens, conjugated)	153	prochlorperazine suppos 25 mg	32
Premium Lidocaine	9	prochlorperazine suppos 25 mg (Compro)	32
Premphase (conjugated estrogens-medroxyprogesterone acetate)	153	Proctofoam HC (hydrocortisone acetate w/ pramoxine)	116
Prempro (conjugated estrogens-medroxyprogesterone acetate)	153	progesterone cap 100 mg	155
Prenaissance (prenatal w/o vit a w/ fe fumarate-dss-fa-dha)	121	progesterone cap 200 mg	155
Prenatabs FA (prenatal vit w/ ferrous fumarate-folic acid)	121	progesterone im in oil 50 mg/ml	155
Prenatabs Rx (prenatal vit w/ iron carbonyl-folic acid)	121	progesterone vaginal insert 100 mg	155
Prenatal (prenatal vit w/ ferrous fumarate-folic acid)	121		
Prenatal 19 (prenatal vit w/ docusate-fe fumarate-folic acid)	121		

promethazine & phenylephrine syrup 6.25-5 mg/5ml (Promethazine-Phenylephrine)	187	propranolol hcl cap er 24hr 60 mg (Propranolol HCl ER)	80
promethazine hcl oral soln 6.25 mg/5ml	180	propranolol hcl cap er 24hr 80 mg (Propranolol HCl ER)	80
promethazine hcl suppos 12.5 mg	32	propranolol hcl tab 10 mg	80
promethazine hcl suppos 12.5 mg (Promethegan)	32	propranolol hcl tab 20 mg	81
promethazine hcl suppos 25 mg	32	propranolol hcl tab 40 mg	81
promethazine hcl suppos 25 mg (Promethegan)	32	propranolol hcl tab 60 mg	81
promethazine hcl tab 12.5 mg	32	propranolol hcl tab 80 mg	81
promethazine hcl tab 25 mg	32	propylthiouracil tab 50 mg	159
promethazine hcl tab 50 mg	32	protriptyline hcl tab 10 mg	31
Promethazine VC (promethazine & phenylephrine)	187	protriptyline hcl tab 5 mg	31
Promethazine VC/Codeine (promethazine-phenylephrine-codeine)	187	Provida OB (prenatal without a vit w/ fe fumarate iron polysacch complex -fa)	122
promethazine w/ codeine syrup 6.25-10 mg/5ml (Promethazine-Codeine)	187	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm)	188
promethazine-dm syrup 6.25-15 mg/5ml	187	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Pseudoeph-Bromphen-DM)	188
Promethazine-Phenylephrine (promethazine & phenylephrine)	187	PTS Panels Ketone Test (ketone blood test)	172
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (Promethazine-Phenyleph-Codeine)	188	PulmoSal (sodium chloride (inhalant))	188
Promethegan (promethazine hcl)	32	Pure Comfort Spacer Chamber	172
propafenone hcl cap er 12hr 225 mg (Propafenone HCl ER)	78	pyrazinamide tab 500 mg	37
propafenone hcl cap er 12hr 325 mg (Propafenone HCl ER)	78	Pyridostigmine Bromide	37
propafenone hcl cap er 12hr 425 mg (Propafenone HCl ER)	78	pyridostigmine bromide oral soln 60 mg/5ml	37
propafenone hcl tab 150 mg	78	pyridostigmine bromide tab 60 mg	37
propafenone hcl tab 225 mg	78	pyridostigmine bromide tab er 180 mg (Pyridostigmine Bromide ER)	37
propafenone hcl tab 300 mg	78	pyrimethamine tab 25 mg	47
proparacaine hcl ophth soln 0.5%	174		
Propranolol HCl	80	Q	
propranolol hcl cap er 24hr 120 mg (Propranolol HCl ER)	80	QUetiapine Fumarate	53
propranolol hcl cap er 24hr 160 mg (Propranolol HCl ER)	80	quetiapine fumarate tab 100 mg	53
		quetiapine fumarate tab 200 mg	53
		quetiapine fumarate tab 25 mg	53
		quetiapine fumarate tab 300 mg	53
		quetiapine fumarate tab 400 mg	53
		quetiapine fumarate tab 50 mg	53
		quetiapine fumarate tab er 24hr 150 mg (QUetiapine Fumarate ER)	53
		quetiapine fumarate tab er 24hr 200 mg (QUetiapine Fumarate ER)	53

quetiapine fumarate tab er 24hr 300 mg (QUETiapine Fumarate ER)	53
quetiapine fumarate tab er 24hr 400 mg (QUETiapine Fumarate ER)	53
quetiapine fumarate tab er 24hr 50 mg (QUETiapine Fumarate ER)	53
QuilliChew ER (methylphenidate hcl)	103
Quillivant XR (methylphenidate hcl)	103
quinapril hcl tab 10 mg	77
quinapril hcl tab 20 mg	77
quinapril hcl tab 40 mg	77
quinapril hcl tab 5 mg	77
Quinapril-hydroCHLOROthiazide	90
quinapril-hydrochlorothiazide tab 10-12.5 mg	90
quinapril-hydrochlorothiazide tab 20-12.5 mg	90
quinapril-hydrochlorothiazide tab 20-25 mg	90
quinidine gluconate tab er 324 mg (QuiNIDine Gluconate ER)	78
quiNIDine Sulfate	78
quinine sulfate cap 324 mg	47
Qulipta (atogepant)	35
Qvar RediHaler (beclomethasone dipropionate hfa)	179

R

rabeprazole sodium ec tab 20 mg	129
Radicava ORS (edaravone)	97
Radicava ORS Starter Kit (edaravone)	97
raloxifene hcl tab 60 mg	155
ramelteon tab 8 mg	189
ramipril cap 1.25 mg	77
ramipril cap 10 mg	77
ramipril cap 2.5 mg	77
ramipril cap 5 mg	77
ranolazine tab er 12hr 1000 mg (Ranolazine ER)	90
ranolazine tab er 12hr 500 mg (Ranolazine ER)	91
rasagiline mesylate tab 0.5 mg (base equiv)	50
rasagiline mesylate tab 1 mg (base equiv)	50
Rayos (prednisone)	135
Rebif (interferon beta-1a)	108

Rebif Rebidose (interferon beta-1a)	108
Rebif Rebidose Titration Pack (interferon beta- 1a)	108
Rebif Titration Pack (interferon beta-1a)	108
Rectiv (nitroglycerin (intra-anal))	97
RediTrex (methotrexate (antirheumatic))	166
Relenza Diskhaler (zanamivir)	60
ReliOn Ketone Test (acetone (urine) test)	172
Relnate DHA (prenatal vit w/ ferrous fumarate- fa-omega 3 fatty acids)	122
repaglinide tab 0.5 mg	66
repaglinide tab 1 mg	66
repaglinide tab 2 mg	66
Repatha (evolocumab)	95
Repatha Pushtronex System (evolocumab)	95
Repatha SureClick (evolocumab)	95
Restasis (cyclosporine (ophth))	174
Restasis Multidose (cyclosporine (ophth))	174
Retacrit (epoetin alfa-epbx)	73
Rexulti (brexpiprazole)	53
Reyataz (atazanavir sulfate)	60
Reyvow (lasmiditan succinate)	36
Rhopressa (netarsudil dimesylate)	178
Ribavirin (ribavirin (hepatitis c))	56
Ridaura (auranofin)	161
rifabutin cap 150 mg	37
rifampin cap 150 mg	37
rifampin cap 300 mg	37
rilpivirine hcl tab 25 mg (base equivalent)	57
riluzole tab 50 mg	97
RiMANTAdine HCl (rimantadine hydrochloride)	60
Rinvoq (upadacitinib)	161
Rinvoq LQ (upadacitinib)	161
risedronate sodium tab 150 mg	169
risedronate sodium tab 30 mg	169
risedronate sodium tab 35 mg	169
risedronate sodium tab 5 mg	169
risedronate sodium tab delayed release 35 mg	169
risperidone soln 1 mg/ml	53

risperidone tab 0.25 mg	53	ropinirole hydrochloride tab 3 mg (rOPINIRole HCl)	49
risperidone tab 0.5 mg	54	ropinirole hydrochloride tab 4 mg (ROPINIRole HCl)	49
risperidone tab 1 mg	54	ropinirole hydrochloride tab 5 mg (ROPINIRole HCl)	49
risperidone tab 2 mg	54	ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (ROPINIRole HCl ER)	49
risperidone tab 3 mg	54	ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (rOPINIRole HCl ER)	49
risperidone tab 4 mg	54	ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (ROPINIRole HCl ER)	49
RiteFlo	172	ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (rOPINIRole HCl ER)	49
ritonavir tab 100 mg	60	ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (ROPINIRole HCl ER)	49
rivaroxaban for susp 1 mg/ml	72	rosuvastatin calcium tab 10 mg	94
rivaroxaban tab 2.5 mg	72	rosuvastatin calcium tab 20 mg	94
rivastigmine tartrate cap 1.5 mg (base equivalent)	25	rosuvastatin calcium tab 40 mg	94
rivastigmine tartrate cap 3 mg (base equivalent)	26	rosuvastatin calcium tab 5 mg	94
rivastigmine tartrate cap 4.5 mg (base equivalent)	26	Rozlytrek (entrectinib)	44
rivastigmine tartrate cap 6 mg (base equivalent)	26	rufinamide tab 200 mg	24
rivastigmine td patch 24hr 13.3 mg/24hr	26	rufinamide tab 400 mg	24
rivastigmine td patch 24hr 4.6 mg/24hr	26	Rybelsus (semaglutide)	66
rivastigmine td patch 24hr 9.5 mg/24hr	26	Rydapt (midostaurin)	44
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	36	Rytary (carbidopa-levodopa)	50
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	36	S	
rizatriptan benzoate tab 10 mg (base equivalent)	36	sacubitril-valsartan tab 24-26 mg	91
rizatriptan benzoate tab 5 mg (base equivalent)	36	sacubitril-valsartan tab 49-51 mg	91
rocklatan (netarsudil dimesylate-latanoprost)	175	sacubitril-valsartan tab 97-103 mg	91
roflumilast tab 250 mcg	183	salicylic acid film forming liquid 27.5% (Salicylic Acid Wart Remover)	116
roflumilast tab 500 mcg	183	Salicylic Acid Wart Remover	116
ropinirole hydrochloride tab 0.25 mg (rOPINIRole HCl)	49	Salsalate	4
ropinirole hydrochloride tab 0.5 mg (ROPINIRole HCl)	49	salsalate tab 500 mg	4
ropinirole hydrochloride tab 1 mg (rOPINIRole HCl)	49	salsalate tab 750 mg	4
ropinirole hydrochloride tab 2 mg (ROPINIRole HCl)	49	Scemblix (asciminib hcl)	44
		scopolamine td patch 72hr 1 mg/3days	32
		Se-Natal 19 (prenatal vit w/ docusate-fe fumarate-folic acid)	122

Se-Natal 19 (prenatal vit w/ ferrous fumarate-folic acid)	122	sirolimus tab 0.5 mg	167
Secuado (asenapine)	54	sirolimus tab 1 mg	167
Selarsdi (ustekinumab-aekn)	161	sirolimus tab 2 mg	167
Select-OB (prenatal vit w/ iron polysaccharide complex-folic acid)	122	Skyrizi (150 MG Dose) (risankizumab-rzaa)	161
selegiline hcl cap 5 mg	50	Skyrizi (risankizumab-rzaa (crohn's))	161
selegiline hcl tab 5 mg	50	Skyrizi (risankizumab-rzaa)	161
Selenium Sulfide	114	Skyrizi Pen (risankizumab-rzaa)	161
selenium sulfide lotion 2.5%	114	Skytrofa (lonapegsomatropin-tcgd)	136
Selzentry (maraviroc)	59	Slynd (drospirenone)	155
Serevent Diskus (salmeterol xinafoate)	182	sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (Na Sulfate-K Sulfate-Mg Sulf)	126
sertraline hcl oral concentrate for solution 20 mg/ml	29	Sodium Chloride (sodium chloride (inhalant))	188
sertraline hcl tab 100 mg	29	Sodium Fluoride	122
sertraline hcl tab 25 mg	29	sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	122
sertraline hcl tab 50 mg	29	sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	122
sevelamer carbonate packet 0.8 gm	124	sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	122
sevelamer carbonate packet 2.4 gm	124	sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (NaFrinse)	122
sevelamer carbonate tab 800 mg	124	sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab)	123
sildenafil citrate tab 100 mg	132	Sodium Oxybate	190
sildenafil citrate tab 20 mg	184	sodium oxybate oral solution 500 mg/ml	190
sildenafil citrate tab 25 mg	132	sodium polystyrene sulfonate susp 15 gm/60ml	125
sildenafil citrate tab 50 mg	133	sodium polystyrene sulfonate susp 15 gm/60ml (Kionex)	125
silodosin cap 4 mg	131	sodium polystyrene sulfonate susp 15 gm/60ml (Sps (sodium Polystyrene Sulf))	125
silodosin cap 8 mg	131	Sodium Sulfacetamide (sulfacetamide sodium)	116
silver sulfadiazine cream 1%	116	Sodium Sulfacetamide Wash (sulfacetamide sodium)	116
silver sulfadiazine cream 1% (Ssd)	116	Sodium Sulfacetamide-Bakuchiol (sulfacetamide sodium in bakuchiol vehicle)	116
Simbrinza (brinzolamide-brimonidine tartrate)	178	solifenacin succinate tab 10 mg	131
Simlandi (1 Pen) (adalimumab-ryvk)	166	solifenacin succinate tab 5 mg	131
Simlandi (1 Syringe) (adalimumab-ryvk)	166	Soliqua (insulin glargine-lixisenatide)	66
Simlandi (2 Pen) (adalimumab-ryvk)	166	Soolantra (ivermectin (rosacea))	110
Simlandi (2 Syringe) (adalimumab-ryvk)	167		
Simponi (golimumab)	167		
simvastatin tab 10 mg	94		
simvastatin tab 20 mg	94		
simvastatin tab 40 mg	94		
simvastatin tab 5 mg	94		
simvastatin tab 80 mg	94		
sirolimus oral soln 1 mg/ml	167		

sorafenib tosylate tab 200 mg (base equivalent).....	44	Sulfacetamide Sodium (sulfacetamide sodium (ophth)).....	176
sotalol hcl (afib/af) tab 120 mg (Sotalol Hcl (af)).....	78	sulfacetamide sodium liquid 10%.....	116
sotalol hcl (afib/af) tab 160 mg (Sotalol Hcl (af)).....	78	sulfacetamide sodium liquid 10% (Sodium Sulfacetamide Wash).....	116
sotalol hcl (afib/af) tab 80 mg (Sotalol Hcl (af)).....	78	sulfacetamide sodium lotion 10% (acne) (Sulfacetamide Sodium (Acne)).....	110
sotalol hcl tab 120 mg.....	79	sulfacetamide sodium ophth soln 10%.....	176
sotalol hcl tab 120 mg (Sorine).....	79	sulfacetamide sodium shampoo 10% (Sodium Sulfacetamide).....	116
sotalol hcl tab 160 mg.....	79	sulfacetamide sodium w/ sulfur cleanser 10-2% (Sulfacetamide Sodium-Sulfur).....	116
sotalol hcl tab 160 mg (Sorine).....	79	sulfacetamide sodium w/ sulfur cleanser 10-5% (Sulfacetamide Sodium-Sulfur).....	116
sotalol hcl tab 240 mg.....	79	sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (Sulfacetamide Sodium-Sulfur).....	117
sotalol hcl tab 240 mg (Sorine).....	79	sulfacetamide sodium w/ sulfur cream 10-5% (Sulfacetamide Sodium-Sulfur).....	117
sotalol hcl tab 80 mg.....	79	sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacetamide Sodium-Sulfur).....	117
sotalol hcl tab 80 mg (Sorine).....	79	Sulfacetamide Sodium-Sulfur (sulfacetamide sodium w/ sulfur).....	117
Sotyktu (deucravacitinib).....	161	Sulfacetamide-Prednisolone (sulfacetamide sod-prednisolone).....	175
Sovaldi (sofosbuvir).....	56	sulfadiazine tab 500 mg.....	17
Spinosad.....	117	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	17
Spiriva Respimat (tiotropium bromide monohydrate).....	181	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml (Sulfatrim Pediatric).....	17
spironolactone & hydrochlorothiazide tab 25-25 mg (Spironolactone-HCTZ).....	91	sulfamethoxazole-trimethoprim tab 400-80 mg.....	17
spironolactone tab 100 mg.....	95	sulfamethoxazole-trimethoprim tab 800-160 mg.....	17
spironolactone tab 25 mg.....	95	sulfasalazine tab 500 mg.....	167
spironolactone tab 50 mg.....	95	sulfasalazine tab delayed release 500 mg... ..	167
Spritam (levetiracetam).....	20	sulindac tab 150 mg.....	4
SPS (Sodium Polystyrene Sulf) (sodium polystyrene sulfonate).....	125	sulindac tab 200 mg.....	4
SSS 10-5 (sulfacetamide sodium w/ sulfur)....	116	sumatriptan nasal spray 20 mg/act.....	36
Stavudine.....	58	sumatriptan nasal spray 5 mg/act.....	36
Stelara (ustekinumab).....	161	sumatriptan succinate inj 6 mg/0.5ml.....	36
Steqeyma (ustekinumab-stba).....	161	SUMAtriptan Succinate Refill.....	36
Stiolto Respimat (tiotropium bromide-olodaterol hcl).....	188		
Stivarga (regorafenib).....	45		
Strensiq (asfotase alfa).....	129		
Striverdi Respimat (olodaterol hcl).....	182		
sucralfate susp 1 gm/10ml.....	128		
sucralfate tab 1 gm.....	128		
Sulfacetamide Sodium.....	116		

sumatriptan succinate solution auto-injector 4 mg/0.5ml	36
sumatriptan succinate solution auto-injector 6 mg/0.5ml	36
sumatriptan succinate tab 100 mg	36
sumatriptan succinate tab 25 mg	36
sumatriptan succinate tab 50 mg	36
sunitinib malate cap 12.5 mg (base equivalent)	45
sunitinib malate cap 25 mg (base equivalent)	45
sunitinib malate cap 37.5 mg (base equivalent)	45
sunitinib malate cap 50 mg (base equivalent)	45
Sunosi (solriamfetol hcl)	190
Symdeko (tezacaftor-ivacaftor)	182
Symproic (naldemedine tosylate)	126
Synarel (nafarelin acetate)	159
Synjardy (empagliflozin-metformin hcl)	66
Synjardy XR (empagliflozin-metformin hcl)	66
Synthroid (levothyroxine sodium)	157

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Tabloid (thioguanine)	40
Tabrecta (capmatinib hcl)	45
tacrolimus cap 0.5 mg	167
tacrolimus cap 1 mg	167
tacrolimus cap 5 mg	167
tacrolimus oint 0.03%	114
tacrolimus oint 0.1%	114
tadalafil tab 10 mg	131
tadalafil tab 2.5 mg	131
tadalafil tab 20 mg	131
tadalafil tab 20 mg (pah) (Alyq)	184
tadalafil tab 20 mg (pah) (Tadalafil (PAH))	131,184
tadalafil tab 5 mg	131
Tafinlar (dabrafenib mesylate)	45
Tagrisso (osimertinib mesylate)	45
Takhzyro (lanadelumab-flyo)	159
Talicia (amoxicillin-rifabutin-omeprazole)	128
Talzenna (talazoparib tosylate)	45

tamoxifen citrate tab 10 mg (base equivalent)	39
tamoxifen citrate tab 20 mg (base equivalent)	39
tamsulosin hcl cap 0.4 mg	131
Taron-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	123
Tavalisse (fostamatinib disodium)	74
tazarotene cream 0.05%	110
tazarotene cream 0.1%	110
tazarotene gel 0.05%	110
tazarotene gel 0.1%	110
Tegsedi (inotersen sodium)	129
telmisartan tab 20 mg	76
telmisartan tab 40 mg	76
telmisartan tab 80 mg	76
Telmisartan-Amlodipine	91
telmisartan-amlodipine tab 40-10 mg	91
telmisartan-amlodipine tab 40-5 mg	91
telmisartan-amlodipine tab 80-10 mg	91
telmisartan-amlodipine tab 80-5 mg	91
telmisartan-hydrochlorothiazide tab 40-12.5 mg (Telmisartan-HCTZ)	91
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Telmisartan-HCTZ)	91
telmisartan-hydrochlorothiazide tab 80-25 mg (Telmisartan-HCTZ)	91
temazepam cap 15 mg	189
temazepam cap 22.5 mg	189
temazepam cap 30 mg	189
temazepam cap 7.5 mg	189
tenofovir disoproxil fumarate tab 300 mg	58
terazosin hcl cap 1 mg (base equivalent)	75
terazosin hcl cap 10 mg (base equivalent)	75
terazosin hcl cap 2 mg (base equivalent)	75
terazosin hcl cap 5 mg (base equivalent)	75
terbinafine hcl tab 250 mg	34
terconazole vaginal cream 0.4%	34
terconazole vaginal cream 0.8%	34
terconazole vaginal suppos 80 mg	34
teriflunomide tab 14 mg	108
teriflunomide tab 7 mg	108

Testosterone.....	137	Thrivite Rx (prenatal vit w/ iron carbonyl-folic acid).....	123
testosterone cypionate im inj in oil 100 mg/ml.....	137	Thyquidity (levothyroxine sodium).....	157
testosterone cypionate im inj in oil 100 mg/ml (Depo-Testosterone).....	137	Thyroid.....	157
testosterone cypionate im inj in oil 200 mg/ml.....	137	Tibsovo (ivosidenib).....	45
testosterone cypionate im inj in oil 200 mg/ml (Depo-Testosterone).....	137	ticagrelor tab 60 mg.....	74
Testosterone Enanthate.....	137	ticagrelor tab 90 mg.....	74
testosterone td gel 12.5 mg/act (1%).....	137	Timolol Maleate.....	81
testosterone td gel 20.25 mg/1.25gm (1.62%).....	137	timolol maleate ophth gel forming soln 0.25%.....	177
testosterone td gel 20.25 mg/act (1.62%).....	137	timolol maleate ophth gel forming soln 0.5%.....	177
testosterone td gel 25 mg/2.5gm (1%).....	137	timolol maleate ophth soln 0.25%.....	177
testosterone td gel 40.5 mg/2.5gm (1.62%).....	137	timolol maleate ophth soln 0.5%.....	177
testosterone td gel 50 mg/5gm (1%).....	137	timolol maleate tab 10 mg.....	81
testosterone td soln 30 mg/act.....	137	timolol maleate tab 20 mg.....	81
tetracycline hcl cap 250 mg.....	18	timolol maleate tab 5 mg.....	81
tetracycline hcl cap 500 mg.....	18	timolol ophth soln 0.5% (Timolol Hemihydrate).....	177
Tezspire (tezepelumab-ekko).....	188	tinidazole tab 250 mg.....	13
Thalomid (thalidomide).....	39	tinidazole tab 500 mg.....	13
theophylline elixir 80 mg/15ml.....	183	tiopronin tab 100 mg.....	133
theophylline elixir 80 mg/15ml (Elixophyllin).....	183	tiopronin tab delayed release 100 mg.....	133
Theophylline ER.....	183	tiopronin tab delayed release 300 mg.....	133
theophylline soln 80 mg/15ml.....	183	Tirosint (levothyroxine sodium).....	157
theophylline tab er 12hr 300 mg (Theophylline ER).....	183	Tirosint-SOL (levothyroxine sodium).....	158
theophylline tab er 12hr 450 mg (Theophylline ER).....	183	Tivicay (dolutegravir sodium).....	56
theophylline tab er 24hr 400 mg (Theophylline ER).....	183	Tivicay PD (dolutegravir sodium).....	56
theophylline tab er 24hr 600 mg (Theophylline ER).....	183	tizanidine hcl cap 2 mg (base equivalent).....	54
thioridazine hcl tab 10 mg.....	51	tizanidine hcl cap 4 mg (base equivalent).....	55
thioridazine hcl tab 100 mg.....	51	tizanidine hcl cap 6 mg (base equivalent).....	55
thioridazine hcl tab 25 mg.....	51	tizanidine hcl tab 2 mg (base equivalent).....	55
thioridazine hcl tab 50 mg.....	51	tizanidine hcl tab 4 mg (base equivalent).....	55
thiothixene cap 1 mg.....	51	Tobi Podhaler (tobramycin).....	182
thiothixene cap 10 mg.....	51	TobraDex (tobramycin-dexamethasone).....	175
thiothixene cap 2 mg.....	52	tobramycin nebu soln 300 mg/5ml.....	183
thiothixene cap 5 mg.....	52	tobramycin ophth soln 0.3%.....	176
		tobramycin-dexamethasone ophth susp 0.3-0.1%.....	175
		tolterodine tartrate cap er 24hr 2 mg (Tolterodine Tartrate ER).....	131

tolterodine tartrate cap er 24hr 4 mg (Tolterodine Tartrate ER).....	131	tramadol hcl tab er 24hr 200 mg (TraMADol HCl ER).....	5
tolterodine tartrate tab 1 mg.....	131	tramadol hcl tab er 24hr 300 mg (TraMADol HCl ER).....	5
tolterodine tartrate tab 2 mg.....	131	tramadol-acetaminophen tab 37.5-325 mg....	9
topiramate cap er 24hr 100 mg (Topiramate ER).....	20	trandolapril tab 1 mg.....	77
topiramate cap er 24hr 200 mg (Topiramate ER).....	20	trandolapril tab 2 mg.....	77
topiramate cap er 24hr 25 mg (Topiramate ER).....	21	trandolapril tab 4 mg.....	77
topiramate cap er 24hr 50 mg (Topiramate ER).....	21	tranexamic acid tab 650 mg.....	74
topiramate cap er 24hr sprinkle 100 mg (Topiramate ER).....	21	tranylcypromine sulfate tab 10 mg.....	27
topiramate cap er 24hr sprinkle 150 mg (Topiramate ER).....	21	travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travoprost (BAK Free)).....	178
topiramate cap er 24hr sprinkle 200 mg (Topiramate ER).....	21	trazodone hcl tab 100 mg.....	29
topiramate cap er 24hr sprinkle 25 mg (Topiramate ER).....	21	trazodone hcl tab 150 mg.....	29
topiramate cap er 24hr sprinkle 50 mg (Topiramate ER).....	21	trazodone hcl tab 300 mg.....	29
topiramate sprinkle cap 15 mg.....	21	trazodone hcl tab 50 mg.....	29
topiramate sprinkle cap 25 mg.....	21	Trecator (ethionamide).....	38
topiramate tab 100 mg.....	21	Trelegy Ellipta (fluticasone-umeclidinium- vilanterol).....	188
topiramate tab 200 mg.....	21	Tremfya (guselkumab (gastrointestinal)).....	161
topiramate tab 25 mg.....	21	Tremfya (guselkumab).....	161
topiramate tab 50 mg.....	21	Tremfya One-Press (guselkumab).....	162
toremifene citrate tab 60 mg (base equivalent).....	39	Tremfya Pen (guselkumab (gastrointestinal)).....	162
toremifene citrate tab 60 mg (base equivalent).....	39	Tremfya Pen (guselkumab).....	162
toremifene citrate tab 60 mg (base equivalent).....	39	Tremfya-CD/UC Induction (guselkumab (gastrointestinal)).....	162
toremifene citrate tab 60 mg (base equivalent).....	39	Tresiba (insulin degludec).....	70
toremifene citrate tab 60 mg (base equivalent).....	39	Tresiba FlexTouch (insulin degludec).....	70
toremifene citrate tab 60 mg (base equivalent).....	39	tretinoin cap 10 mg.....	46
toremifene citrate tab 60 mg (base equivalent).....	39	tretinoin cream 0.025%.....	110
toremifene citrate tab 60 mg (base equivalent).....	39	tretinoin cream 0.05%.....	110
toremifene citrate tab 60 mg (base equivalent).....	39	tretinoin cream 0.1%.....	111
toremifene citrate tab 60 mg (base equivalent).....	39	tretinoin gel 0.01%.....	111
toremifene citrate tab 60 mg (base equivalent).....	39	tretinoin gel 0.025%.....	111
toremifene citrate tab 60 mg (base equivalent).....	39	tretinoin gel 0.05%.....	111
toremifene citrate tab 60 mg (base equivalent).....	39	Tri-Vite/Fluoride (pediatric vitamins acd w/ fluoride).....	125
toremifene citrate tab 60 mg (base equivalent).....	39	Triamcinolone Acetonide (triamcinolone acetonide (topical)).....	114
toremifene citrate tab 60 mg (base equivalent).....	39	triamcinolone acetonide cream 0.025%.....	114
toremifene citrate tab 60 mg (base equivalent).....	39	triamcinolone acetonide cream 0.1%.....	114
toremifene citrate tab 60 mg (base equivalent).....	39		

triamcinolone acetonide cream 0.5%	114	Trinatal Rx 1 (prenatal vit w/ ferrous fumarate- folic acid)	123
triamcinolone acetonide cream 0.5% (Triderm)	114	Trinate (prenatal vit w/ ferrous fumarate-folic acid)	123
triamcinolone acetonide dental paste 0.1%	109	Trintellix (vortioxetine hbr)	29
triamcinolone acetonide dental paste 0.1% (Kourzeq)	109	Triumeq (abacavir-dolutegravir-lamivudine)	58
triamcinolone acetonide dental paste 0.1% (Oralone)	109	Triumeq PD (abacavir-dolutegravir- lamivudine)	58
triamcinolone acetonide lotion 0.025%	114	tropicamide ophth soln 0.5%	175
triamcinolone acetonide lotion 0.1%	114	tropicamide ophth soln 1%	175
triamcinolone acetonide oint 0.025%	114	trospium chloride cap er 24hr 60 mg (Trospium Chloride ER)	131
triamcinolone acetonide oint 0.1%	114	trospium chloride tab 20 mg	131
triamcinolone acetonide oint 0.5%	114	Trulance (plecanatide)	126
triamterene & hydrochlorothiazide cap 37.5-25 mg (Triamterene-HCTZ)	91	Trulicity (dulaglutide)	66
triamterene & hydrochlorothiazide tab 37.5-25 mg (Triamterene-HCTZ)	91	Tyblume (levonorgestrel & eth estradiol)	153
triamterene & hydrochlorothiazide tab 75-50 mg (Triamterene-HCTZ)	91	Tyenne (tocilizumab-aazg)	162
triazolam tab 0.125 mg	189	Tymlos (abaloparatide)	169
triazolam tab 0.25 mg	189	Tyrvaya (varenicline tartrate (cholinergic agonist))	175
TriCare (prenatal vit w/ ferrous fumarate-folic acid)	123	U	
Tricitrates (pot & sod citrates w/citric ac)	133	Ubrelvy (ubrogepant)	35
trifluoperazine hcl tab 1 mg (base equivalent)	52	Udenyca (pegfilgrastim-cbqv)	73
trifluoperazine hcl tab 10 mg (base equivalent)	52	Uptravi (selexipag)	184
trifluoperazine hcl tab 2 mg (base equivalent)	52	ursodiol cap 300 mg	128
trifluoperazine hcl tab 5 mg (base equivalent)	52	ursodiol tab 250 mg	128
Trifluridine	176	ursodiol tab 500 mg	128
Trihexyphenidyl HCl	47	V	
trihexyphenidyl hcl tab 2 mg	47	valacyclovir hcl tab 1 gm	61
trihexyphenidyl hcl tab 5 mg	47	valacyclovir hcl tab 500 mg	61
Trijardy XR (empagliflozin-linagliptin- metformin)	66	valganciclovir hcl for soln 50 mg/ml (base equiv)	55
trimethobenzamide hcl cap 300 mg	32	valganciclovir hcl tab 450 mg (base equivalent)	55
Trimethoprim	13	valproate sodium oral soln 250 mg/5ml (base equiv) (Valproic Acid)	21
trimethoprim tab 100 mg	13	valproic acid cap 250 mg	21
trimipramine maleate cap 100 mg	31	valsartan tab 160 mg	76
trimipramine maleate cap 25 mg	31	valsartan tab 320 mg	76
trimipramine maleate cap 50 mg	31		

valsartan tab 40 mg	76	venlafaxine hcl tab 75 mg (base equivalent)	30
valsartan tab 80 mg	76	venlafaxine hcl tab er 24hr 150 mg (base equivalent) (Venlafaxine HCl ER)	30
valsartan-hydrochlorothiazide tab 160-12.5 mg	91	venlafaxine hcl tab er 24hr 37.5 mg (base equivalent) (Venlafaxine HCl ER)	30
valsartan-hydrochlorothiazide tab 160-25 mg	91	venlafaxine hcl tab er 24hr 75 mg (base equivalent) (Venlafaxine HCl ER)	30
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NOTICES AVAILABLE ONLINE

Nondiscrimination and Language Assistance Services

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

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

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

Grievances

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

Servicios de asistencia en idiomas y avisos de no discriminación

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

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

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

Reclamos

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

非歧視通知和語言協助服務

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

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

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

申訴

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

Blue Shield of California Life & Health Insurance Company

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Discrimination is against the law

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

Blue Shield Life:

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

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

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

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

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

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

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

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

Complaint forms are available at

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

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

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

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

Complaint forms are available at

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

Notice of the Availability of Language Assistance Services

Blue Shield of California Life & Health Insurance Company

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

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

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

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

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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

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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

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

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

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

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

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

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

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

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

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