



Plus Drug Formulary

December 2024

Blue Shield of California Life & Health Insurance Company

This formulary corresponds with the following plans:

Active Choice® 500 80/50, Active Choice® 500 80/50 1500 Deductible, Active Choice® 750 70/50, Active Choice® 750 70/50 1000 Deductible, Active Choice® 750 80/60

This formulary was last updated on 12/01/2024. This formulary is subject to change and all previous versions of the formulary no longer apply. For the most current information about the *Plus Drug Formulary*, visit blueshieldca.com/pharmacy.

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

Table of Contents

Informational Section..... II

Definitions..... II

How do I find a drug on this list? III

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

What are drug tiers? IV

How to read the formulary..... V

How often will the formulary change?..... VI

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

What are preventive health drugs?..... VII

What drugs have its cost waived?..... VII

What is a contraceptive drug or device?..... VII

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

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

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

What if my drug is non-formulary or not listed?..... IX

Participating retail pharmacies X

What are specialty drugs? X

Mail service pharmacy..... X

Categorical List of Prescription Drugs..... 1

Index of Prescription Drugs..... 360

Informational Section

The *Blue Shield Plus 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
<p>“Brand-name drug” means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.</p>
<p>“Coinsurance” means a percentage of the cost of a covered health benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.</p>
<p>“Copayment” means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.</p>
<p>“Deductible” means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you meet your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.</p>
<p>“Drug tier” means a group of prescription drugs that correspond to a specified cost-sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.</p>
<p>“Exception request” means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.</p>
<p>“Exigent circumstances” means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.</p>
<p>“Formulary” or “prescription drug list” means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.</p>
<p>“Generic drug” means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in <i>italicized lowercase</i> letters.</p>

Term
<p>“Medically necessary” means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.</p>
<p>“Non-formulary drug” means a prescription drug that is not listed on this formulary.</p>
<p>“Out-of-pocket costs” means your expenses for health care benefits that are not reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.</p>
<p>“Prescribing provider” means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.</p>
<p>“Prescription” means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.</p>
<p>“Prescription drug” means a drug that by law requires a prescription.</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” means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.</p>
<p>“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. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.</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 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 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 italics*.

Example

Drug Type	How the drug name will appear in the formulary drug list
generic drug	<i>atorvastatin</i>
generic drug marketed with a brand name	oxycodone/acetaminophen (Endocet)
brand drug	LIPITOR (<i>atorvastatin</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, including any applicable maximum cost-share, in the *Summary of Benefits* of your Blue Shield *Certificate of Insurance* (COI).

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

Drug Tier [†]	Tier name	Description
1	Formulary generic	Formulary generic drugs
2	Formulary brand	Formulary brand drugs
3	Non-formulary brand	Non-formulary brand drugs
4	Specialty or home self-injectable	Specialty drugs or self-administered injectables*

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

* See your Evidence of Coverage for further details about coverage of specialty or self-administered injectables in 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 *Certificate of Insurance*. For additional information about specific plans, call the customer service number on your Blue Shield member ID card.

How to read the formulary

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

Coverage Requirements and Limits		Description
AL1	Age limit	Prior authorization may be required if your age does not fall within the FDA, manufacturer, or treatment guideline recommendations.
CW	Cost waived	This drug may be available with no out of pocket cost. Certain benefit limitations may apply. Please see your Certificate of Insurance (COI) for more detailed information.
GL	Gender limit	Prior authorization may be required if the FDA, manufacturer, or treatment guidelines do not recommend the drug for a gender.
OAC	Oral anti-cancer	There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs. Please see your Summary of Benefits for more detailed information.
PA	Prior authorization	Prior authorization is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

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

* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010. See your Certificate of Insurance (COI) 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 a 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. Health & Saf. C. § 1367.22 and CIC § 10123.201(c)(2)(B)7.

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

For the most current information about the Blue Shield Plus 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 *Certificate of Insurance* 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 insured. This does not apply to grandfathered plans, plans purchased on or before March 23, 2010. Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, visit blueshieldca.com/pharmacy.

What drugs have its cost waived?

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

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 copayment.

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

Members have coverage for over the counter (OTC) contraceptive drugs and devices with no out-of-pocket costs through their health plan. Members must have a pharmacy benefit with Blue Shield of California and process their OTC contraceptives drugs or devices through a participating pharmacy for no cost coverage using their member ID card. Members can review their Certificate of Insurance (COI) 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 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 exception to the step therapy requirement.

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

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

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

You are not required to complete step therapy with Blue Shield if a drug you are currently taking was approved for coverage for your medical condition by your previous health plan or you qualify for a step therapy exception. In either case, the drug will be covered by Blue Shield without step therapy if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

If Blue Shield denies a request for prior authorization or a step therapy exception request, the insured, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the COI.

What if my drug is non-formulary or not listed?

The exception process involves requesting coverage of a non-formulary drug. A formulary exception, which allows coverage of a non-formulary drug, is based on medical necessity.

To request a non-formulary coverage exception, please call the customer service number on your Blue Shield member ID card. You, your representative, or your doctor may submit an exception request to Blue Shield.

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

If Blue Shield denies a request for prior authorization or an exception request, the insured, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the *Certificate of Insurance*.



If you are currently taking the drug and it was approved by your previous health plan or by us, we will not require you to try other drugs first. If the drug is safe and effective for your condition, we will continue to cover it.

Participating retail pharmacies

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

What are specialty drugs?

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

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

Mail service pharmacy

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

Categorical List of Prescription Drugs

ANALGESICS (Drugs for Pain).....	1
ANESTHETICS (Drugs for Numbing).....	19
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Drugs for Addiction/Substance Abuse).....	20
ANTIBACTERIALS (Drugs for Bacterial Infections).....	22
ANTICONVULSANTS (Drugs for Seizures).....	33
ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia).....	44
ANTIDEPRESSANTS (Drugs for Depression).....	46
ANTIEMETICS (Drugs for Nausea and Vomiting).....	53
ANTIFUNGALS (Drugs for Fungal Infections).....	56
ANTIGOUT AGENTS (Drugs for Gout).....	59
ANTIMIGRAINE AGENTS (Drugs for Migraine).....	59
ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis).....	63
ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections).....	64
ANTINEOPLASTICS (Drugs for Cancer).....	65
ANTIPARASITICS (Drugs for Parasitic Infections).....	78
ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease).....	80
ANTIPSYCHOTICS (Drugs for Mental Health).....	85
ANTISPASTICITY AGENTS (Drugs for Muscle Spasm).....	91
ANTIVIRALS (Drugs for Viral Infections).....	92
ANXIOLYTICS (Drugs for Anxiety).....	101
BIPOLAR AGENTS (Drugs for Bipolar Disorder).....	104
BLOOD GLUCOSE REGULATORS (Drugs for Diabetes).....	105
BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders).....	117
CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation).....	123
CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions).....	157
DENTAL AND ORAL AGENTS (Drugs for the Mouth).....	174
DERMATOLOGICAL AGENTS (Drugs for the Skin).....	174
ELECTROLYTES/MINERALS/METALS/VITAMINS.....	194
GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach).....	209
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic or Enzyme Disorders).....	218
GENITOURINARY AGENTS (Drugs for the Genital, Bladder, and Kidney).....	223
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Drugs for Replacing/Stimulating Adrenal Gland Hormones).....	228
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones).....	231
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) (Drugs for Replacing/Stimulating Prostaglandin).....	234
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones).....	235
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for	

Replacing/Stimulating Thyroid Gland Hormones).....256
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY) (Drugs for Suppressing Hormones from the Adrenal or Pituitary Gland).....259
HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drug for Suppressing Hormones from the Thyroid Gland).....261
IMMUNOLOGICAL AGENTS (Drugs for Enhancing or Suppressing the Immune System).....261
INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease).....275
METABOLIC BONE DISEASE AGENTS (Drugs for the Bone).....276
MISCELLANEOUS THERAPEUTIC AGENTS.....278
OPHTHALMIC AGENTS (Drugs for the Eyes).....329
OTIC AGENTS (Drugs for the Ears).....338
RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs).....339
SKELETAL MUSCLE RELAXANTS (Drugs for the Muscle Tightness).....354
SLEEP DISORDER AGENTS (Drugs for Sleep Problems).....356
WEIGHT LOSS AGENTS.....359

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANALGESICS (Drugs for Pain)		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)		
ANAPROX DS (<i>naproxen sodium</i>) 550 MG TAB	TIER 3	
ARTHROTEC (<i>diclofenac w/ misoprostol</i>) 50-0.2 MG TAB DR, 75-0.2 MG TAB DR	TIER 3	
BUTALBITAL-ASPIRIN-CAFFEINE --50-325-40 MG TAB	TIER 1	QLC (6 tabs/day)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	TIER 1	QLC (6 caps/day; max 48 caps/30 days)
CAMBIA (<i>diclofenac potassium (migraine)</i>) 50 MG PACKET	TIER 3	PA, QLC (9 packets/month)
CELEBREX (<i>celecoxib</i>) 400 MG CAP	TIER 3	QLC (1 cap/day)
CELEBREX (<i>celecoxib</i>) 50 MG CAP, 100 MG CAP, 200 MG CAP	TIER 3	QLC (2 caps/day)
<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)
COXANTO (<i>oxaprozin</i>) 300 MG CAP	TIER 3	PA, QLC (4 caps/day)
DAYPRO (<i>oxaprozin</i>) 600 MG TAB	TIER 3	
DICLOFENAC 35 MG CAP	TIER 3	PA, QLC (3 caps/day)
DICLOFENAC EPOLAMINE 1.3 % PATCH	TIER 1	PA, QLC (2 patches/day; max 30 patches/30 days)
<i>diclofenac potassium (migraine) packet 50 mg</i> (DICLOFENAC POTASSIUM(MIGRAINE))	TIER 1	PA, QLC (9 packets/month)
<i>diclofenac potassium cap 25 mg</i>	TIER 1	PA, QLC (4 caps/day)
<i>diclofenac potassium tab 25 mg</i>	TIER 1	PA, QLC (4 tabs/day)
<i>diclofenac potassium tab 50 mg</i>	TIER 1	
diclofenac potassium tab 50 mg (Cataflam)	TIER 1	
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	TIER 1	PA, QLC (1 tube/month; max 3 tubes/year)
<i>diclofenac sodium soln 1.5%</i>	TIER 1	QLC (1 bottle/month)

AL1 - Age Limit; CW - Cost Waived; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diclofenac sodium soln 2%</i>	TIER 1	PA, QLC (1 bottle/month)
<i>diclofenac sodium tab delayed release 25 mg</i>	TIER 1	
<i>diclofenac sodium tab delayed release 50 mg</i>	TIER 1	
<i>diclofenac sodium tab delayed release 75 mg</i>	TIER 1	
<i>diclofenac sodium tab er 24hr 100 mg</i> (DICLOFENAC SODIUM ER)	TIER 1	
<i>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	
<i>diflunisal tab 500 mg</i>	TIER 1	
DUEXIS (<i>ibuprofen-famotidine</i>) 800-26.6 MG TAB	TIER 3	PA, QLC (3 tabs/day)
EC-NAPROSYN (<i>naproxen</i>) EC-375 MG TAB DR, EC-500 MG TAB DR	TIER 3	
ELYXYB (<i>celecoxib (migraine)</i>) 120 MG/4.8ML SOLUTION	TIER 3	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	
<i>etodolac tab er 24hr 500 mg</i> (ETODOLAC ER)	TIER 1	
<i>etodolac tab er 24hr 600 mg</i> (ETODOLAC ER)	TIER 1	
FELDENE (<i>piroxicam</i>) 10 MG CAP, 20 MG CAP	TIER 3	
FENOPROFEN CALCIUM 200 MG CAP	TIER 3	PA, QLC (8 caps/day)
<i>fenopropfen calcium cap 400 mg</i>	TIER 1	PA, QLC (8 caps/day)
<i>fenopropfen calcium tab 600 mg</i>	TIER 1	PA, QLC (4 tabs/day)

AL1 - Age Limit; CW - Cost Waived; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FENORTHO (<i>fenoprofen calcium</i>) 200 MG CAP	TIER 3	PA, QLC (8 caps/day)
FIORINAL (<i>butalbital-aspirin-caffeine</i>) 50-325-40 MG CAP	TIER 3	QLC (6 caps/day; max 48 caps/30 days)
FLECTOR (<i>diclofenac epolamine</i>) 1.3 % PATCH	TIER 3	PA, QLC (2 patches/day; max 30 patches/30 days)
FLURBIPROFEN 50 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>ibuprofen-famotidine tab 800-26.6 mg</i>	TIER 1	PA, QLC (3 tabs/day)
INDOCIN (<i>indomethacin</i>) 25 MG/5ML SUSPENSION	TIER 3	
INDOMETHACIN 20 MG CAP	TIER 3	PA, QLC (3 caps/day)
<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>indomethacin suppos 50 mg</i>	TIER 1	PA, QLC (4 suppositories/day)
indomethacin suppos 50 mg (Indocin)	TIER 1	PA, QLC (4 suppositories/day)
<i>indomethacin susp 25 mg/5ml</i>	TIER 1	
KETOPROFEN 25 MG CAP	TIER 1	PA, QLC (4 caps/day)
KETOPROFEN 50 MG CAP	TIER 1	PA, QLC (6 caps/day)
KETOPROFEN 75 MG CAP	TIER 1	PA, QLC (4 caps/day)
KETOPROFEN ER 200 MG CAP 24H	TIER 1	PA
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	TIER 3	PA, QLC (5 bottles/month)
<i>ketorolac tromethamine tab 10 mg</i>	TIER 1	QLC (4 tabs/day, not to exceed 20 tabs/30 days)
KIPROFEN (<i>ketoprofen</i>) 25 MG CAP	TIER 1	PA, QLC (4 caps/day)
LICART (<i>diclofenac epolamine</i>) 1.3 % PATCH 24HR	TIER 3	PA, QLC (1 patch/day; max 15 patches/30 days)
LODINE (<i>etodolac</i>) 400 MG TAB	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MECLOFENAMATE SODIUM 50 MG CAP, 100 MG CAP	TIER 1	PA
<i>mefenamic acid cap 250 mg</i>	TIER 1	PA
MELOXICAM 7.5 MG/5ML SUSPENSION	TIER 3	PA, QLC (10 ml/day)
<i>meloxicam cap 10 mg</i>	TIER 1	PA, QLC (1 cap/day)
<i>meloxicam cap 5 mg</i>	TIER 1	PA, QLC (1 cap/day)
<i>meloxicam tab 15 mg</i>	TIER 1	
<i>meloxicam tab 7.5 mg</i>	TIER 1	
MOBIC (<i>meloxicam</i>) 7.5 MG TAB, 15 MG TAB	TIER 3	
<i>nabumetone tab 500 mg</i>	TIER 1	
nabumetone tab 500 mg (Relafen)	TIER 3	
<i>nabumetone tab 750 mg</i>	TIER 1	
nabumetone tab 750 mg (Relafen)	TIER 3	
NALFON (<i>fenoprofen calcium</i>) 400 MG CAP	TIER 3	PA, QLC (8 caps/day)
NALFON (<i>fenoprofen calcium</i>) 600 MG TAB	TIER 3	PA, QLC (4 tabs/day)
NAPRELAN (<i>naproxen sodium</i>) 375 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
NAPRELAN (<i>naproxen sodium</i>) 500 MG TAB ER 24H, 750 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
NAPROSYN (<i>naproxen</i>) 125 MG/5ML SUSPENSION	TIER 3	PA
NAPROSYN (<i>naproxen</i>) 500 MG TAB	TIER 3	
<i>naproxen sodium tab 275 mg</i>	TIER 1	
<i>naproxen sodium tab 550 mg</i>	TIER 1	
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i> (NAPROXEN SODIUM ER)	TIER 1	PA, QLC (1 tab/day)
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i> (NAPROXEN SODIUM ER)	TIER 1	PA, QLC (2 tabs/day)
<i>naproxen sodium tab er 24hr 750 mg (base equiv)</i> (NAPROXEN SODIUM ER)	TIER 1	PA, QLC (2 tabs/day)
<i>naproxen susp 125 mg/5ml</i>	TIER 1	PA
<i>naproxen tab 250 mg</i>	TIER 1	
<i>naproxen tab 375 mg</i>	TIER 1	
<i>naproxen tab 500 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>naproxen tab ec 375 mg</i>	TIER 1	
<i>naproxen tab ec 375 mg</i> (EC-NAPROXEN)	TIER 1	
<i>naproxen tab ec 500 mg</i>	TIER 1	
<i>naproxen tab ec 500 mg</i> (EC-NAPROXEN)	TIER 1	
<i>naproxen tab ec 500 mg</i> (NAPROXEN DR)	TIER 1	
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i> (NAPROXEN-ESOMEPRAZOLE MG)	TIER 1	PA, QLC (2 tabs/day)
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> (NAPROXEN-ESOMEPRAZOLE MG)	TIER 1	PA, QLC (2 tabs/day)
OXAPROZIN 300 MG CAP	TIER 3	PA, QLC (4 caps/day)
<i>oxaprozin tab 600 mg</i>	TIER 1	
PENNSAID (<i>diclofenac sodium (topical)</i>) 2 % SOLUTION	TIER 3	PA, QLC (1 bottle/month)
<i>piroxicam cap 10 mg</i>	TIER 1	
<i>piroxicam cap 20 mg</i>	TIER 1	
QMIIZ ODT (<i>meloxicam</i>) ODT 7.5 MG TAB DISP, ODT 15 MG TAB DISP	TIER 3	PA, QLC (1 tab/day)
RELAFEN DS (<i>nabumetone</i>) 1000 MG TAB	TIER 3	PA, QLC (2 tabs/day)
<i>salsalate tab 500 mg</i>	TIER 1	
<i>salsalate tab 750 mg</i>	TIER 1	
SPRIX (<i>ketorolac tromethamine</i>) 15.75 MG/SPRAY SOLUTION	TIER 3	PA, QLC (5 bottles/month)
<i>sulindac tab 150 mg</i>	TIER 1	
<i>sulindac tab 200 mg</i>	TIER 1	
TIVORBEX (<i>indomethacin</i>) 20 MG CAP	TIER 3	PA, QLC (3 caps/day)
TOLECTIN 600 (<i>tolmetin sodium</i>) MG TAB	TIER 1	PA
TOLMETIN SODIUM 400 MG CAP, 600 MG TAB	TIER 1	PA
VIMOVO (<i>naproxen-esomeprazole magnesium</i>) 375-20 MG TAB DR, 500-20 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
VIVLODEX (<i>meloxicam</i>) 5 MG CAP, 10 MG CAP	TIER 3	PA, QLC (1 cap/day)
ZIPSOR (<i>diclofenac potassium</i>) 25 MG CAP	TIER 3	PA, QLC (4 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZORVOLEX (<i>diclofenac</i>) 18 MG CAP, 35 MG CAP	TIER 3	PA, QLC (3 caps/day)

OPIOID ANALGESICS, LONG-ACTING (Long-acting Narcotic Pain Relievers)

<i>buprenorphine td patch weekly 10 mcg/hr</i>	TIER 1	PA, QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 15 mcg/hr</i>	TIER 1	PA, QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 20 mcg/hr</i>	TIER 1	PA, QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	TIER 1	PA, QLC (4 patches/28 days)
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	TIER 1	PA, QLC (4 patches/28 days)
BUTRANS (<i>buprenorphine</i>) 5 MCG/HR PATCH WK, 7.5 MCG/HR PATCH WK, 10 MCG/HR PATCH WK, 15 MCG/HR PATCH WK, 20 MCG/HR PATCH WK	TIER 3	PA, QLC (4 patches/28 days)
CONZIP (<i>tramadol hcl</i>) 100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
DURAGESIC-100 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
DURAGESIC-12 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
DURAGESIC-25 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
DURAGESIC-50 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
DURAGESIC-75 (<i>fentanyl</i>) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 100 mcg/hr</i>	TIER 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 12 mcg/hr</i>	TIER 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 25 mcg/hr</i>	TIER 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	TIER 4	PA, QLC (10 patches/month)
<i>fentanyl td patch 72hr 50 mcg/hr</i>	TIER 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	TIER 4	PA, QLC (10 patches/month)
<i>fentanyl td patch 72hr 75 mcg/hr</i>	TIER 1	PA, QLC (20 patches/month)
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	TIER 4	PA, QLC (10 patches/month)
<i>hydrocodone bitartrate cap er 12hr 10 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocodone bitartrate cap er 12hr 15 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (2 caps/day)
HYDROCODONE BITARTRATE ER ER 10 MG CAP ER 12H, ER 15 MG CAP ER 12H, ER 20 MG CAP ER 12H, ER 30 MG CAP ER 12H, ER 40 MG CAP ER 12H, ER 50 MG CAP ER 12H	TIER 1	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (1 cap/day)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i> (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (1 tab/day)
<i>hydromorphone hcl tab er 24hr 12 mg</i> (HYDROMORPHONE HCL ER)	TIER 1	PA, QLC (2 tabs/day)
<i>hydromorphone hcl tab er 24hr 16 mg</i> (HYDROMORPHONE HCL ER)	TIER 1	PA, QLC (1 tab/day)
<i>hydromorphone hcl tab er 24hr 32 mg</i> (HYDROMORPHONE HCL ER)	TIER 1	PA, QLC (1 tab/day)
<i>hydromorphone hcl tab er 24hr 8 mg</i> (HYDROMORPHONE HCL ER)	TIER 1	PA, QLC (1 tab/day)
HYSINGLA ER (<i>hydrocodone bitartrate</i>) 20 MG TB24 DET	TIER 3	PA, QLC (1 cap/day)
HYSINGLA ER (<i>hydrocodone bitartrate</i>) ER 30 MG TB24 DETER, ER 40 MG TB24 DETER, ER 60 MG TB24 DETER	TIER 3	PA, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYSINGLA ER (<i>hydrocodone bitartrate</i>) ER 80 MG TB24 DETER, ER 100 MG TB24 DETER, ER 120 MG TB24 DETER	TIER 4	PA, QLC (1 tab/day)
KADIAN (<i>morphine sulfate</i>) 10 MG CAP ER 24H, 30 MG CAP ER 24H, 40 MG CAP ER 24H, 50 MG CAP ER 24H, 100 MG CAP ER 24H	TIER 3	PA, QLC (2 caps/day)
KADIAN (<i>morphine sulfate</i>) 20 MG CAP ER 24H	TIER 3	PA, QLC (4 caps/day)
KADIAN (<i>morphine sulfate</i>) 60 MG CAP ER 24H, 80 MG CAP ER 24H, 200 MG CAP ER 24H	TIER 3	PA, QLC (3 caps/day)
<i>levorphanol tartrate tab 2 mg</i>	TIER 1	PA, QLC (9 tabs/day)
<i>levorphanol tartrate tab 3 mg</i>	TIER 1	PA, QLC (4 tabs/day)
METHADONE HCL 10 MG/5ML SOLUTION	TIER 1	PA, QLC (90 ml/day)
METHADONE HCL 5 MG/5ML SOLUTION	TIER 1	PA, QLC (180 ml/day)
<i>methadone hcl conc 10 mg/ml</i>	TIER 1	PA, QLC (18 ml/day)
methadone hcl conc 10 mg/ml (Methadone Hcl Intensol)	TIER 1	PA, QLC (18 ml/day)
<i>methadone hcl soln 10 mg/5ml</i>	TIER 1	PA, QLC (90 ml/day)
<i>methadone hcl soln 5 mg/5ml mg/ml</i>	TIER 1	PA, QLC (180 ml/day)
<i>methadone hcl tab 10 mg</i>	TIER 1	PA, QLC (18 tabs/day)
<i>methadone hcl tab 5 mg</i>	TIER 1	PA, QLC (36 tabs/day)
<i>methadone hcl tab for oral susp 40 mg</i>	TIER 1	PA, QLC (5 tabs/day)
methadone hcl tab for oral susp 40 mg (Methadose)	TIER 1	PA, QLC (5 tabs/day)
METHADOSE (<i>methadone hcl</i>) 10 MG/ML CONC	TIER 3	PA, QLC (18 ml/day)
METHADOSE SUGAR-FREE (<i>methadone hcl</i>) -10 MG/ML CONC	TIER 3	PA, QLC (18 ml/day)
<i>morphine sulfate cap er 24hr 10 mg</i> (MORPHINE SULFATE ER)	TIER 1	PA, QLC (2 caps/day)
<i>morphine sulfate cap er 24hr 100 mg</i> (MORPHINE SULFATE ER)	TIER 1	PA, QLC (2 caps/day)
<i>morphine sulfate cap er 24hr 20 mg</i> (MORPHINE SULFATE ER)	TIER 1	PA, QLC (4 caps/day)
<i>morphine sulfate cap er 24hr 30 mg</i> (MORPHINE SULFATE ER)	TIER 1	PA, QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>morphine sulfate cap er 24hr 50 mg</i> (MORPHINE SULFATE ER)	TIER 1	PA, QLC (2 caps/day)
<i>morphine sulfate cap er 24hr 60 mg</i> (MORPHINE SULFATE ER)	TIER 1	PA, QLC (3 caps/day)
<i>morphine sulfate cap er 24hr 80 mg</i> (MORPHINE SULFATE ER)	TIER 1	PA, QLC (3 caps/day)
MORPHINE SULFATE ER 20 MG CAP 24H	TIER 1	PA, QLC (4 caps/day)
MORPHINE SULFATE ER 40 MG CAP 24H	TIER 1	PA, QLC (2 caps/day)
MORPHINE SULFATE ER BEADS (<i>morphine sulfate beads</i>) ER BEADS 30 MG CAP ER 24H, ER BEADS 45 MG CAP ER 24H, ER BEADS 60 MG CAP ER 24H, ER BEADS 75 MG CAP ER 24H, ER BEADS 90 MG CAP ER 24H, ER BEADS 120 MG CAP ER 24H	TIER 1	PA, QLC (1 cap/day)
MORPHINE SULFATE ER ER 10 MG CAP ER 24H, ER 30 MG CAP ER 24H, ER 50 MG CAP ER 24H, ER 100 MG CAP ER 24H	TIER 1	PA, QLC (2 caps/day)
MORPHINE SULFATE ER ER 60 MG CAP ER 24H, ER 80 MG CAP ER 24H	TIER 1	PA, QLC (3 caps/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)
MS CONTIN (<i>morphine sulfate</i>) 100 MG TAB ER, 200 MG TAB ER	TIER 3	QLC (3 tabs/day)
MS CONTIN (<i>morphine sulfate</i>) 15 MG TAB ER, 30 MG TAB ER	TIER 3	QLC (6 tabs/day)
MS CONTIN (<i>morphine sulfate</i>) 60 MG TAB ER	TIER 3	QLC (5 tabs/day)
NUCYNTA ER (<i>tapentadol hcl</i>) ER 50 MG TAB ER 12H, ER 100 MG TAB ER 12H, ER 150 MG TAB ER 12H, ER 200 MG TAB ER 12H, ER 250 MG TAB ER 12H	TIER 3	PA, QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OXYCODONE HCL ER ER 10 MG TB12 DETER, ER 15 MG TB12 DETER, ER 20 MG TB12 DETER, ER 30 MG TB12 DETER, ER 40 MG TB12 DETER, ER 60 MG TB12 DETER, ER 80 MG TB12 DETER	TIER 1	PA, QLC (2 tabs/day)
OXYCONTIN (<i>oxycodone hcl</i>) 10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 40 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER	TIER 3	PA, QLC (2 tabs/day)
OXYMORPHONE HCL ER 40 MG TAB 12H	TIER 1	PA, QLC (4 tabs/day)
OXYMORPHONE HCL ER ER 5 MG TAB ER 12H, ER 7.5 MG TAB ER 12H, ER 10 MG TAB ER 12H, ER 15 MG TAB ER 12H, ER 20 MG TAB ER 12H, ER 30 MG TAB ER 12H	TIER 1	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)
TRAMADOL HCL ER 150 MG CAP 24H	TIER 3	PA, QLC (2 caps/day)
TRAMADOL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H	TIER 1	PA, QLC (1 cap/day)
<i>tramadol hcl tab er 24hr 100 mg</i> (TRAMADOL HCL ER)	TIER 1	QLC (3 tabs/day)
<i>tramadol hcl tab er 24hr 200 mg</i> (TRAMADOL HCL ER)	TIER 1	QLC (1 tab/day)
<i>tramadol hcl tab er 24hr 300 mg</i> (TRAMADOL HCL ER)	TIER 1	QLC (1 tab/day)
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i> (TRAMADOL HCL (ER BIPHASIC))	TIER 1	PA, QLC (1 tab/day)
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i> (TRAMADOL HCL (ER BIPHASIC))	TIER 1	PA, QLC (1 tab/day)
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i> (TRAMADOL HCL (ER BIPHASIC))	TIER 1	PA, QLC (1 tab/day)
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 3	PA, QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZOXYDRO ER (<i>hydrocodone bitartrate</i>) ER 10 MG CAP ER 12H, ER 15 MG CAP ER 12H, ER 20 MG CAP ER 12H, ER 30 MG CAP ER 12H, ER 40 MG CAP ER 12H, ER 50 MG CAP ER 12H	TIER 3	PA, QLC (2 caps/day)

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

ABSTRAL (<i>fentanyl citrate</i>) 400 MCG SL TAB	TIER 3	PA, QLC (2 tabs/day; max 28 tabs/month)
ABSTRAL (<i>fentanyl citrate</i>) 600 MCG SL TAB, 800 MCG SL TAB	TIER 3	PA, QLC (1 tab/day; max 14 tabs/month)
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> (ACETAMINOPHEN-CODEINE) 0	TIER 1	QLC (90 ml/day; max 1260 ml/month)
<i>acetaminophen w/ codeine tab 300-15 mg</i> (ACETAMINOPHEN-CODEINE)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>acetaminophen w/ codeine tab 300-30 mg</i> (ACETAMINOPHEN-CODEINE)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>acetaminophen w/ codeine tab 300-60 mg</i> (ACETAMINOPHEN-CODEINE)	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg (Dvorah)	TIER 1	PA, QLC (10 caps/day; max 140 caps/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 1260 ml/month)
ACTIQ (<i>fentanyl citrate</i>) 200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE	TIER 3	PA, QLC (4 lozenges/day; max 56 lozenges/month)
APADAZ (<i>benzhydrocodone hcl-acetaminophen</i>) 4.08-325 MG TAB	TIER 3	PA, QLC (12 tabs/day; not to exceed 168 tabs/30 days)
APADAZ (<i>benzhydrocodone hcl-acetaminophen</i>) 6.12-325 MG TAB	TIER 3	PA, QLC (12 tabs/day; not to exceed 168 tabs/30 days)
APADAZ (<i>benzhydrocodone hcl-acetaminophen</i>) 8.16-325 MG TAB	TIER 3	PA, QLC (9 tabs/day; not to exceed 126 tabs/30 days)
APAP-CAFF-DIHYDROCODEINE (<i>acetaminophen-caff-dihydrocod</i>) --320.5-30-16 MG CAP, --325-30-16 MG TAB	TIER 1	PA, QLC (10 caps/day; max 140 caps/30 days)
ARYMO ER (<i>morphine sulfate</i>) 60 MG TBDET	TIER 3	PA, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ARYMO ER (<i>morphine sulfate</i>) ER 15 MG TBER DETER, ER 30 MG TBER DETER	TIER 3	PA, QLC (3 tabs/day)
BENZHYDROCODONE-ACETAMINOPHEN (<i>benzhydrocodone hcl-acetaminophen</i>) - 4.08-325 MG TAB	TIER 1	PA, QLC (12 tabs/day; not to exceed 168 tabs/30 days)
BENZHYDROCODONE-ACETAMINOPHEN (<i>benzhydrocodone hcl-acetaminophen</i>) - 6.12-325 MG TAB	TIER 1	PA, QLC (12 tabs/day; not to exceed 168 tabs/30 days)
BENZHYDROCODONE-ACETAMINOPHEN (<i>benzhydrocodone hcl-acetaminophen</i>) - 8.16-325 MG TAB	TIER 1	PA, QLC (9 tabs/day; not to exceed 126 tabs/30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> (BUTALBITAL-APAP- CAFF-COD)	TIER 1	PA, QLC (6 caps/day; max 84 caps/30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> (BUTALBITAL-APAP- CAFF-COD)	TIER 1	QLC (6 caps/day; max 84 caps/30 days)
butalbital-aspirin-caff w/ codeine cap 50- 325-40-30 mg (Ascomp-Codeine)	TIER 1	QLC (6 caps/day; max 84 caps/30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50- 325-40-30 mg</i> (BUTALBITAL-ASA-CAFF- CODEINE)	TIER 1	QLC (6 caps/day; max 84 caps/30 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	TIER 1	QLC (4 canisters/month at 2 canisters/fill)
CARISOPRODOL-ASPIRIN-CODEINE (<i>carisoprodol w/ aspirin & codeine</i>) --200- 325-16 MG TAB	TIER 1	AL1 (Up to 64 yrs old), QLC (8 tabs/day)
CODEINE SULFATE 15 MG TAB	TIER 1	QLC (24 tabs/day; max 336 tabs/month)
CODEINE SULFATE 30 MG TAB	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
CODEINE SULFATE 60 MG TAB	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
<i>codeine sulfate tab 30 mg</i>	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
DILAUDID (<i>hydromorphone hcl</i>) 1 MG/ML LIQUID	TIER 3	QLC (4 ml/day; max 56 ml/month)
DILAUDID (<i>hydromorphone hcl</i>) 2 MG TAB	TIER 3	QLC (11 tabs/day; max 154 tabs/month)
DILAUDID (<i>hydromorphone hcl</i>) 4 MG TAB	TIER 3	QLC (6 tabs/day; max 84 tabs/month)

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SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DILAUDID (<i>hydromorphone hcl</i>) 8 MG TAB	TIER 3	QLC (3 tabs/day; max 42 tabs/month)
FENTANYL CITRATE 100 MCG TAB	TIER 3	PA, QLC (4 tabs/day; max 56 tabs/month)
FENTANYL CITRATE 200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
FENTANYL CITRATE 200 MCG TAB	TIER 3	PA, QLC (3 tabs/day; max 42 tabs/month)
FENTANYL CITRATE 400 MCG TAB	TIER 3	PA, QLC (2 tabs/day; max 28 tabs/month)
FENTANYL CITRATE 600 MCG TAB	TIER 3	PA, QLC (1 tab/day; max 14 tabs/month)
FENTANYL CITRATE 800 MCG TAB	TIER 3	PA, QLC (1 tab/day; max 14 tabs/month)
<i>fentanyl citrate lozenge on a handle 1200 mcg fentnyl citrte hndle</i>	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 1600 mcg fentnyl citrte hndle</i>	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 200 mcg fentnyl citrte hndle</i>	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 400 mcg fentnyl citrte hndle</i>	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 600 mcg fentnyl citrte hndle</i>	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
<i>fentanyl citrate lozenge on a handle 800 mcg fentnyl citrte hndle</i>	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
FENTORA (<i>fentanyl citrate</i>) 100 MCG TAB	TIER 3	PA, QLC (4 tabs/day; max 56 tabs/month)
FENTORA (<i>fentanyl citrate</i>) 200 MCG TAB	TIER 3	PA, QLC (3 tabs/day; max 42 tabs/month)
FENTORA (<i>fentanyl citrate</i>) 400 MCG TAB	TIER 3	PA, QLC (2 tabs/day; max 28 tabs/month)
FENTORA (<i>fentanyl citrate</i>) 600 MCG TAB	TIER 3	PA, QLC (1 tab/day; max 14 tabs/month)
FENTORA (<i>fentanyl citrate</i>) 800 MCG TAB	TIER 3	PA, QLC (1 tab/day; max 14 tabs/month)
FIORICET/CODEINE (<i>butalbital-acetaminophen-caffeine w/ codeine</i>) 50-300-40-30 MG CAP	TIER 3	PA, QLC (6 caps/day; max 84 caps/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FIORINAL/CODEINE #3 (<i>butalbital-aspirin-caffeine w/cod</i>) 50-325-40-30 MG CAP	TIER 3	QLC (6 caps/day; max 84 caps/30 days)
HYDROCODONE-ACETAMINOPHEN -10-325 MG/15ML SOLUTION	TIER 1	PA, QLC (90 ml/day; max 1260 ml/month)
HYDROCODONE-ACETAMINOPHEN -2.5-325 MG TAB	TIER 1	QLC (12 tabs/day; max 168 tabs/30 days)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	TIER 1	PA, QLC (90 ml/day; max 1260 ml/month)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	TIER 1	QLC (90 ml/day; max 1260 ml/30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	TIER 1	PA, QLC (6 tabs/day; max 84 tabs/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	TIER 1	PA, QLC (8 tabs/day; max 112 tabs/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	TIER 1	QLC (8 tabs/day; max 112 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	TIER 1	PA, QLC (6 tabs/day; max 84 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/30 days)
HYDROCODONE-IBUPROFEN -10-200 MG TAB	TIER 1	QLC (5 tabs/day; max 70 tabs/month)
HYDROCODONE-IBUPROFEN -5-200 MG TAB	TIER 1	QLC (8 tabs/day; max 112 tabs/month)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	TIER 1	QLC (5 tabs/day; max 70 tabs/month)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	TIER 1	QLC (8 tabs/day; max 112 tabs/month)
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	TIER 1	QLC (5 tabs/day; max 70 tabs/month)
HYDROMORPHONE HCL 3 MG SUPPOS	TIER 1	QLC (8 suppositories/day; max 112 suppositories/month)
<i>hydromorphone hcl liqd 1 mg/ml</i>	TIER 1	QLC (4 ml/day; max 56 ml/month)
<i>hydromorphone hcl tab 2 mg</i>	TIER 1	QLC (11 tabs/day; max 154 tabs/month)
<i>hydromorphone hcl tab 4 mg</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydromorphone hcl tab 8 mg</i>	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
LAZANDA (<i>fentanyl citrate</i>) 100 MCG/ACT SOLUTION, 300 MCG/ACT SOLUTION, 400 MCG/ACT SOLUTION	TIER 3	PA, QLC (14 bottles/month)
LORTAB (<i>hydrocodone-acetaminophen</i>) 10-300 MG/15ML ELIXIR	TIER 3	QLC (67.5 ml/day; max 945 ml/month)
MEPERIDINE HCL 50 MG/5ML SOLUTION	TIER 1	AL1 (Up to 64 yrs old), QLC (90 ml/day; max 1260 ml/month)
<i>meperidine hcl tab 50 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 252 tabs/month)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	TIER 1	QLC (5ml/day; max 70 ml/month)
MORPHINE SULFATE 10 MG SUPPOS	TIER 1	QLC (9 suppositories/day; max 126 suppositories/month)
MORPHINE SULFATE 10 MG/5ML SOLUTION	TIER 1	QLC (45 ml/day; max 630 ml/month)
MORPHINE SULFATE 15 MG TAB	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
MORPHINE SULFATE 20 MG SUPPOS	TIER 1	QLC (5 suppositories/day; max 70 suppositories/month)
MORPHINE SULFATE 20 MG/5ML SOLUTION	TIER 1	QLC (22.5 ml/day; max 315 ml/30 days)
MORPHINE SULFATE 30 MG SUPPOS	TIER 1	QLC (3 suppositories/day; max 42 suppositories/month)
MORPHINE SULFATE 30 MG TAB	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
MORPHINE SULFATE 5 MG SUPPOS	TIER 1	QLC (12 suppositories/day; max 168 suppositories/month)
<i>morphine sulfate oral soln 10 mg/5ml</i>	TIER 1	QLC (45 ml/day; max 630 ml/month)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> (MORPHINE SULFATE (CONCENTRATE))	TIER 1	QLC (5ml/day; max 70 ml/month)
<i>morphine sulfate oral soln 20 mg/5ml</i>	TIER 1	QLC (22.5 ml/day; max 315 ml/30 days)
<i>morphine sulfate tab 15 mg</i>	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
<i>morphine sulfate tab 30 mg</i>	TIER 1	QLC (3 tabs/day; max 42 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NALOCET (<i>oxycodone w/ acetaminophen</i>) 2.5-300 MG TAB	TIER 1	PA, QLC (12 tabs/day; not to exceed 168 tabs/month)
NORCO (<i>hydrocodone-acetaminophen</i>) 5-325 MG TAB	TIER 3	QLC (8 tabs/day; max 112 tabs/30 days)
NORCO (<i>hydrocodone-acetaminophen</i>) 7.5-325 MG TAB, 10-325 MG TAB	TIER 3	QLC (6 tabs/day; max 84 tabs/30 days)
NUCYNTA (<i>tapentadol hcl</i>) 50 MG TAB	TIER 3	PA, QLC (5 tabs/day; max 70 tabs/month)
NUCYNTA (<i>tapentadol hcl</i>) 75 MG TAB, 100 MG TAB	TIER 3	PA, QLC (4 tabs/day; max 56 tabs/month)
OXAYDO (<i>oxycodone hcl</i>) 5 MG TAB	TIER 3	PA, QLC (12 tabs/day; max 168 tabs/month)
OXAYDO (<i>oxycodone hcl</i>) 7.5 MG TAB	TIER 3	PA, QLC (8 tabs/day; max 112 tabs/month)
OXYCODONE HCL 15 MG TAB DETER	TIER 3	PA, QLC (4 tabs/day, max 56 tabs/month)
OXYCODONE HCL 30 MG TAB DETER	TIER 3	PA, QLC (28 tabs/month, not to exceed 2 tabs/day)
OXYCODONE HCL 5 MG TAB DETER	TIER 3	PA, QLC (12 tabs/day; max 168 tabs/30 days)
<i>oxycodone hcl cap 5 mg</i>	TIER 1	QLC (12 caps/day; max 168 caps/month)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	TIER 1	QLC (3 ml/day; max 42 ml/month)
<i>oxycodone hcl soln 5 mg/5ml mg/ml</i>	TIER 1	QLC (60 ml/day; max 840 ml/month)
<i>oxycodone hcl tab 10 mg</i>	TIER 1	QLC (84 tabs/month)
<i>oxycodone hcl tab 15 mg</i>	TIER 1	QLC (4 tabs/day; max 56 tabs/month)
<i>oxycodone hcl tab 20 mg</i>	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
<i>oxycodone hcl tab 30 mg</i>	TIER 1	QLC (2 tabs/day; max 28 tabs/month)
<i>oxycodone hcl tab 5 mg</i>	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
oxycodone w/ acetaminophen tab 10-325 mg (Endocet)	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
oxycodone w/ acetaminophen tab 5-325 mg (Endocet)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)	TIER 1	QLC (8 tabs/day; max 112 tabs/month)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	TIER 1	QLC (8 tabs/day; max 112 tabs/month)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -10-300 MG TAB	TIER 1	PA, QLC (6 tabs/day; max 84 tabs/30 days)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -10-300 MG/5ML SOLUTION	TIER 3	PA, QLC (30 ml/day; max 420 ml/30 days)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -2.5-300 MG TAB	TIER 1	PA, QLC (12 tabs/day; not to exceed 168 tabs/month)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -5-300 MG TAB	TIER 1	PA, QLC (12 tabs/day; max 168 tabs/30 days)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -5-325 MG/5ML SOLUTION	TIER 1	QLC (840 ml/month)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -7.5-300 MG TAB	TIER 1	PA, QLC (8 tabs/day; max 112 tabs/30 days)
OXYCODONE-ASPIRIN -4.8355-325 MG TAB	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
<i>oxymorphone hcl tab 10 mg</i>	TIER 1	PA, QLC (4 tabs/day; max 56 tabs/month)
<i>oxymorphone hcl tab 5 mg</i>	TIER 1	PA, QLC (6 tabs/day; max 84 tabs/month)
<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)
PERCOCET (<i>oxycodone w/ acetaminophen</i>) 10-325 MG TAB	TIER 3	QLC (6 tabs/day; max 84 tabs/month)
PERCOCET (<i>oxycodone w/ acetaminophen</i>) 2.5-325 MG TAB, 5-325 MG TAB	TIER 3	QLC (12 tabs/day; max 168 tabs/month)
PERCOCET (<i>oxycodone w/ acetaminophen</i>) 7.5-325 MG TAB	TIER 3	QLC (8 tabs/day; max 112 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRIMLEV (<i>oxycodone w/ acetaminophen</i>) 10-300 MG TAB	TIER 1	PA, QLC (6 tabs/day; max 84 tabs/30 days)
PRIMLEV (<i>oxycodone w/ acetaminophen</i>) 5-300 MG TAB	TIER 1	PA, QLC (12 tabs/day; max 168 tabs/30 days)
PRIMLEV (<i>oxycodone w/ acetaminophen</i>) 7.5-300 MG TAB	TIER 1	PA, QLC (8 tabs/day; max 112 tabs/30 days)
PROLATE (<i>oxycodone w/ acetaminophen</i>) 10-300 MG TAB	TIER 1	PA, QLC (6 tabs/day; max 84 tabs/30 days)
PROLATE (<i>oxycodone w/ acetaminophen</i>) 10-300 MG/5ML SOLUTION	TIER 3	PA, QLC (30 ml/day; max 420 ml/30 days)
PROLATE (<i>oxycodone w/ acetaminophen</i>) 5-300 MG TAB	TIER 1	PA, QLC (12 tabs/day; max 168 tabs/30 days)
PROLATE (<i>oxycodone w/ acetaminophen</i>) 7.5-300 MG TAB	TIER 1	PA, QLC (8 tabs/day; max 112 tabs/30 days)
QDOLO (<i>tramadol hcl</i>) 5 MG/ML SOLUTION	TIER 3	PA, QLC (80 ml/day)
ROXICODONE (<i>oxycodone hcl</i>) 15 MG TAB	TIER 3	QLC (4 tabs/day; max 56 tabs/month)
ROXICODONE (<i>oxycodone hcl</i>) 30 MG TAB	TIER 3	QLC (2 tabs/day; max 28 tabs/month)
ROXICODONE (<i>oxycodone hcl</i>) 5 MG TAB	TIER 3	QLC (12 tabs/day; max 168 tabs/month)
ROXYBOND (<i>oxycodone hcl</i>) 10 MG TAB DETER	TIER 3	PA, QLC (6 tabs/day; max 90 tabs/30 days)
ROXYBOND (<i>oxycodone hcl</i>) 15 MG TAB DETER	TIER 3	PA, QLC (4 tabs/day, max 56 tabs/month)
ROXYBOND (<i>oxycodone hcl</i>) 30 MG TAB DETER	TIER 3	PA, QLC (28 tabs/month, not to exceed 2 tabs/day)
ROXYBOND (<i>oxycodone hcl</i>) 5 MG TAB DETER	TIER 3	PA, QLC (12 tabs/day; max 168 tabs/30 days)
SEGLENTIS (<i>celecoxib-tramadol hcl</i>) 56-44 MG TAB	TIER 3	PA, QLC (4 tabs/day; max 56 tabs/30 days)
SUBSYS (<i>fentanyl</i>) 100 MCG LIQUID, 1200 (600 X 2) MCG LIQUID, 1600 (800 X 2) MCG LIQUID	TIER 3	PA, QLC (4 doses/day; max 56 doses/month)
SUBSYS (<i>fentanyl</i>) 200 MCG LIQUID	TIER 3	PA, QLC (3 doses/day; max 42 doses/month)
SUBSYS (<i>fentanyl</i>) 400 MCG LIQUID, 600 MCG LIQUID, 800 MCG LIQUID	TIER 3	PA, QLC (1 dose/day; max 14 doses/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRAMADOL HCL 25 MG TAB	TIER 1	PA, QLC (4 tabs/day)
TRAMADOL HCL 5 MG/ML SOLUTION	TIER 3	PA, QLC (80 ml/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)
TREZIX (<i>acetaminophen-caff-dihydrocod</i>) 320.5-30-16 MG CAP	TIER 3	PA, QLC (10 caps/day; max 140 caps/30 days)
ULTRACET (<i>tramadol-acetaminophen</i>) 37.5-325 MG TAB	TIER 3	QLC (8 tabs/day; max 112 tabs/30 days)
ULTRAM (<i>tramadol hcl</i>) 50 MG TAB	TIER 3	QLC (8 tabs/day)

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/month)
<i>lidocaine oint 5%</i> (PREMIUM LIDOCAINE)	TIER 1	QLC (50 gm/month)
<i>lidocaine patch 5%</i>	TIER 1	QLC (90 patches/month)
<i>lidocaine patch 5%</i> (LIDOCAN)	TIER 1	QLC (90 patches/month)
lidocaine patch 5% (Lidocan)	TIER 1	QLC (90 patches/month)
lidocaine patch 5% (Tridacaine li)	TIER 1	QLC (90 patches/month)
lidocaine patch 5% (Tridacaine lii)	TIER 1	QLC (90 patches/month)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	TIER 1	QLC (30 gm/month)
LIDODERM (<i>lidocaine</i>) 5 % PATCH	TIER 3	QLC (90 patches/month)
NAYZILAM (<i>midazolam (anticonvulsant)</i>) 5 MG/0.1ML SOLUTION	TIER 3	PA, QLC (2 sprayers/fill; max 5 fills/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYNERA (<i>lidocaine-tetracaine</i>) 70-70 MG PATCH	TIER 3	PA, QLC (1 patch/month)
ZTLIDO (<i>lidocaine</i>) 1.8 % PATCH	TIER 3	PA, QLC (3 patches/day)

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 1	
<i>disulfiram tab 250 mg</i>	TIER 1	
<i>disulfiram tab 500 mg</i>	TIER 1	

OPIOID DEPENDENCE (Drugs for Opioid Dependence)

BELBUCA (<i>buprenorphine hcl</i>) 75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM, 750 MCG FILM, 900 MCG FILM	TIER 3	PA, QLC (2 films/day)
BUNAVAIL (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 2.1-0.3 MG FILM	TIER 3	QLC (1 film/day)
BUNAVAIL (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 4.2-0.7 MG FILM, 6.3-1 MG FILM	TIER 3	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)
<i>lofexidine hcl tab 0.18 mg (base equivalent)</i>	TIER 1	PA, QLC (16 tabs/day, not to exceed 224 tabs/6 months)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LUCEMYRA (<i>lofexidine hcl</i>) 0.18 MG TAB	TIER 3	PA, QLC (16 tabs/day, not to exceed 224 tabs/6 months)
SUBOXONE (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 12-3 MG FILM	TIER 3	QLC (2 films/day)
SUBOXONE (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 2-0.5 MG FILM, 4-1 MG FILM	TIER 3	QLC (5 films/day)
SUBOXONE (<i>buprenorphine hcl-naloxone hcl dihydrate</i>) 8-2 MG FILM	TIER 3	QLC (3 films/day)
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 3	PA, QLC (2 nasal sprays/30 days)
NALOXONE HCL 0.4 MG/ML SOLN PRSYR	TIER 1	QLC (2 syringes/30 days)
<i>naloxone hcl inj 0.4 mg/ml</i>	TIER 1	QLC (two 1 ml vials/month)
<i>naloxone hcl inj 4 mg/10ml</i>	TIER 1	QLC (two 1 ml vials/month)
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	TIER 1	QLC (2 doses/month)
<i>naloxone hcl soln prefilled syringe 2 mg/2ml mg/ml</i>	TIER 1	QLC (2 syringes/month)
<i>naltrexone hcl tab 50 mg</i>	TIER 1	
NARCAN (<i>naloxone hcl</i>) 4 MG/0.1ML LIQUID	TIER 3	QLC (2 doses/month)
REXTOVY (<i>naloxone hcl</i>) 4 MG/0.25ML LIQUID	TIER 3	QLC (2 doses/30 days)
ZIMHI (<i>naloxone hcl</i>) 5 MG/0.5ML SOLN PRSYR	TIER 3	PA, QLC (2 syringes/30 days)

SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking)

APO-VARENICLINE (<i>varenicline tartrate</i>) - 0.5 MG TAB, -1 MG TAB	TIER 2	ACA (Preventive Health), QLC (2 tabs/day)
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> (BUPROPION HCL ER (SMOKING DET))	TIER 1	ACA (Preventive Health), QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CHANTIX (<i>varenicline tartrate</i>) 0.5 MG TAB, 1 MG TAB	TIER 3	ACA (Preventive Health), QLC (2 tabs/day)
CHANTIX CONTINUING MONTH PAK (<i>varenicline tartrate</i>) 1 MG TAB	TIER 3	ACA (Preventive Health), QLC (2 tabs/day)
CHANTIX STARTING MONTH PAK (<i>varenicline tartrate</i>) 0.5 MG 11 & 1 MG 42 TAB THPK	TIER 3	ACA (Preventive Health), QLC (1 starting month box/28 days)
NICOTROL (<i>nicotine</i>) 10 MG INHALER	TIER 2	ACA (Preventive Health), QLC (16 cartridges/day)
NICOTROL NS (<i>nicotine</i>) 10 MG/ML SOLUTION	TIER 2	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, SP, QLC (1 vial/day)
<i>gentamicin sulfate cream 0.1%</i>	TIER 1	
<i>gentamicin sulfate oint 0.1%</i>	TIER 1	
HUMATIN (<i>paromomycin sulfate</i>) 250 MG CAP	TIER 3	
<i>neomycin sulfate tab 500 mg</i>	TIER 1	
<i>paromomycin sulfate cap 250 mg</i>	TIER 1	

ANTIBACTERIALS, OTHER

CAYSTON (<i>aztreonam lysine</i>) 75 MG RECON SOLN	TIER 4	PA, SP, QLC (1 box/2 months)
CLEOCIN (<i>clindamycin hcl</i>) 75 MG CAP, 150 MG CAP, 300 MG CAP	TIER 3	
CLEOCIN (<i>clindamycin palmitate hydrochloride</i>) 75 MG/5ML RECON SOLN	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CLEOCIN (<i>clindamycin phosphate vaginal</i>) 100 MG SUPPOS	TIER 2	QLC (3 suppositories/fill)
CLEOCIN (<i>clindamycin phosphate vaginal</i>) 2 % CREAM	TIER 3	
<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 2	
FIRVANQ (<i>vancomycin hcl</i>) 25 MG/ML RECON SOLN	TIER 3	PA, QLC (300 ml/month)
FIRVANQ (<i>vancomycin hcl</i>) 50 MG/ML RECON SOLN	TIER 3	PA, QLC (450 ml/30 days)
FLAGYL (<i>metronidazole</i>) 375 MG CAP, 500 MG TAB	TIER 3	
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	TIER 1	QLC (1 packet/30 days)
HIPREX (<i>methenamine hippurate</i>) 1 GM TAB	TIER 3	
<i>linezolid for susp 100 mg/5ml</i>	TIER 1	PA
<i>linezolid tab 600 mg</i>	TIER 1	PA
MACROBID (<i>nitrofurantoin monohyd macro</i>) 100 MG CAP	TIER 3	
MACRODANTIN (<i>nitrofurantoin macrocrystal</i>) 25 MG CAP, 50 MG CAP, 100 MG CAP	TIER 3	
<i>methenamine hippurate tab 1 gm</i>	TIER 1	
METROCREAM (<i>metronidazole (topical)</i>) METRO0.75 %	TIER 3	
METROGEL (<i>metronidazole (topical)</i>) 1 %	TIER 3	
METROLOTION (<i>metronidazole (topical)</i>) 0.75 %	TIER 3	
<i>metronidazole cap 375 mg</i>	TIER 1	
<i>metronidazole cream 0.75%</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
MONUROL (<i>fosfomycin tromethamine</i>) 3 GM PACKET	TIER 3	QLC (1 packet/30 days)
NEOMYCIN-POLYMYXIN B GU (<i>neomycin/polymyxin b gu</i>) -40-200000 SOLUTION	TIER 1	PA, QLC (1 ml/day)
NITROFURANTOIN 50 MG/5ML SUSPENSION	TIER 3	PA, QLC (180 ml/30 days)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	TIER 1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	TIER 1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	TIER 1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (NITROFURANTOIN MONOHYD MACRO)	TIER 1	
<i>nitrofurantoin susp 25 mg/5ml</i>	TIER 1	
NORITATE (<i>metronidazole (topical)</i>) 1% CREAM	TIER 3	PA
NUVESSA (<i>metronidazole vaginal</i>) 1.3% GEL	TIER 3	QLC (2 tubes/month)
PRIMSOL (<i>trimethoprim hcl</i>) 50 MG/5ML SOLUTION	TIER 3	
SIVEXTRO (<i>tedizolid phosphate</i>) 200 MG TAB	TIER 3	PA, QLC (6 tabs/month)
SOLOSEC (<i>secnidazole</i>) 2 GM PACKET	TIER 3	PA, QLC (1 pack/month)
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VANCOCIN (<i>vancomycin hcl</i>) 125 MG CAP, 250 MG CAP	TIER 3	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	TIER 1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	TIER 1	
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	TIER 1	PA, QLC (300 ml/month)
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	TIER 1	PA, QLC (450 ml/30 days)
VANDAZOLE (<i>metronidazole vaginal</i>) 0.75 % GEL	TIER 3	
XACIATO (<i>clindamycin phosphate vaginal</i>) 2 % GEL	TIER 3	QLC (1 tube (8gm)/ 30 days)
XIFAXAN (<i>rifaximin</i>) 200 MG TAB	TIER 3	PA, QLC (8 tabs/day)
XIFAXAN (<i>rifaximin</i>) 550 MG TAB	TIER 3	PA, QLC (3 tabs/day)
ZYVOX (<i>linezolid</i>) 100 MG/5ML RECON SUSP, 600 MG TAB	TIER 3	PA

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 1	
CEFACLOR ER (<i>cefaclor monohydrate</i>) 500 MG TAB 12H	TIER 1	
CEFADROXIL 1 GM TAB	TIER 1	
<i>cefadroxil cap 500 mg</i>	TIER 1	
<i>cefadroxil for susp 250 mg/5ml</i>	TIER 1	
<i>cefadroxil for susp 500 mg/5ml</i>	TIER 1	
<i>cefdinir cap 300 mg</i>	TIER 1	
<i>cefdinir for susp 125 mg/5ml</i>	TIER 1	
<i>cefdinir for susp 250 mg/5ml</i>	TIER 1	
<i>cefixime cap 400 mg</i>	TIER 1	
<i>cefixime for susp 100 mg/5ml</i>	TIER 1	
<i>cefixime for susp 200 mg/5ml</i>	TIER 1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	TIER 1	
<i>cefpodoxime proxetil tab 100 mg</i>	TIER 1	
<i>cefpodoxime proxetil tab 200 mg</i>	TIER 1	
<i>cefprozil for susp 125 mg/5ml</i>	TIER 1	
<i>cefprozil for susp 250 mg/5ml</i>	TIER 1	
<i>cefprozil tab 250 mg</i>	TIER 1	
<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	
KEFLEX (<i>cephalexin</i>) 250 MG CAP, 500 MG CAP, 750 MG CAP	TIER 3	
SUPRAX (<i>cefixime</i>) 100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 400 MG CAP, 500 MG/5ML RECON SUSP	TIER 3	

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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amoxicillin & k clavulanate tab 500-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i> (AMOXICILLIN-POT CLAVULANATE)	TIER 1	QLC (2 tabs/day)
<i>amoxicillin (trihydrate) cap 250 mg</i>	TIER 1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	TIER 1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	TIER 1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	TIER 1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	TIER 1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	TIER 1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	TIER 1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	TIER 1	
AMOXICILLIN 125 MG CHEW TAB, 250 MG CHEW TAB, 400 MG/5ML RECON SUSP	TIER 1	
AMOXICILLIN-POT CLAVULANATE (<i>amoxicillin & pot clavulanate</i>) -200-28.5 MG CHEW TAB, -400-57 MG CHEW TAB	TIER 1	
AMOXICILLIN-POT CLAVULANATE ER (<i>amoxicillin & pot clavulanate</i>) -1000-62.5 MG TAB 12H	TIER 1	
<i>ampicillin cap 500 mg</i>	TIER 1	
AUGMENTIN (<i>amoxicillin & pot clavulanate</i>) 125-31.25 MG/5ML RECON SUSP	TIER 2	
AUGMENTIN (<i>amoxicillin & pot clavulanate</i>) 250-62.5 MG/5ML RECON SUSP, 500-125 MG TAB	TIER 3	
AUGMENTIN ES-600 (<i>amoxicillin & pot clavulanate</i>) --42.9 MG/5ML RECON SUSP	TIER 3	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MACROLIDES		
AZITHROMYCIN 1 GM PACKET	TIER 1	
<i>azithromycin for susp 100 mg/5ml</i>	TIER 1	
<i>azithromycin for susp 200 mg/5ml</i>	TIER 1	
<i>azithromycin tab 250 mg</i>	TIER 1	QLC (12 tabs/30 days)
<i>azithromycin tab 500 mg</i>	TIER 1	
<i>azithromycin tab 600 mg</i>	TIER 1	
CLARITHROMYCIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP	TIER 1	
<i>clarithromycin tab 250 mg</i>	TIER 1	QLC (42 tabs/fill)
<i>clarithromycin tab 500 mg</i>	TIER 1	QLC (42 tabs/fill)
<i>clarithromycin tab er 24hr 500 mg</i> (CLARITHROMYCIN ER)	TIER 1	QLC (42 tabs/fill)
DIFICID (<i>fidaxomicin</i>) 200 MG TAB	TIER 3	PA, QLC (20 tabs/month)
DIFICID (<i>fidaxomicin</i>) 40 MG/ML RECON SUSP	TIER 3	PA, QLC (136 ml/30 days)
E.E.S. 400 (<i>erythromycin ethylsuccinate</i>) MG TAB	TIER 2	PA
E.E.S. GRANULES (<i>erythromycin ethylsuccinate</i>) 200 MG/5ML RECON SUSP	TIER 3	PA
ERYPED 200 (<i>erythromycin ethylsuccinate</i>) MG/5ML RECON SUSP	TIER 3	PA
ERYPED 400 (<i>erythromycin ethylsuccinate</i>) MG/5ML RECON SUSP	TIER 3	PA
ERYTHROCIN STEARATE (<i>erythromycin stearate</i>) 250 MG TAB	TIER 2	PA
ERYTHROMYCIN BASE 250 MG CP DR PART	TIER 3	PA
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	TIER 2	PA
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	TIER 1	PA
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	TIER 1	PA
<i>erythromycin tab 250 mg</i> (ERYTHROMYCIN BASE)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>erythromycin tab 500 mg</i> (ERYTHROMYCIN BASE)	TIER 1	
<i>erythromycin tab delayed release 250 mg</i>	TIER 1	
erythromycin tab delayed release 250 mg (Ery-Tab)	TIER 1	
<i>erythromycin tab delayed release 250 mg</i> (ERYTHROMYCIN BASE)	TIER 1	
<i>erythromycin tab delayed release 333 mg</i>	TIER 1	
erythromycin tab delayed release 333 mg (Ery-Tab)	TIER 1	
<i>erythromycin tab delayed release 333 mg</i> (ERYTHROMYCIN BASE)	TIER 1	
<i>erythromycin tab delayed release 500 mg</i>	TIER 1	
erythromycin tab delayed release 500 mg (Ery-Tab)	TIER 1	
<i>erythromycin tab delayed release 500 mg</i> (ERYTHROMYCIN BASE)	TIER 1	
ZITHROMAX (<i>azithromycin</i>) 1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 500 MG TAB, 600 MG TAB	TIER 3	
ZITHROMAX (<i>azithromycin</i>) 250 MG TAB	TIER 3	QLC (12 tabs/30 days)
ZITHROMAX TRI-PAK (<i>azithromycin</i>) -500 MG TAB	TIER 3	
ZITHROMAX Z-PAK (<i>azithromycin</i>) -250 MG TAB	TIER 3	QLC (2 packs(12 tabs)/30 days)

QUINOLONES

BAXDELA (<i>delafloxacin meglumine</i>) 450 MG TAB	TIER 3	PA, QLC (28 tabs/month)
BESIVANCE (<i>besifloxacin hcl</i>) 0.6 % SUSPENSION	TIER 3	QLC (5 ml/month)
CILOXAN (<i>ciprofloxacin hcl (ophth)</i>) 0.3 % OINTMENT	TIER 2	
CILOXAN (<i>ciprofloxacin hcl (ophth)</i>) 0.3 % SOLUTION	TIER 3	
CIPRO (<i>ciprofloxacin hcl</i>) 250 MG TAB, 500 MG TAB	TIER 3	QLC (2 tabs/day)
CIPRO (<i>ciprofloxacin</i>) 250 MG/5ML (5%) RECON SUSP	TIER 3	QLC (2 bottles/fill)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CIPRO (<i>ciprofloxacin</i>) 500 MG/5ML (10%) RECON SUSP	TIER 3	QLC (3 bottles/fill)
<i>ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)</i>	TIER 1	QLC (2 bottles/fill)
<i>ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)</i>	TIER 1	QLC (3 bottles/fill)
CIPROFLOXACIN HCL 100 MG TAB	TIER 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	TIER 1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>levofloxacin oral soln 25 mg/ml</i>	TIER 1	QLC (300 ml/fill)
<i>levofloxacin tab 250 mg</i>	TIER 1	QLC (10 tabs/fill)
<i>levofloxacin tab 500 mg</i>	TIER 1	QLC (10 tabs/fill)
<i>levofloxacin tab 750 mg</i>	TIER 1	QLC (10 tabs/fill)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	TIER 1	QLC (10 tabs/fill)
OFLOXACIN 300 MG TAB	TIER 1	
<i>ofloxacin tab 400 mg</i>	TIER 1	

SULFONAMIDES

BACTRIM (<i>sulfamethoxazole-trimethoprim</i>) 400-80 MG TAB	TIER 3	
BACTRIM DS (<i>sulfamethoxazole-trimethoprim</i>) 800-160 MG TAB	TIER 3	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TETRACYCLINES		
ACTICLATE (<i>doxycycline hyclate</i>) 75 MG TAB, 150 MG TAB	TIER 3	PA, QLC (1 tab/day)
<i>demeclocycline hcl tab 150 mg</i>	TIER 1	
<i>demeclocycline hcl tab 300 mg</i>	TIER 1	
DORYX (<i>doxycycline hyclate</i>) 200 MG TAB DR	TIER 3	PA, QLC (1 tab/day)
DORYX (<i>doxycycline hyclate</i>) 50 MG TAB DR, 80 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
DORYX MPC (<i>doxycycline hyclate</i>) 60 MG TAB DR, 120 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	TIER 1	PA, QLC (1 cap/day)
DOXYCYCLINE HYCLATE 80 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
<i>doxycycline hyclate cap 100 mg</i>	TIER 1	
doxycycline hyclate cap 100 mg (Morgidox)	TIER 1	
<i>doxycycline hyclate cap 50 mg</i>	TIER 1	
<i>doxycycline hyclate tab 100 mg</i>	TIER 1	
doxycycline hyclate tab 100 mg (Lymepak)	TIER 1	
<i>doxycycline hyclate tab 150 mg</i>	TIER 1	PA, QLC (1 tab/day)
<i>doxycycline hyclate tab 20 mg</i>	TIER 1	QLC (2 tabs/day)
<i>doxycycline hyclate tab 50 mg</i>	TIER 1	PA, QLC (2 tabs/day)
doxycycline hyclate tab 50 mg (Targadox)	TIER 1	PA, QLC (2 tabs/day)
<i>doxycycline hyclate tab 75 mg</i>	TIER 1	PA, QLC (1 tab/day)
<i>doxycycline hyclate tab delayed release 100 mg</i>	TIER 1	PA
<i>doxycycline hyclate tab delayed release 150 mg</i>	TIER 1	PA, QLC (1 tab/day)
<i>doxycycline hyclate tab delayed release 200 mg</i>	TIER 1	PA, QLC (1 tab/day)
<i>doxycycline hyclate tab delayed release 50 mg</i>	TIER 1	PA, QLC (2 tabs/day)
<i>doxycycline hyclate tab delayed release 75 mg</i>	TIER 1	PA
<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 150 mg</i>	TIER 1	PA
<i>doxycycline monohydrate cap 50 mg</i>	TIER 1	
<i>doxycycline monohydrate cap 75 mg</i>	TIER 1	PA
doxycycline monohydrate cap 75 mg (Mondoxyne NI)	TIER 1	PA
<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 1	
<i>doxycycline monohydrate tab 50 mg</i>	TIER 1	
<i>doxycycline monohydrate tab 75 mg</i>	TIER 1	
<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	
MINOCYCLINE HCL ER ER 45 MG CAP ER 24H, ER 90 MG CAP ER 24H, ER 135 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
<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>minocycline hcl tab er 24hr 105 mg</i> (MINOCYCLINE HCL ER)	TIER 1	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 115 mg</i> (MINOCYCLINE HCL ER)	TIER 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 135 mg (Coremino)	TIER 1	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 135 mg</i> (MINOCYCLINE HCL ER)	TIER 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 45 mg (Coremino)	TIER 1	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 45 mg</i> (MINOCYCLINE HCL ER)	TIER 1	PA, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>minocycline hcl tab er 24hr 55 mg</i> (MINOCYCLINE HCL ER)	TIER 1	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 65 mg</i> (MINOCYCLINE HCL ER)	TIER 1	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 80 mg</i> (MINOCYCLINE HCL ER)	TIER 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 90 mg (Coremino)	TIER 1	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 90 mg</i> (MINOCYCLINE HCL ER)	TIER 1	PA, QLC (1 tab/day)
MINOLIRA (<i>minocycline hcl</i>) 105 MG TAB ER 24H, 135 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
NUZYRA (<i>omadacycline tosylate</i>) 150 MG TAB	TIER 4	PA, SP, QLC (30 caps/30 days)
ORACEA (<i>doxycycline (rosacea)</i>) 40 MG CAP DR	TIER 3	PA, QLC (1 cap/day)
SEYSARA (<i>sarecycline hcl</i>) 60 MG TAB, 100 MG TAB, 150 MG TAB	TIER 4	PA, QLC (1 tab/day)
SOLODYN (<i>minocycline hcl</i>) 55 MG TAB ER 24H, 65 MG TAB ER 24H, 80 MG TAB ER 24H, 105 MG TAB ER 24H, 115 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
<i>tetracycline hcl cap 250 mg</i>	TIER 1	
<i>tetracycline hcl cap 500 mg</i>	TIER 1	
VIBRAMYCIN (<i>doxycycline (monohydrate)</i>) 25 MG/5ML RECON SUSP	TIER 3	
VIBRAMYCIN (<i>doxycycline calcium</i>) 50 MG/5ML SYRUP	TIER 2	
VIBRAMYCIN (<i>doxycycline hyclate</i>) 100 MG CAP	TIER 3	
XIMINO (<i>minocycline hcl</i>) 45 MG CAP ER 24H, 90 MG CAP ER 24H, 135 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)

ANTICONVULSANTS (Drugs for Seizures)

ANTICONVULSANTS, OTHER (Other Seizure Control Drugs)

BRIVIACT (<i>brivaracetam</i>) 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	TIER 3	ST, QLC (2 tabs/day)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BRIVIACT (<i>brivaracetam</i>) 10 MG/ML SOLUTION	TIER 3	ST, QLC (20 ml/day)
DEPAKOTE (<i>divalproex sodium</i>) 125 MG TAB DR, 250 MG TAB DR, 500 MG TAB DR	TIER 3	
DEPAKOTE ER (<i>divalproex sodium</i>) ER 250 MG TAB ER 24H, ER 500 MG TAB ER 24H	TIER 3	
DEPAKOTE SPRINKLES (<i>divalproex sodium</i>) 125 MG CAP DR	TIER 3	
DIACOMIT (<i>stiripentol</i>) 250 MG CAP	TIER 4	PA, SP, QLC (3 caps/day)
DIACOMIT (<i>stiripentol</i>) 250 MG PACKET	TIER 4	PA, SP, QLC (3 packets/day)
DIACOMIT (<i>stiripentol</i>) 500 MG CAP	TIER 4	PA, SP, QLC (6 caps/day)
DIACOMIT (<i>stiripentol</i>) 500 MG PACKET	TIER 4	PA, SP, QLC (6 packets/day)
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	TIER 1	
<i>divalproex sodium tab delayed release 125 mg</i>	TIER 1	
<i>divalproex sodium tab delayed release 250 mg</i>	TIER 1	
<i>divalproex sodium tab delayed release 500 mg</i>	TIER 1	
<i>divalproex sodium tab er 24 hr 250 mg</i> (DIVALPROEX SODIUM ER)	TIER 1	
<i>divalproex sodium tab er 24 hr 500 mg</i> (DIVALPROEX SODIUM ER)	TIER 1	
ELEPSIA XR (<i>levetiracetam</i>) 1000 MG TAB ER 24H, 1500 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
EPIDIOLEX (<i>cannabidiol</i>) 100 MG/ML SOLUTION	TIER 4	PA, SP, QLC (4 bottles/28 days)
EPRONTIA (<i>topiramate</i>) 25 MG/ML SOLUTION	TIER 3	PA, QLC (16 ml/day)
<i>felbamate susp 600 mg/5ml</i>	TIER 1	
<i>felbamate tab 400 mg</i>	TIER 1	
<i>felbamate tab 600 mg</i>	TIER 1	
FELBATOL (<i>felbamate</i>) 400 MG TAB, 600 MG TAB, 600 MG/5ML SUSPENSION	TIER 3	
FINTEPLA (<i>fenfluramine hcl</i> (<i>anticonvulsant</i>)) 2.2 MG/ML SOLUTION	TIER 4	PA, SP, QLC (12 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FYCOMPA (<i>perampanel</i>) 0.5 MG/ML SUSPENSION	TIER 3	ST, QLC (24 ml/day)
FYCOMPA (<i>perampanel</i>) 2 MG TAB	TIER 3	ST, QLC (3 tabs/day)
FYCOMPA (<i>perampanel</i>) 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	TIER 3	ST, QLC (1 tab/day)
KEPPRA (<i>levetiracetam</i>) 100 MG/ML SOLUTION, 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB	TIER 3	
KEPPRA XR (<i>levetiracetam</i>) 500 MG TAB ER 24H	TIER 3	QLC (6 tabs/day)
KEPPRA XR (<i>levetiracetam</i>) 750 MG TAB ER 24H	TIER 3	QLC (4 tabs/day)
LAMICTAL (<i>lamotrigine</i>) 5 MG CHEW TAB, 25 MG CHEW TAB, 25 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 3	
LAMICTAL ODT (<i>lamotrigine</i>) ODT 21 25 MG 7 50 MG KIT, ODT 25 50 100 MG KIT, ODT 42 50 MG 14100 MG KIT	TIER 3	PA, QLC (1 starter kit/month)
LAMICTAL ODT (<i>lamotrigine</i>) ODT 25 MG TAB DISP, ODT 50 MG TAB DISP, ODT 100 MG TAB DISP, ODT 200 MG TAB DISP	TIER 3	PA
LAMICTAL STARTER (<i>lamotrigine</i>) 35 25 MG KIT, 42 25 MG & 7 100 MG KIT, 84 25 MG & 14100 MG KIT	TIER 3	
LAMICTAL XR (<i>lamotrigine</i>) 200 MG TAB ER 24H	TIER 3	ST, QLC (3 tabs/day)
LAMICTAL XR (<i>lamotrigine</i>) 21 X 25 MG 7 X 50 MG KIT, 25 50 100 MG KIT, 50 100 200 MG KIT	TIER 3	ST, QLC (1 kit/month)
LAMICTAL XR (<i>lamotrigine</i>) 25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
LAMICTAL XR (<i>lamotrigine</i>) 250 MG TAB ER 24H, 300 MG TAB ER 24H	TIER 3	ST, QLC (2 tabs/day)
<i>lamotrigine orally disintegrating tab 100 mg</i>	TIER 1	PA
<i>lamotrigine orally disintegrating tab 200 mg</i>	TIER 1	PA
<i>lamotrigine orally disintegrating tab 25 mg</i>	TIER 1	PA
<i>lamotrigine orally disintegrating tab 50 mg</i>	TIER 1	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (LAMOTRIGINE STARTER KIT-ORANGE)	TIER 1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Subvenite Starter Kit-Orange)	TIER 1	
lamotrigine tab 25 mg (Subvenite)	TIER 1	
<i>lamotrigine tab 35 x 25 mg starter kit</i> (LAMOTRIGINE STARTER KIT-BLUE)	TIER 1	
lamotrigine tab 35 x 25 mg starter kit (Subvenite Starter Kit-Blue)	TIER 1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (LAMOTRIGINE STARTER KIT-GREEN)	TIER 1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Subvenite Starter Kit-Green)	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 disint 21 x 25 mg & 7 x 50 mg titration kit</i>	TIER 1	PA, QLC (1 starter pack/month)
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	TIER 1	PA, QLC (1 starter pack/month)
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	TIER 1	PA, QLC (1 starter pack/month)
<i>lamotrigine tab er 24hr 100 mg</i> (LAMOTRIGINE ER)	TIER 1	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 200 mg</i> (LAMOTRIGINE ER)	TIER 1	ST, QLC (3 tabs/day)
<i>lamotrigine tab er 24hr 25 mg</i> (LAMOTRIGINE ER)	TIER 1	ST, QLC (1 tab/day)
<i>lamotrigine tab er 24hr 250 mg</i> (LAMOTRIGINE ER)	TIER 1	ST, QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lamotrigine tab er 24hr 300 mg</i> (LAMOTRIGINE ER)	TIER 1	ST, QLC (2 tabs/day)
<i>lamotrigine tab er 24hr 50 mg</i> (LAMOTRIGINE ER)	TIER 1	ST, QLC (1 tab/day)
<i>levetiracetam oral soln 100 mg/ml</i>	TIER 1	
<i>levetiracetam tab 1000 mg</i>	TIER 1	
levetiracetam tab 1000 mg (Roweepra)	TIER 1	
<i>levetiracetam tab 250 mg</i>	TIER 1	
<i>levetiracetam tab 500 mg</i>	TIER 1	
levetiracetam tab 500 mg (Roweepra)	TIER 1	
<i>levetiracetam tab 750 mg</i>	TIER 1	
levetiracetam tab 750 mg (Roweepra)	TIER 1	
<i>levetiracetam tab er 24hr 500 mg</i> (LEVETIRACETAM ER)	TIER 1	QLC (6 tabs/day)
levetiracetam tab er 24hr 500 mg (Roweepra Xr)	TIER 1	QLC (6 tabs/day)
<i>levetiracetam tab er 24hr 750 mg</i> (LEVETIRACETAM ER)	TIER 1	QLC (4 tabs/day)
levetiracetam tab er 24hr 750 mg (Roweepra Xr)	TIER 1	QLC (4 tabs/day)
MOTPOLY XR (<i>lacosamide</i>) 100 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
MOTPOLY XR (<i>lacosamide</i>) 150 MG CAP ER 24H, 200 MG CAP ER 24H	TIER 3	PA, QLC (2 caps/day)
QUDEXY XR (<i>topiramate</i>) 150 MG CP24 SPRNK, 200 MG CP24 SPRNK	TIER 3	PA, QLC (2 caps/day)
QUDEXY XR (<i>topiramate</i>) 25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK	TIER 3	PA, QLC (1 cap/day)
SPRITAM (<i>levetiracetam</i>) 1000 MG TAB	TIER 3	PA, QLC (3 tabs/day)
SPRITAM (<i>levetiracetam</i>) 250 MG TAB, 500 MG TAB	TIER 3	PA, QLC (2 tabs/day)
SPRITAM (<i>levetiracetam</i>) 750 MG TAB	TIER 3	PA, QLC (4 tabs/day)
TOPAMAX (<i>topiramate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB	TIER 3	
TOPAMAX SPRINKLE (<i>topiramate</i>) 15 MG CAP SPRINK, 25 MG CAP SPRINK	TIER 3	

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

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

CELONTIN (<i>methsuximide</i>) 300 MG CAP	TIER 3	
<i>ethosuximide cap 250 mg</i>	TIER 1	
<i>ethosuximide soln 250 mg/5ml</i>	TIER 1	
<i>methsuximide cap 300 mg</i>	TIER 1	
ZARONTIN (<i>ethosuximide</i>) 250 MG CAP, 250 MG/5ML SOLUTION	TIER 3	

GAMMA-AMINO BUTYRIC ACID (GABA) MODULATING AGENTS

<i>clobazam suspension 2.5 mg/ml</i>	TIER 1	ST, QLC (16 ml/day)
<i>clobazam tab 10 mg</i>	TIER 1	ST, QLC (4 tabs/day)
<i>clobazam tab 20 mg</i>	TIER 1	ST, QLC (2 tabs/day)
DIASTAT ACUDIAL (<i>diazepam (anticonvulsant)</i>) 10 MG GEL, 20 MG GEL	TIER 3	QLC (1 kit [2 doses]/fill)
DIASTAT PEDIATRIC (<i>diazepam (anticonvulsant)</i>) 2.5 MG GEL	TIER 3	QLC (1 kit [2 doses]/fill)
DIAZEPAM (<i>diazepam (anticonvulsant)</i>) 2.5 MG GEL	TIER 1	QLC (1 kit [2 doses]/fill)
<i>diazepam rectal gel delivery system 10 mg</i>	TIER 1	QLC (1 kit [2 doses]/fill)
<i>diazepam rectal gel delivery system 20 mg</i>	TIER 1	QLC (1 kit [2 doses]/fill)
<i>gabapentin cap 100 mg</i>	TIER 1	
<i>gabapentin cap 300 mg</i>	TIER 1	
<i>gabapentin cap 400 mg</i>	TIER 1	
<i>gabapentin oral soln 250 mg/5ml</i>	TIER 1	
<i>gabapentin tab 600 mg</i>	TIER 1	
<i>gabapentin tab 800 mg</i>	TIER 1	
GABITRIL (<i>tiagabine hcl</i>) 2 MG TAB, 4 MG TAB, 12 MG TAB, 16 MG TAB	TIER 3	
LIBERVANT (<i>diazepam (anticonvulsant)</i>) 5 MG FILM, 7.5 MG FILM, 10 MG FILM, 12.5 MG FILM, 15 MG FILM	TIER 3	PA, QLC (2 films/fill, max 5 fills/30 days)
MYSOLINE (<i>primidone</i>) 50 MG TAB, 250 MG TAB	TIER 3	
NEURONTIN (<i>gabapentin</i>) 100 MG CAP, 250 MG/5ML SOLUTION, 300 MG CAP, 400 MG CAP, 600 MG TAB, 800 MG TAB	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ONFI (<i>clobazam</i>) 10 MG TAB	TIER 3	ST, QLC (4 tabs/day)
ONFI (<i>clobazam</i>) 2.5 MG/ML SUSPENSION	TIER 3	ST, QLC (16 ml/day)
ONFI (<i>clobazam</i>) 20 MG TAB	TIER 3	ST, QLC (2 tabs/day)
<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	
SABRIL (<i>vigabatrin</i>) 500 MG PACKET	TIER 4	PA, SP, QLC (6 packs/day)
SABRIL (<i>vigabatrin</i>) 500 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day)
SYMPAZAN (<i>clobazam</i>) 5 MG FILM, 10 MG FILM, 20 MG FILM	TIER 3	PA, QLC (2 films/day)
<i>tiagabine hcl tab 12 mg</i>	TIER 1	
<i>tiagabine hcl tab 16 mg</i>	TIER 1	
<i>tiagabine hcl tab 2 mg</i>	TIER 1	
<i>tiagabine hcl tab 4 mg</i>	TIER 1	
VALTOCO 10 MG DOSE (<i>diazepam (anticonvulsant)</i>) /0.1ML LIQUID	TIER 3	PA, QLC (2 sprays/fill; max 10 sprays/30 days)
VALTOCO 15 MG DOSE (<i>diazepam (anticonvulsant)</i>) 7.5 /0.1ML LIQD THPK	TIER 3	PA, QLC (2 sprays/fill; max 10 sprays/30 days)
VALTOCO 20 MG DOSE (<i>diazepam (anticonvulsant)</i>) 10 /0.1ML LIQD THPK	TIER 3	PA, QLC (2 sprays/fill; max 10 sprays/30 days)
VALTOCO 5 MG DOSE (<i>diazepam (anticonvulsant)</i>) /0.1ML LIQUID	TIER 3	PA, QLC (2 sprays/fill; max 10 sprays/30 days)
<i>vigabatrin powd pack 500 mg</i>	TIER 4	PA, SP, QLC (6 packs/day)
vigabatrin powd pack 500 mg (Vigadrone)	TIER 4	PA, SP, QLC (6 packs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
vigabatrin powd pack 500 mg (Vigpoder)	TIER 4	PA, SP, QLC (6 packs/day)
<i>vigabatrin tab 500 mg</i>	TIER 4	PA, SP, QLC (6 tabs/day)
vigabatrin tab 500 mg (Vigadrone)	TIER 4	PA, SP, QLC (6 tabs/day)
VIGAFYDE (<i>vigabatrin</i>) 100 MG/ML SOLUTION	TIER 4	PA, SP, QLC (750 ml/30 days)
ZTALMY (<i>ganaxolone</i>) 50 MG/ML SUSPENSION	TIER 4	PA, SP, QLC (36 ml/day)

SODIUM CHANNEL AGENTS

APTIOM (<i>eslicarbazepine acetate</i>) 200 MG TAB, 400 MG TAB	TIER 3	ST, QLC (1 tab/day)
APTIOM (<i>eslicarbazepine acetate</i>) 600 MG TAB, 800 MG TAB	TIER 3	ST, QLC (2 tabs/day)
BANZEL (<i>rufinamide</i>) 200 MG TAB	TIER 3	ST, QLC (16 tabs/day)
BANZEL (<i>rufinamide</i>) 40 MG/ML SUSPENSION	TIER 3	ST, QLC (80 ml/day)
BANZEL (<i>rufinamide</i>) 400 MG TAB	TIER 3	ST, QLC (8 tabs/day)
CARBAMAZEPINE 200 MG CHEW TAB	TIER 1	PA
<i>carbamazepine cap er 12hr 100 mg</i> (CARBAMAZEPINE ER)	TIER 1	
<i>carbamazepine cap er 12hr 200 mg</i> (CARBAMAZEPINE ER)	TIER 1	
<i>carbamazepine cap er 12hr 300 mg</i> (CARBAMAZEPINE ER)	TIER 1	
<i>carbamazepine chew tab 100 mg</i>	TIER 1	
<i>carbamazepine susp 100 mg/5ml</i>	TIER 1	
<i>carbamazepine tab 200 mg</i>	TIER 1	
carbamazepine tab 200 mg (Epitol)	TIER 1	
<i>carbamazepine tab er 12hr 100 mg</i> (CARBAMAZEPINE ER)	TIER 1	
<i>carbamazepine tab er 12hr 200 mg</i> (CARBAMAZEPINE ER)	TIER 1	
<i>carbamazepine tab er 12hr 400 mg</i> (CARBAMAZEPINE ER)	TIER 1	
CARBATROL (<i>carbamazepine</i>) 100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DILANTIN (<i>phenytoin sodium extended</i>) 30 MG CAP, 100 MG CAP	TIER 2	
DILANTIN (<i>phenytoin</i>) 125 MG/5ML SUSPENSION	TIER 2	
DILANTIN INFATABS (<i>phenytoin</i>) 50 MG CHEW	TIER 2	
DILANTIN-125 (<i>phenytoin</i>) -MG/5ML SUSPENSION	TIER 2	
<i>lacosamide oral solution 10 mg/ml</i>	TIER 1	QLC (40 ml/day)
<i>lacosamide tab 100 mg</i>	TIER 1	QLC (2 tabs/day)
<i>lacosamide tab 150 mg</i>	TIER 1	QLC (2 tabs/day)
<i>lacosamide tab 200 mg</i>	TIER 1	QLC (2 tabs/day)
<i>lacosamide tab 50 mg</i>	TIER 1	QLC (2 tabs/day)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	TIER 1	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 1	ST, QLC (1 tab/day)
<i>oxcarbazepine tab er 24hr 300 mg</i> (OXCARBAZEPINE ER)	TIER 1	ST, QLC (1 tab/day)
<i>oxcarbazepine tab er 24hr 600 mg</i> (OXCARBAZEPINE ER)	TIER 1	ST, QLC (4 tabs/day)
OXTELLAR XR (<i>oxcarbazepine</i>) 150 MG TAB ER 24H, 300 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
OXTELLAR XR (<i>oxcarbazepine</i>) 600 MG TAB ER 24H	TIER 3	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
phenytoin sodium extended cap 300 mg (Phenytek)	TIER 1	
<i>phenytoin susp 125 mg/5ml</i>	TIER 1	
<i>rufinamide susp 40 mg/ml</i>	TIER 1	ST, QLC (80 ml/day)
<i>rufinamide tab 200 mg</i>	TIER 1	ST, QLC (16 tabs/day)
<i>rufinamide tab 400 mg</i>	TIER 1	ST, QLC (8 tabs/day)
TEGRETOL (<i>carbamazepine</i>) 100 MG/5ML SUSPENSION, 200 MG TAB	TIER 3	
TEGRETOL-XR (<i>carbamazepine</i>) -100 MG TAB ER 12H, -200 MG TAB ER 12H, -400 MG TAB ER 12H	TIER 3	
TRILEPTAL (<i>oxcarbazepine</i>) 150 MG TAB	TIER 3	QLC (16 tabs/day)
TRILEPTAL (<i>oxcarbazepine</i>) 300 MG TAB	TIER 3	QLC (8 tabs/day)
TRILEPTAL (<i>oxcarbazepine</i>) 300 MG/5ML SUSPENSION	TIER 3	QLC (40 ml/day)
TRILEPTAL (<i>oxcarbazepine</i>) 600 MG TAB	TIER 3	QLC (4 tabs/day)
VIMPAT (<i>lacosamide</i>) 10 MG/ML SOLUTION	TIER 3	QLC (40 ml/day)
VIMPAT (<i>lacosamide</i>) 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 3	QLC (2 tabs/day)
XCOPRI (250 MG DAILY DOSE) (<i>cenobamate</i>) MG 50 200 MG TAB THPK, MG 100 150 MG TAB THPK	TIER 3	PA, QLC (2 tabs/day)
XCOPRI (350 MG DAILY DOSE) (<i>cenobamate</i>) 150 & 200 TAB THPK	TIER 3	PA, QLC (2 tabs/day)
XCOPRI (<i>cenobamate</i>) COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK	TIER 3	PA, QLC (28 tabs/84 days)
ZONEGRAN (<i>zonisamide</i>) 25 MG CAP, 100 MG CAP	TIER 3	
ZONISADE (<i>zonisamide</i>) 100 MG/5ML SUSPENSION	TIER 3	PA, QLC (30 ml/day)
<i>zonisamide cap 100 mg</i>	TIER 1	
<i>zonisamide cap 25 mg</i>	TIER 1	
<i>zonisamide cap 50 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia)

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB	TIER 1	
NAMZARIC (<i>memantine hcl-donepezil hcl</i>) 7 & 14 & 21 & 28 -10 MG CP24 THPK	TIER 2	QLC (1 dose-pack/6 months)
NAMZARIC (<i>memantine hcl-donepezil hcl</i>) 7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H	TIER 2	QLC (1 cap/day)

CHOLINESTERASE INHIBITORS

ADLARITY (<i>donepezil hydrochloride</i>) 5 MG/DAY PATCH WK, 10 MG/DAY PATCH WK	TIER 3	PA, QLC (4 patches/28 days)
ARICEPT (<i>donepezil hydrochloride</i>) 23 MG TAB	TIER 3	ST, QLC (1 tab/day)
ARICEPT (<i>donepezil hydrochloride</i>) 5 MG TAB, 10 MG TAB	TIER 3	
<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	
EXELON (<i>rivastigmine</i>) 4.6 MG/24HR PATCH 24HR, 9.5 MG/24HR PATCH 24HR, 13.3 MG/24HR PATCH 24HR	TIER 3	QLC (1 patch/day)
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>galantamine hydrobromide cap er 24hr 8 mg</i> (GALANTAMINE HYDROBROMIDE ER)	TIER 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	
RAZADYNE (<i>galantamine hydrobromide</i>) 8 MG TAB, 12 MG TAB	TIER 3	
RAZADYNE ER (<i>galantamine hydrobromide</i>) ER 8 MG CAP ER 24H, ER 16 MG CAP ER 24H, ER 24 MG CAP ER 24H	TIER 3	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	TIER 1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	TIER 1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	TIER 1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	TIER 1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	TIER 1	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	TIER 1	QLC (1 patch/day)
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	TIER 1	QLC (1 patch/day)

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

<i>memantine hcl cap er 24hr 14 mg</i> (MEMANTINE HCL ER)	TIER 1	QLC (1 cap/day)
<i>memantine hcl cap er 24hr 21 mg</i> (MEMANTINE HCL ER)	TIER 1	QLC (1 cap/day)
<i>memantine hcl cap er 24hr 28 mg</i> (MEMANTINE HCL ER)	TIER 1	QLC (1 cap/day)
<i>memantine hcl cap er 24hr 7 mg</i> (MEMANTINE HCL ER)	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 28 x 5 mg & 21 x 10 mg titration pack</i>	TIER 1	
<i>memantine hcl tab 5 mg</i>	TIER 1	QLC (2 tabs/day)
NAMENDA (<i>memantine hcl</i>) 5 MG TAB, 10 MG TAB	TIER 3	QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NAMENDA TITRATION PAK (<i>memantine hcl</i>) 28 X 5 MG & 21 X 10 MG TAB	TIER 3	
NAMENDA XR (<i>memantine hcl</i>) 7 MG CAP ER 24H, 14 MG CAP ER 24H, 21 MG CAP ER 24H, 28 MG CAP ER 24H	TIER 3	QLC (1 cap/day)
NAMENDA XR TITRATION PACK (<i>memantine hcl</i>) 7 & 14 & 21 & 28 MG CAP ER 24H	TIER 2	QLC (1 cap/day)

ANTIDEPRESSANTS (Drugs for Depression)

ANTIDEPRESSANTS, OTHER

APLENZIN (<i>bupropion hydrobromide</i>) 174 MG TAB ER 24H, 348 MG TAB ER 24H, 522 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
AUVELITY (<i>dextromethorphan hydrobromide-bupropion hydrochloride</i>) 45-105 MG TAB ER	TIER 3	PA, QLC (2 tabs/day)
BUPROPION HCL ER (XL) 450 MG TAB 24H	TIER 1	PA, QLC (1 tab/day)
<i>bupropion hcl tab 100 mg</i>	TIER 1	QLC (4 tabs/day)
<i>bupropion hcl tab 75 mg</i>	TIER 1	QLC (6 tabs/day)
<i>bupropion hcl tab er 12hr 100 mg</i> (BUPROPION HCL ER (SR))	TIER 1	QLC (4 tabs/day)
<i>bupropion hcl tab er 12hr 150 mg</i> (BUPROPION HCL ER (SR))	TIER 1	QLC (3 tabs/day)
<i>bupropion hcl tab er 12hr 200 mg</i> (BUPROPION HCL ER (SR))	TIER 1	QLC (2 tabs/day)
<i>bupropion hcl tab er 24hr 150 mg</i> (BUPROPION HCL ER (XL))	TIER 1	QLC (3 tabs/day)
<i>bupropion hcl tab er 24hr 300 mg</i> (BUPROPION HCL ER (XL))	TIER 1	QLC (1 tab/day)
CHLORDIAZEPOXIDE-AMITRIPTYLINE -5-12.5 MG TAB, -10-25 MG TAB	TIER 1	
FORFIVO XL (<i>bupropion hcl</i>) 450 MG TAB ER 24H	TIER 3	PA, 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 3	PA, QLC (1 tab/day)
MAPROTILINE HCL 25 MG TAB, 50 MG TAB, 75 MG TAB	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	TIER 1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	TIER 1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	TIER 1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	TIER 1	
<i>olanzapine-fluoxetine hcl cap 6-50 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	
REMERON (<i>mirtazapine</i>) 15 MG TAB, 30 MG TAB	TIER 3	
REMERON SOLTAB (<i>mirtazapine</i>) 15 MG TAB DISP, 30 MG TAB DISP, 45 MG TAB DISP	TIER 3	
SYMBYAX (<i>olanzapine-fluoxetine hcl</i>) 3-25 MG CAP, 6-25 MG CAP, 6-50 MG CAP, 12-50 MG CAP	TIER 3	
WELLBUTRIN SR (<i>bupropion hcl</i>) 100 MG TAB ER 12H	TIER 3	QLC (4 tabs/day)
WELLBUTRIN SR (<i>bupropion hcl</i>) 150 MG TAB ER 12H	TIER 3	QLC (3 tabs/day)
WELLBUTRIN SR (<i>bupropion hcl</i>) 200 MG TAB ER 12H	TIER 3	QLC (2 tabs/day)
WELLBUTRIN XL (<i>bupropion hcl</i>) 150 MG TAB ER 24H	TIER 3	QLC (3 tabs/day)
WELLBUTRIN XL (<i>bupropion hcl</i>) 300 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
ZURZUVAE (<i>zuranolone</i>) 20 MG CAP, 25 MG CAP	TIER 3	PA, QLC (2 caps/day; max 28 caps/365 days)
ZURZUVAE (<i>zuranolone</i>) 30 MG CAP	TIER 3	PA, QLC (1 cap/day; max 14 caps/365 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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MONOAMINE OXIDASE INHIBITORS

EMSAM (<i>selegiline</i>) 6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR	TIER 3	
MARPLAN (<i>isocarboxazid</i>) 10 MG TAB	TIER 3	
NARDIL (<i>phenelzine sulfate</i>) 15 MG TAB	TIER 3	
PARNATE (<i>tranylcypromine sulfate</i>) 10 MG TAB	TIER 3	
PHENELZINE SULFATE 15 MG TAB	TIER 1	
<i>phenelzine sulfate tab 15 mg</i>	TIER 1	
<i>tranylcypromine sulfate tab 10 mg</i>	TIER 1	

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

BRISDELLE (<i>paroxetine mesylate (vasomotor)</i>) 7.5 MG CAP	TIER 3	QLC (1 cap/day)
CELEXA (<i>citalopram hydrobromide</i>) 10 MG TAB	TIER 3	QLC (4 tabs/day)
CELEXA (<i>citalopram hydrobromide</i>) 20 MG TAB	TIER 3	QLC (2 tabs/day)
CELEXA (<i>citalopram hydrobromide</i>) 40 MG TAB	TIER 3	QLC (1 tab/day)
CITALOPRAM HYDROBROMIDE 30 MG CAP	TIER 3	ST, QLC (1 cap/day)
<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)
DESVENLAFAXINE ER ER 50 MG TAB ER 24H, ER 100 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	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 25 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	TIER 1	QLC (1 tab/day)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> (DESVENLAFAXINE SUCCINATE ER)	TIER 1	QLC (1 tab/day)
EFFEXOR XR (<i>venlafaxine hcl</i>) 37.5 MG CAP ER 24H, 150 MG CAP ER 24H	TIER 3	QLC (2 caps/day)
EFFEXOR XR (<i>venlafaxine hcl</i>) 75 MG CAP ER 24H	TIER 3	QLC (3 caps/day)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv) mg/ml</i>	TIER 1	QLC (24 ml/day)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	TIER 1	QLC (4 tabs/day)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	TIER 1	QLC (8 tabs/day)
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 1	QLC (1 tab/day)
FLUOXETINE HCL 60 MG TAB	TIER 3	
FLUOXETINE HCL 90 MG CAP DR	TIER 1	QLC (4 caps/month)
<i>fluoxetine hcl cap 10 mg</i>	TIER 1	
<i>fluoxetine hcl cap 20 mg</i>	TIER 1	
<i>fluoxetine hcl cap 40 mg</i>	TIER 1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	TIER 1	
<i>fluoxetine hcl tab 10 mg</i>	TIER 1	
<i>fluoxetine hcl tab 20 mg</i>	TIER 1	
<i>fluoxetine hcl tab 60 mg</i>	TIER 3	
<i>fluvoxamine maleate cap er 24hr 100 mg</i> (FLUVOXAMINE MALEATE ER)	TIER 1	ST, QLC (3 caps/day)
<i>fluvoxamine maleate cap er 24hr 150 mg</i> (FLUVOXAMINE MALEATE ER)	TIER 1	ST, QLC (2 caps/day)
<i>fluvoxamine maleate tab 100 mg</i>	TIER 1	QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fluvoxamine maleate tab 25 mg</i>	TIER 1	QLC (12 tabs/day)
<i>fluvoxamine maleate tab 50 mg</i>	TIER 1	QLC (6 tabs/day)
LEXAPRO (<i>escitalopram oxalate</i>) 10 MG TAB	TIER 3	QLC (4 tabs/day)
LEXAPRO (<i>escitalopram oxalate</i>) 20 MG TAB	TIER 3	QLC (2 tabs/day)
LEXAPRO (<i>escitalopram oxalate</i>) 5 MG TAB	TIER 3	QLC (8 tabs/day)
NEFAZODONE HCL 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB	TIER 1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	TIER 1	QLC (30 ml/day)
<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)
PAXIL (<i>paroxetine hcl</i>) 10 MG TAB, 20 MG TAB, 30 MG TAB, 40 MG TAB	TIER 3	
PAXIL (<i>paroxetine hcl</i>) 10 MG/5ML SUSPENSION	TIER 3	QLC (30 ml/day)
PAXIL CR (<i>paroxetine hcl</i>) 12.5 MG TAB ER 24H, 25 MG TAB ER 24H, 37.5 MG TAB ER 24H	TIER 3	
PEXEVA (<i>paroxetine mesylate</i>) 10 MG TAB, 20 MG TAB, 40 MG TAB	TIER 3	PA, QLC (1 tab/day)
PEXEVA (<i>paroxetine mesylate</i>) 30 MG TAB	TIER 3	PA, QLC (2 tabs/day)
PRISTIQ (<i>desvenlafaxine succinate</i>) 25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
PROZAC (<i>fluoxetine hcl</i>) 10 MG CAP, 20 MG CAP, 40 MG CAP	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SARAFEM (<i>fluoxetine hcl (pmd)</i>) 10 MG TAB, 20 MG TAB	TIER 3	QLC (1 tab/day)
SERTRALINE HCL 150 MG CAP, 200 MG CAP	TIER 3	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)
VENLAFAXINE BESYLATE ER 112.5 MG TAB 24H	TIER 3	QLC (1 tab/day)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	TIER 1	QLC (2 caps/day)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	TIER 1	QLC (2 caps/day)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	TIER 1	QLC (3 caps/day)
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	TIER 1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	TIER 1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	TIER 1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	TIER 1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	TIER 1	
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	TIER 1	QLC (1 tab/day)
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	TIER 3	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	TIER 1	QLC (1 tab/day)
VIIBRYD (<i>vilazodone hcl</i>) 10 MG TAB, 20 MG TAB, 40 MG TAB	TIER 3	ST, QLC (1 tab/day)
VIIBRYD STARTER PACK (<i>vilazodone hcl</i>) 10 & 20 MG KIT	TIER 3	ST, QLC (1 pack/month)
<i>vilazodone hcl tab 10 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>vilazodone hcl tab 20 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>vilazodone hcl tab 40 mg</i>	TIER 1	ST, QLC (1 tab/day)
ZOLOFT (<i>sertraline hcl</i>) 20 MG/ML CONC, 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	

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	
ANAFRANIL (<i>clomipramine hcl</i>) 25 MG CAP, 50 MG CAP, 75 MG CAP	TIER 3	
<i>clomipramine hcl cap 25 mg</i>	TIER 1	
<i>clomipramine hcl cap 50 mg</i>	TIER 1	
<i>clomipramine hcl cap 75 mg</i>	TIER 1	
<i>desipramine hcl tab 10 mg</i>	TIER 1	
<i>desipramine hcl tab 100 mg</i>	TIER 1	
<i>desipramine hcl tab 150 mg</i>	TIER 1	
<i>desipramine hcl tab 25 mg</i>	TIER 1	
<i>desipramine hcl tab 50 mg</i>	TIER 1	
<i>desipramine hcl tab 75 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>imipramine pamoate cap 100 mg</i>	TIER 1	
<i>imipramine pamoate cap 125 mg</i>	TIER 1	
<i>imipramine pamoate cap 150 mg</i>	TIER 1	
<i>imipramine pamoate cap 75 mg</i>	TIER 1	
NORPRAMIN (<i>desipramine hcl</i>) 10 MG TAB, 25 MG TAB	TIER 3	
<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 1	
PAMELOR (<i>nortriptyline hcl</i>) 10 MG CAP, 25 MG CAP, 50 MG CAP, 75 MG CAP	TIER 3	
<i>protriptyline hcl tab 10 mg</i>	TIER 1	
<i>protriptyline hcl tab 5 mg</i>	TIER 1	
<i>trimipramine maleate cap 100 mg</i>	TIER 1	
<i>trimipramine maleate cap 25 mg</i>	TIER 1	
<i>trimipramine maleate cap 50 mg</i>	TIER 1	

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	PA, QLC (2 tabs/day)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DICLEGIS (<i>doxylamine-pyridoxine</i>) 10-10 MG TAB DR	TIER 3	QLC (4 tabs/day)
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	TIER 1	QLC (4 tabs/day)
GIMOTI (<i>metoclopramide hcl</i>) 15 MG/ACT SOLUTION	TIER 3	PA, QLC (19.6 ml (2 bottles)/ 84 days)
METOCLOPRAMIDE HCL 5 MG TAB DISP, 10 MG TAB DISP	TIER 1	PA, QLC (4 tabs/day)
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) mg/ml</i>	TIER 1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	TIER 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	TIER 1	
<i>perphenazine tab 16 mg</i>	TIER 1	
<i>perphenazine tab 2 mg</i>	TIER 1	
<i>perphenazine tab 4 mg</i>	TIER 1	
<i>perphenazine tab 8 mg</i>	TIER 1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	TIER 1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	TIER 1	
<i>prochlorperazine suppos 25 mg</i>	TIER 1	
prochlorperazine suppos 25 mg (Compro)	TIER 1	
<i>promethazine hcl suppos 12.5 mg</i>	TIER 1	
promethazine hcl suppos 12.5 mg (Promethegan)	TIER 1	
<i>promethazine hcl suppos 25 mg</i>	TIER 1	
promethazine hcl suppos 25 mg (Promethegan)	TIER 1	
<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 1	QLC (1 suppository/day)
REGLAN (<i>metoclopramide hcl</i>) 5 MG TAB, 10 MG TAB	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>scopolamine td patch 72hr 1 mg/3days</i>	TIER 1	
TIGAN (<i>trimethobenzamide hcl</i>) 300 MG CAP	TIER 3	
TRANSDERM SCOP (1.5 MG) (<i>scopolamine</i>) (.5 MG/3DAYS PATCH 72HR)	TIER 3	
TRANSDERM-SCOP (<i>scopolamine</i>) -1 MG/3DAYS PATCH 72HR	TIER 3	
<i>trimethobenzamide hcl cap 300 mg</i>	TIER 1	

EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)

AKYNZEO (<i>netupitant-palonosetron</i>) 300-0.5 MG CAP	TIER 3	QLC (1 capsule/14 days)
ANZEMET (<i>dolasetron mesylate</i>) 50 MG TAB, 100 MG TAB	TIER 2	QLC (1 tab/fill)
<i>aprepitant capsule 125 mg</i>	TIER 1	QLC (1 cap/7 days)
<i>aprepitant capsule 40 mg</i>	TIER 1	QLC (1 cap/month)
<i>aprepitant capsule 80 mg</i>	TIER 1	QLC (2 caps/7 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	TIER 1	QLC (3 caps/7 days)
<i>dronabinol cap 10 mg</i>	TIER 1	QLC (6 caps/day)
<i>dronabinol cap 2.5 mg</i>	TIER 1	QLC (6 caps/day)
<i>dronabinol cap 5 mg</i>	TIER 1	QLC (6 caps/day)
EMEND (<i>aprepitant</i>) 125 MG/5ML RECON SUSP	TIER 3	PA, QLC (3 packets/7 days)
EMEND (<i>aprepitant</i>) 80 MG CAP	TIER 3	QLC (2 caps/7 days)
EMEND TRI-PACK (<i>aprepitant</i>) -80 & 125 MG CAP	TIER 3	QLC (3 caps/7 days)
<i>granisetron hcl tab 1 mg</i>	TIER 1	QLC (12 tabs/fill)
MARINOL (<i>dronabinol</i>) 2.5 MG CAP, 5 MG CAP, 10 MG CAP	TIER 3	QLC (6 caps/day)
ONDANSETRON 16 MG TAB DISP	TIER 1	PA, QLC (1 tab/30 days)
ONDANSETRON HCL 24 MG TAB	TIER 1	QLC (1 tab/fill)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	TIER 1	QLC (1 bottle/fill)
<i>ondansetron hcl tab 4 mg</i>	TIER 1	QLC (6 tabs/day)
<i>ondansetron hcl tab 8 mg</i>	TIER 1	QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
SANCUSO (<i>granisetron</i>) 3.1 MG/24HR PATCH	TIER 3	PA, QLC (2 patches/28 days)
SYNDROS (<i>dronabinol</i>) 5 MG/ML SOLUTION	TIER 4	PA, QLC (4 bottles/month)
VARUBI (180 MG DOSE) (<i>rolapitant hcl</i>) 2 X 90 TAB THPK	TIER 3	SP, QLC (2 tabs/14 days)
ZOFRAN (<i>ondansetron hcl</i>) 4 MG TAB	TIER 3	QLC (6 tabs/day)
ZUPLENZ (<i>ondansetron</i>) 4 MG FILM, 8 MG FILM	TIER 3	PA, QLC (3 films/day)

ANTIFUNGALS (Drugs for Fungal Infections)

ANCOBON (<i>flucytosine</i>) 250 MG CAP, 500 MG CAP	TIER 3	
BREXAFEMME (<i>ibrexafungerp citrate</i>) 150 MG TAB	TIER 3	PA, QLC (4 tabs/30 days)
<i>clotrimazole troche 10 mg</i>	TIER 1	
CRESEMBA (<i>isavuconazonium sulfate</i>) 186 MG CAP	TIER 4	PA, QLC (2 caps/day)
CRESEMBA (<i>isavuconazonium sulfate</i>) 74.5 MG CAP	TIER 4	PA, QLC (5 caps/day)
DIFLUCAN (<i>fluconazole</i>) 10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 3	
<i>econazole nitrate cream 1%</i>	TIER 1	
ECOZA (<i>econazole nitrate</i>) 1 % FOAM	TIER 3	ST, QLC (1 bottle/month)
ERTACZO (<i>sertaconazole nitrate</i>) 2 % CREAM	TIER 3	ST, QLC (1 tube/fill)
EXELDERM (<i>sulconazole nitrate</i>) 1 % CREAM, 1 % SOLUTION	TIER 3	
EXTINA (<i>ketoconazole (topical)</i>) 2 % FOAM	TIER 3	ST
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fluconazole tab 200 mg</i>	TIER 1	
<i>fluconazole tab 50 mg</i>	TIER 1	
<i>flucytosine cap 250 mg</i>	TIER 1	
<i>flucytosine cap 500 mg</i>	TIER 1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	TIER 1	
<i>griseofulvin microsize tab 500 mg</i>	TIER 1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	TIER 1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	TIER 1	
GYNAZOLE-1 (<i>butoconazole nitrate (one dose)</i>) -2 % CREAM	TIER 1	
<i>itraconazole cap 100 mg</i>	TIER 1	QLC (4 caps/day)
<i>itraconazole oral soln 10 mg/ml</i>	TIER 1	PA
JUBLIA (<i>efinaconazole</i>) 10 % SOLUTION	TIER 3	PA, QLC (1 bottle (4ml)/month)
KERYDIN (<i>tavaborole</i>) 5 % SOLUTION	TIER 3	PA, QLC (10 ml/30 days)
<i>ketoconazole cream 2%</i>	TIER 1	
<i>ketoconazole foam 2%</i>	TIER 1	ST
ketoconazole foam 2% (Ketodan)	TIER 1	ST
<i>ketoconazole shampoo 2%</i>	TIER 1	
<i>ketoconazole tab 200 mg</i>	TIER 1	
LULICONAZOLE 1 % CREAM	TIER 1	ST, QLC (1 bottle/month)
LUZU (<i>luliconazole</i>) 1 % CREAM	TIER 3	ST, QLC (1 bottle/month)
MICONAZOLE 3 (<i>miconazole nitrate vaginal</i>) 200 MG SUPPOS	TIER 1	
MICONAZOLE-ZINC OXIDE-PETROLAT (<i>miconazole-zinc oxide-white petrolatum</i>) -- 0.25-15-81.35 % OINTMENT	TIER 1	ST
NAFTIFINE HCL 1 % CREAM	TIER 1	ST
<i>naftifine hcl cream 2%</i>	TIER 1	ST
<i>naftifine hcl gel 1%</i>	TIER 1	ST
<i>naftifine hcl gel 2%</i>	TIER 1	ST
NAFTIN (<i>naftifine hcl</i>) 1 % GEL, 2 % CREAM, 2 % GEL	TIER 3	ST
NIZORAL (<i>ketoconazole (topical)</i>) 2 % SHAMPOO	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOXAFIL (<i>posaconazole</i>) 100 MG TAB DR	TIER 3	PA, QLC (3 tabs/day)
NOXAFIL (<i>posaconazole</i>) 300 MG PACKET	TIER 3	PA, QLC (1 packet/day)
NOXAFIL (<i>posaconazole</i>) 40 MG/ML SUSPENSION	TIER 3	PA
<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	
ORAVIG (<i>miconazole (mouth-throat)</i>) 50 MG TAB	TIER 3	PA, QLC (14 tabs/month)
<i>oxiconazole nitrate cream 1%</i>	TIER 1	ST
OXISTAT (<i>oxiconazole nitrate</i>) 1 % CREAM, 1 % LOTION	TIER 3	ST
<i>posaconazole susp 40 mg/ml</i>	TIER 1	PA
<i>posaconazole tab delayed release 100 mg</i>	TIER 1	PA, QLC (3 tabs/day)
SPORANOX (<i>itraconazole</i>) 10 MG/ML SOLUTION	TIER 3	PA
SPORANOX (<i>itraconazole</i>) 100 MG CAP	TIER 3	QLC (4 caps/day)
SPORANOX PULSEPAK (<i>itraconazole</i>) 100 MG CAP	TIER 3	QLC (4 caps/day)
SULCONAZOLE NITRATE 1 % CREAM, 1 % SOLUTION	TIER 3	
<i>tavaborole soln 5%</i>	TIER 1	PA, QLC (10 ml/30 days)
<i>terbinafine hcl tab 250 mg</i>	TIER 1	QLC (30 tabs/month)
<i>terconazole vaginal cream 0.4%</i>	TIER 1	
<i>terconazole vaginal cream 0.8%</i>	TIER 1	
<i>terconazole vaginal suppos 80 mg</i>	TIER 1	
TOLSURA (<i>itraconazole</i>) 65 MG CAP	TIER 4	PA, QLC (4 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VFEND (<i>voriconazole</i>) 40 MG/ML RECON SUSP, 50 MG TAB, 200 MG TAB	TIER 3	PA
VIVJOA (<i>oteseconazole</i>) 150 MG CAP THPK	TIER 3	PA, QLC (18 caps/84 days)
<i>voriconazole for susp 40 mg/ml</i>	TIER 1	PA
<i>voriconazole tab 200 mg</i>	TIER 1	PA
<i>voriconazole tab 50 mg</i>	TIER 1	PA
VUSION (<i>miconazole-zinc oxide-white petrolatum</i>) 0.25-15-81.35 % OINTMENT	TIER 3	ST
XOLEGEL (<i>ketoconazole (topical)</i>) 2 %	TIER 3	ST

ANTIGOUT AGENTS (Drugs for Gout)

<i>allopurinol tab 100 mg</i>	TIER 1	
<i>allopurinol tab 200 mg</i>	TIER 1	PA, QLC (4 tabs/day)
<i>allopurinol tab 300 mg</i>	TIER 1	
<i>colchicine cap 0.6 mg</i>	TIER 1	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	
COLCRYS (<i>colchicine</i>) 0.6 MG TAB	TIER 3	QLC (4 tabs/day)
<i>febuxostat tab 40 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>febuxostat tab 80 mg</i>	TIER 1	ST, QLC (1 tab/day)
GLOPERBA (<i>colchicine</i>) 0.6 MG/5ML SOLUTION	TIER 3	PA, QLC (10 ml/day)
MITIGARE (<i>colchicine</i>) 0.6 MG CAP	TIER 3	QLC (2 caps/day)
<i>probenecid tab 500 mg</i>	TIER 1	
ULORIC (<i>febuxostat</i>) 40 MG TAB, 80 MG TAB	TIER 3	ST, QLC (1 tab/day)
ZYLOPRIM (<i>allopurinol</i>) 100 MG TAB, 300 MG TAB	TIER 3	

ANTIMIGRAINE AGENTS (Drugs for Migraine)

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AIMOVIG (<i>erenumab-aooe</i>) IMOVIG 140 MG/ML SOLN -INJ	TIER 2	PA, QLC (1 injection/28 days)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AIMOVIG (<i>erenumab-aooe</i>) IMOVIG 70 MG/ML SOLN -INJ	TIER 2	PA, QLC (1 injection/28 days)
AJOVY (<i>fremanezumab-vfrm</i>) 225 MG/1.5ML SOLN PRSYR	TIER 3	PA, QLC (3 syringes/84 days)
AJOVY (<i>fremanezumab-vfrm</i>) JOVY 225 MG/1.5ML SOLN -INJ	TIER 3	PA, QLC (3 autoinjectors/84 days)
EMGALITY (300 MG DOSE) (<i>galcanezumab-gnlm</i>) 100 /ML SOLN PRSYR	TIER 3	PA, QLC (3 syringes/30 days)
EMGALITY (<i>galcanezumab-gnlm</i>) 120 MG/ML SOLN PRSYR	TIER 2	PA, QLC (1 syringe/30 days)
EMGALITY (<i>galcanezumab-gnlm</i>) EMGLITY 120 MG/ML SOLN -INJ	TIER 2	PA, QLC (1 pen injector/30 days)
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 3	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)
ZAVZPRET (<i>zavegepant hcl</i>) 10 MG/ACT SOLUTION	TIER 3	PA, QLC (6 sprayers/30 days)

ERGOT ALKALOIDS (Drugs for Acute Migraine)

CAFERGOT (<i>ergotamine w/ caffeine</i>) 1-100 MG TAB	TIER 3	QLC (10 tabs/week)
D.H.E. 45 (<i>dihydroergotamine mesylate</i>) 1 MG/ML SOLUTION	TIER 3	PA, QLC (24 ml/28 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	TIER 1	PA, QLC (24 ml/28 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	TIER 1	PA, QLC (8 vials/month)
ERGOMAR (<i>ergotamine tartrate</i>) 2 MG SL TAB	TIER 3	QLC (20 tabs/28 days)
ERGOTAMINE-CAFFEINE (<i>ergotamine w/ caffeine</i>) -1-100 MG TAB	TIER 1	QLC (10 tabs/week)
MIGERGOT (<i>ergotamine w/ caffeine</i>) 2-100 MG SUPPOS	TIER 1	QLC (5 suppositories/week)
MIGRANAL (<i>dihydroergotamine mesylate</i>) 4 MG/ML SOLUTION	TIER 3	PA, QLC (8 vials/month)
TRUDHESA (<i>dihydroergotamine mesylate hfa</i>) 0.725 MG/ACT AERO SOLN	TIER 3	PA, QLC (12 ml/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SEROTONIN (5-HT) RECEPTOR AGONIST (Drugs for Acute Migraine)		
<i>almotriptan malate tab 12.5 mg</i>	TIER 1	ST, QLC (24 tabs/month)
<i>almotriptan malate tab 6.25 mg</i>	TIER 1	ST, QLC (24 tabs/month)
AMERGE (<i>naratriptan hcl</i>) 1 MG TAB, 2.5 MG TAB	TIER 3	QLC (18 tabs/month)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	TIER 1	ST, QLC (18 tabs/month)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	TIER 1	ST, QLC (18 tabs/month)
FROVA (<i>frovatriptan succinate</i>) 2.5 MG TAB	TIER 3	ST, QLC (27 tabs/month)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	TIER 1	ST, QLC (27 tabs/month)
IMITREX (<i>sumatriptan succinate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	QLC (18 tabs/month)
IMITREX (<i>sumatriptan succinate</i>) 6 MG/0.5ML SOLUTION	TIER 3	QLC (16 injections/month at 4 injections/fill)
IMITREX (<i>sumatriptan</i>) 5 MG/ACT SOLUTION, 20 MG/ACT SOLUTION	TIER 3	QLC (18 doses/month)
IMITREX STATDOSE REFILL (<i>sumatriptan succinate</i>) 4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART	TIER 3	QLC (16 injections/month at 4 injections/fill)
IMITREX STATDOSE SYSTEM (<i>sumatriptan succinate</i>) STTDOSE 4 MG/0.5ML SOLN - INJ, STTDOSE 6 MG/0.5ML SOLN -INJ	TIER 3	QLC (16 injections/month at 4 injections/fill)
MAXALT (<i>rizatriptan benzoate</i>) 10 MG TAB	TIER 3	QLC (24 tabs/month)
MAXALT-MLT (<i>rizatriptan benzoate</i>) -10 MG TAB DISP	TIER 3	QLC (24 tabs/month)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	TIER 1	QLC (18 tabs/month)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	TIER 1	QLC (18 tabs/month)
ONZETRA XSAIL (<i>sumatriptan succinate</i>) 11 MG/NOSEPC EXHP	TIER 3	PA, QLC (1 box/month)
RELPAX (<i>eletriptan hydrobromide</i>) 20 MG TAB, 40 MG TAB	TIER 3	ST, QLC (18 tabs/month)
REYVOW (<i>lasmiditan succinate</i>) 50 MG TAB, 100 MG TAB	TIER 3	PA, QLC (8 tabs/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	TIER 1	QLC (24 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	TIER 1	QLC (24 tabs/month)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	TIER 1	QLC (24 tabs/month)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	TIER 1	QLC (24 tabs/month)
<i>sumatriptan nasal spray 20 mg/act</i>	TIER 1	QLC (18 nasal sprays/month)
<i>sumatriptan nasal spray 5 mg/act</i>	TIER 1	QLC (18 nasal sprays/month)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	TIER 1	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	TIER 1	QLC (16 injections/month at 4 injections/fill)
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART	TIER 1	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	TIER 1	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	TIER 1	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	TIER 1	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	TIER 1	QLC (16 injections/month at 4 injections/fill)
<i>sumatriptan succinate tab 100 mg</i>	TIER 1	QLC (18 tabs/month)
<i>sumatriptan succinate tab 25 mg</i>	TIER 1	QLC (18 tabs/month)
<i>sumatriptan succinate tab 50 mg</i>	TIER 1	QLC (18 tabs/month)
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	TIER 1	PA, QLC (9 tabs/month)
TOSYMRA (<i>sumatriptan</i>) 10 MG/ACT SOLUTION	TIER 3	PA, QLC (12 bottles/30 days)
TREXIMET (<i>sumatriptan-naproxen sodium</i>) 85-500 MG TAB	TIER 3	PA, QLC (9 tabs/month)
ZEMBRACE SYMTOUCH (<i>sumatriptan succinate</i>) ZEMBRCE 3 MG/0.5ML SOLN - INJ	TIER 3	ST, QLC (16 injections/month at 4 injections/fill)
ZOLMITRIPTAN 2.5 MG SOLUTION	TIER 3	ST, QLC (18 doses/month)
<i>zolmitriptan nasal spray 5 mg/spray unit mg/</i>	TIER 1	ST, QLC (18 doses/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	TIER 1	QLC (18 tabs/month)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	TIER 1	QLC (18 tabs/month)
<i>zolmitriptan tab 2.5 mg</i>	TIER 1	QLC (18 tabs/month)
zolmitriptan tab 2.5 mg (Zomig)	TIER 3	QLC (18 tabs/month)
<i>zolmitriptan tab 5 mg</i>	TIER 1	QLC (18 tabs/month)
zolmitriptan tab 5 mg (Zomig)	TIER 3	QLC (18 tabs/month)
ZOMIG (<i>zolmitriptan</i>) 2.5 MG SOLUTION, 5 MG SOLUTION	TIER 3	ST, QLC (18 doses/month)
ZOMIG (<i>zolmitriptan</i>) 2.5 MG TAB, 5 MG TAB	TIER 3	QLC (18 tabs/month)
ZOMIG ZMT (<i>zolmitriptan</i>) 2.5 MG TAB DISP, 5 MG TAB DISP	TIER 3	QLC (18 tabs/month)

ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)

PARASYMPATHOMIMETICS

GUANIDINE HCL 125 MG TAB	TIER 1	
MESTINON (<i>pyridostigmine bromide</i>) 180 MG TAB ER	TIER 3	QLC (6 tabs/day)
MESTINON (<i>pyridostigmine bromide</i>) 60 MG TAB	TIER 3	QLC (25 tabs/day)
MESTINON (<i>pyridostigmine bromide</i>) 60 MG/5ML SOLUTION	TIER 3	QLC (50 ml/day)
PYRIDOSTIGMINE BROMIDE 30 MG TAB	TIER 1	QLC (6 tabs/day)
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	TIER 1	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 1	QLC (6 tabs/day)
ZILBRYSQ (<i>zilucoplan sodium</i>) 16.6 MG/0.416ML SOLN PRSYR, 23 MG/0.574ML SOLN PRSYR, 32.4 MG/0.81ML SOLN PRSYR	TIER 4	PA, SP, QLC (one syringe/day)

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

ANTIMYCOBACTERIALS, OTHER (Other Drugs for Mycobacterial Infection)

<i>dapsone tab 100 mg</i>	TIER 1	
<i>dapsone tab 25 mg</i>	TIER 1	
MYCOBUTIN (<i>rifabutin</i>) 150 MG CAP	TIER 3	
<i>rifabutin cap 150 mg</i>	TIER 1	

ANTITUBERCULARS (Drugs for Tuberculosis)

<i>cycloserine cap 250 mg</i>	TIER 3	
<i>ethambutol hcl tab 100 mg</i>	TIER 1	
<i>ethambutol hcl tab 400 mg</i>	TIER 1	
<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	
MYAMBUTOL (<i>ethambutol hcl</i>) 400 MG TAB	TIER 3	
PASER (<i>aminosalicylic acid</i>) 4 GM PACKET	TIER 3	
PRETOMANID 200 MG TAB	TIER 3	QLC (1 tab/day)
PRIFTIN (<i>rifapentine</i>) 150 MG TAB	TIER 2	
<i>pyrazinamide tab 500 mg</i>	TIER 1	
RIFADIN (<i>rifampin</i>) 150 MG CAP, 300 MG CAP	TIER 3	
<i>rifampin cap 150 mg</i>	TIER 1	
<i>rifampin cap 300 mg</i>	TIER 1	
RIFATER (<i>isoniazid-rifampin w/ pyrazinamide</i>) 50-120-300 MG TAB	TIER 3	
SIRTURO (<i>bedaquiline fumarate</i>) 100 MG TAB	TIER 4	PA, SP, QLC (24 tabs/28 days, max 188 tabs/168 days)
SIRTURO (<i>bedaquiline fumarate</i>) 20 MG TAB	TIER 4	PA, SP, QLC (120 tabs/28 days, max 940 tabs/168 days)
TRECTOR (<i>ethionamide</i>) 250 MG TAB	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTINEOPLASTICS (Drugs for Cancer)

ALKYLATING AGENTS

ALKERAN (<i>melphalan</i>) 2 MG TAB	TIER 3	OAC
CYCLOPHOSPHAMIDE 25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB	TIER 2	OAC
<i>cyclophosphamide cap 25 mg</i>	TIER 2	OAC
<i>cyclophosphamide cap 50 mg</i>	TIER 2	OAC
GLEOSTINE (<i>lomustine</i>) 10 MG CAP, 40 MG CAP, 100 MG CAP	TIER 4	OAC
LEUKERAN (<i>chlorambucil</i>) 2 MG TAB	TIER 2	OAC
MATULANE (<i>procarbazine hcl</i>) 50 MG CAP	TIER 2	SP, OAC
MELPHALAN 2 MG TAB	TIER 1	OAC
MYLERAN (<i>busulfan</i>) 2 MG TAB	TIER 2	OAC
TEMODAR (<i>temozolomide</i>) 20 MG CAP, 100 MG CAP, 140 MG CAP, 180 MG CAP, 250 MG CAP	TIER 4	SP, OAC
<i>temozolomide cap 100 mg</i>	TIER 4	SP, OAC
<i>temozolomide cap 140 mg</i>	TIER 4	SP, OAC
<i>temozolomide cap 180 mg</i>	TIER 4	SP, OAC
<i>temozolomide cap 20 mg</i>	TIER 4	SP, OAC
<i>temozolomide cap 250 mg</i>	TIER 4	SP, OAC
<i>temozolomide cap 5 mg</i>	TIER 4	SP, OAC

ANTIANDROGENS

<i>abiraterone acetate tab 250 mg</i>	TIER 4	PA, SP, QLC (4 tabs/day), OAC
<i>abiraterone acetate tab 500 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC
<i>bicalutamide tab 50 mg</i>	TIER 1	OAC
CASODEX (<i>bicalutamide</i>) 50 MG TAB	TIER 3	OAC
ERLEADA (<i>apalutamide</i>) 240 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
ERLEADA (<i>apalutamide</i>) 60 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
EULEXIN (<i>flutamide</i>) 125 MG CAP	TIER 4	OAC
FLUTAMIDE 125 MG CAP	TIER 1	OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>flutamide cap 125 mg</i>	TIER 1	OAC
NILANDRON (<i>nilutamide</i>) 150 MG TAB	TIER 4	QLC (1 tab/day), OAC
<i>nilutamide tab 150 mg</i>	TIER 4	QLC (1 tab/day), OAC
NUBEQA (<i>darolutamide</i>) 300 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
ORSERDU (<i>elacestrant hydrochloride</i>) 345 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
ORSERDU (<i>elacestrant hydrochloride</i>) 86 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC
XTANDI (<i>enzalutamide</i>) 40 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), SF, OAC
XTANDI (<i>enzalutamide</i>) 40 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
XTANDI (<i>enzalutamide</i>) 80 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
YONSA (<i>abiraterone acetate</i>) 125 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
ZYTIGA (<i>abiraterone acetate</i>) 250 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
ZYTIGA (<i>abiraterone acetate</i>) 500 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC

ANTIANGIOGENIC AGENTS

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

ANTIESTROGENS/MODIFIERS

EMCYT (<i>estramustine phosphate sodium</i>) 140 MG CAP	TIER 2	OAC
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FARESTON (<i>toremifene citrate</i>) 60 MG TAB	TIER 3	OAC
SOLTAMOX (<i>tamoxifen citrate</i>) 10 MG/5ML SOLUTION	TIER 3	OAC
<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 1	OAC

ANTIMETABOLITES

<i>capecitabine tab 150 mg</i>	TIER 4	SP, OAC
<i>capecitabine tab 500 mg</i>	TIER 4	SP, OAC
<i>mercaptopurine tab 50 mg</i>	TIER 1	OAC
ONUREG (<i>azacitidine</i>) 200 MG TAB, 300 MG TAB	TIER 4	PA, SP, QLC (14 tabs/28 days), OAC
PURIXAN (<i>mercaptopurine</i>) 2000 MG/100ML SUSPENSION	TIER 4	SP, AL1 (Up to 10 yrs old), QLC (1 bottle/month), OAC
TABLOID (<i>thioguanine</i>) LOID 40 MG	TIER 2	OAC
XELODA (<i>capecitabine</i>) 150 MG TAB, 500 MG TAB	TIER 4	SP, OAC

ANTINEOPLASTICS, OTHER (Other Drugs for Cancer)

AKEEGA (<i>niraparib tosylate-abiraterone acetate</i>) 50-500 MG TAB, 100-500 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
AUGTYRO (<i>repotrectinib</i>) 160 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)
AUGTYRO (<i>repotrectinib</i>) 40 MG CAP	TIER 4	PA, SP, QLC (8 caps/day), SF, OAC
FRUZAQLA (<i>fruquintinib</i>) 1 MG CAP	TIER 4	PA, SP, QLC (84 caps/28 days), OAC
FRUZAQLA (<i>fruquintinib</i>) 5 MG CAP	TIER 4	PA, SP, QLC (21 caps/28 days), OAC
HYDREA (<i>hydroxyurea</i>) 500 MG CAP	TIER 3	OAC
<i>hydroxyurea cap 500 mg</i>	TIER 1	OAC
INQOVI (<i>decitabine-cedazuridine</i>) 35-100 MG	TIER 4	PA, SP, QLC (1 tab/day; max 5 day therapy/28 days), OAC
IWILFIN (<i>eflornithine hydrochloride</i>) 192 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day), OAC
<i>leucovorin calcium tab 10 mg</i>	TIER 1	OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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
LONSURF (<i>trifluridine-tipiracil</i>) 15-6.14 MG TAB	TIER 4	PA, SP, QLC (100 tabs/28 days), OAC
LONSURF (<i>trifluridine-tipiracil</i>) 20-8.19 MG TAB	TIER 4	PA, SP, QLC (80 tabs/28 days), OAC
LYSODREN (<i>mitotane</i>) 500 MG TAB	TIER 2	SF, OAC
OJJAARA (<i>momelotinib dihydrochloride</i>) 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
QINLOCK (<i>ripretinib</i>) 50 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC
WELIREG (<i>belzutifan</i>) 40 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC
ZOLINZA (<i>vorinostat</i>) 100 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), SF, OAC

AROMATASE INHIBITORS, 3RD GENERATION

<i>anastrozole tab 1 mg</i>	TIER 1	ACA (Preventive Health), OAC
ARIMIDEX (<i>anastrozole</i>) 1 MG TAB	TIER 3	OAC
AROMASIN (<i>exemestane</i>) 25 MG TAB	TIER 3	OAC
<i>exemestane tab 25 mg</i>	TIER 1	OAC
FEMARA (<i>letrozole</i>) 2.5 MG TAB	TIER 3	OAC
<i>letrozole tab 2.5 mg</i>	TIER 1	OAC

ENZYME INHIBITORS

ETOPOSIDE 50 MG CAP	TIER 4	OAC
HYCAMTIN (<i>topotecan hcl</i>) 0.25 MG CAP, 1 MG CAP	TIER 4	SP, OAC
LAZCLUZE (<i>lazertinib mesylate</i>) 240 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
LAZCLUZE (<i>lazertinib mesylate</i>) 80 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
OJEMDA (<i>tovorafenib</i>) 100 MG TAB	TIER 4	PA, SP, QLC (24 tabs/28 days), OAC
OJEMDA (<i>tovorafenib</i>) 25 MG/ML RECON SUSP	TIER 4	PA, SP, QLC (96 ml/28 days), OAC
TRUQAP (<i>capivasertib</i>) 160 MG TAB THPK, 200 MG TAB THPK	TIER 4	PA, SP, QLC (64 tabs/28 days)
TRUQAP (<i>capivasertib</i>) 160 MG TAB, 200 MG TAB	TIER 4	PA, SP, QLC (64 tabs/28 days), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MOLECULAR TARGET INHIBITORS		
AFINITOR (<i>everolimus</i>) 2.5 MG TAB, 5 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
AFINITOR (<i>everolimus</i>) 7.5 MG TAB, 10 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
AFINITOR DISPERZ (<i>everolimus</i>) 2 MG TAB SOL	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
AFINITOR DISPERZ (<i>everolimus</i>) 3 MG TAB SOL	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
AFINITOR DISPERZ (<i>everolimus</i>) 5 MG TAB SOL	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
ALECENSA (<i>alectinib hcl</i>) 150 MG CAP	TIER 4	PA, SP, QLC (8 caps/day), SF, OAC
ALUNBRIG (<i>brigatinib</i>) 30 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
ALUNBRIG (<i>brigatinib</i>) 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
AYVAKIT (<i>avapritinib</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
BALVERSA (<i>erdafitinib</i>) 3 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC
BALVERSA (<i>erdafitinib</i>) 4 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
BALVERSA (<i>erdafitinib</i>) 5 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
BOSULIF (<i>bosutinib</i>) 100 MG CAP	TIER 4	PA, SP, QLC (6 caps/day), OAC
BOSULIF (<i>bosutinib</i>) 100 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
BOSULIF (<i>bosutinib</i>) 400 MG TAB, 500 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
BOSULIF (<i>bosutinib</i>) 50 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
BRAFTOVI (<i>encorafenib</i>) 75 MG CAP	TIER 4	PA, SP, QLC (6 caps/day), OAC
BRUKINSA (<i>zanubrutinib</i>) 80 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), SF, OAC
CABOMETYX (<i>cabozantinib s-malate</i>) 20 MG TAB, 40 MG TAB, 60 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
CALQUENCE (<i>acalabrutinib maleate</i>) 100 MG TAB	TIER 4	PA, SP, QLC (2 caps/day), SF, OAC
CALQUENCE (<i>acalabrutinib</i>) 100 MG CAP	TIER 4	PA, SP, QLC (2 caps/day), SF, OAC
CAPRELSA (<i>vandetanib</i>) 100 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
CAPRELSA (<i>vandetanib</i>) 300 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMETRIQ (100 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 80 & 20 KIT	TIER 4	PA, SP, QLC (56 caps/28 days), OAC
COMETRIQ (140 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 3 X 20 & 80 KIT	TIER 4	PA, SP, QLC (112 caps/28 days), OAC
COMETRIQ (60 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 20 KIT	TIER 4	PA, SP, QLC (84 caps/28 days), OAC
COPIKTRA (<i>duvelisib</i>) 15 MG CAP, 25 MG CAP	TIER 4	PA, SP, QLC (56 caps/28 days), OAC
COTELLIC (<i>cobimetinib fumarate</i>) 20 MG TAB	TIER 4	PA, SP, QLC (63 tabs/28 days), OAC
<i>dasatinib tab 100 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), SF
<i>dasatinib tab 140 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), SF
<i>dasatinib tab 20 mg</i>	TIER 4	PA, SP, QLC (3 tabs/day), SF
<i>dasatinib tab 50 mg</i>	TIER 4	PA, SP, QLC (3 tabs/day), SF
<i>dasatinib tab 70 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), SF
<i>dasatinib tab 80 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), SF
DAURISMO (<i>glasdegib maleate</i>) 100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
DAURISMO (<i>glasdegib maleate</i>) 25 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
ERIVEDGE (<i>vismodegib</i>) 150 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), SF, OAC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC
<i>everolimus tab 10 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC
everolimus tab 10 mg (Torpenz)	TIER 4	PA, SP, QLC (2 tabs/day), OAC
<i>everolimus tab 2.5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
everolimus tab 2.5 mg (Torpenz)	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
<i>everolimus tab 5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
everolimus tab 5 mg (Torpenz)	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
<i>everolimus tab 7.5 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
everolimus tab 7.5 mg (Torpenz)	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
<i>everolimus tab for oral susp 2 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day), OAC
<i>everolimus tab for oral susp 3 mg</i>	TIER 4	PA, SP, QLC (4 tabs/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>everolimus tab for oral susp 5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), OAC
EXKIVITY (<i>mobocertinib succinate</i>) 40 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), SF, OAC
FARYDAK (<i>panobinostat lactate</i>) 10 MG CAP, 15 MG CAP, 20 MG CAP	TIER 4	PA, SP, QLC (6 caps/12 days, not to exceed 6 caps every 21 days), OAC
FOTIVDA (<i>tivozanib hcl</i>) 0.89 MG CAP, 1.34 MG CAP	TIER 4	PA, SP, QLC (21 caps/28 days), OAC
GAVRETO (<i>pralsetinib</i>) 100 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
<i>gefitinib tab 250 mg</i>	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
GILOTRIF (<i>afatinib dimaleate</i>) 20 MG TAB, 30 MG TAB, 40 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
GLEEVEC (<i>imatinib mesylate</i>) 100 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day), SF, OAC
GLEEVEC (<i>imatinib mesylate</i>) 400 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
IBRANCE (<i>palbociclib</i>) 125 MG TAB	TIER 4	PA, SP, QLC (1 tab/day; max 21 tabs/28 days), OAC
IBRANCE (<i>palbociclib</i>) 75 MG CAP, 100 MG CAP, 125 MG CAP	TIER 4	PA, SP, QLC (1 cap/day, max 21 caps/28 days), OAC
IBRANCE (<i>palbociclib</i>) 75 MG TAB, 100 MG TAB	TIER 4	PA, SP, QLC (1 tab day; max 21 tabs/28 days), OAC
ICLUSIG (<i>ponatinib hcl</i>) 10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
IDHIFA (<i>enasidenib mesylate</i>) 50 MG TAB, 100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (8 tabs/day), SF, OAC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
IMBRUVICA (<i>ibrutinib</i>) 140 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 70 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 70 MG/ML SUSPENSION	TIER 4	PA, SP, QLC (6 ml/day), OAC
INLYTA (<i>axitinib</i>) 1 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), SF, OAC
INLYTA (<i>axitinib</i>) 5 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
INREBIC (<i>fedratinib hcl</i>) 100 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), SF, OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IRESSA (<i>gefitinib</i>) 250 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
ITOVEBI (<i>inavolisib</i>) 3 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
ITOVEBI (<i>inavolisib</i>) 9 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
JAKAFI (<i>roxolitinib phosphate</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
JAYPIRCA (<i>pirtobrutinib</i>) 100 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
JAYPIRCA (<i>pirtobrutinib</i>) 50 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
KISQALI (200 MG DOSE) (<i>ribociclib succinate</i>) (TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI (400 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI (600 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI FEMARA (200 MG DOSE) (<i>ribociclib succinate-letrozole</i>) (& 2.5 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI FEMARA (400 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI FEMARA (600 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KOSELUGO (<i>selumetinib sulfate</i>) 10 MG CAP	TIER 4	PA, SP, QLC (8 caps/day), OAC
KOSELUGO (<i>selumetinib sulfate</i>) 25 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
KRAZATI (<i>adagrasib</i>) 200 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), SF, OAC
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	TIER 4	PA, SP, QLC (6 tabs/day), OAC
LENVIMA (10 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) CAP THPK	TIER 4	PA, SP, QLC (30 caps/month), OAC
LENVIMA (12 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 3 X 4 CAP THPK	TIER 4	PA, SP, QLC (3 caps/day), OAC
LENVIMA (14 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (110 & CAP THPK	TIER 4	PA, SP, QLC (60 caps/month), OAC
LENVIMA (18 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 10 & 2 X 4 CAP THPK	TIER 4	PA, SP, QLC (90 caps/month), OAC
LENVIMA (20 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (0 X 10 CAP THPK	TIER 4	PA, SP, QLC (60 caps/month), OAC
LENVIMA (24 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (X 10 & CAP THPK	TIER 4	PA, SP, QLC (90 caps/month), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LENVIMA (4 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (CAP THPK)	TIER 4	PA, SP, QLC (1 cap/day), OAC
LENVIMA (8 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 2 X 4 CAP THPK	TIER 4	PA, SP, QLC (60 caps/month), OAC
LORBRENA (<i>lorlatinib</i>) 100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
LORBRENA (<i>lorlatinib</i>) 25 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC
LUMAKRAS (<i>sotorasib</i>) 120 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day), SF, OAC
LUMAKRAS (<i>sotorasib</i>) 240 MG TAB	TIER 4	PA, SP, QLC (4 tabs/ day)
LUMAKRAS (<i>sotorasib</i>) 320 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC
LYNPARZA (<i>olaparib</i>) 100 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
LYTGOBI (12 MG DAILY DOSE) (<i>futibatinib</i>) 4 TAB THPK	TIER 4	PA, SP, QLC (84 tabs/28 days), OAC
LYTGOBI (16 MG DAILY DOSE) (<i>futibatinib</i>) 4 TAB THPK	TIER 4	PA, SP, QLC (112 tabs/28 days), OAC
LYTGOBI (20 MG DAILY DOSE) (<i>futibatinib</i>) 4 TAB THPK	TIER 4	PA, SP, QLC (140 tabs/28 days), OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.05 MG/ML RECON SOLN	TIER 4	PA, SP, QLC (40 ml/day), OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.5 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 2 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
MEKTOVI (<i>binimetinib</i>) 15 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), OAC
NERLYNX (<i>neratinib maleate</i>) 40 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), SF, OAC
NEXAVAR (<i>sorafenib tosylate</i>) 200 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
NINLARO (<i>ixazomib citrate</i>) 2.3 MG CAP, 3 MG CAP, 4 MG CAP	TIER 4	PA, SP, QLC (3 caps/21 days), OAC
ODOMZO (<i>sonidegib phosphate</i>) 200 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), SF, OAC
OGSIVEO (<i>nirogacestat hydrobromide</i>) 100 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
OGSIVEO (<i>nirogacestat hydrobromide</i>) 50 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), SF, OAC
<i>pazopanib hcl tab 200 mg (base equiv)</i>	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
PEMAZYRE (<i>pemigatinib</i>) 4.5 MG TAB, 9 MG TAB, 13.5 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PIQRAY (200 MG DAILY DOSE) (<i>alpelisib</i>) (TAB THPK)	TIER 4	PA, SP, QLC (1 tab/day), OAC
PIQRAY (250 MG DAILY DOSE) (<i>alpelisib</i>) 200 & TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day), OAC
PIQRAY (300 MG DAILY DOSE) (<i>alpelisib</i>) 2 X 150 TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day), OAC
RETEVMO (<i>selpercatinib</i>) 40 MG CAP	TIER 4	PA, SP, QLC (6 caps/day), SF, OAC
RETEVMO (<i>selpercatinib</i>) 40 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), SF
RETEVMO (<i>selpercatinib</i>) 80 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), SF, OAC
RETEVMO (<i>selpercatinib</i>) 80 MG TAB, 120 MG TAB, 160 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF
REZLIDHIA (<i>olutasidenib</i>) 150 MG CAP	TIER 4	PA, SP, QLC (2 caps/day), SF, OAC
ROZLYTREK (<i>entrectinib</i>) 100 MG CAP	TIER 4	PA, SP, QLC (5 caps/day), SF, OAC
ROZLYTREK (<i>entrectinib</i>) 200 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), SF, OAC
ROZLYTREK (<i>entrectinib</i>) 50 MG PACKET	TIER 4	PA, SP, QLC (10 packs/day), OAC
RUBRACA (<i>rucaparib camsylate</i>) 200 MG TAB, 250 MG TAB, 300 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
RYDAPT (<i>midostaurin</i>) 25 MG CAP	TIER 4	PA, SP, 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, SP, QLC (4 tabs/day), OAC
SCSEMBLIX (<i>asciminib hcl</i>) 20 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
SCSEMBLIX (<i>asciminib hcl</i>) 40 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day), OAC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (4 tabs/day), OAC
SPRYCEL (<i>dasatinib</i>) 100 MG TAB	TIER 4	SP, QLC (1 tab/day), SF, OAC
SPRYCEL (<i>dasatinib</i>) 140 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
SPRYCEL (<i>dasatinib</i>) 20 MG TAB, 50 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC
SPRYCEL (<i>dasatinib</i>) 70 MG TAB, 80 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
STIVARGA (<i>regorafenib</i>) 40 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (3 caps/day), SF, OAC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 cap/day), SF, OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 cap/day), SF, OAC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	TIER 4	PA, SP, QLC (1 cap/day), SF, OAC
SUTENT (<i>sunitinib malate</i>) 12.5 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), SF, OAC
SUTENT (<i>sunitinib malate</i>) 25 MG CAP, 37.5 MG CAP, 50 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), SF, OAC
SYNRIBO (<i>omacetaxine mepesuccinate</i>) 3.5 MG RECON SOLN	TIER 4	PA, SP, QLC (2 vials/day)
TABRECTA (<i>capmatinib hcl</i>) 150 MG TAB, 200 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
TAFINLAR (<i>dabrafenib mesylate</i>) 10 MG TAB SOL	TIER 4	PA, SP, QLC (30 tabs/day), OAC
TAFINLAR (<i>dabrafenib mesylate</i>) 50 MG CAP, 75 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
TAGRISSO (<i>osimertinib mesylate</i>) 40 MG TAB, 80 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
TALZENNA (<i>talazoparib tosylate</i>) 0.1 MG CAP, 0.5 MG CAP, 0.75 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
TALZENNA (<i>talazoparib tosylate</i>) 0.25 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), SF, OAC
TALZENNA (<i>talazoparib tosylate</i>) 0.35 MG CAP	TIER 4	SP, QLC (1 cap/day), OAC
TALZENNA (<i>talazoparib tosylate</i>) 1 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), SF, OAC
TARCEVA (<i>erlotinib hcl</i>) 100 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
TARCEVA (<i>erlotinib hcl</i>) 25 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC
TASIGNA (<i>nilotinib hcl</i>) 50 MG CAP, 150 MG CAP, 200 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), SF, OAC
TAZVERIK (<i>tazemetostat hbr</i>) 200 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day), SF, OAC
TEPMETKO (<i>tepotinib hcl</i>) 225 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
TIBSOVO (<i>ivosidenib</i>) 250 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
TRUSELTIQ (100MG DAILY DOSE) (<i>infigratinib phosphate</i>) (CAP THPK)	TIER 4	PA, SP, QLC (21 caps/28 days), OAC
TRUSELTIQ (125MG DAILY DOSE) (<i>infigratinib phosphate</i>) (1100 & CAP THPK)	TIER 4	PA, SP, QLC (42 caps/28 days), OAC
TRUSELTIQ (50MG DAILY DOSE) (<i>infigratinib phosphate</i>) 25 CAP THPK	TIER 4	PA, SP, QLC (42 caps/28 days), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRUSELTIQ (75MG DAILY DOSE) (<i>infigratinib phosphate</i>) (7525 CAP THPK)	TIER 4	PA, SP, QLC (63 caps/28 days), OAC
TUKYSA (<i>tucatinib</i>) 50 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
TURALIO (<i>pexidartinib hcl</i>) 125 MG CAP, 200 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
TYKERB (<i>lapatinib ditosylate</i>) 250 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), OAC
UKONIQ (<i>umbralisib tosylate</i>) 200 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
VANFLYTA (<i>quizartinib dihydrochloride</i>) 17.7 MG TAB	TIER 4	PA, SP, QLC (28 tabs/28 days), OAC
VANFLYTA (<i>quizartinib dihydrochloride</i>) 26.5 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
VENCLEXTA (<i>venetoclax</i>) 10 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
VENCLEXTA (<i>venetoclax</i>) 100 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), OAC
VENCLEXTA (<i>venetoclax</i>) 50 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
VENCLEXTA STARTING PACK (<i>venetoclax</i>) 10 & 50 & 100 MG TAB THPK	TIER 4	PA, SP, QLC (1 starter pack/year), OAC
VERZENIO (<i>abemaciclib</i>) 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
VIJOICE (<i>alpelisib (pros agents)</i>) 200 & 50 MG TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day)
VIJOICE (<i>alpelisib (pros agents)</i>) 50 MG PACKET	TIER 4	PA, SP, QLC (1 packet/day)
VIJOICE (<i>alpelisib (pros agents)</i>) 50 MG TAB THPK, 125 MG TAB THPK	TIER 4	PA, SP, QLC (1 tab/day)
VITRAKVI (<i>larotrectinib sulfat</i> e) 100 MG CAP	TIER 4	PA, SP, QLC (2 caps/day), SF, OAC
VITRAKVI (<i>larotrectinib sulfat</i> e) 20 MG/ML SOLUTION	TIER 4	PA, SP, QLC (10 ml/day), SF, OAC
VITRAKVI (<i>larotrectinib sulfat</i> e) 25 MG CAP	TIER 4	PA, SP, QLC (6 caps/day), SF, OAC
VIZIMPRO (<i>dacomitinib</i>) 15 MG TAB, 30 MG TAB, 45 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
VORANIGO (<i>vorasidenib</i>) 10 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
VORANIGO (<i>vorasidenib</i>) 40 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
VOTRIENT (<i>pazopanib hcl</i>) 200 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
XALKORI (<i>crizotinib</i>) 150 MG CAP SPRINK	TIER 4	PA, SP, QLC (6 caps/day), SF, OAC
XALKORI (<i>crizotinib</i>) 20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), SF, OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XOSPATA (<i>gilteritinib fumarate</i>) 40 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC
XPOVIO (100 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (5 tabs/7 days), OAC
XPOVIO (100 MG ONCE WEEKLY) (<i>selinexor</i>) 50 TAB THPK	TIER 4	PA, SP, QLC (8 tabs/28 days), OAC
XPOVIO (40 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (8 tabs/28 days), OAC
XPOVIO (40 MG ONCE WEEKLY) (<i>selinexor</i>) TAB THPK	TIER 4	PA, SP, QLC (4 tabs/28 days), OAC
XPOVIO (40 MG TWICE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (16 tabs/28 days), OAC
XPOVIO (40 MG TWICE WEEKLY) (<i>selinexor</i>) TAB THPK	TIER 4	PA, SP, QLC (8 tabs/28 days), OAC
XPOVIO (60 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (3 tabs/7 days), OAC
XPOVIO (60 MG ONCE WEEKLY) (<i>selinexor</i>) TAB THPK	TIER 4	PA, SP, QLC (4 tabs/28 days), OAC
XPOVIO (60 MG TWICE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (24 tabs/28 days), OAC
XPOVIO (80 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (4 tabs/7 days), OAC
XPOVIO (80 MG ONCE WEEKLY) (<i>selinexor</i>) 40 TAB THPK	TIER 4	PA, SP, QLC (8 tabs/28 days), OAC
XPOVIO (80 MG TWICE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	TIER 4	PA, SP, QLC (8 tabs/7 days), OAC
ZEJULA (<i>niraparib tosylate</i>) 100 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), SF, OAC
ZEJULA (<i>niraparib tosylate</i>) 100 MG TAB, 200 MG TAB, 300 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
ZELBORAF (<i>vemurafenib</i>) 240 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day), OAC
ZYDELIG (<i>idelalisib</i>) 100 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
ZYKADIA (<i>ceritinib</i>) 150 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC

MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE

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

<i>bexarotene cap 75 mg</i>	TIER 4	PA, SP, QLC (8 caps/day), SF, OAC
<i>bexarotene gel 1%</i>	TIER 4	PA, SP, QLC (1 tube/month)
PANRETIN (<i>alitretinoin</i>) 0.1% GEL	TIER 3	PA
TARGRETIN (<i>bexarotene (topical)</i>) 1% GEL	TIER 4	PA, SP, QLC (1 tube/month)
TARGRETIN (<i>bexarotene</i>) 75 MG CAP	TIER 4	PA, SP, QLC (8 caps/day), SF, OAC
<i>tretinoin cap 10 mg</i>	TIER 1	QLC (9 caps/day), OAC

TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)

HEMADY (<i>dexamethasone</i>) 20 MG TAB	TIER 3	PA, QLC (2 tabs/day; max 24 tabs/28 days)
MESNEX (<i>mesna</i>) 400 MG TAB	TIER 2	OAC
VONJO (<i>pacritinib citrate</i>) 100 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC

ANTIPARASITICS (Drugs for Parasitic Infections)

ANTHELMINTHICS (Drugs for Worm Infection)

<i>albendazole tab 200 mg</i>	TIER 1	QLC (4 tabs/day)
ALBENZA (<i>albendazole</i>) 200 MG TAB	TIER 3	QLC (4 tabs/day)
BILTRICIDE (<i>praziquantel</i>) 600 MG TAB	TIER 3	
EMVERM (<i>mebendazole</i>) 100 MG CHEW TAB	TIER 3	PA, QLC (2 tabs/month)
<i>ivermectin tab 3 mg</i>	TIER 1	QLC (8 tabs/fill; max 2 fills/365 days)
<i>praziquantel tab 600 mg</i>	TIER 1	
STROMEKTOL (<i>ivermectin</i>) 3 MG TAB	TIER 3	QLC (8 tabs/fill; max 2 fills/365 days)

ANTIPROTOZOALS (Drugs for Protozoal Infection)

ALINIA (<i>nitazoxanide</i>) 100 MG/5ML RECON SUSP	TIER 3	PA, QLC (1 bottle/fill)
ALINIA (<i>nitazoxanide</i>) 500 MG TAB	TIER 3	PA, QLC (6 tabs/fill)
ARAKODA (<i>tafenoquine succinate</i>) 100 MG TAB	TIER 3	PA, QLC (12 tabs/28 days)
<i>atovaquone susp 750 mg/5ml</i>	TIER 1	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
BENZNIDAZOLE 100 MG TAB	TIER 3	QLC (4 tabs/day; not to exceed 240 tabs/year)
BENZNIDAZOLE 12.5 MG TAB	TIER 3	QLC (12 tabs/day; not to exceed 720 tabs/year)
<i>chloroquine phosphate tab 250 mg</i>	TIER 1	QLC (25 tabs/30 days)
<i>chloroquine phosphate tab 500 mg</i>	TIER 1	QLC (25 tabs/30 days)
COARTEM (<i>artemether-lumefantrine</i>) 20-120 MG TAB	TIER 2	QLC (24 tabs/fill)
DARAPRIM (<i>pyrimethamine</i>) 25 MG TAB	TIER 4	PA, SP
<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)
IMPAVIDO (<i>miltefosine</i>) 50 MG CAP	TIER 4	PA, SP, QLC (84 tabs/28 days)
KRINTAFEL (<i>tafenoquine succinate</i>) 150 MG TAB	TIER 3	QLC (2 tabs/28 days)
LAMPIT (<i>nifurtimox</i>) 120 MG TAB	TIER 3	QLC (7 & 1/2 tabs/day; max 450 tabs/365 days)
LAMPIT (<i>nifurtimox</i>) 30 MG TAB	TIER 3	QLC (9 tabs/day; max 540 tabs/365 days)
LIKMEZ (<i>metronidazole</i>) 500 MG/5ML SUSPENSION	TIER 3	PA, QLC (40 ml/day)
MALARONE (<i>atovaquone-proguanil hcl</i>) 250-100 MG TAB	TIER 3	QLC (1 tab/day)
MALARONE (<i>atovaquone-proguanil hcl</i>) 62.5-25 MG TAB	TIER 3	QLC (3 tabs/day)
<i>mefloquine hcl tab 250 mg</i>	TIER 1	QLC (5 tabs/fill)
MEPRON (<i>atovaquone</i>) 750 MG/5ML SUSPENSION	TIER 3	PA
NITAZOXANIDE 500 MG TAB	TIER 1	PA, QLC (6 tabs/fill)
<i>nitazoxanide tab 500 mg</i>	TIER 1	PA, QLC (6 tabs/fill)
PLAQUENIL (<i>hydroxychloroquine sulfate</i>) 200 MG TAB	TIER 3	QLC (3 tabs/day)
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	TIER 1	
<i>pyrimethamine tab 25 mg</i>	TIER 4	PA, SP
QUALAQUIN (<i>quinine sulfate</i>) 324 MG CAP	TIER 3	QLC (6 caps/day)
<i>quinine sulfate cap 324 mg</i>	TIER 1	QLC (6 caps/day)
SOVUNA (<i>hydroxychloroquine sulfate</i>) 200 MG TAB, 300 MG TAB	TIER 3	PA, QLC (2 tabs/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	
TRIHEXYPHENIDYL HCL 0.4 MG/ML SOLUTION	TIER 1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	TIER 1	
<i>trihexyphenidyl hcl tab 2 mg</i>	TIER 1	
<i>trihexyphenidyl hcl tab 5 mg</i>	TIER 1	

ANTIPARKINSON AGENTS, OTHER

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	TIER 1	
COMTAN (<i>entacapone</i>) 200 MG TAB	TIER 3	QLC (8 tabs/day)
<i>entacapone tab 200 mg</i>	TIER 1	QLC (8 tabs/day)
GOCOVRI (<i>amantadine hcl</i>) 137 MG CAP ER 24H	TIER 4	PA, QLC (2 caps/day)
GOCOVRI (<i>amantadine hcl</i>) 68.5 MG CAP ER 24H	TIER 4	PA, QLC (1 cap/day)
NOURIANZ (<i>istradefylline</i>) 20 MG TAB, 40 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ONGENTYS (<i>opicapone</i>) 25 MG CAP, 50 MG CAP	TIER 3	ST, QLC (1 cap/day)
OSMOLEX ER (<i>amantadine hcl</i>) ER 129 & 193 MG TB24 THPK, ER 129 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
OSMOLEX ER (<i>amantadine hcl</i>) ER 193 MG TAB ER 24H, ER 258 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
STALEVO 100 (<i>carbidopa-levodopa-entacapone</i>) 25--200 MG TAB	TIER 3	
STALEVO 125 (<i>carbidopa-levodopa-entacapone</i>) 31.25--200 MG TAB	TIER 3	
STALEVO 150 (<i>carbidopa-levodopa-entacapone</i>) 37.5--200 MG TAB	TIER 3	
STALEVO 200 (<i>carbidopa-levodopa-entacapone</i>) 50--MG TAB	TIER 3	
STALEVO 50 (<i>carbidopa-levodopa-entacapone</i>) 12.5--200 MG TAB	TIER 3	
STALEVO 75 (<i>carbidopa-levodopa-entacapone</i>) 18.--200 MG TAB	TIER 3	
TASMAR (<i>tolcapone</i>) 100 MG TAB	TIER 3	ST, QLC (6 tabs/day)
<i>tolcapone tab 100 mg</i>	TIER 1	ST, QLC (6 tabs/day)

DOPAMINE AGONISTS

APOKYN (<i>apomorphine hydrochloride</i>) 30 MG/3ML SOLN CART	TIER 4	PA, SP, QLC (2 ml/day (20 cartridges/30 days))
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	TIER 4	PA, SP, QLC (2 ml/day (20 cartridges/30 days))
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	TIER 1	
KYNMOBI (<i>apomorphine hydrochloride</i>) 10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM	TIER 3	PA, QLC (5 films/day)
MIRAPEX (<i>pramipexole dihydrochloride</i>) 0.125 MG TAB, 0.25 MG TAB, 0.5 MG TAB, 0.75 MG TAB, 1 MG TAB, 1.5 MG TAB	TIER 3	
MIRAPEX ER (<i>pramipexole dihydrochloride</i>) ER 0.375 MG TAB ER 24H, ER 0.75 MG TAB ER 24H, ER 1.5 MG TAB ER 24H, ER 2.25 MG TAB ER 24H, ER 3 MG TAB ER 24H, ER 3.75 MG TAB ER 24H, ER 4.5 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
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)
PARLODEL (<i>bromocriptine mesylate</i>) 2.5 MG TAB, 5 MG CAP	TIER 3	
<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 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
REQUIP XL (<i>ropinirole hydrochloride</i>) 12 MG TAB ER 24H	TIER 3	QLC (2 tabs/day)
REQUIP XL (<i>ropinirole hydrochloride</i>) 6 MG TAB ER 24H	TIER 3	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)

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	QLC (8 tabs/day)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	QLC (8 tabs/day)
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	QLC (8 tabs/day)
<i>carbidopa & levodopa tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	
<i>carbidopa & levodopa tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	
<i>carbidopa & levodopa tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	TIER 1	
<i>carbidopa & levodopa tab er 25-100 mg</i> (CARBIDOPA-LEVODOPA ER)	TIER 1	
<i>carbidopa & levodopa tab er 50-200 mg</i> (CARBIDOPA-LEVODOPA ER)	TIER 1	
<i>carbidopa tab 25 mg</i>	TIER 1	
CARBIDOPA-LEVODOPA -10-100 MG TAB DISP, -25-100 MG TAB DISP, -25-250 MG TAB DISP	TIER 1	QLC (8 tabs/day)
CREXONT (<i>carbidopa-levodopa</i>) 35-140 MG CAP ER	TIER 3	PA, QLC (15 caps/day)
CREXONT (<i>carbidopa-levodopa</i>) 52.5-210 MG CAP ER	TIER 3	PA, QLC (10 caps/day)
CREXONT (<i>carbidopa-levodopa</i>) 70-280 MG CAP ER	TIER 3	PA, QLC (7 caps/day)
CREXONT (<i>carbidopa-levodopa</i>) 87.5-350 MG CAP ER	TIER 3	PA, QLC (6 caps/day)
DHIVY (<i>carbidopa-levodopa</i>) 25-100 MG TAB	TIER 3	
INBRIJA (<i>levodopa</i>) 42 MG CAP	TIER 4	PA, SP, QLC (10 caps/day)
LODOSYN (<i>carbidopa</i>) 25 MG TAB	TIER 3	
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)
SINEMET (<i>carbidopa-levodopa</i>) 10-100 MG TAB, 25-100 MG TAB, 25-250 MG TAB	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VYALEV (<i>foslevodopa-foscarbidopa</i>) 12-240 MG/ML SOLUTION	TIER 4	PA, SP, QLC (45 vials/30 days)
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
AZILECT (<i>rasagiline mesylate</i>) 0.5 MG TAB, 1 MG TAB	TIER 3	QLC (1 tab/day)
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>selegiline hcl cap 5 mg</i>	TIER 1	
<i>selegiline hcl tab 5 mg</i>	TIER 1	
XADAGO (<i>safinamide mesylate</i>) 50 MG TAB, 100 MG TAB	TIER 3	ST, QLC (1 tab/day)
ZELAPAR (<i>selegiline hcl</i>) 1.25 MG TAB DISP	TIER 3	

ANTIPSYCHOTICS (Drugs for Mental Health)

1ST GENERATION/TYPICAL

CHLORPROMAZINE HCL 30 MG/ML CONC, 100 MG/ML CONC	TIER 1	PA
<i>chlorpromazine hcl tab 10 mg</i>	TIER 1	
<i>chlorpromazine hcl tab 100 mg</i>	TIER 1	
<i>chlorpromazine hcl tab 200 mg</i>	TIER 1	
<i>chlorpromazine hcl tab 25 mg</i>	TIER 1	
<i>chlorpromazine hcl tab 50 mg</i>	TIER 1	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, 5 MG/ML CONC	TIER 1	
<i>fluphenazine hcl tab 1 mg</i>	TIER 1	
<i>fluphenazine hcl tab 10 mg</i>	TIER 1	
<i>fluphenazine hcl tab 2.5 mg</i>	TIER 1	
<i>fluphenazine hcl tab 5 mg</i>	TIER 1	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
MOLINDONE HCL 10 MG TAB	TIER 1	QLC (8 tabs/day)
MOLINDONE HCL 25 MG TAB	TIER 1	QLC (9 tabs/day)
MOLINDONE HCL 5 MG TAB	TIER 1	QLC (12 tabs/day)
PIMOZIDE 1 MG TAB, 2 MG TAB	TIER 1	
<i>thioridazine hcl tab 10 mg</i>	TIER 1	
<i>thioridazine hcl tab 100 mg</i>	TIER 1	
<i>thioridazine hcl tab 25 mg</i>	TIER 1	
<i>thioridazine hcl tab 50 mg</i>	TIER 1	
<i>thiothixene cap 1 mg</i>	TIER 1	
<i>thiothixene cap 10 mg</i>	TIER 1	
<i>thiothixene cap 2 mg</i>	TIER 1	
<i>thiothixene cap 5 mg</i>	TIER 1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	TIER 1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	TIER 1	
<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

ABILIFY (<i>aripiprazole</i>) 10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB	TIER 3	QLC (1 tab/day)
ABILIFY (<i>aripiprazole</i>) 2 MG TAB	TIER 3	QLC (4 tabs/day)
ABILIFY (<i>aripiprazole</i>) 5 MG TAB	TIER 3	QLC (2 tabs/day)
ABILIFY MYCITE (<i>aripiprazole</i>) 2 MG TAB	TIER 4	PA, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ABILIFY MYCITE (<i>aripiprazole</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB	TIER 4	PA, QLC (1 tab/day)
ABILIFY MYCITE MAINTENANCE KIT (<i>aripiprazole with sensor, strips, & pod</i>) KIT 2 MG TAB THPK, KIT 5 MG TAB THPK, KIT 10 MG TAB THPK, KIT 15 MG TAB THPK, KIT 20 MG TAB THPK, KIT 30 MG TAB THPK	TIER 4	PA, SP, QLC (1 tab/day)
ABILIFY MYCITE STARTER KIT (<i>aripiprazole with sensor, strips, & pod</i>) KIT 2 MG TAB THPK, KIT 5 MG TAB THPK, KIT 10 MG TAB THPK, KIT 15 MG TAB THPK, KIT 20 MG TAB THPK, KIT 30 MG TAB THPK	TIER 4	PA, SP, QLC (1 tab/day)
<i>aripiprazole oral solution 1 mg/ml</i>	TIER 1	QLC (25 ml/day)
<i>aripiprazole orally disintegrating tab 10 mg</i>	TIER 1	QLC (2 tabs/day)
<i>aripiprazole orally disintegrating tab 15 mg</i>	TIER 1	QLC (2 tabs/day)
<i>aripiprazole tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>aripiprazole tab 15 mg</i>	TIER 1	QLC (1 tab/day)
<i>aripiprazole tab 2 mg</i>	TIER 1	QLC (4 tabs/day)
<i>aripiprazole tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>aripiprazole tab 30 mg</i>	TIER 1	QLC (1 tab/day)
<i>aripiprazole tab 5 mg</i>	TIER 1	QLC (2 tabs/day)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
CAPLYTA (<i>lumateperone tosylate</i>) 10.5 MG CAP, 21 MG CAP, 42 MG CAP	TIER 3	PA, QLC (1 cap/day)
FANAPT (<i>iloperidone</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	TIER 3	ST, QLC (2 tabs/day)
FANAPT TITRATION PACK (<i>iloperidone</i>) 1 & 2 & 4 & 6 MG TAB	TIER 3	ST, QLC (1 pack/month)
GEODON (<i>ziprasidone hcl</i>) 20 MG CAP, 40 MG CAP, 60 MG CAP, 80 MG CAP	TIER 3	
INVEGA (<i>paliperidone</i>) 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 9 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
INVEGA (<i>paliperidone</i>) 6 MG TAB 24H	TIER 3	PA, QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LATUDA (<i>lurasidone hcl</i>) 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB	TIER 3	QLC (1 tab/day)
LATUDA (<i>lurasidone hcl</i>) 80 MG TAB	TIER 3	QLC (2 tabs/day)
<i>lurasidone hcl tab 120 mg</i>	TIER 1	QLC (1 tab/day)
<i>lurasidone hcl tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>lurasidone hcl tab 40 mg</i>	TIER 1	QLC (1 tab/day)
<i>lurasidone hcl tab 60 mg</i>	TIER 1	QLC (1 tab/day)
<i>lurasidone hcl tab 80 mg</i>	TIER 1	QLC (2 tabs/day)
NUPLAZID (<i>pimavanserin tartrate</i>) 10 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF
NUPLAZID (<i>pimavanserin tartrate</i>) 34 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), SF
<i>olanzapine orally disintegrating tab 10 mg</i>	TIER 1	
<i>olanzapine orally disintegrating tab 15 mg</i>	TIER 1	
<i>olanzapine orally disintegrating tab 20 mg</i>	TIER 1	
<i>olanzapine orally disintegrating tab 5 mg</i>	TIER 1	
<i>olanzapine tab 10 mg</i>	TIER 1	
<i>olanzapine tab 15 mg</i>	TIER 1	
<i>olanzapine tab 2.5 mg</i>	TIER 1	
<i>olanzapine tab 20 mg</i>	TIER 1	
<i>olanzapine tab 5 mg</i>	TIER 1	
<i>olanzapine tab 7.5 mg</i>	TIER 1	
<i>paliperidone tab er 24hr 1.5 mg</i> (PALIPERIDONE ER)	TIER 1	PA, QLC (1 tab/day)
<i>paliperidone tab er 24hr 3 mg</i> (PALIPERIDONE ER)	TIER 1	PA, QLC (1 tab/day)
<i>paliperidone tab er 24hr 6 mg</i> (PALIPERIDONE ER)	TIER 1	PA, QLC (2 tabs/day)
<i>paliperidone tab er 24hr 9 mg</i> (PALIPERIDONE ER)	TIER 1	PA, 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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	ST
<i>quetiapine fumarate tab er 24hr 200 mg</i> (QUETIAPINE FUMARATE ER)	TIER 1	ST
<i>quetiapine fumarate tab er 24hr 300 mg</i> (QUETIAPINE FUMARATE ER)	TIER 1	ST
<i>quetiapine fumarate tab er 24hr 400 mg</i> (QUETIAPINE FUMARATE ER)	TIER 1	ST
<i>quetiapine fumarate tab er 24hr 50 mg</i> (QUETIAPINE FUMARATE ER)	TIER 1	ST
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 4	PA, QLC (1 tab/day)
RISPERDAL (<i>risperidone</i>) 0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB, 3 MG TAB, 4 MG TAB	TIER 3	
RISPERIDONE 0.25 MG TAB DISP	TIER 1	
<i>risperidone orally disintegrating tab 0.5 mg</i>	TIER 1	
<i>risperidone orally disintegrating tab 1 mg</i>	TIER 1	
<i>risperidone orally disintegrating tab 2 mg</i>	TIER 1	
<i>risperidone orally disintegrating tab 3 mg</i>	TIER 1	
<i>risperidone orally disintegrating tab 4 mg</i>	TIER 1	
<i>risperidone soln 1 mg/ml</i>	TIER 1	
<i>risperidone tab 0.25 mg</i>	TIER 1	
<i>risperidone tab 0.5 mg</i>	TIER 1	
<i>risperidone tab 1 mg</i>	TIER 1	
<i>risperidone tab 2 mg</i>	TIER 1	
<i>risperidone tab 3 mg</i>	TIER 1	
<i>risperidone tab 4 mg</i>	TIER 1	
SAPHRIS (<i>asenapine maleate</i>) 2.5 MG SL TAB, 5 MG SL TAB, 10 MG SL TAB	TIER 3	ST, QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SECUADO (<i>asenapine</i>) 3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR	TIER 3	PA, QLC (1 patch/day)
SEROQUEL (<i>quetiapine fumarate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB, 400 MG TAB	TIER 3	
SEROQUEL XR (<i>quetiapine fumarate</i>) 50 MG TAB ER 24H, 150 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H, 400 MG TAB ER 24H	TIER 3	ST
VRAYLAR (<i>cariprazine hcl</i>) 1.5 & 3 MG CAP THPK	TIER 3	PA, QLC (1 pack/month)
VRAYLAR (<i>cariprazine hcl</i>) 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	TIER 3	PA, QLC (1 cap/day)
<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	
ZYPREXA (<i>olanzapine</i>) 2.5 MG TAB, 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	TIER 3	
ZYPREXA ZYDIS (<i>olanzapine</i>) 5 MG TAB DISP, 10 MG TAB DISP, 15 MG TAB DISP, 20 MG TAB DISP	TIER 3	

ANTIPSYCHOTICS, OTHER

COBENFY (<i>xanomeline tartrate-trospium chloride</i>) 50-20 MG CAP, 100-20 MG CAP, 125-30 MG CAP	TIER 3	PA, QLC (2 caps/day)
COBENFY STARTER PACK (<i>xanomeline tartrate-trospium chloride</i>) 50-20 & 100-20 MG CAP THPK	TIER 3	PA, QLC (112 caps (2 packs)/365 days)

TREATMENT-RESISTANT

CLOZAPINE 12.5 MG TAB DISP, 150 MG TAB DISP	TIER 1	
<i>clozapine orally disintegrating tab 100 mg</i>	TIER 1	
<i>clozapine orally disintegrating tab 150 mg</i>	TIER 1	
<i>clozapine orally disintegrating tab 200 mg</i>	TIER 1	
<i>clozapine orally disintegrating tab 25 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
CLOZARIL (<i>clozapine</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB	TIER 3	
VERSACLOZ (<i>clozapine</i>) 50 MG/ML SUSPENSION	TIER 3	ST, QLC (18 ml/day)

ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)

BACLOFEN 10 MG/5ML SOLUTION	TIER 3	PA, QLC (40 ml/day)
BACLOFEN 5 MG/5ML SOLUTION	TIER 3	PA, QLC (80 ml/day)
<i>baclofen susp 25 mg/5ml</i>	TIER 1	PA, QLC (16 ml/day)
<i>baclofen tab 10 mg</i>	TIER 1	QLC (8 tabs/day)
<i>baclofen tab 15 mg</i>	TIER 1	QLC (4 tabs/day)
<i>baclofen tab 20 mg</i>	TIER 1	QLC (4 tabs/day)
<i>baclofen tab 5 mg</i>	TIER 1	QLC (3 tabs/day)
DANTRIUM (<i>dantrolene sodium</i>) 25 MG CAP, 50 MG CAP	TIER 3	
<i>dantrolene sodium cap 100 mg</i>	TIER 1	
<i>dantrolene sodium cap 25 mg</i>	TIER 1	
<i>dantrolene sodium cap 50 mg</i>	TIER 1	
FLEQSUVY (<i>baclofen</i>) 25 MG/5ML SUSPENSION	TIER 3	PA, QLC (16 ml/day)
LYVISPAH (<i>baclofen</i>) 20 MG PACKET	TIER 3	PA, QLC (4 packets/day)
LYVISPAH (<i>baclofen</i>) 5 MG PACKET, 10 MG PACKET	TIER 3	PA, QLC (3 packets/day)
OZOBAX (<i>baclofen</i>) 5 MG/5ML SOLUTION	TIER 3	PA, QLC (80 ml/day)
OZOBAX DS (<i>baclofen</i>) 10 MG/5ML SOLUTION	TIER 3	PA, QLC (40 ml/day)
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	TIER 1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	TIER 1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	TIER 1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	TIER 1	
ZANAFLEX (<i>tizanidine hcl</i>) 2 MG CAP, 4 MG CAP, 4 MG TAB, 6 MG CAP	TIER 3	

ANTIVIRALS (Drugs for Viral Infections)

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

LIVTENCITY (<i>maribavir</i>) 200 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
PREVYMIS (<i>letermovir</i>) 240 MG TAB, 480 MG TAB	TIER 3	PA, QLC (1 tab/day)
VALCYTE (<i>valganciclovir hcl</i>) 450 MG TAB	TIER 3	QLC (2 tabs/day)
VALCYTE (<i>valganciclovir hcl</i>) 50 MG/ML RECON SOLN	TIER 3	QLC (18 ml/day)
<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 1	QLC (1 tab/day)
BARACLUDE (<i>entecavir</i>) 0.05 MG/ML SOLUTION	TIER 2	QLC (3 bottles/month)
BARACLUDE (<i>entecavir</i>) 0.5 MG TAB, 1 MG TAB	TIER 3	QLC (1 tab/day)
<i>entecavir tab 0.5 mg</i>	TIER 1	QLC (1 tab/day)
<i>entecavir tab 1 mg</i>	TIER 1	QLC (1 tab/day)
EPIVIR HBV (<i>lamivudine (hbv)</i>) 100 MG TAB	TIER 3	QLC (1 tab/day)
EPIVIR HBV (<i>lamivudine (hbv)</i>) 5 MG/ML SOLUTION	TIER 2	QLC (3 bottles/month)
HEPSERA (<i>adefovir dipivoxil</i>) 10 MG TAB	TIER 3	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 3	PA, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTI-HEPATITIS C (HCV) AGENTS (Drugs for Hepatitis C)		
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 150-37.5 MG PACKET	TIER 4	PA, SP, QLC (1 packet/day)
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 200-50 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 200-50 MG TAB, 400-100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 33.75-150 MG PACKET	TIER 4	PA, SP, QLC (1 packet/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 45-200 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 45-200 MG TAB, 90-400 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
LEDIPASVIR-SOFOSBUVIR -90-400 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
MAVYRET (<i>glecaprevir-pibrentasvir</i>) 100-40 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
MAVYRET (<i>glecaprevir-pibrentasvir</i>) 50-20 MG PACKET	TIER 4	PA, SP, QLC (6 packets/day)
PEGINTRON (<i>peginterferon alfa-2b</i>) 50 MCG/0.5ML KIT	TIER 4	SP
RIBAVIRIN (<i>ribavirin (hepatitis c)</i>) 200 MG CAP, 200 MG TAB	TIER 1	SP
<i>ribavirin cap 200 mg</i>	TIER 1	SP
<i>ribavirin tab 200 mg</i>	TIER 1	SP
SOFOSBUVIR-VELPATASVIR -400-100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
SOVALDI (<i>sofosbuvir</i>) 150 MG PACKET	TIER 4	PA, SP, QLC (1 packet/day)
SOVALDI (<i>sofosbuvir</i>) 200 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
SOVALDI (<i>sofosbuvir</i>) 200 MG TAB, 400 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
VIEKIRA PAK (<i>ombitasvir-paritaprevir-ritonavir-dasabuvir</i>) 12.5-75-50 & 250 MG TAB THPK	TIER 4	PA, SP, QLC (4 tabs/day)
VOSEVI (<i>sofosbuvir-velpatasvir-voxilaprevir</i>) 400-100-100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ZEPATIER (<i>elbasvir-grazoprevir</i>) 50-100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

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

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

ATRIPLA (<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>) 600-200-300 MG	TIER 3	QLC (1 tab/day)
COMPLERA (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>) 200-25-300 MG	TIER 2	QLC (1 tab/day)
DELSTRIGO (<i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>) 100-300-300 MG TAB	TIER 3	QLC (1 tab/day)
EDURANT (<i>rilpivirine hcl</i>) 25 MG TAB	TIER 2	QLC (2 tabs/day)
EFAVIRENZ 200 MG CAP	TIER 1	QLC (3 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EFAVIRENZ 50 MG CAP	TIER 1	QLC (6 caps/day)
<i>efavirenz tab 600 mg</i>	TIER 1	QLC (1 tab/day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> (EFAVIRENZ-EMTRICITAB-TENOFO DF)	TIER 1	QLC (1 tab/day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	TIER 1	QLC (1 tab/day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	TIER 1	QLC (1 tab/day)
<i>etravirine tab 100 mg</i>	TIER 1	QLC (4 tabs/day)
<i>etravirine tab 200 mg</i>	TIER 1	QLC (2 tabs/day)
INTELENCE (<i>etravirine</i>) 100 MG TAB	TIER 3	QLC (4 tabs/day)
INTELENCE (<i>etravirine</i>) 200 MG TAB	TIER 3	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)
PIFELTRO (<i>doravirine</i>) 100 MG TAB	TIER 3	QLC (2 tabs/day)
SUSTIVA (<i>efavirenz</i>) 200 MG CAP	TIER 3	QLC (3 caps/day)
SUSTIVA (<i>efavirenz</i>) 50 MG CAP	TIER 3	QLC (6 caps/day)
SUSTIVA (<i>efavirenz</i>) 600 MG TAB	TIER 3	QLC (1 tab/day)
SYMFI (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) 600-300-300 MG TAB	TIER 3	QLC (1 tab/day)
SYMFI LO (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>) 400-300-300 MG TAB	TIER 3	QLC (1 tab/day)
VIRAMUNE (<i>nevirapine</i>) 200 MG TAB	TIER 3	QLC (2 tabs/day)
VIRAMUNE (<i>nevirapine</i>) 50 MG/5ML SUSPENSION	TIER 3	QLC (40 ml/day)
VIRAMUNE XR (<i>nevirapine</i>) 400 MG TAB ER 24H	TIER 3	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	TIER 1	QLC (30 ml/day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	TIER 1	QLC (1 tab/day)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i> (ABACAVIR-LAMIVUDINE-ZIDOVUDINE)	TIER 1	QLC (2 tabs/day)
CIMDUO (<i>lamivudine-tenofovir disoproxil fumarate</i>) 300-300 MG TAB	TIER 2	QLC (1 tab/day)
COMBIVIR (<i>lamivudine-zidovudine</i>) 150-300 MG TAB	TIER 3	QLC (2 tabs/day)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate</i>) 120-15 MG	TIER 2	QLC (1 tab/day)
DESCOVY (<i>emtricitabine-tenofovir alafenamide fumarate</i>) 200-25 MG	TIER 2	ACA (Preventive Health), QLC (1 tab/day; requires confirmation of pre-exposure prophylaxis use.)
DIDANOSINE 200 MG CAP DR, 250 MG CAP DR, 400 MG CAP DR	TIER 1	QLC (1 cap/day)
<i>emtricitabine caps 200 mg</i>	TIER 1	QLC (1 cap/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> (EMTRICITABINE-TENOFOVIR DF)	TIER 1	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> (EMTRICITABINE-TENOFOVIR DF)	TIER 1	QLC (1 tab/day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> (EMTRICITABINE-TENOFOVIR DF)	TIER 1	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)
EMTRIVA (<i>emtricitabine</i>) 200 MG CAP	TIER 3	QLC (1 cap/day)
EPIVIR (<i>lamivudine</i>) 10 MG/ML SOLUTION	TIER 3	QLC (30 ml/day)
EPIVIR (<i>lamivudine</i>) 150 MG TAB	TIER 3	QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EPIVIR (<i>lamivudine</i>) 300 MG TAB	TIER 3	QLC (1 tab/day)
EPZICOM (<i>abacavir sulfate-lamivudine</i>) 600-300 MG TAB	TIER 3	QLC (1 tab/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)
RETROVIR (<i>zidovudine</i>) 100 MG CAP	TIER 3	QLC (5 caps/day)
RETROVIR (<i>zidovudine</i>) 50 MG/5ML SYRUP	TIER 3	QLC (60 ml/day)
STAVUDINE 15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP	TIER 1	QLC (2 caps/day)
<i>stavudine cap 15 mg</i>	TIER 1	QLC (2 caps/day)
<i>stavudine cap 20 mg</i>	TIER 1	QLC (2 caps/day)
<i>stavudine cap 30 mg</i>	TIER 1	QLC (2 caps/day)
<i>stavudine cap 40 mg</i>	TIER 1	QLC (2 caps/day)
TEMIXYS (<i>lamivudine-tenofovir disoproxil fumarate</i>) 300-300 MG TAB	TIER 2	QLC (1 tab/day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	TIER 1	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)
TRIZIVIR (<i>abacavir sulfate-lamivudine-zidovudine</i>) 300-150-300 MG TAB	TIER 3	QLC (2 tabs/day)
TRUVADA (<i>emtricitabine-tenofovir disoproxil fumarate</i>) 100-150 MG TAB, 133-200 MG TAB, 167-250 MG TAB, 200-300 MG TAB	TIER 3	QLC (1 tab/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>) 300 MG TAB	TIER 3	QLC (1 tab/day)
VIREAD (<i>tenofovir disoproxil fumarate</i>) 40 MG/GM POWDER	TIER 2	QLC (3 bottles/month)
ZIAGEN (<i>abacavir sulfate</i>) 20 MG/ML SOLUTION	TIER 3	QLC (30 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZIAGEN (<i>abacavir sulfate</i>) 300 MG TAB	TIER 3	QLC (2 tabs/day)
<i>zidovudine cap 100 mg</i>	TIER 1	QLC (5 caps/day)
<i>zidovudine syrup 10 mg/ml</i>	TIER 1	QLC (60 ml/day)
<i>zidovudine tab 300 mg</i>	TIER 1	QLC (2 tabs/day)

ANTI-HIV AGENTS, OTHER

FUZEON (<i>enfuvirtide</i>) 90 MG RECON SOLN	TIER 4	SP, QLC (1 kit/month)
<i>maraviroc tab 150 mg</i>	TIER 1	QLC (2 tabs/day)
<i>maraviroc tab 300 mg</i>	TIER 1	QLC (4 tabs/day)
RUKOBIA (<i>fostemsavir tromethamine</i>) 600 MG TAB ER 12H	TIER 3	PA, QLC (2 tabs/day)
SELZENTRY (<i>maraviroc</i>) 150 MG TAB	TIER 3	QLC (2 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>) 300 MG TAB	TIER 3	QLC (4 tabs/day)
SELZENTRY (<i>maraviroc</i>) 75 MG TAB	TIER 2	QLC (2 tabs/day)
SUNLENCA (<i>lenacapavir sodium</i>) 4 X 300 MG TAB THPK	TIER 4	PA, SP, QLC (4 tabs/180 days)
SUNLENCA (<i>lenacapavir sodium</i>) 5 X 300 MG TAB THPK	TIER 4	PA, SP, QLC (5 tabs/180 days)
TYBOST (<i>cobicistat</i>) 150 MG TAB	TIER 3	QLC (1 tab/day)

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

APTIVUS (<i>tipranavir</i>) 100 MG/ML SOLUTION	TIER 2	QLC (10 ml/day)
APTIVUS (<i>tipranavir</i>) 250 MG CAP	TIER 2	QLC (4 caps/day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	TIER 1	QLC (2 caps/day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	TIER 1	QLC (2 caps/day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	TIER 1	QLC (1 cap/day)
CRIXIVAN (<i>indinavir sulfate</i>) 200 MG CAP	TIER 2	QLC (9 caps/day)
CRIXIVAN (<i>indinavir sulfate</i>) 400 MG CAP	TIER 2	QLC (6 caps/day)
<i>darunavir tab 600 mg</i>	TIER 1	QLC (2 tabs/day)
<i>darunavir tab 800 mg</i>	TIER 1	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EVOTAZ (<i>atazanavir sulfate-cobicistat</i>) 300-150 MG TAB	TIER 3	QLC (1 tab/day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	TIER 1	QLC (4 tabs/day)
INVIRASE (<i>saquinavir mesylate</i>) 500 MG TAB	TIER 2	QLC (4 tabs/day)
KALETRA (<i>lopinavir-ritonavir</i>) 100-25 MG TAB, 200-50 MG TAB	TIER 3	QLC (4 tabs/day)
KALETRA (<i>lopinavir-ritonavir</i>) 400-100 MG/5ML SOLUTION	TIER 3	QLC (10 ml/day)
LEXIVA (<i>fosamprenavir calcium</i>) 50 MG/ML SUSPENSION	TIER 2	QLC (56 ml/day)
LEXIVA (<i>fosamprenavir calcium</i>) 700 MG TAB	TIER 3	QLC (4 tabs/day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	TIER 1	QLC (10 ml/day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	TIER 1	QLC (4 tabs/day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	TIER 1	QLC (4 tabs/day)
NORVIR (<i>ritonavir</i>) 100 MG CAP	TIER 2	QLC (12 caps/day)
NORVIR (<i>ritonavir</i>) 100 MG PACKET	TIER 2	QLC (12 packets/day)
NORVIR (<i>ritonavir</i>) 100 MG TAB	TIER 3	QLC (12 tabs/day)
NORVIR (<i>ritonavir</i>) 80 MG/ML SOLUTION	TIER 2	QLC (15 ml/day)
PREZCOBIX (<i>darunavir-cobicistat</i>) 800-150 MG TAB	TIER 2	QLC (1 tab/day)
PREZISTA (<i>darunavir ethanolate</i>) 100 MG/ML SUSPENSION	TIER 2	QLC (12 ml/day)
PREZISTA (<i>darunavir ethanolate</i>) 150 MG TAB	TIER 2	QLC (4 tabs/day)
PREZISTA (<i>darunavir ethanolate</i>) 75 MG TAB	TIER 2	QLC (2 tabs/day)
PREZISTA (<i>darunavir</i>) 600 MG TAB	TIER 3	QLC (2 tabs/day)
PREZISTA (<i>darunavir</i>) 800 MG TAB	TIER 3	QLC (1 tab/day)
REYATAZ (<i>atazanavir sulfate</i>) 150 MG CAP, 200 MG CAP	TIER 3	QLC (2 caps/day)
REYATAZ (<i>atazanavir sulfate</i>) 300 MG CAP	TIER 3	QLC (1 cap/day)
REYATAZ (<i>atazanavir sulfate</i>) 50 MG PACKET	TIER 2	QLC (5 packs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ritonavir tab 100 mg</i>	TIER 1	QLC (12 tabs/day)
SYMTUZA (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>) 800-150-200-10 MG	TIER 2	QLC (1 tab/day)
VIRACEPT (<i>nelfinavir mesylate</i>) 250 MG TAB	TIER 2	QLC (9 tabs/day)
VIRACEPT (<i>nelfinavir mesylate</i>) 625 MG TAB	TIER 2	QLC (4 tabs/day)

ANTI-INFLUENZA AGENTS (Drugs for Flu)

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	TIER 1	QLC (40 caps/6 months)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	TIER 1	QLC (20 caps/6 months)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	TIER 1	QLC (20 caps/6 months)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	TIER 1	QLC (6 bottles/6 months)
RELENZA DISKHALER (<i>zanamivir</i>) 5 MG/ACT AER POW BA	TIER 2	QLC (2 inhalers/6 months)
RIMANTADINE HCL (<i>rimantadine hydrochloride</i>) 100 MG TAB	TIER 1	
TAMIFLU (<i>oseltamivir phosphate</i>) 30 MG CAP	TIER 3	QLC (40 caps/6 months)
TAMIFLU (<i>oseltamivir phosphate</i>) 45 MG CAP, 75 MG CAP	TIER 3	QLC (20 caps/6 months)
TAMIFLU (<i>oseltamivir phosphate</i>) 6 MG/ML RECON SUSP	TIER 3	QLC (6 bottles/6 months)
XENLETA (<i>lefamulin acetate</i>) 600 MG TAB	TIER 3	PA, QLC (10 tabs/month)
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	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>acyclovir susp 200 mg/5ml</i>	TIER 1	
<i>acyclovir tab 400 mg</i>	TIER 1	
<i>acyclovir tab 800 mg</i>	TIER 1	
<i>famciclovir tab 125 mg</i>	TIER 1	
<i>famciclovir tab 250 mg</i>	TIER 1	
<i>famciclovir tab 500 mg</i>	TIER 1	
SITAVIG (<i>acyclovir</i>) 50 MG TAB	TIER 3	PA, QLC (2 tabs/2 months)
<i>valacyclovir hcl tab 1 gm</i>	TIER 1	
<i>valacyclovir hcl tab 500 mg</i>	TIER 1	
VALTREX (<i>valacyclovir hcl</i>) 1 GM TAB, 500 MG TAB	TIER 3	
ZOVIRAX (<i>acyclovir</i>) 200 MG/5ML SUSPENSION, 400 MG TAB, 800 MG TAB	TIER 3	

ANTIVIRAL, CORONAVIRUS AGENTS

LAGEVRIO (<i>molnupiravir</i>) 200 MG CAP	TIER 3	AL1 (At least 18 yrs old), QLC (40 caps/30 days; COVID treatment covered at \$0), CW
PAXLOVID (150/100) (<i>nirmatrelvir-ritonavir</i>) 150 MG & 100 MG TAB THPK	TIER 2	AL1 (At least 12 yrs old), QLC (20 tabs/30 days; COVID treatment covered at \$0), CW
PAXLOVID (300/100) (<i>nirmatrelvir-ritonavir</i>) 20 150 MG & 100 MG TAB THPK	TIER 2	AL1 (At least 12 yrs old), QLC (30 tabs/30 days; COVID treatment covered at \$0), CW

ANXIOLYTICS (Drugs for Anxiety)

ANXIOLYTICS, OTHER (Other Drugs for Anxiety)

<i>bupirone hcl tab 10 mg</i>	TIER 1	
<i>bupirone hcl tab 15 mg</i>	TIER 1	
<i>bupirone hcl tab 30 mg</i>	TIER 1	
<i>bupirone hcl tab 5 mg</i>	TIER 1	
<i>bupirone hcl tab 7.5 mg</i>	TIER 1	
<i>meprobamate tab 200 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
<i>meprobamate tab 400 mg</i>	TIER 1	AL1 (Up to 64 yrs old)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BENZODIAZEPINES		
ALPRAZOLAM INTENSOL 1 MG/ML CONC	TIER 1	QLC (4 ml/day)
<i>alprazolam orally disintegrating tab 0.25 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam orally disintegrating tab 0.5 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam orally disintegrating tab 1 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam orally disintegrating tab 2 mg</i>	TIER 1	QLC (2 tabs/day)
<i>alprazolam tab 0.25 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam tab 0.5 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam tab 1 mg</i>	TIER 1	QLC (4 tabs/day)
<i>alprazolam tab 2 mg</i>	TIER 1	QLC (2 tabs/day)
<i>alprazolam tab er 24hr 0.5 mg</i> (ALPRAZOLAM ER)	TIER 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 0.5 mg</i> (ALPRAZOLAM XR)	TIER 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 1 mg</i> (ALPRAZOLAM ER)	TIER 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 1 mg</i> (ALPRAZOLAM XR)	TIER 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 2 mg</i> (ALPRAZOLAM ER) 4hr	TIER 1	QLC (2 tabs/day)
<i>alprazolam tab er 24hr 2 mg</i> (ALPRAZOLAM XR) 4hr	TIER 1	QLC (2 tabs/day)
<i>alprazolam tab er 24hr 3 mg</i> (ALPRAZOLAM ER)	TIER 1	QLC (1 tab/day)
<i>alprazolam tab er 24hr 3 mg</i> (ALPRAZOLAM XR)	TIER 1	QLC (1 tab/day)
ATIVAN (<i>lorazepam</i>) 0.5 MG TAB	TIER 3	QLC (20 tabs/day)
ATIVAN (<i>lorazepam</i>) 1 MG TAB	TIER 3	QLC (10 tabs/day)
ATIVAN (<i>lorazepam</i>) 2 MG TAB	TIER 3	QLC (5 tabs/day)
<i>chlordiazepoxide hcl cap 10 mg</i>	TIER 1	QLC (30 caps/day)
<i>chlordiazepoxide hcl cap 25 mg</i>	TIER 1	QLC (12 caps/day)
<i>chlordiazepoxide hcl cap 5 mg</i>	TIER 1	QLC (60 caps/day)
<i>clonazepam orally disintegrating tab 0.125 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
<i>diazepam conc 5 mg/ml</i>	TIER 1	QLC (12 bottles/month)
<i>diazepam conc 5 mg/ml</i> (DIAZEPAM INTENSOL)	TIER 1	QLC (12 bottles/month)
<i>diazepam oral soln 1 mg/ml</i>	TIER 1	QLC (60 ml/day)
<i>diazepam tab 10 mg</i>	TIER 1	QLC (6 tabs/day)
<i>diazepam tab 2 mg</i>	TIER 1	QLC (30 tabs/day)
<i>diazepam tab 5 mg</i>	TIER 1	QLC (12 tabs/day)
KLONOPIN (<i>clonazepam</i>) 0.5 MG TAB	TIER 3	QLC (40 tabs/day)
KLONOPIN (<i>clonazepam</i>) 1 MG TAB	TIER 3	QLC (20 tabs/day)
KLONOPIN (<i>clonazepam</i>) 2 MG TAB	TIER 3	QLC (10 tabs/day)
<i>lorazepam conc 2 mg/ml</i>	TIER 1	QLC (150 ml/month)
lorazepam conc 2 mg/ml (Lorazepam Intensol)	TIER 1	QLC (150 ml/month)
<i>lorazepam tab 0.5 mg</i>	TIER 1	QLC (20 tabs/day)
<i>lorazepam tab 1 mg</i>	TIER 1	QLC (10 tabs/day)
<i>lorazepam tab 2 mg</i>	TIER 1	QLC (5 tabs/day)
LOREEV XR (<i>lorazepam</i>) 1 MG CP24 SPRNK	TIER 3	PA, QLC (3 caps/day)
LOREEV XR (<i>lorazepam</i>) 1.5 MG CP24 SPRNK	TIER 3	PA, QLC (6 caps/day)
LOREEV XR (<i>lorazepam</i>) 2 MG CP24 SPRNK	TIER 3	PA, QLC (5 caps/day)
LOREEV XR (<i>lorazepam</i>) 3 MG CP24 SPRNK	TIER 3	PA, QLC (3 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxazepam cap 10 mg</i>	TIER 1	QLC (12 caps/day)
<i>oxazepam cap 15 mg</i>	TIER 1	QLC (8 caps/day)
<i>oxazepam cap 30 mg</i>	TIER 1	QLC (4 caps/day)
TRANXENE-T (<i>clorazepate dipotassium</i>) RANXENE-7.5 MG AB	TIER 3	QLC (12 tabs/day)
VALIUM (<i>diazepam</i>) 10 MG TAB	TIER 3	QLC (6 tabs/day)
VALIUM (<i>diazepam</i>) 2 MG TAB	TIER 3	QLC (30 tabs/day)
VALIUM (<i>diazepam</i>) 5 MG TAB	TIER 3	QLC (12 tabs/day)
XANAX (<i>alprazolam</i>) 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB	TIER 3	QLC (4 tabs/day)
XANAX (<i>alprazolam</i>) 2 MG TAB	TIER 3	QLC (2 tabs/day)
XANAX XR (<i>alprazolam</i>) 0.5 MG TAB ER 24H, 1 MG TAB ER 24H, 3 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
XANAX XR (<i>alprazolam</i>) 2 MG TAB ER 24H	TIER 3	QLC (2 tabs/day)

BIPOLAR AGENTS (Drugs for Bipolar Disorder)

MOOD STABILIZERS

EQUETRO (<i>carbamazepine (antipsychotic)</i>) 100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H	TIER 2	
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	
LITHOBID (<i>lithium carbonate</i>) 300 MG TAB ER	TIER 3	

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PRESCRIPTION DRUG NAME

DRUG TIER

COVERAGE REQUIREMENTS AND LIMITS

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	
ACTOPLUS MET (<i>pioglitazone hcl-metformin hcl</i>) 15-500 MG TAB, 15-850 MG TAB	TIER 3	QLC (3 tabs/day)
ACTOS (<i>pioglitazone hcl</i>) 15 MG TAB, 30 MG TAB, 45 MG TAB	TIER 3	
ADLYXIN (<i>lixisenatide</i>) 20 MCG/0.2ML SOLN PEN	TIER 3	PA, QLC (1 pack/month)
ADLYXIN STARTER PACK (<i>lixisenatide</i>) 10 & 20 MCG/0.2ML PEN KIT	TIER 3	PA, QLC (1 pack/month)
ALOGLIPTIN BENZOATE 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB	TIER 3	ST, QLC (1 tab/day)
ALOGLIPTIN-METFORMIN HCL -12.5-1000 MG TAB, -12.5-500 MG TAB	TIER 3	ST, QLC (2 tabs/day)
ALOGLIPTIN-PIOGLITAZONE -12.5-15 MG TAB, -12.5-30 MG TAB, -12.5-45 MG TAB, -25-15 MG TAB, -25-30 MG TAB, -25-45 MG TAB	TIER 3	ST, QLC (1 tab/day)
AMARYL (<i>glimepiride</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB	TIER 3	
BEXAGLIFLOZIN 20 MG TAB	TIER 3	ST, QLC (1 tab/day)
BRENZAVVY (<i>bexagliflozin</i>) 20 MG TAB	TIER 3	ST, QLC (1 tab/day)
BYDUREON (<i>exenatide</i>) 2 MG PEN	TIER 3	PA, QLC (4 pens/month)
BYDUREON BCISE (<i>exenatide</i>) 2 MG/0.85ML -INJ	TIER 3	PA, QLC (4 injectors/28 days)
BYETTA 10 MCG PEN (<i>exenatide</i>) /0.04ML SOLN	TIER 3	PA, QLC (1 pen/month)
BYETTA 5 MCG PEN (<i>exenatide</i>) /0.02ML SOLN	TIER 3	PA, QLC (1 pen/month)
CYCLOSET (<i>bromocriptine mesylate (diabetes)</i>) 0.8 MG TAB	TIER 3	PA, QLC (6 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DAPAGLIFLOZIN PRO-METFORMIN ER (<i>dapagliflozin propanediol-metformin hcl</i>) - 10-1000 MG TAB 24H	TIER 3	PA, QLC (1 tab/day)
DAPAGLIFLOZIN PRO-METFORMIN ER (<i>dapagliflozin propanediol-metformin hcl</i>) - 5-1000 MG TAB 24H	TIER 3	PA, QLC (2 tabs/day)
DUETACT (<i>pioglitazone hcl-glimepiride</i>) 30- 2 MG TAB, 30-4 MG TAB	TIER 3	ST, QLC (1 tab/day)
FORTAMET (<i>metformin hcl</i>) 500 MG TAB ER 24H, 1000 MG TAB ER 24H	TIER 3	PA
GLIMEPIRIDE 3 MG TAB	TIER 1	PA, QLC (2 tabs/day)
<i>glimepiride tab 1 mg</i>	TIER 1	
<i>glimepiride tab 2 mg</i>	TIER 1	
<i>glimepiride tab 4 mg</i>	TIER 1	
GLIPIZIDE 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	
GLUCOTROL (<i>glipizide</i>) 5 MG TAB, 10 MG TAB	TIER 3	
GLUCOTROL XL (<i>glipizide</i>) 2.5 MG TAB ER 24H, 5 MG TAB ER 24H, 10 MG TAB ER 24H	TIER 3	
GLUMETZA (<i>metformin hcl</i>) 500 MG TAB ER 24H, 1000 MG TAB ER 24H	TIER 3	PA
GLYBURIDE MICRONIZED 1.5 MG TAB, 3 MG TAB, 6 MG TAB	TIER 1	
<i>glyburide tab 1.25 mg</i>	TIER 1	

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<i>glyburide tab 2.5 mg</i>	TIER 1	
<i>glyburide tab 5 mg</i>	TIER 1	
<i>glyburide-metformin tab 1.25-250 mg</i>	TIER 1	
<i>glyburide-metformin tab 2.5-500 mg</i>	TIER 1	
<i>glyburide-metformin tab 5-500 mg</i>	TIER 1	
GLYNASE (<i>glyburide micronized</i>) 1.5 MG TAB, 3 MG TAB, 6 MG TAB	TIER 3	
GLYSET (<i>miglitol</i>) 100 MG TAB	TIER 3	QLC (3 tabs/day)
GLYXAMBI (<i>empagliflozin-linagliptin</i>) 10-5 MG TAB, 25-5 MG TAB	TIER 2	ST, QLC (1 tab/day)
INVOKAMET (<i>canagliflozin-metformin hcl</i>) 50-1000 MG TAB, 150-1000 MG TAB, 150-500 MG TAB	TIER 3	ST, QLC (2 tabs/day)
INVOKAMET (<i>canagliflozin-metformin hcl</i>) 50-500 MG TAB	TIER 3	ST, QLC (4 tabs/day)
INVOKAMET XR (<i>canagliflozin-metformin hcl</i>) 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H, 150-1000 MG TAB ER 24H, 150-500 MG TAB ER 24H	TIER 3	ST, QLC (2 tabs/day)
JANUMET (<i>sitagliptin-metformin hcl</i>) 50-1000 MG TAB, 50-500 MG TAB	TIER 2	ST, QLC (2 tabs/day)
JANUMET XR (<i>sitagliptin-metformin hcl</i>) 50-1000 MG TAB ER 24H	TIER 2	ST, QLC (2 tabs/day)
JANUMET XR (<i>sitagliptin-metformin hcl</i>) 50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
JANUVIA (<i>sitagliptin phosphate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 2	ST, QLC (1 tab/day)
JENTADUETO (<i>linagliptin-metformin hcl</i>) 2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB	TIER 3	ST, QLC (2 tabs/day)
JENTADUETO XR (<i>linagliptin-metformin hcl</i>) 2.5-1000 MG TAB ER 24H	TIER 3	ST, QLC (2 tabs/day)
JENTADUETO XR (<i>linagliptin-metformin hcl</i>) 5-1000 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
KAZANO (<i>alogliptin-metformin hcl</i>) 12.5-1000 MG TAB, 12.5-500 MG TAB	TIER 3	ST, QLC (2 tabs/day)
KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>) 2.5-1000 MG TAB ER 24H	TIER 3	ST, QLC (2 tabs/day)

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KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>) 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
LIRAGLUTIDE 18 MG/3ML SOLN PEN	TIER 3	PA, QLC (3 pens/month)
METFORMIN HCL 625 MG TAB	TIER 1	PA, QLC (4 tabs/day)
<i>metformin hcl oral soln 500 mg/5ml</i>	TIER 3	PA, QLC (25.5 ml/day)
<i>metformin hcl tab 1000 mg</i>	TIER 1	
<i>metformin hcl tab 500 mg</i>	TIER 1	
<i>metformin hcl tab 850 mg</i>	TIER 1	
<i>metformin hcl tab er 24hr 500 mg</i> (METFORMIN HCL ER)	TIER 1	
<i>metformin hcl tab er 24hr 750 mg</i> (METFORMIN HCL ER)	TIER 1	
<i>metformin hcl tab er 24hr modified release 1000 mg</i> (METFORMIN HCL ER (MOD))	TIER 1	PA, QLC (2 tabs/day)
<i>metformin hcl tab er 24hr modified release 500 mg</i> (METFORMIN HCL ER (MOD))	TIER 1	PA, QLC (3 tabs/day)
<i>metformin hcl tab er 24hr osmotic 1000 mg</i> (METFORMIN HCL ER (OSM))	TIER 1	PA
<i>metformin hcl tab er 24hr osmotic 500 mg</i> (METFORMIN HCL ER (OSM))	TIER 1	PA
MIGLITOL 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 1	QLC (3 tabs/day)
<i>miglitol tab 100 mg</i>	TIER 1	QLC (3 tabs/day)
<i>miglitol tab 25 mg</i>	TIER 1	QLC (3 tabs/day)
<i>miglitol tab 50 mg</i>	TIER 1	QLC (3 tabs/day)
MOUNJARO (<i>tirzepatide</i>) MOUNJRO 2.5 MG/0.5ML SOLN -INJ, MOUNJRO 5 MG/0.5ML SOLN -INJ, MOUNJRO 7.5 MG/0.5ML SOLN -INJ, MOUNJRO 10 MG/0.5ML SOLN -INJ, MOUNJRO 12.5 MG/0.5ML SOLN -INJ, MOUNJRO 15 MG/0.5ML SOLN -INJ	TIER 2	PA, QLC (4 pens (2 ml)/28 days)
<i>nateglinide tab 120 mg</i>	TIER 1	
<i>nateglinide tab 60 mg</i>	TIER 1	
NESINA (<i>alogliptin benzoate</i>) 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB	TIER 3	ST, QLC (1 tab/day)
ONGLYZA (<i>saxagliptin hcl</i>) 2.5 MG TAB, 5 MG TAB	TIER 3	ST, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OSENI (<i>alogliptin-pioglitazone</i>) 12.5-15 MG TAB, 12.5-30 MG TAB, 12.5-45 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB	TIER 3	ST, QLC (1 tab/day)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (<i>semaglutide</i>) (MG/1.5ML SOLN PEN	TIER 2	PA, QLC (1 pen/28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (<i>semaglutide</i>) (MG/3ML SOLN PEN	TIER 2	PA, QLC (3 ml/28 days)
OZEMPIC (1 MG/DOSE) (<i>semaglutide</i>) 2 MG/1.5ML SOLN PEN	TIER 2	PA, QLC (2 pens/28 days)
OZEMPIC (1 MG/DOSE) (<i>semaglutide</i>) 4 MG/3ML SOLN PEN	TIER 2	PA, QLC (3 ml/ 28 days)
OZEMPIC (2 MG/DOSE) (<i>semaglutide</i>) 8 MG/3ML SOLN PEN	TIER 2	PA, QLC (1 pen (3ml)/28 days)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	TIER 1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	TIER 1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	TIER 1	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	TIER 1	ST, QLC (1 tab/day)
<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)
PRECOSE (<i>acarbose</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	
QTERN (<i>dapagliflozin-saxagliptin</i>) 5-5 MG TAB, 10-5 MG TAB	TIER 3	PA, QLC (1 tab/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	
RIOMET (<i>metformin hcl</i>) 500 MG/5ML SOLUTION	TIER 3	PA, QLC (25.5 ml/day)
RIOMET ER (<i>metformin hcl</i>) 500 MG/5ML SR	TIER 3	PA, QLC (20 ml/day)
RYBELSUS (<i>semaglutide</i>) 3 MG TAB, 7 MG TAB, 14 MG TAB	TIER 2	PA, QLC (1 tab/day)
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	TIER 1	ST, QLC (1 tab/day)
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	TIER 1	ST, QLC (1 tab/day)

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<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i> (SAXAGLIPTIN-METFORMIN ER)	TIER 1	ST, QLC (2 tabs/day)
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i> (SAXAGLIPTIN-METFORMIN ER)	TIER 1	ST, QLC (1 tab/day)
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i> (SAXAGLIPTIN-METFORMIN ER)	TIER 1	ST, QLC (1 tab/day)
SEGLUROMET (<i>ertugliflozin-metformin hcl</i>) 2.5-1000 MG TAB, 7.5-1000 MG TAB, 7.5-500 MG TAB	TIER 3	ST, QLC (2 tabs/day)
SEGLUROMET (<i>ertugliflozin-metformin hcl</i>) 2.5-500 MG TAB	TIER 3	ST, QLC (4 tabs/day)
SITAGLIPTIN 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	PA, QLC (1 tab/day)
SITAGLIPTIN BASE-METFORMIN HCL (<i>sitagliptin free base-metformin hcl</i>) -50-1000 MG TAB, -50-500 MG TAB	TIER 3	PA, QLC (2 tabs/day)
SOLIQUA (<i>insulin glargine-lixisenatide</i>) 100-33 UNT-MCG/ML SOLN PEN	TIER 3	PA, QLC (6 pens/month)
STARLIX (<i>nateglinide</i>) 60 MG TAB, 120 MG TAB	TIER 3	
STEGLUJAN (<i>ertugliflozin-sitagliptin</i>) 5-100 MG TAB, 15-100 MG TAB	TIER 3	PA, QLC (1 tab/day)
SYMLINPEN 120 (<i>pramlintide acetate</i>) SYMLIN2700 MCG/2.7ML SOLN	TIER 3	PA
SYMLINPEN 60 (<i>pramlintide acetate</i>) SYMLIN1500 MCG/1.5ML SOLN	TIER 3	PA
SYNJARDY (<i>empagliflozin-metformin hcl</i>) 5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB	TIER 2	ST, QLC (2 tabs/day)
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>) 25-1000 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
SYNJARDY XR (<i>empagliflozin-metformin hcl</i>) 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	TIER 2	ST, QLC (2 tabs/day)
TOLBUTAMIDE 500 MG TAB	TIER 1	
TRADJENTA (<i>linagliptin</i>) 5 MG TAB	TIER 3	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 3	PA, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 3	PA, QLC (2 tabs/day)
TRULICITY (<i>dulaglutide</i>) 0.75 MG/0.5ML SOLN -INJ, 1.5 MG/0.5ML SOLN -INJ, 3 MG/0.5ML SOLN -INJ, 4.5 MG/0.5ML SOLN -INJ	TIER 2	PA, QLC (4 pens (2 ml)/28 days)
VICTOZA (<i>liraglutide</i>) 18 MG/3ML SOLN PEN	TIER 2	PA, QLC (2 pens/month (2 pack size); 3 pens/month (3 pack size))
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>) 10-1000 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
XIGDUO XR (<i>dapagliflozin propanediol-metformin hcl</i>) 5-1000 MG TAB ER 24H	TIER 2	ST, QLC (2 tabs/day)
XIGDUO XR (<i>dapagliflozin-metformin hcl</i>) 2.5-1000 MG TAB ER 24H	TIER 2	ST, QLC (2 tabs/day)
XIGDUO XR (<i>dapagliflozin-metformin hcl</i>) 5-500 MG TAB ER 24H, 10-500 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
XULTOPHY (<i>insulin degludec-liraglutide</i>) 100-3.6 UNIT-MG/ML SOLN PEN	TIER 3	PA, QLC (5 pens/month)
ZITUVIMET (<i>sitagliptin free base-metformin hcl</i>) 50-1000 MG TAB, 50-500 MG TAB	TIER 3	PA, QLC (2 tabs/day)
ZITUVIMET XR (<i>sitagliptin free base-metformin hcl</i>) 50-1000 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
ZITUVIMET XR (<i>sitagliptin free base-metformin hcl</i>) 50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
ZITUVIO (<i>sitagliptin</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	PA, QLC (1 tab/day)

GLYCEMIC AGENTS (Drugs for Low Blood Sugar)

BAQSIMI ONE PACK (<i>glucagon</i>) 3 MG/DOSE POWDER	TIER 3	QLC (2 sprayers/30 days)
BAQSIMI TWO PACK (<i>glucagon</i>) 3 MG/DOSE POWDER	TIER 3	QLC (2 sprayers/30 days)
<i>diazoxide susp 50 mg/ml</i>	TIER 1	
GLUCAGEN HYPOKIT (<i>glucagon hcl (rdna)</i>) 1 MG RECON SOLN	TIER 2	QLC (2 injections/fill)
GLUCAGON EMERGENCY (<i>glucagon (rdna)</i>) 1 MG KIT	TIER 3	QLC (2 kits/fill)

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GLUCAGON EMERGENCY (<i>glucagon hcl</i>) 1 MG/ML RECON SOLN	TIER 2	QLC (2 kits/fill)
GVOKE HYPOPEN 1-PACK (<i>glucagon</i>) 1-PCK 0.5 MG/0.1ML SOLN -INJ, 1-PCK 1 MG/0.2ML SOLN -INJ	TIER 3	QLC (2 injectors/30 days)
GVOKE HYPOPEN 2-PACK (<i>glucagon</i>) 2-PCK 0.5 MG/0.1ML SOLN -INJ, 2-PCK 1 MG/0.2ML SOLN -INJ	TIER 3	QLC (2 injectors/30 days)
GVOKE KIT (<i>glucagon</i>) 1 MG/0.2ML SOLUTION	TIER 3	QLC (2 kits/30 days)
GVOKE PFS (<i>glucagon</i>) 0.5 MG/0.1ML SOLN PRSYR, 1 MG/0.2ML SOLN PRSYR	TIER 3	QLC (2 syringes/30 days)
PROGLYCEM (<i>diazoxide</i>) 50 MG/ML SUSPENSION	TIER 3	
ZEGALOGUE (<i>dasiglucagon hcl</i>) 0.6 MG/0.6ML SOLN A-INJ, 0.6 MG/0.6ML SOLN PRSYR	TIER 3	PA, QLC (2 syringes/30 days)

INSULINS

ADMELOG (<i>insulin lispro</i>) 100 UNIT/ML SOLUTION	TIER 3	PA
ADMELOG SOLOSTAR (<i>insulin lispro</i>) 100 UNIT/ML SOLN PEN	TIER 3	PA
AFREZZA (<i>insulin regular (human)</i>) 4 POWDER, 8 POWDER, 12 POWDER	TIER 3	PA, QLC (3 boxes/month)
AFREZZA (<i>insulin regular (human)</i>) 60X4 60X8 60X12 POWDER, 90 X 4 90X8 POWDER, 90 X 8 90X12 POWDER	TIER 3	PA, QLC (1 box/month)
APIDRA (<i>insulin glulisine</i>) 100 UNIT/ML SOLUTION	TIER 3	PA
APIDRA SOLOSTAR (<i>insulin glulisine</i>) 100 UNIT/ML SOLN PEN	TIER 3	PA
BASAGLAR KWIKPEN (<i>insulin glargine</i>) KWIK100 UNIT/ML SOLN	TIER 3	PA, QLC (45 ml (15 pens)/ month)
BASAGLAR TEMPO PEN (<i>insulin glargine</i>) 100 UNIT/ML SOLN	TIER 3	PA, QLC (45 ml (15 pens)/ month)
FIASP (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLUTION	TIER 3	PA
FIASP FLEXTOUCH (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN PEN	TIER 3	PA

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FIASP PENFILL (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN CART	TIER 3	PA
FIASP PUMPCART (<i>insulin aspart (with niacinamide)</i>) 100 UNIT/ML SOLN	TIER 3	PA
HUMALOG (<i>insulin lispro</i>) 100 UNIT/ML SOLN CART	TIER 2	
HUMALOG (<i>insulin lispro</i>) 100 UNIT/ML SOLUTION	TIER 3	PA
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 3	PA
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 3	
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 3	
HUMULIN R (<i>insulin regular (human)</i>) 100 UNIT/ML SOLUTION	TIER 2	
HUMULIN R U-500 (CONCENTRATED) (<i>insulin regular (human)</i>) HMLIN - (CONCENTATED) NIT/ML SOLTION	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMULIN R U-500 KWIKPEN (<i>insulin regular (human)</i>) HMLIN -KWIKNIT/ML SOLN	TIER 3	
INSULIN ASP PROT & ASP FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA
INSULIN ASPART 100 UNIT/ML SOLUTION	TIER 3	PA
INSULIN ASPART FLEXPEN FLEX100 UNIT/ML SOLN	TIER 3	PA
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	TIER 3	PA
INSULIN ASPART PROT & ASPART (<i>insulin aspart protamine & aspart (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA
INSULIN DEGLUDEC 100 UNIT/ML SOLUTION	TIER 3	PA, QLC (3 vials/30 days)
INSULIN DEGLUDEC FLEXTOUCH 100 UNIT/ML SOLN PEN	TIER 3	PA, QLC (10 pens/month)
INSULIN DEGLUDEC FLEXTOUCH 200 UNIT/ML SOLN PEN	TIER 3	PA, QLC (9 pens/month)
INSULIN GLARGINE 100 UNIT/ML SOLUTION	TIER 2	QLC (40 ml (4 vials)/ month)
INSULIN GLARGINE MAX SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 3	PA, QLC (6 pens/month)
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	TIER 2	QLC (45 ml (15 pens)/ month)
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	TIER 3	PA, QLC (12 pens/month)
INSULIN GLARGINE-YFGN -100 UNIT/ML SOLN PEN	TIER 3	PA, QLC (45 ml/30 days)
INSULIN GLARGINE-YFGN -100 UNIT/ML SOLUTION	TIER 3	PA, QLC (40 ml/30 days)
INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN	TIER 1	
INSULIN LISPRO 100 UNIT/ML SOLUTION	TIER 1	
INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	TIER 1	
INSULIN LISPRO PROT & LISPRO (<i>insulin lispro protamine & lispro</i>) (75-25) 100 UNIT/ML SUSP PEN	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LANTUS (<i>insulin glargine</i>) 100 UNIT/ML SOLUTION	TIER 2	QLC (40 ml (4 vials)/ month)
LANTUS SOLOSTAR (<i>insulin glargine</i>) 100 UNIT/ML SOLN PEN	TIER 2	QLC (45 ml (15 pens)/ month)
LEVEMIR (<i>insulin detemir</i>) 100 UNIT/ML SOLUTION	TIER 3	PA, QLC (40 ml/month)
LEVEMIR FLEXPEN (<i>insulin detemir</i>) FLEX100 UNIT/ML SOLN	TIER 3	PA, QLC (45 ml/month)
LEVEMIR FLEXTOUCH (<i>insulin detemir</i>) 100 UNIT/ML SOLN PEN	TIER 3	PA, QLC (45 ml/month)
LYUMJEV (<i>insulin lispro-aabc</i>) 100 UNIT/ML SOLUTION	TIER 2	
LYUMJEV KWIKPEN (<i>insulin lispro-aabc</i>) 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN	TIER 2	
LYUMJEV TEMPO PEN (<i>insulin lispro-aabc</i>) 100 UNIT/ML SOLN	TIER 3	PA
NOVOLIN 70/30 (<i>insulin nph isophane & reg (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA
NOVOLIN 70/30 FLEXPEN (<i>insulin nph isophane & reg (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA
NOVOLIN 70/30 FLEXPEN RELION (<i>insulin nph isophane & reg (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA
NOVOLIN 70/30 RELION (<i>insulin nph isophane & reg (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA
NOVOLIN N (<i>insulin nph (human) (isophane)</i>) 100 UIT/ML SUSPESIO	TIER 3	PA
NOVOLIN N FLEXPEN (<i>insulin nph (human) (isophane)</i>) FLEX100 UIT/ML SUSP	TIER 3	PA
NOVOLIN N FLEXPEN RELION (<i>insulin nph (human) (isophane)</i>) FLEX100 UIT/ML SUSP	TIER 3	PA
NOVOLIN N RELION (<i>insulin nph (human) (isophane)</i>) 100 UIT/ML SUSPESIO	TIER 3	PA
NOVOLIN R (<i>insulin regular (human)</i>) 100 UNIT/ML SOLUTION	TIER 3	PA
NOVOLIN R FLEXPEN (<i>insulin regular (human)</i>) FLEX100 UNIT/ML SOLN	TIER 3	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOVOLIN R FLEXPEN RELION (<i>insulin regular (human)</i>) FLEXELION 100 UNIT/ML SOLN	TIER 3	PA
NOVOLIN R RELION (<i>insulin regular (human)</i>) ELION 100 UNIT/ML SOLUTION	TIER 3	PA
NOVOLOG (<i>insulin aspart</i>) 100 UNIT/ML SOLUTION	TIER 3	PA
NOVOLOG 70/30 FLEXPEN RELION (<i>insulin aspart protamine & aspart (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA
NOVOLOG FLEXPEN (<i>insulin aspart</i>) FLEX100 UNIT/ML SOLN	TIER 3	PA
NOVOLOG FLEXPEN RELION (<i>insulin aspart</i>) FLEX100 UNIT/ML SOLN	TIER 3	PA
NOVOLOG MIX 70/30 (<i>insulin aspart protamine & aspart (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA
NOVOLOG MIX 70/30 FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA
NOVOLOG MIX 70/30 RELION (<i>insulin aspart protamine & aspart (human)</i>) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA
NOVOLOG PENFILL (<i>insulin aspart</i>) 100 UNIT/ML SOLN CART	TIER 3	PA
NOVOLOG RELION (<i>insulin aspart</i>) 100 UNIT/ML SOLUTION	TIER 3	PA
REZVOGLAR KWIKPEN (<i>insulin glargine-agl</i>) KWIK100 UNIT/ML SOLN	TIER 3	PA, QLC (45 ml/ 30 days)
SEMGLEE (<i>insulin glargine</i>) 100 UNIT/ML SOLN PEN	TIER 3	PA, QLC (45 ml (15 pens)/ month)
SEMGLEE (<i>insulin glargine</i>) 100 UNIT/ML SOLUTION	TIER 3	PA, QLC (40 ml (4 vials)/ month)
SEMGLEE (YFGN) (<i>insulin glargine-yfgn</i>) 100 UNIT/ML SOLN PEN	TIER 3	PA, QLC (45 ml/30 days)
SEMGLEE (YFGN) (<i>insulin glargine-yfgn</i>) 100 UNIT/ML SOLUTION	TIER 3	PA, QLC (40 ml/30 days)
TOUJEO MAX SOLOSTAR (<i>insulin glargine</i>) 300 UNIT/ML SOLN PEN	TIER 2	QLC (6 pens/month)
TOUJEO SOLOSTAR (<i>insulin glargine</i>) 300 UNIT/ML SOLN PEN	TIER 2	QLC (12 pens/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRESIBA (<i>insulin degludec</i>) 100 UNIT/ML SOLUTION	TIER 2	QLC (3 vials/30 days)
TRESIBA FLEXTOUCH (<i>insulin degludec</i>) 100 UNIT/ML SOLN PEN	TIER 2	QLC (10 pens/month)
TRESIBA FLEXTOUCH (<i>insulin degludec</i>) 200 UNIT/ML SOLN PEN	TIER 2	QLC (9 pens/month)

BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)

ANTICOAGULANTS (Blood Thinners)

ARIXTRA (<i>fondaparinux sodium</i>) 2.5 MG/0.5ML SOLUTION, 5 MG/0.4ML SOLUTION, 7.5 MG/0.6ML SOLUTION, 10 MG/0.8ML SOLUTION	TIER 4	QLC (1 syringe/day)
BEVYXXA (<i>betrixaban maleate</i>) 40 MG CAP, 80 MG CAP	TIER 3	PA, QLC (1 cap/day)
COUMADIN (<i>warfarin sodium</i>) 4 MG TAB, 6 MG TAB, 7.5 MG TAB	TIER 3	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i> (TIER 1	PA, QLC (2 caps/day)
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i> (TIER 1	PA, QLC (2 caps/day)
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i> (TIER 1	PA, QLC (2 caps/day)
ELIQUIS (<i>apixaban</i>) 2.5 MG TAB, 5 MG TAB	TIER 2	QLC (2 tabs/day)
ELIQUIS DVT/PE STARTER PACK (<i>apixaban</i>) 5 MG TAB THPK	TIER 2	QLC (2 tabs/day; 1 starter pack/6 months)
<i>enoxaparin sodium inj 300 mg/3ml</i>	TIER 4	QLC (2 ml/day)
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	TIER 4	QLC (2 syringes/day)
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	TIER 4	QLC (2 syringes/day)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	TIER 4	QLC (2 syringes/day)
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	TIER 4	QLC (1 syringe/day)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	TIER 4	QLC (1 syringe/day)
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	TIER 4	QLC (1 syringe/day)
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	TIER 4	QLC (1 syringe/day)
FRAGMIN (<i>dalteparin sodium</i>) 10000 UNIT/4ML SOLUTION	TIER 4	QLC (2 vials/day)
FRAGMIN (<i>dalteparin sodium</i>) 10000 UNIT/ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR	TIER 4	QLC (1 syringe/day)
FRAGMIN (<i>dalteparin sodium</i>) 12500 UNIT/0.5ML 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>) 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 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	
LOVENOX (<i>enoxaparin sodium</i>) 30 MG/0.3ML SOLN PRSYR, 80 MG/0.8ML SOLN PRSYR, 120 MG/0.8ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	TIER 4	QLC (2 syringes/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LOVENOX (<i>enoxaparin sodium</i>) 300 MG/3ML SOLUTION	TIER 4	QLC (2 ml/day)
LOVENOX (<i>enoxaparin sodium</i>) 40 MG/0.4ML SOLN PRSYR, 60 MG/0.6ML SOLN PRSYR, 100 MG/ML SOLN PRSYR	TIER 4	QLC (2 syringes/day)
PRADAXA (<i>dabigatran etexilate mesylate</i>) 110 MG CAP	TIER 3	PA, QLC (2 caps/day)
PRADAXA (<i>dabigatran etexilate mesylate</i>) 20 MG PACKET, 150 MG PACKET	TIER 3	PA, QLC (2 packs/day)
PRADAXA (<i>dabigatran etexilate mesylate</i>) 30 MG PACKET, 40 MG PACKET, 50 MG PACKET, 110 MG PACKET	TIER 3	PA, QLC (4 packs/day)
PRADAXA (<i>dabigatran etexilate mesylate</i>) 75 MG CAP, 150 MG CAP	TIER 3	PA, QLC (2 caps/day)
SAVAYSA (<i>edoxaban tosylate</i>) 15 MG TAB, 30 MG TAB, 60 MG TAB	TIER 3	PA, QLC (1 tab/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>) 1 MG/ML RECON SUSP	TIER 2	QLC (20 ml/day)

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

BLOOD PRODUCTS AND MODIFIERS, OTHER (Blood Formation Drugs)

AGRYLIN (<i>anagrelide hcl</i>) 0.5 MG CAP	TIER 3	
ALVAIZ (<i>eltrombopag choline</i>) 36 MG TAB, 54 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
ALVAIZ (<i>eltrombopag choline</i>) 9 MG TAB, 18 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
<i>anagrelide hcl cap 0.5 mg</i>	TIER 1	
<i>anagrelide hcl cap 1 mg</i>	TIER 1	
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, SP, QLC (1 syringe or vial/week)
EPOGEN (<i>epoetin alfa</i>) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION	TIER 4	PA, SP
FABHALTA (<i>iptacopan hcl</i>) 200 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)
FULPHILA (<i>pegfilgrastim-jmdb</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
FYLNETRA (<i>pegfilgrastim-pbbk</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
GRANIX (<i>tbo-filgrastim</i>) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	TIER 4	PA, SP

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LEUKINE (<i>sargramostim</i>) 250 MCG RECON SOLN	TIER 4	PA, SP
MIRCERA (<i>methoxy polyethylene glycol-epoetin beta</i>) 30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 120 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
MOZOBIL (<i>plerixafor</i>) 24 MG/1.2ML SOLUTION	TIER 4	PA, SP
MULPLETA (<i>lusutrombopag</i>) 3 MG TAB	TIER 4	PA, SP, QLC (1 tab/day, not to exceed 7 tabs/120 days)
NEULASTA (<i>pegfilgrastim</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
NEUPOGEN (<i>filgrastim</i>) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	TIER 4	PA, SP
NIVESTYM (<i>filgrastim-aafi</i>) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	TIER 4	PA, SP
NYVEPRIA (<i>pegfilgrastim-apgf</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
<i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)</i>	TIER 4	PA, SP
PROCRIT (<i>epoetin alfa</i>) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	TIER 4	PA, SP
PROMACTA (<i>eltrombopag olamine</i>) 12.5 MG PACKET	TIER 4	PA, SP, QLC (1 packet/day)
PROMACTA (<i>eltrombopag olamine</i>) 12.5 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
PROMACTA (<i>eltrombopag olamine</i>) 25 MG PACKET	TIER 4	PA, SP, QLC (6 packets/day)
PROMACTA (<i>eltrombopag olamine</i>) 25 MG TAB, 50 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
PROMACTA (<i>eltrombopag olamine</i>) 75 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PYRUKYND TAPER PACK (<i>mitapivat sulfate</i>) 5 MG TAB THPK	TIER 4	PA, SP, QLC (7 tabs/28 days)
PYRUKYND TAPER PACK (<i>mitapivat sulfate</i>) PACK 7 20 MG 7 5 MG TAB THPK, PACK 7 50 MG 7 20 MG TAB THPK	TIER 4	PA, SP, QLC (14 tabs/28 days)
RELEUKO (<i>filgrastim-ayow</i>) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	TIER 4	PA, SP
RETACRIT (<i>epoetin alfa-epbx</i>) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	TIER 4	PA, SP
ROLVEDON (<i>eflapegrastim-xnst</i>) 13.2 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
STIMUFEND (<i>pegfilgrastim-fpgk</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
UDENYCA (<i>pegfilgrastim-cbqv</i>) 6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
ZARXIO (<i>filgrastim-sndz</i>) 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	TIER 4	PA, SP
ZIEXTENZO (<i>pegfilgrastim-bmez</i>) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP

HEMOSTASIS AGENTS (Drugs to Stop Bleeding)

AMICAR (<i>aminocaproic acid</i>) 0.25 GM/ML SOLUTION, 500 MG TAB, 1000 MG TAB	TIER 3	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	TIER 1	
<i>aminocaproic acid tab 1000 mg</i>	TIER 1	
<i>aminocaproic acid tab 500 mg</i>	TIER 1	
LYSTEDA (<i>tranexamic acid</i>) 650 MG TAB	TIER 3	QLC (6 tabs/day; max 30 tabs/month)
MEPHYTON (<i>phytonadione</i>) 5 MG TAB	TIER 3	QLC (5 tabs/week)
<i>phytonadione tab 5 mg</i>	TIER 1	QLC (5 tabs/week)
<i>tranexamic acid tab 650 mg</i>	TIER 1	QLC (6 tabs/day; max 30 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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PLATELET MODIFYING AGENTS (Drugs for Heart Attack and Stroke Prevention)

<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (ASPIRIN-DIPYRIDAMOLE ER)	TIER 1	
ASPIRIN-OMEPRAZOLE -81-40 MG TAB DR, -325-40 MG TAB DR	TIER 3	PA, QLC (1 tab/day)
BRILINTA (<i>ticagrelor</i>) 60 MG TAB, 90 MG TAB	TIER 2	QLC (2 tabs/day)
CABLIVI (<i>caplacizumab-yhdp</i>) 11 MG KIT	TIER 4	PA, SP, QLC (1 kit/day)
<i>cilostazol tab 100 mg</i>	TIER 1	
<i>cilostazol tab 50 mg</i>	TIER 1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	TIER 1	QLC (1 tab/day)
<i>dipyridamole tab 25 mg</i>	TIER 1	
<i>dipyridamole tab 50 mg</i>	TIER 1	
<i>dipyridamole tab 75 mg</i>	TIER 1	
DOPTELET (<i>avatrombopag maleate</i>) 20 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
DURLAZA (<i>aspirin (platelet aggregation inhibitor)</i>) 162.5 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
EFFIENT (<i>prasugrel hcl</i>) 5 MG TAB, 10 MG TAB	TIER 3	QLC (1 tab/day)
PLAVIX (<i>clopidogrel bisulfate</i>) 75 MG TAB	TIER 3	QLC (1 tab/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, SP, QLC (2 tabs/day)
YOSPRALA (<i>aspirin-omeprazole</i>) 81-40 MG TAB DR, 325-40 MG TAB DR	TIER 3	PA, QLC (1 tab/day)

CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)

ALPHA-ADRENERGIC AGONISTS

CATAPRES (<i>clonidine hcl</i>) 0.1 MG TAB, 0.2 MG TAB, 0.3 MG TAB	TIER 3	
CATAPRES-TTS-1 (<i>clonidine</i>) --0.MG/24HR PATCH WK	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CATAPRES-TTS-2 (<i>clonidine</i>) --0.MG/4HR PATCH WK	TIER 3	
CATAPRES-TTS-3 (<i>clonidine</i>) --0.MG/24HR PATCH WK	TIER 3	
CLONIDINE ER 0.17 MG TAB 24H	TIER 3	PA, QLC (3 tabs/day)
<i>clonidine hcl tab 0.1 mg</i>	TIER 1	
<i>clonidine hcl tab 0.2 mg</i>	TIER 1	
<i>clonidine hcl tab 0.3 mg</i>	TIER 1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	TIER 1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	TIER 1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	TIER 1	
<i>droxidopa cap 100 mg</i>	TIER 4	PA, SP, QLC (18 caps/day)
<i>droxidopa cap 200 mg</i>	TIER 4	PA, SP, QLC (9 caps/day)
<i>droxidopa cap 300 mg</i>	TIER 4	PA, SP, QLC (6 caps/day)
<i>guanfacine hcl tab 1 mg</i>	TIER 1	
<i>guanfacine hcl tab 2 mg</i>	TIER 1	
METHYLDOPA 250 MG TAB, 500 MG TAB	TIER 1	
<i>methyldopa tab 250 mg</i>	TIER 1	
<i>methyldopa tab 500 mg</i>	TIER 1	
<i>midodrine hcl tab 10 mg</i>	TIER 1	
<i>midodrine hcl tab 2.5 mg</i>	TIER 1	
<i>midodrine hcl tab 5 mg</i>	TIER 1	
NEXICLON XR (<i>clonidine hcl</i>) 0.17 MG TAB ER 24H	TIER 3	PA, QLC (3 tabs/day)
NORTHERA (<i>droxidopa</i>) 100 MG CAP	TIER 4	PA, SP, QLC (18 caps/day)
NORTHERA (<i>droxidopa</i>) 200 MG CAP	TIER 4	PA, SP, QLC (9 caps/day)
NORTHERA (<i>droxidopa</i>) 300 MG CAP	TIER 4	PA, SP, QLC (6 caps/day)

ALPHA-ADRENERGIC BLOCKING AGENTS

CARDURA (<i>doxazosin mesylate</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB, 8 MG TAB	TIER 3	
DIBENZYLIN (<i>phenoxybenzamine hcl</i>) 10 MG CAP	TIER 4	PA
<i>doxazosin mesylate tab 1 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
MINIPRESS (<i>prazosin hcl</i>) 1 MG CAP, 2 MG CAP, 5 MG CAP	TIER 3	
<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

ATACAND (<i>candesartan cilexetil</i>) 16 MG TAB	TIER 3	ST, QLC (2 tabs/day)
ATACAND (<i>candesartan cilexetil</i>) 32 MG TAB	TIER 3	ST, QLC (1 tab/day)
ATACAND (<i>candesartan cilexetil</i>) 4 MG TAB	TIER 3	ST, QLC (8 tabs/day)
ATACAND (<i>candesartan cilexetil</i>) 8 MG TAB	TIER 3	ST, QLC (4 tabs/day)
AVAPRO (<i>irbesartan</i>) 75 MG TAB, 150 MG TAB, 300 MG TAB	TIER 3	QLC (1 tab/day)
BENICAR (<i>olmesartan medoxomil</i>) 20 MG TAB, 40 MG TAB	TIER 3	QLC (1 tab/day)
BENICAR (<i>olmesartan medoxomil</i>) 5 MG TAB	TIER 3	QLC (3 tabs/day)
<i>candesartan cilexetil tab 16 mg</i>	TIER 1	ST, QLC (2 tabs/day)
<i>candesartan cilexetil tab 32 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>candesartan cilexetil tab 4 mg</i>	TIER 1	ST, QLC (8 tabs/day)
<i>candesartan cilexetil tab 8 mg</i>	TIER 1	ST, QLC (4 tabs/day)
COZAAR (<i>losartan potassium</i>) 100 MG TAB	TIER 3	QLC (1 tab/day)
COZAAR (<i>losartan potassium</i>) 25 MG TAB	TIER 3	QLC (4 tabs/day)
COZAAR (<i>losartan potassium</i>) 50 MG TAB	TIER 3	QLC (2 tabs/day)
DIOVAN (<i>valsartan</i>) 320 MG TAB	TIER 3	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIOVAN (<i>valsartan</i>) 40 MG TAB, 80 MG TAB, 160 MG TAB	TIER 3	QLC (2 tabs/day)
EDARBI (<i>azilsartan medoxomil</i>) 40 MG TAB, 80 MG TAB	TIER 3	ST, QLC (1 tab/day)
EPROSARTAN MESYLATE 600 MG TAB	TIER 1	ST, QLC (1 tab/day)
<i>irbesartan tab 150 mg</i>	TIER 1	QLC (1 tab/day)
<i>irbesartan tab 300 mg</i>	TIER 1	QLC (1 tab/day)
<i>irbesartan tab 75 mg</i>	TIER 1	QLC (1 tab/day)
<i>losartan potassium tab 100 mg</i>	TIER 1	QLC (1 tab/day)
<i>losartan potassium tab 25 mg</i>	TIER 1	QLC (4 tabs/day)
<i>losartan potassium tab 50 mg</i>	TIER 1	QLC (2 tabs/day)
MICARDIS (<i>telmisartan</i>) 20 MG TAB, 40 MG TAB	TIER 3	QLC (1 tab/day)
MICARDIS (<i>telmisartan</i>) 80 MG TAB	TIER 3	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)
VALSARTAN 4 MG/ML SOLUTION	TIER 1	PA, QLC (80 ml/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

ACCUPRIL (<i>quinapril hcl</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB	TIER 3	
ALTACE (<i>ramipril</i>) 1.25 MG CAP, 2.5 MG CAP, 5 MG CAP, 10 MG CAP	TIER 3	
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 oral soln 1 mg/ml</i>	TIER 1	QLC (40 ml/day)
<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	
EPANED (<i>enalapril maleate</i>) 1 MG/ML SOLUTION	TIER 3	QLC (40 ml/day)
<i>fosinopril sodium tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>fosinopril sodium tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>fosinopril sodium tab 40 mg</i>	TIER 1	QLC (2 tabs/day)
<i>lisinopril tab 10 mg</i>	TIER 1	
<i>lisinopril tab 2.5 mg</i>	TIER 1	
<i>lisinopril tab 20 mg</i>	TIER 1	
<i>lisinopril tab 30 mg</i>	TIER 1	
<i>lisinopril tab 40 mg</i>	TIER 1	
<i>lisinopril tab 5 mg</i>	TIER 1	
LOTENSIN (<i>benazepril hcl</i>) 10 MG TAB	TIER 3	QLC (1 tab/day)
LOTENSIN (<i>benazepril hcl</i>) 20 MG TAB	TIER 3	QLC (1 tab/day)
LOTENSIN (<i>benazepril hcl</i>) 40 MG TAB	TIER 3	QLC (2 tabs/day)
<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>perindopril erbumine tab 8 mg</i>	TIER 1	QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRINIVIL (<i>lisinopril</i>) 20 MG TAB	TIER 3	
QBRELIS (<i>lisinopril</i>) 1 MG/ML SOLUTION	TIER 3	PA, QLC (80 ml/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	
VASOTEC (<i>enalapril maleate</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	
ZESTRIL (<i>lisinopril</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB, 30 MG TAB, 40 MG TAB	TIER 3	

ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)

<i>amiodarone hcl tab 100 mg</i>	TIER 1	
amiodarone hcl tab 100 mg (Pacerone)	TIER 3	
<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	
amiodarone hcl tab 400 mg (Pacerone)	TIER 3	
BETAPACE (<i>sotalol hcl</i>) 80 MG TAB, 120 MG TAB, 160 MG TAB	TIER 3	
BETAPACE AF (<i>sotalol hcl (afib/afl)</i>) 80 MG TAB, 120 MG TAB, 160 MG TAB	TIER 3	
DIGOXIN 0.05 MG/ML SOLUTION	TIER 1	QLC (5 ml/day)
<i>digoxin oral soln 0.05 mg/ml</i>	TIER 1	QLC (5 ml/day)
<i>digoxin tab 125 mcg (0.125 mg) (0.</i>	TIER 1	QLC (1 tab/day)
digoxin tab 125 mcg (0.125 mg) (Digitek) (0.	TIER 1	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>digoxin tab 62.5 mcg (0.0625 mg)</i>	TIER 1	QLC (1 tab/day)
<i>disopyramide phosphate cap 100 mg</i>	TIER 1	
<i>disopyramide phosphate cap 150 mg</i>	TIER 1	
<i>dofetilide cap 125 mcg (0.125 mg) (0.</i>	TIER 1	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	TIER 1	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	TIER 1	
<i>flecainide acetate tab 100 mg</i>	TIER 1	
<i>flecainide acetate tab 150 mg</i>	TIER 1	
<i>flecainide acetate tab 50 mg</i>	TIER 1	
LANOXIN (<i>digoxin</i>) 62.5 MCG TAB, 125 MCG TAB, 250 MCG TAB	TIER 3	QLC (1 tab/day)
<i>mexiletine hcl cap 150 mg</i>	TIER 1	
<i>mexiletine hcl cap 200 mg</i>	TIER 1	
<i>mexiletine hcl cap 250 mg</i>	TIER 1	
MULTAQ (<i>dronedarone hcl</i>) 400 MG TAB	TIER 2	QLC (2 tabs/day)
NORPACE (<i>disopyramide phosphate</i>) 100 MG CAP, 150 MG CAP	TIER 3	
NORPACE CR (<i>disopyramide phosphate</i>) 100 MG CAP ER 12H	TIER 2	QLC (8 caps/day)
NORPACE CR (<i>disopyramide phosphate</i>) 150 MG CAP ER 12H	TIER 2	QLC (5 caps/day)
<i>propafenone hcl cap er 12hr 225 mg</i> (PROPAFENONE HCL ER)	TIER 1	
<i>propafenone hcl cap er 12hr 325 mg</i> (PROPAFENONE HCL ER)	TIER 1	
<i>propafenone hcl cap er 12hr 425 mg</i> (PROPAFENONE HCL ER)	TIER 1	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QUINIDINE SULFATE 200 MG TAB, 300 MG TAB	TIER 1	
<i>quinidine sulfate tab 200 mg</i>	TIER 1	
<i>quinidine sulfate tab 300 mg</i>	TIER 1	
RYTHMOL SR (<i>propafenone hcl</i>) 225 MG CAP ER 12H, 325 MG CAP ER 12H, 425 MG CAP ER 12H	TIER 3	
sotalol hcl (afib/af) tab 120 mg (Sotalol Hcl (af))	TIER 1	
sotalol hcl (afib/af) tab 160 mg (Sotalol Hcl (af))	TIER 1	
sotalol hcl (afib/af) tab 80 mg (Sotalol Hcl (af))	TIER 1	
<i>sotalol hcl tab 120 mg</i>	TIER 1	
sotalol hcl tab 120 mg (Sorine)	TIER 1	
<i>sotalol hcl tab 160 mg</i>	TIER 1	
sotalol hcl tab 160 mg (Sorine)	TIER 1	
<i>sotalol hcl tab 240 mg</i>	TIER 1	
sotalol hcl tab 240 mg (Sorine)	TIER 1	
<i>sotalol hcl tab 80 mg</i>	TIER 1	
sotalol hcl tab 80 mg (Sorine)	TIER 1	
SOTYLIZE (<i>sotalol hcl</i>) 5 MG/ML SOLUTION	TIER 3	PA, QLC (64 ml/day)
TIKOSYN (<i>dofetilide</i>) 125 MCG CAP, 250 MCG CAP, 500 MCG CAP	TIER 3	

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 1	
<i>betaxolol hcl tab 20 mg</i>	TIER 1	
<i>bisoprolol fumarate tab 10 mg</i>	TIER 1	
<i>bisoprolol fumarate tab 5 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BYSTOLIC (<i>nebivolol hcl</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 3	QLC (1 tab/day)
BYSTOLIC (<i>nebivolol hcl</i>) 20 MG TAB	TIER 3	QLC (2 tabs/day)
<i>carvedilol phosphate cap er 24hr 10 mg</i> (CARVEDILOL PHOSPHATE ER)	TIER 1	ST
<i>carvedilol phosphate cap er 24hr 20 mg</i> (CARVEDILOL PHOSPHATE ER)	TIER 1	ST
<i>carvedilol phosphate cap er 24hr 40 mg</i> (CARVEDILOL PHOSPHATE ER)	TIER 1	ST
<i>carvedilol phosphate cap er 24hr 80 mg</i> (CARVEDILOL PHOSPHATE ER)	TIER 1	ST
<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	
COREG (<i>carvedilol</i>) 3.125 MG TAB, 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB	TIER 3	
COREG CR (<i>carvedilol phosphate</i>) 10 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H	TIER 3	ST
CORGARD (<i>nadolol</i>) 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	
HEMANGEOL (<i>propranolol hcl</i>) 4.28 MG/ML SOLUTION	TIER 3	PA, SP, QLC (2 bottles/month)
INDERAL LA (<i>propranolol hcl</i>) 60 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H, 160 MG CAP ER 24H	TIER 3	
INDERAL XL (<i>propranolol hcl sustained-release beads</i>) 80 MG CAP ER 24H, 120 MG CAP ER 24H	TIER 3	PA
INNOPRAN XL (<i>propranolol hcl sustained-release beads</i>) 80 MG CAP ER 24H, 120 MG CAP ER 24H	TIER 3	PA
KAPSPARGO SPRINKLE (<i>metoprolol succinate</i>) 25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK, 200 MG CP24 SPRNK	TIER 3	QLC (1 cap/day)
<i>labetalol hcl tab 100 mg</i>	TIER 1	
<i>labetalol hcl tab 200 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>labetalol hcl tab 300 mg</i>	TIER 1	
LOPRESSOR (<i>metoprolol tartrate</i>) 50 MG TAB, 100 MG TAB	TIER 3	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	TIER 1	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	TIER 1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	TIER 1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> (METOPROLOL SUCCINATE ER)	TIER 1	
<i>metoprolol tartrate tab 100 mg</i>	TIER 1	
<i>metoprolol tartrate tab 25 mg</i>	TIER 1	
<i>metoprolol tartrate tab 37.5 mg</i>	TIER 1	
<i>metoprolol tartrate tab 50 mg</i>	TIER 1	
<i>metoprolol tartrate tab 75 mg</i>	TIER 1	
<i>nadolol tab 20 mg</i>	TIER 1	
<i>nadolol tab 40 mg</i>	TIER 1	
<i>nadolol tab 80 mg</i>	TIER 1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	TIER 1	QLC (1 tab/day)
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	TIER 1	QLC (1 tab/day)
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	TIER 1	QLC (2 tabs/day)
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	TIER 1	QLC (1 tab/day)
<i>pindolol tab 10 mg</i>	TIER 1	
<i>pindolol tab 5 mg</i>	TIER 1	
PROPRANOLOL HCL 40 MG/5ML SOLUTION	TIER 1	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>propranolol hcl cap er 24hr 80 mg</i> (PROPRANOLOL HCL ER)	TIER 1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	TIER 1	
<i>propranolol hcl tab 10 mg</i>	TIER 1	
<i>propranolol hcl tab 20 mg</i>	TIER 1	
<i>propranolol hcl tab 40 mg</i>	TIER 1	
<i>propranolol hcl tab 60 mg</i>	TIER 1	
<i>propranolol hcl tab 80 mg</i>	TIER 1	
TENORMIN (<i>atenolol</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	
<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	
TOPROL XL (<i>metoprolol succinate</i>) 25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H, 200 MG TAB ER 24H	TIER 3	

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

ADALAT CC (<i>nifedipine</i>) 30 MG TAB ER 24H, 60 MG TAB ER 24H, 90 MG TAB ER 24H	TIER 3	
<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	
CONJUPRI (<i>levamlodipine maleate</i>) 2.5 MG TAB, 5 MG TAB	TIER 3	PA, QLC (1 tab/day)
<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	
KATERZIA (<i>amlodipine benzoate</i>) 1 MG/ML SUSPENSION	TIER 3	PA, QLC (10 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LEVAMLODIPINE MALEATE 2.5 MG TAB, 5 MG TAB	TIER 3	PA, QLC (1 tab/day)
<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	
<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 1	
NISOLDIPINE ER ER 20 MG TAB ER 24H, ER 25.5 MG TAB ER 24H, ER 30 MG TAB ER 24H, ER 40 MG TAB ER 24H	TIER 1	
<i>nisoldipine tab er 24hr 17 mg</i> (NISOLDIPINE ER)	TIER 1	
<i>nisoldipine tab er 24hr 34 mg</i> (NISOLDIPINE ER)	TIER 1	
<i>nisoldipine tab er 24hr 8.5 mg</i> (NISOLDIPINE ER)	TIER 1	
NORLIQVA (<i>amlodipine besylate</i>) 1 MG/ML SOLUTION	TIER 3	PA, QLC (10 ml/day)
NORVASC (<i>amlodipine besylate</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 3	
NYMALIZE (<i>nimodipine</i>) 30 MG/10ML SOLUTION	TIER 3	PA, QLC (60 ml/day, max of 21 days in 6 months)
NYMALIZE (<i>nimodipine</i>) 6 MG/ML SOLUTION	TIER 3	PA, QLC (60 ml/day; max 21 days therapy/180 days)
NYMALIZE (<i>nimodipine</i>) 60 MG/20ML SOLUTION	TIER 3	PA, QLC (120 ml per day, max of 21 days in 6 months)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROCARDIA (<i>nifedipine</i>) 10 MG CAP	TIER 3	
PROCARDIA XL (<i>nifedipine</i>) 30 MG TAB ER 24H, 60 MG TAB ER 24H, 90 MG TAB ER 24H	TIER 3	
SULAR (<i>nisoldipine</i>) 8.5 MG TAB ER 24H, 17 MG TAB ER 24H, 34 MG TAB ER 24H	TIER 3	

CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES

CALAN SR (<i>verapamil hcl</i>) 120 MG TAB ER, 180 MG TAB ER, 240 MG TAB ER	TIER 3	
CARDIZEM (<i>diltiazem hcl</i>) 30 MG TAB, 60 MG TAB, 120 MG TAB	TIER 3	
CARDIZEM CD (<i>diltiazem hcl coated beads</i>) 120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H	TIER 3	
CARDIZEM LA (<i>diltiazem hcl</i>) 120 MG TAB ER 24H, 180 MG TAB ER 24H, 240 MG TAB ER 24H, 300 MG TAB ER 24H, 360 MG TAB ER 24H, 420 MG TAB ER 24H	TIER 3	
<i>diltiazem hcl cap er 12hr 120 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl cap er 12hr 60 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl cap er 12hr 90 mg</i> (DILTIAZEM HCL ER)	TIER 1	
diltiazem hcl cap er 24hr 120 mg (Dilt-Xr)	TIER 1	
<i>diltiazem hcl cap er 24hr 120 mg</i> (DILTIAZEM HCL ER)	TIER 1	
diltiazem hcl cap er 24hr 180 mg (Dilt-Xr)	TIER 1	
<i>diltiazem hcl cap er 24hr 180 mg</i> (DILTIAZEM HCL ER)	TIER 1	
diltiazem hcl cap er 24hr 240 mg (Dilt-Xr)	TIER 1	
<i>diltiazem hcl cap er 24hr 240 mg</i> (DILTIAZEM HCL ER)	TIER 1	
diltiazem hcl coated beads cap er 24hr 120 mg (Cartia Xt)	TIER 1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i> (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt)	TIER 1	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiadylt Er)	TIER 1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> (DILTIAZEM HCL ER BEADS)	TIER 1	
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiadylt Er)	TIER 1	
<i>diltiazem hcl tab 120 mg</i>	TIER 1	
<i>diltiazem hcl tab 30 mg</i>	TIER 1	
<i>diltiazem hcl tab 60 mg</i>	TIER 1	
<i>diltiazem hcl tab 90 mg</i>	TIER 1	
<i>diltiazem hcl tab er 24hr 120 mg</i> (DILTIAZEM HCL ER)	TIER 1	
<i>diltiazem hcl tab er 24hr 180 mg</i> (DILTIAZEM HCL ER)	TIER 1	
diltiazem hcl tab er 24hr 180 mg (Matzim La)	TIER 1	
<i>diltiazem hcl tab er 24hr 240 mg</i> (DILTIAZEM HCL ER)	TIER 1	
diltiazem hcl tab er 24hr 240 mg (Matzim La)	TIER 1	
<i>diltiazem hcl tab er 24hr 300 mg</i> (DILTIAZEM HCL ER)	TIER 1	
diltiazem hcl tab er 24hr 300 mg (Matzim La)	TIER 1	
<i>diltiazem hcl tab er 24hr 360 mg</i> (DILTIAZEM HCL ER)	TIER 1	
diltiazem hcl tab er 24hr 360 mg (Matzim La)	TIER 1	
<i>diltiazem hcl tab er 24hr 420 mg</i> (DILTIAZEM HCL ER)	TIER 1	
diltiazem hcl tab er 24hr 420 mg (Matzim La)	TIER 1	
TIAZAC (<i>diltiazem hcl extended release beads</i>) 120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H, 420 MG CAP ER 24H	TIER 3	
<i>verapamil hcl cap er 24hr 120 mg</i> (VERAPAMIL HCL ER)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>verapamil hcl cap er 24hr 180 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl cap er 24hr 240 mg</i> (VERAPAMIL HCL ER)	TIER 1	
VERAPAMIL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H	TIER 1	
<i>verapamil hcl tab 120 mg</i>	TIER 1	
<i>verapamil hcl tab 40 mg</i>	TIER 1	
<i>verapamil hcl tab 80 mg</i>	TIER 1	
<i>verapamil hcl tab er 120 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl tab er 180 mg</i> (VERAPAMIL HCL ER)	TIER 1	
<i>verapamil hcl tab er 240 mg</i> (VERAPAMIL HCL ER)	TIER 1	
VERELAN (<i>verapamil hcl</i>) 120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 360 MG CAP ER 24H	TIER 3	
VERELAN PM (<i>verapamil hcl</i>) 100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H	TIER 3	

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

ACCURETIC (<i>quinapril-hydrochlorothiazide</i>) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB	TIER 3	
<i>acetazolamide tab 125 mg</i>	TIER 1	
<i>acetazolamide tab 250 mg</i>	TIER 1	
ALDACTAZIDE (<i>spironolactone & hydrochlorothiazide</i>) 25-25 MG TAB, 50-50 MG TAB	TIER 3	
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	TIER 1	ST, QLC (1 tab/day)
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	TIER 1	ST, QLC (1 tab/day)
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i> (AMILORIDE-HYDROCHLOROTHIAZIDE)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AMILORIDE-HYDROCHLOROTHIAZIDE (<i>amiloride & hydrochlorothiazide</i>) -5-50 MG TAB	TIER 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> (AMLODIPINE- ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> (AMLODIPINE- ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> (AMLODIPINE- ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> (AMLODIPINE- ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> (AMLODIPINE- ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> (AMLODIPINE- ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> (AMLODIPINE- ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> (AMLODIPINE- ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> (AMLODIPINE- ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
<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	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
ASPRUZYO SPRINKLE (<i>ranolazine</i>) 500 MG PACKET, 1000 MG PACKET	TIER 3	PA, QLC (2 packets/day)
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>) 16-12.5 MG TAB	TIER 3	ST, QLC (2 tabs/day)
ATACAND HCT (<i>candesartan cilexetil-hydrochlorothiazide</i>) 32-12.5 MG TAB, 32-25 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>atenolol & chlorthalidone tab 100-25 mg</i> (ATENOLOL-CHLORTHALIDONE)	TIER 1	
<i>atenolol & chlorthalidone tab 50-25 mg</i> (ATENOLOL-CHLORTHALIDONE)	TIER 1	
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>) 150-12.5 MG TAB	TIER 3	QLC (2 tabs/day)
AVALIDE (<i>irbesartan-hydrochlorothiazide</i>) 300-12.5 MG TAB	TIER 3	QLC (1 tab/day)
AZOR (<i>amlodipine besylate-olmesartan medoxomil</i>) 5-20 MG TAB, 5-40 MG TAB, 10-20 MG TAB, 10-40 MG TAB	TIER 3	QLC (1 tab/day)
<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	
BENICAR HCT (<i>olmesartan medoxomil-hydrochlorothiazide</i>) 20-12.5 MG TAB, 40-12.5 MG TAB, 40-25 MG TAB	TIER 3	QLC (1 tab/day)
BIDIL (<i>isosorbide dinitrate-hydralazine hcl</i>) 20-37.5 MG TAB	TIER 3	QLC (6 tabs/day)
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i> (BISOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
CADUET (<i>amlodipine besylate-atorvastatin calcium</i>) 5-10 MG TAB, 5-20 MG TAB, 5-40 MG TAB, 5-80 MG TAB, 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB	TIER 3	PA, QLC (1 tab/day)
CAMZYOS (<i>mavacamten</i>) 2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	TIER 1	ST, QLC (2 tabs/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	TIER 1	ST, QLC (1 tab/day)
CAPTOPRIL-HYDROCHLOROTHIAZIDE (<i>captopril & hydrochlorothiazide</i>) -25-15 MG TAB, -25-25 MG TAB, -50-15 MG TAB, -50-25 MG TAB	TIER 1	
CONSENSI (<i>amlodipine besylate-celecoxib</i>) 2.5-200 MG TAB, 5-200 MG TAB, 10-200 MG TAB	TIER 3	PA, QLC (1 tab/day)
CORLANOR (<i>ivabradine hcl</i>) 5 MG TAB, 7.5 MG TAB	TIER 3	PA, QLC (2 tabs/day)
CORLANOR (<i>ivabradine hcl</i>) 5 MG/5ML SOLUTION	TIER 3	PA, QLC (20 ml/day)
DEMSER (<i>metirosine</i>) 250 MG CAP	TIER 3	SP, QLC (16 caps/day)
DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>) 320-12.5 MG TAB, 320-25 MG TAB	TIER 3	QLC (1 tab/day)
DIOVAN HCT (<i>valsartan-hydrochlorothiazide</i>) 80-12.5 MG TAB, 160-12.5 MG TAB, 160-25 MG TAB	TIER 3	QLC (2 tabs/day)
DUTOPROL (<i>metoprolol & hydrochlorothiazide</i>) 100-12.5 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DUTOPROL (<i>metoprolol & hydrochlorothiazide</i>) 25-12.5 MG TAB ER 24H, 50-12.5 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
DYAZIDE (<i>triamterene & hydrochlorothiazide</i>) 37.5-25 MG CAP	TIER 3	
EDARBYCLOR (<i>azilsartan medoxomil-chlorothalidone</i>) 40-12.5 MG TAB, 40-25 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i> (ENALAPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
ENTRESTO (<i>sacubitril-valsartan</i>) 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	TIER 2	QLC (2 tabs/day)
ENTRESTO (<i>sacubitril-valsartan</i>) 6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK	TIER 3	PA, QLC (8 caps/day)
EXFORGE (<i>amlodipine besylate-valsartan</i>) 5-160 MG TAB, 5-320 MG TAB, 10-160 MG TAB, 10-320 MG TAB	TIER 3	QLC (1 tab/day)
EXFORGE HCT (<i>amlodipine-valsartan-hydrochlorothiazide</i>) 5-160-12.5 MG TAB, 5-160-25 MG TAB, 10-160-12.5 MG TAB, 10-160-25 MG TAB, 10-320-25 MG TAB	TIER 3	QLC (1 tab/day)
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ)	TIER 1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i> (FOSINOPRIL SODIUM-HCTZ)	TIER 1	
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>) 100-12.5 MG TAB, 100-25 MG TAB	TIER 3	QLC (1 tab/day)
HYZAAR (<i>losartan potassium & hydrochlorothiazide</i>) 50-12.5 MG TAB	TIER 3	QLC (2 tabs/day)
<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>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> (ISOSORB DINITRATE-HYDRALAZINE)	TIER 1	QLC (6 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ivabradine hcl tab 5 mg (base equiv)</i>	TIER 1	PA, QLC (2 tabs/day)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	TIER 1	PA, 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	
LODOCO (<i>colchicine (cardiovascular)</i>) 0.5 MG TAB	TIER 3	PA, QLC (1 tab/day)
LOPRESSOR HCT (<i>metoprolol & hydrochlorothiazide</i>) 50-25 MG TAB	TIER 3	
<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)
LOTENSIN HCT (<i>benazepril & hydrochlorothiazide</i>) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB	TIER 3	
LOTREL (<i>amlodipine besylate-benazepril hcl</i>) 10-20 MG CAP, 10-40 MG CAP	TIER 3	QLC (1 cap/day)
LOTREL (<i>amlodipine besylate-benazepril hcl</i>) 5-10 MG CAP, 5-20 MG CAP	TIER 3	
MAXZIDE (<i>triamterene & hydrochlorothiazide</i>) 75-50 MG TAB	TIER 3	
MAXZIDE-25 (<i>triamterene & hydrochlorothiazide</i>) -37.5-MG TAB	TIER 3	
METHYLDOPA-HYDROCHLOROTHIAZIDE (<i>methyldopa & hydrochlorothiazide</i>) -250-15 MG TAB, -250-25 MG TAB	TIER 1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i> (METOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
<i>metirosine cap 250 mg</i>	TIER 1	SP, QLC (16 caps/day)
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>) 40-12.5 MG TAB	TIER 3	ST, QLC (3 tabs/day)
MICARDIS HCT (<i>telmisartan-hydrochlorothiazide</i>) 80-12.5 MG TAB, 80-25 MG TAB	TIER 3	ST, QLC (2 tabs/day)
NEXLETOL (<i>bempedoic acid</i>) 180 MG TAB	TIER 3	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	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i> (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
<i>pentoxifylline tab er 400 mg</i> (PENTOXIFYLLINE ER)	TIER 1	
PRESTALIA (<i>perindopril arginine-amlodipine besylate</i>) 3.5-2.5 MG TAB, 7-5 MG TAB, 14-10 MG TAB	TIER 3	ST, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROPRANOLOL-HCTZ (<i>propranolol & hydrochlorothiazide</i>) -40-25 MG TAB, -80-25 MG TAB	TIER 1	
QUINAPRIL-HYDROCHLOROTHIAZIDE - 20-25 MG TAB	TIER 1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	TIER 1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	TIER 1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	TIER 1	
RANEXA (<i>ranolazine</i>) 500 MG TAB ER 12H, 1000 MG TAB ER 12H	TIER 3	QLC (2 tabs/day)
<i>ranolazine tab er 12hr 1000 mg</i> (RANOLAZINE ER)	TIER 1	QLC (2 tabs/day)
<i>ranolazine tab er 12hr 500 mg</i> (RANOLAZINE ER)	TIER 1	QLC (2 tabs/day)
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i> (SPIRONOLACTONE-HCTZ)	TIER 1	
TARKA (<i>trandolapril-verapamil hcl</i>) 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER	TIER 3	
TEKTURNA (<i>aliskiren fumarate</i>) 150 MG TAB, 300 MG TAB	TIER 3	ST, QLC (1 tab/day)
TEKTURNA HCT (<i>aliskiren-hydrochlorothiazide</i>) 150-12.5 MG TAB, 150-25 MG TAB, 300-12.5 MG TAB, 300-25 MG TAB	TIER 3	ST, QLC (1 tab/day)
TELMISARTAN-AMLODIPINE -40-10 MG TAB, -40-5 MG TAB, -80-10 MG TAB, -80-5 MG TAB	TIER 1	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-10 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 40-5 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-10 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>telmisartan-amlodipine tab 80-5 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> (TELMISARTAN-HCTZ)	TIER 1	ST, QLC (3 tabs/day)
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> (TELMISARTAN-HCTZ)	TIER 1	ST, QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> (TELMISARTAN-HCTZ)	TIER 1	ST, QLC (2 tabs/day)
TENORETIC 100 (<i>atenolol & chlorthalidone</i>) -25 MG TAB	TIER 3	
TENORETIC 50 (<i>atenolol & chlorthalidone</i>) -25 MG TAB	TIER 3	
TRANDOLAPRIL-VERAPAMIL HCL ER -ER 1-240 MG TAB ER, -ER 2-180 MG TAB ER, -ER 2-240 MG TAB ER, -ER 4-240 MG TAB ER	TIER 1	
<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	
TRIBENZOR (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>) 20-5-12.5 MG TAB, 40-10-12.5 MG TAB, 40-10-25 MG TAB, 40-5-12.5 MG TAB, 40-5-25 MG TAB	TIER 3	ST, QLC (1 tab/day)
TRYVIO (<i>aproцитentan</i>) 12.5 MG TAB	TIER 3	PA, QLC (1 tab/day)
TWYNSTA (<i>telmisartan-amlodipine</i>) 40-10 MG TAB, 40-5 MG TAB, 80-10 MG TAB, 80-5 MG TAB	TIER 3	ST, QLC (1 tab/day)
<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)
VASERETIC (<i>enalapril maleate & hydrochlorothiazide</i>) 10-25 MG TAB	TIER 3	
VECAMYL (<i>mecamylamine hcl</i>) 2.5 MG TAB	TIER 1	
VERQUVO (<i>vericiguat</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 3	PA, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB	TIER 3	
ZIAC (<i>bisoprolol & hydrochlorothiazide</i>) 2.5-6.25 MG TAB, 5-6.25 MG TAB, 10-6.25 MG TAB	TIER 3	
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	
BUMEX (<i>bumetanide</i>) 0.5 MG TAB, 1 MG TAB, 2 MG TAB	TIER 3	
EDECIN (<i>ethacrynic acid</i>) 25 MG TAB	TIER 3	PA, QLC (8 tabs/day)
<i>ethacrynic acid tab 25 mg</i>	TIER 1	PA, QLC (8 tabs/day)
FUROSCIX (<i>furosemide</i>) 80 MG/10ML CART KIT	TIER 4	PA, SP, QLC (1 kit/day)
FUROSEMIDE 8 MG/ML SOLUTION	TIER 1	
<i>furosemide oral soln 10 mg/ml</i>	TIER 1	
<i>furosemide tab 20 mg</i>	TIER 1	
<i>furosemide tab 40 mg</i>	TIER 1	
<i>furosemide tab 80 mg</i>	TIER 1	
LASIX (<i>furosemide</i>) 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	
SOANZ (<i>torseamide</i>) 20 MG TAB	TIER 3	PA, QLC (1 tab/day)
SOANZ (<i>torseamide</i>) 40 MG TAB	TIER 3	PA, QLC (5 tabs/day)
SOANZ (<i>torseamide</i>) 60 MG TAB	TIER 3	PA, QLC (3 tabs/day)
<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	
DYRENIUM (<i>triamterene</i>) 50 MG CAP, 100 MG CAP	TIER 3	ST

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>eplerenone tab 25 mg</i>	TIER 1	
<i>eplerenone tab 50 mg</i>	TIER 1	
INSPRA (<i>eplerenone</i>) 25 MG TAB, 50 MG TAB	TIER 3	
<i>triamterene cap 100 mg</i>	TIER 1	ST
<i>triamterene cap 50 mg</i>	TIER 1	ST

DIURETICS, THIAZIDE

<i>chlorthalidone tab 25 mg</i>	TIER 1	
<i>chlorthalidone tab 50 mg</i>	TIER 1	
DIURIL (<i>chlorothiazide</i>) 250 MG/5ML SUSPENSION	TIER 3	
<i>hydrochlorothiazide cap 12.5 mg</i>	TIER 1	
<i>hydrochlorothiazide tab 12.5 mg</i>	TIER 1	
<i>hydrochlorothiazide tab 25 mg</i>	TIER 1	
<i>hydrochlorothiazide tab 50 mg</i>	TIER 1	
<i>indapamide tab 1.25 mg</i>	TIER 1	
<i>indapamide tab 2.5 mg</i>	TIER 1	
<i>metolazone tab 10 mg</i>	TIER 1	
<i>metolazone tab 2.5 mg</i>	TIER 1	
<i>metolazone tab 5 mg</i>	TIER 1	
THALITONE (<i>chlorthalidone</i>) 15 MG TAB	TIER 3	PA, QLC (4 tabs/day)

DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES (Drugs for High Cholesterol)

ANTARA (<i>fenofibrate micronized</i>) 30 MG CAP	TIER 3	ST, QLC (2 caps/day)
ANTARA (<i>fenofibrate micronized</i>) 90 MG CAP	TIER 3	ST, QLC (1 cap/day)
<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)
FENOFIBRATE 150 MG CAP	TIER 3	ST, QLC (1 cap/day)
FENOFIBRATE 50 MG CAP	TIER 3	ST, QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FENOFIBRATE MICRONIZED 30 MG CAP	TIER 3	ST, QLC (2 caps/day)
FENOFIBRATE MICRONIZED 90 MG CAP	TIER 3	ST, 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 120 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>fenofibrate tab 145 mg</i>	TIER 1	QLC (1 tab/day)
<i>fenofibrate tab 40 mg</i>	TIER 1	ST, QLC (2 tabs/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)
FENOFIBRIC ACID 105 MG TAB	TIER 3	QLC (1 tab/day)
FENOFIBRIC ACID 35 MG TAB	TIER 3	QLC (2 tabs/day)
FENOGLIDE (<i>fenofibrate</i>) 120 MG TAB	TIER 3	ST, QLC (1 tab/day)
FENOGLIDE (<i>fenofibrate</i>) 40 MG TAB	TIER 3	ST, QLC (2 tabs/day)
FIBRICOR (<i>fenofibric acid</i>) 105 MG TAB	TIER 3	QLC (1 tab/day)
FIBRICOR (<i>fenofibric acid</i>) 35 MG TAB	TIER 3	QLC (2 tabs/day)
<i>gemfibrozil tab 600 mg</i>	TIER 1	QLC (2.5 tabs/day)
LIPOFEN (<i>fenofibrate</i>) 150 MG CAP	TIER 3	ST, QLC (1 cap/day)
LIPOFEN (<i>fenofibrate</i>) 50 MG CAP	TIER 3	ST, QLC (2 caps/day)
LOPID (<i>gemfibrozil</i>) 600 MG TAB	TIER 3	QLC (2.5 tabs/day)
TRICOR (<i>fenofibrate</i>) 145 MG TAB	TIER 3	QLC (1 tab/day)
TRICOR (<i>fenofibrate</i>) 48 MG TAB	TIER 3	QLC (2 tabs/day)
TRILIPIX (<i>choline fenofibrate</i>) 45 MG CAP DR, 135 MG CAP DR	TIER 3	QLC (1 cap/day)

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

ALTOPREV (<i>lovastatin</i>) 20 MG TAB ER 24H, 40 MG TAB ER 24H, 60 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
ATORVALIQ (<i>atorvastatin calcium</i>) 20 MG/5ML SUSPENSION	TIER 3	PA, QLC (20 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
CRESTOR (<i>rosuvastatin calcium</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB	TIER 3	QLC (1 tab/day)
EZALLOR SPRINKLE (<i>rosuvastatin calcium</i>) 5 MG CAP SPRINK, 10 MG CAP SPRINK, 20 MG CAP SPRINK, 40 MG CAP SPRINK	TIER 3	QLC (1 cap/day)
FLOLIPID (<i>simvastatin</i>) 20 MG/5ML SUSPENSION	TIER 3	PA, QLC (5 ml/day)
FLOLIPID (<i>simvastatin</i>) 40 MG/5ML SUSPENSION	TIER 3	PA, QLC (10 ml/day)
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	TIER 1	QLC (1 cap/day)
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	TIER 1	QLC (2 caps/day)
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> (FLUVASTATIN SODIUM ER)	TIER 1	PA, QLC (1 tab/day)
LESCOL XL (<i>fluvastatin sodium</i>) 80 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
LIPITOR (<i>atorvastatin calcium</i>) 10 MG TAB	TIER 3	QLC (1 tab/day)
LIPITOR (<i>atorvastatin calcium</i>) 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	QLC (1 tab/day)
LIVALO (<i>pitavastatin calcium</i>) 1 MG TAB	TIER 3	ST, QLC (1 tab/day)
LIVALO (<i>pitavastatin calcium</i>) 2 MG TAB, 4 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>lovastatin tab 10 mg</i>	TIER 1	QLC (1 tab/day)
<i>lovastatin tab 20 mg</i>	TIER 1	QLC (1 tab/day)
<i>lovastatin tab 40 mg</i>	TIER 1	QLC (2 tabs/day)
<i>pitavastatin calcium tab 1 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>pitavastatin calcium tab 2 mg</i>	TIER 1	ST, QLC (1 tab/day)
<i>pitavastatin calcium tab 4 mg</i>	TIER 1	ST, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRAVACHOL (<i>pravastatin sodium</i>) 20 MG TAB, 40 MG TAB	TIER 3	QLC (1 tab/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)
ZOCOR (<i>simvastatin</i>) 10 MG TAB, 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	QLC (1 tab/day)
ZYPITAMAG (<i>pitavastatin magnesium</i>) 1 MG TAB, 2 MG TAB, 4 MG TAB	TIER 3	ST, 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 1	
<i>colesevelam hcl tab 625 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COLESTID (<i>colestipol hcl</i>) 1 GM TAB, 5 GM GRANULES, 5 GM PACKET	TIER 3	
COLESTID FLAVORED (<i>colestipol hcl</i>) 5 GM GRANULES, 5 GM PACKET	TIER 3	
<i>colestipol hcl granule packets 5 gm</i>	TIER 1	
<i>colestipol hcl granules 5 gm</i>	TIER 1	
<i>colestipol hcl tab 1 gm</i>	TIER 1	
<i>ezetimibe tab 10 mg</i>	TIER 1	QLC (1 tab/day)
EZETIMIBE-ROSUVASTATIN (<i>ezetimibe-rosuvastatin calcium</i>) -10-10 MG TAB, -10-20 MG TAB, -10-40 MG TAB, -10-5 MG TAB	TIER 3	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-10 mg</i>	TIER 1	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-20 mg</i>	TIER 1	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-40 mg</i>	TIER 1	QLC (1 tab/day)
<i>ezetimibe-simvastatin tab 10-80 mg</i>	TIER 1	QLC (1 tab/day)
<i>icosapent ethyl cap 0.5 gm</i>	TIER 1	PA, QLC (2 caps/day)
<i>icosapent ethyl cap 1 gm</i>	TIER 1	PA, QLC (4 caps/day)
JUXTAPID (<i>lomitapide mesylate</i>) 20 MG CAP, 30 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)
JUXTAPID (<i>lomitapide mesylate</i>) 5 MG CAP, 10 MG CAP, 40 MG CAP, 60 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
LOVAZA (<i>omega-3-acid ethyl esters</i>) 1 GM CAP	TIER 3	QLC (4 caps/day)
NEXLIZET (<i>bempedoic acid-ezetimibe</i>) 180-10 MG TAB	TIER 3	PA, QLC (1 tab/day)
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	TIER 1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERLIPIDEMIC))	TIER 1	QLC (2 tabs/day)
<i>niacin tab er 500 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERLIPIDEMIC))	TIER 1	QLC (4 tabs/day)
<i>niacin tab er 750 mg (antihyperlipidemic)</i> (NIACIN ER (ANTIHYPERLIPIDEMIC))	TIER 1	QLC (2 tabs/day)
NIACOR (<i>niacin (antihyperlipidemic)</i>) 500 MG TAB	TIER 1	
NIASPAN (<i>niacin (antihyperlipidemic)</i>) 500 MG TAB	TIER 3	QLC (4 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NIASPAN (<i>niacin (antihyperlipidemic)</i>) 750 MG TAB ER, 1000 MG TAB ER	TIER 3	QLC (2 tabs/day)
<i>omega-3-acid ethyl esters cap 1 gm</i>	TIER 1	QLC (4 caps/day)
PRALUENT (<i>alirocumab</i>) PRLUENT 75 MG/ML SOLN -INJ, PRLUENT 150 MG/ML SOLN -INJ	TIER 4	PA, QLC (2 pens/month)
PRALUENT 150 MG/ML PEN (NDC 72733)	TIER 3	PA, QLC (2 pens/month)
PRALUENT 75 MG/ML PEN (NDC 72733)	TIER 3	PA, QLC (2 pens/month)
QUESTRAN (<i>cholestyramine</i>) 4 GM PACKET, 4 GM/DOSE POWDER	TIER 3	
QUESTRAN LIGHT (<i>cholestyramine light</i>) 4 GM/DOSE POWDER	TIER 3	
REPATHA (<i>evolocumab</i>) 140 MG/ML SOLN PRSYR	TIER 2	PA, QLC (2 syringes/month)
REPATHA PUSHTRONEX SYSTEM (<i>evolocumab</i>) 420 MG/3.5ML SOLN CART	TIER 2	PA, QLC (1 injector/month)
REPATHA SURECLICK (<i>evolocumab</i>) REPTH140 MG/ML SOLN -INJ	TIER 2	PA, QLC (2 pens/month)
ROSZET (<i>ezetimibe-rosuvastatin calcium</i>) 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-5 MG TAB	TIER 3	QLC (1 tab/day)
VASCEPA (<i>icosapent ethyl</i>) 0.5 GM CAP	TIER 3	PA, QLC (2 caps/day)
VASCEPA (<i>icosapent ethyl</i>) 1 GM CAP	TIER 3	PA, QLC (4 caps/day)
VYTORIN (<i>ezetimibe-simvastatin</i>) 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB	TIER 3	QLC (1 tab/day)
WELCHOL (<i>colesevelam hcl</i>) 3.75 GM PACKET, 625 MG TAB	TIER 3	
ZETIA (<i>ezetimibe</i>) 10 MG TAB	TIER 3	QLC (1 tab/day)

MINERALOCORTICOID RECEPTOR ANTAGONISTS

ALDACTONE (<i>spironolactone</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	
CAROSPIR (<i>spironolactone</i>) 25 MG/5ML SUSPENSION	TIER 3	PA, QLC (20 ml/day)
KERENDIA (<i>finerenone</i>) 10 MG TAB, 20 MG TAB	TIER 3	PA, QLC (1 tab/day)
<i>spironolactone susp 25 mg/5ml</i>	TIER 1	PA, QLC (20 ml/day)

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

SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)

DAPAGLIFLOZIN PROPANEDIOL 5 MG TAB, 10 MG TAB	TIER 3	PA, QLC (1 tab/day)
FARXIGA (<i>dapagliflozin propanediol</i>) 5 MG TAB, 10 MG TAB	TIER 2	ST, QLC (1 tab/day)
INPEFA (<i>sotagliflozin</i>) 200 MG TAB	TIER 3	PA, QLC (1 tab/day)
INPEFA (<i>sotagliflozin</i>) 400 MG TAB	TIER 3	PA, QLC (1 tab /day)
INVOKANA (<i>canagliflozin</i>) 100 MG TAB, 300 MG TAB	TIER 3	ST, QLC (1 tab/day)
JARDIANCE (<i>empagliflozin</i>) 10 MG TAB, 25 MG TAB	TIER 2	ST, QLC (1 tab/day)
STEGLATRO (<i>ertugliflozin l-pyroglutamic acid</i>) 15 MG TAB	TIER 3	ST, QLC (1 tab/day)
STEGLATRO (<i>ertugliflozin l-pyroglutamic acid</i>) 5 MG TAB	TIER 3	ST, QLC (2 tabs/day)

VASODILATORS, DIRECT-ACTING ARTERIAL

<i>hydralazine hcl tab 10 mg</i>	TIER 1	
<i>hydralazine hcl tab 100 mg</i>	TIER 1	
<i>hydralazine hcl tab 25 mg</i>	TIER 1	
<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

DILATRATE-SR (<i>isosorbide dinitrate</i>) -40 MG CAP ER	TIER 3	
GONITRO (<i>nitroglycerin</i>) 400 MCG PACKET	TIER 3	QLC (36 packs/month)
ISORDIL TITRADOSE (<i>isosorbide dinitrate</i>) 5 MG TAB, 40 MG TAB	TIER 3	
<i>isosorbide dinitrate tab 10 mg</i>	TIER 1	
<i>isosorbide dinitrate tab 20 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>isosorbide dinitrate tab 30 mg</i>	TIER 1	
<i>isosorbide dinitrate tab 40 mg</i>	TIER 1	
<i>isosorbide dinitrate tab 5 mg</i>	TIER 1	
<i>isosorbide mononitrate tab 10 mg</i>	TIER 1	
<i>isosorbide mononitrate tab 20 mg</i>	TIER 1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i> (ISOSORBIDE MONONITRATE ER)	TIER 1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i> (ISOSORBIDE MONONITRATE ER)	TIER 1	
<i>isosorbide mononitrate tab er 24hr 60 mg</i> (ISOSORBIDE MONONITRATE ER)	TIER 1	
NITRO-BID (<i>nitroglycerin</i>) -2 % OINTMENT	TIER 2	
NITRO-DUR (<i>nitroglycerin</i>) -0.1 MG/HR PATCH 24HR, -0.2 MG/HR PATCH 24HR, -0.4 MG/HR PATCH 24HR, -0.6 MG/HR PATCH 24HR	TIER 3	
NITRO-DUR (<i>nitroglycerin</i>) -0.3 MG/HR PATCH 24HR, -0.8 MG/HR PATCH 24HR	TIER 2	
NITRO-TIME (<i>nitroglycerin</i>) -2.5 MG CAP ER, -6.5 MG CAP ER, -9 MG CAP ER	TIER 1	
<i>nitroglycerin oint 0.4%</i>	TIER 1	PA, QLC (30 gm/30 days)
<i>nitroglycerin sl tab 0.3 mg</i>	TIER 1	
<i>nitroglycerin sl tab 0.4 mg</i>	TIER 1	
<i>nitroglycerin sl tab 0.6 mg</i>	TIER 1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	TIER 1	
nitroglycerin td patch 24hr 0.1 mg/hr (Minitran)	TIER 1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	TIER 1	
nitroglycerin td patch 24hr 0.2 mg/hr (Minitran)	TIER 1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	TIER 1	
nitroglycerin td patch 24hr 0.4 mg/hr (Minitran)	TIER 1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	TIER 1	
nitroglycerin td patch 24hr 0.6 mg/hr (Minitran)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	TIER 1	
NITROLINGUAL (<i>nitroglycerin</i>) 0.4 MG/SPRAY SOLUTION	TIER 3	
NITROMIST (<i>nitroglycerin</i>) 400 MCG/SPRAY AERO SOLN	TIER 3	
NITROSTAT (<i>nitroglycerin</i>) 0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB	TIER 3	
RECTIV (<i>nitroglycerin (intra-anal)</i>) 0.4 % OINTMENT	TIER 3	PA, QLC (30 gm/30 days)

CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)

AMYOTROPHIC LATERAL SCLEROSIS (ALS) AGENTS

EXSERVAN (<i>riluzole</i>) 50 MG FILM	TIER 4	PA, SP, QLC (2 films/day)
RADICAVA ORS (<i>edaravone</i>) 105 MG/5ML SUSPENSION	TIER 4	PA, SP, QLC (50 ml/28 days)
RADICAVA ORS STARTER KIT (<i>edaravone</i>) 105 MG/5ML SUSPENSION	TIER 4	PA, SP, QLC (70 ml/28 days)
RELYVRIO (<i>sodium phenylbutyrate- taurursodio</i>) 3-1 GM PACKET	TIER 4	PA, SP, QLC (2 packets/day)
RILUTEK (<i>riluzole</i>) 50 MG TAB	TIER 3	
<i>riluzole tab 50 mg</i>	TIER 1	
TEGLUTIK (<i>riluzole</i>) 50 MG/10ML SUSPENSION	TIER 4	PA, SP, QLC (20 ml/day)
TIGLUTIK (<i>riluzole</i>) 50 MG/10ML SUSPENSION	TIER 4	PA, SP, QLC (20 ml/day)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

ADDERALL (<i>amphetamine-dextroamphetamine</i>) 12.5 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (5 tabs/day)
ADDERALL (<i>amphetamine-dextroamphetamine</i>) 20 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
ADDERALL (<i>amphetamine-dextroamphetamine</i>) 30 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
ADDERALL (<i>amphetamine-dextroamphetamine</i>) 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (4 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADDERALL XR (<i>amphetamine-dextroamphetamine</i>) 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H	TIER 3	AL1 (Up to 17 yrs old), QLC (2 caps/day)
ADZENYS ER (<i>amphetamine</i>) 1.25 MG/ML SUSP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (15 ml/day)
ADZENYS XR-ODT (<i>amphetamine</i>) -ODT 3.1 MG TAB ER DISP, -ODT 6.3 MG TAB ER DISP, -ODT 9.4 MG TAB ER DISP, -ODT 12.5 MG TAB ER DISP, -ODT 15.7 MG TAB ER DISP, -ODT 18.8 MG TAB ER DISP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
AMPHETAMINE ER 1.25 MG/ML SUSP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (15 ml/day)
<i>amphetamine sulfate tab 10 mg</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>amphetamine sulfate tab 5 mg</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i> (AMPHET-DEXTROAMPHET 3-BEAD ER) - <i>dextro-</i>	TIER 1	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i> (AMPHET-DEXTROAMPHET 3-BEAD ER) - <i>dextro-</i>	TIER 1	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i> (AMPHET-DEXTROAMPHET 3-BEAD ER) - <i>dextro-7.5</i>	TIER 1	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i> (AMPHET-DEXTROAMPHET 3-BEAD ER) - <i>dextro-</i>	TIER 1	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i> (AMPHETAMINE-DEXTROAMPHET ER) - <i>dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
<i>amphetamine-dextroamphetamine tab 10 mg -dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 12.5 mg -dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (5 tabs/day)
<i>amphetamine-dextroamphetamine tab 15 mg -dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 20 mg -dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>amphetamine-dextroamphetamine tab 30 mg -dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>amphetamine-dextroamphetamine tab 5 mg -dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>amphetamine-dextroamphetamine tab 7.5 mg -dextro</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
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 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
DESOXYN (<i>methamphetamine hcl</i>) 5 MG TAB	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
DEXEDRINE (<i>dextroamphetamine sulfate</i>) 10 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
DEXEDRINE (<i>dextroamphetamine sulfate</i>) 15 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
DEXEDRINE (<i>dextroamphetamine sulfate</i>) 5 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i> (DEXTROAMPHETAMINE SULFATE ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra) mg/ml	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (40 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dextroamphetamine sulfate oral solution 5 mg/5ml mg/ml</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (40 ml/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)
dextroamphetamine sulfate tab 20 mg (Zenedi)	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 (Zenedi)	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 (Zenedi)	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 (Zenedi)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
DYANAVEL XR (<i>amphetamine</i>) 2.5 MG/ML SUSP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (8 ml/day)
DYANAVEL XR (<i>amphetamine</i>) 5 MG TAB ER, 10 MG TAB ER, 15 MG TAB ER, 20 MG TAB ER	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
EVEKEO (<i>amphetamine sulfate</i>) 10 MG TAB	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day)
EVEKEO (<i>amphetamine sulfate</i>) 5 MG TAB	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EVEKEO ODT (<i>amphetamine sulfate</i>) ODT 5 MG TAB DISP, ODT 10 MG TAB DISP, ODT 15 MG TAB DISP, ODT 20 MG TAB DISP	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>lisdexamfetamine dimesylate cap 10 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 20 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 30 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 40 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 50 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 60 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate cap 70 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methamphetamine hcl tab 5 mg</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
MYDAYIS (<i>amphetamine-dextroamphetamine</i>) 12.5 MG CAP ER 24H, 25 MG CAP ER 24H, 37.5 MG CAP ER 24H, 50 MG CAP ER 24H	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
VYVANSE (<i>lisdexamfetamine dimesylate</i>) 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP	TIER 3	AL1 (Up to 17 yrs old), QLC (1 cap/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VYVANSE (<i>lisdexamfetamine dimesylate</i>) 10 MG CHEW TAB, 20 MG CHEW TAB, 30 MG CHEW TAB, 40 MG CHEW TAB, 50 MG CHEW TAB, 60 MG CHEW TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (1 tab/day)
XELSTRYM (<i>dextroamphetamine</i>) 4.5 MG/9HR PATCH, 9 MG/9HR PATCH, 13.5 MG/9HR PATCH, 18 MG/9HR PATCH	TIER 3	PA, QLC (1 patch/day)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

ADHANSIA XR (<i>methylphenidate hcl</i>) 25 MG CAP ER 24H, 35 MG CAP ER 24H, 45 MG CAP ER 24H, 55 MG CAP ER 24H, 70 MG CAP ER 24H, 85 MG CAP ER 24H	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
APTENSIO XR (<i>methylphenidate hcl</i>) 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H, 40 MG CAP ER 24H, 50 MG CAP ER 24H, 60 MG CAP ER 24H	TIER 3	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	TIER 1	QLC (4 caps/day)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	TIER 1	QLC (1 cap/day)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	TIER 1	QLC (4 caps/day)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	TIER 1	QLC (4 caps/day)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	TIER 1	QLC (2 caps/day)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	TIER 1	QLC (1 cap/day)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	TIER 1	QLC (1 cap/day)
<i>clonidine hcl tab er 12hr 0.1 mg</i> (CLONIDINE HCL ER)	TIER 1	QLC (4 tabs/day)
CONCERTA (<i>methylphenidate hcl</i>) 18 MG TAB ER, 27 MG TAB ER, 36 MG TAB ER, 54 MG TAB ER	TIER 3	AL1 (Up to 17 yrs old), QLC (1 tab/day)
COTEMPLA XR-ODT (<i>methylphenidate</i>) - 8.6 MG TAB ER DISP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (5 tabs/day)
COTEMPLA XR-ODT (<i>methylphenidate</i>) - ODT 17.3 MG TAB ER DISP, -ODT 25.9 MG TAB ER DISP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
DAYTRANA (<i>methylphenidate</i>) 10 MG/9HR PATCH, 15 MG/9HR PATCH, 20 MG/9HR PATCH, 30 MG/9HR PATCH	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 patch/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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i> (DEXMETHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>dexmethylphenidate hcl tab 10 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dexmethylphenidate hcl tab 5 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
FOCALIN (<i>dexmethylphenidate hcl</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
FOCALIN XR (<i>dexmethylphenidate hcl</i>) 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER 24H	TIER 3	AL1 (Up to 17 yrs old), QLC (1 cap/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) <i>4hr</i>	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) <i>2hr</i>	TIER 1	QLC (1 tab/day)
INTUNIV (<i>guanfacine hcl (adhd)</i>) 1 MG TAB ER 24H, 2 MG TAB ER 24H, 3 MG TAB ER 24H, 4 MG TAB ER 24H	TIER 3	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
KAPVAY (<i>clonidine hcl (adhd)</i>) 0.1 MG TAB ER 12H	TIER 3	QLC (4 tabs/day)
METADATE CD (<i>methylphenidate hcl</i>) 10 MG CAP ER, 20 MG CAP ER, 30 MG CAP ER	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (2 caps/day)
METADATE CD (<i>methylphenidate hcl</i>) 40 MG CAP ER, 50 MG CAP ER, 60 MG CAP ER	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
METHYLIN (<i>methylphenidate hcl</i>) 10 MG/5ML SOLUTION	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
METHYLIN (<i>methylphenidate hcl</i>) 5 MG/5ML SOLUTION	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (60 ml/day)
<i>methylphenidate hcl cap er 10 mg (cd)</i> (METHYLPHENIDATE HCL ER (CD))	TIER 1	ST, 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	ST, 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	ST, 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	ST, 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	ST, 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	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
<i>methylphenidate hcl chew tab 10 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl chew tab 2.5 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
<i>methylphenidate hcl chew tab 5 mg</i>	TIER 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
METHYLPHENIDATE HCL ER (OSM) 72 MG TAB	TIER 1	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
METHYLPHENIDATE HCL ER (OSM) ER 45 MG TAB ER, ER 63 MG TAB ER	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
METHYLPHENIDATE HCL ER 36 MG TAB 24H	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
METHYLPHENIDATE HCL ER ER 18 MG TAB ER 24H, ER 27 MG TAB ER 24H, ER 54 MG TAB ER 24H	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl soln 10 mg/5ml</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
<i>methylphenidate hcl soln 5 mg/5ml mg/ml</i>	TIER 1	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 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 (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 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) 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 td patch 10 mg/9hr</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
<i>methylphenidate td patch 15 mg/9hr</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
<i>methylphenidate td patch 20 mg/9hr</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
<i>methylphenidate td patch 30 mg/9hr</i>	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
ONYDA XR (<i>clonidine hcl (adhd)</i>) 0.1 MG/ML SUSP	TIER 3	PA, QLC (4 ml/day)
QELBREE (<i>viloxazine hcl (adhd)</i>) 100 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
QELBREE (<i>viloxazine hcl (adhd)</i>) 150 MG CAP ER 24H	TIER 3	PA, QLC (2 caps/day)
QELBREE (<i>viloxazine hcl (adhd)</i>) 200 MG CAP ER 24H	TIER 3	PA, QLC (3 caps/day)
QUILLICHEW ER (<i>methylphenidate hcl</i>) 30 MG CH	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
QUILLICHEW ER (<i>methylphenidate hcl</i>) ER 20 MG, ER 40 MG	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QUILLIVANT XR (<i>methylphenidate hcl</i>) 25 MG/5ML SRER	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (12 ml/day)
RELEXXII (<i>methylphenidate hcl</i>) 18 MG TAB ER, 27 MG TAB ER, 36 MG TAB ER, 54 MG TAB ER	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
RELEXXII (<i>methylphenidate hcl</i>) 45 MG TAB ER, 63 MG TAB ER	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
RELEXXII (<i>methylphenidate hcl</i>) 72 MG TAB ER	TIER 1	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
RITALIN (<i>methylphenidate hcl</i>) 10 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
RITALIN (<i>methylphenidate hcl</i>) 20 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
RITALIN (<i>methylphenidate hcl</i>) 5 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (12 tabs/day)
RITALIN LA (<i>methylphenidate hcl</i>) 10 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H	TIER 3	AL1 (Up to 17 yrs old), QLC (2 caps/day)
RITALIN LA (<i>methylphenidate hcl</i>) 40 MG CAP ER 24H	TIER 3	AL1 (Up to 17 yrs old), QLC (1 cap/day)
STRATTERA (<i>atomoxetine hcl</i>) 10 MG CAP, 18 MG CAP, 25 MG CAP	TIER 3	QLC (4 caps/day)
STRATTERA (<i>atomoxetine hcl</i>) 40 MG CAP	TIER 3	QLC (2 caps/day)
STRATTERA (<i>atomoxetine hcl</i>) 60 MG CAP, 80 MG CAP, 100 MG CAP	TIER 3	QLC (1 cap/day)

CENTRAL NERVOUS SYSTEM, OTHER

ADIPEX-P (<i>phentermine hcl</i>) ADIEX-37.5 MG CA	TIER 1	PA, QLC (1 cap/day)
ADIPEX-P (<i>phentermine hcl</i>) ADIEX-37.5 MG TAB	TIER 3	PA, QLC (1 tab/day)
ALLZITAL (<i>butalbital-acetaminophen</i>) 25-325 MG TAB	TIER 1	PA, QLC (12 tabs/day; max 96 tabs/30 days)
AUSTEDO (<i>deutetrabenazine</i>) 6 MG TAB, 9 MG TAB, 12 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
AUSTEDO XR (<i>deutetrabenazine</i>) 24 MG TAB ER 24H	TIER 4	PA, SP, QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AUSTEDO XR (<i>deutetrabenazine</i>) 6 MG TAB ER 24H, 12 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 4	PA, SP, QLC (1 tab/day)
AUSTEDO XR PATIENT TITRATION (<i>deutetrabenazine</i>) 12 & 18 & 24 & 30 MG TBER THPK	TIER 4	PA, SP, QLC (28 tabs/28 day; max 2 fills/365 days)
AUSTEDO XR PATIENT TITRATION (<i>deutetrabenazine</i>) 6 & 12 & 24 MG TBER THPK	TIER 4	PA, SP, QLC (42 tabs (1 kit)/30 days)
BENZPHETAMINE HCL 25 MG TAB	TIER 1	PA, QLC (3 tabs/day)
<i>benzphetamine hcl tab 50 mg</i>	TIER 1	PA, QLC (3 tabs/day)
BUTALBITAL-ACETAMINOPHEN -25-325 MG TAB	TIER 1	PA, QLC (12 tabs/day; max 96 tabs/30 days)
<i>butalbital-acetaminophen cap 50-300 mg</i>	TIER 1	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen tab 50-300 mg</i>	TIER 1	PA, QLC (6 tabs/day; max 48 tabs/30 days)
butalbital-acetaminophen tab 50-300 mg (Bupap)	TIER 1	PA, QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen tab 50-325 mg</i>	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)	TIER 1	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)	TIER 1	PA, QLC (6 caps/day; max 48 caps/30 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg (Esgic)	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg (Zebutal)	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml (Vanatol Lq)	TIER 1	PA, QLC (90 ml/day; max 720 ml/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BAC)	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
CONTRAVE (<i>naltrexone hcl-bupropion hcl</i>) 8-90 MG TAB ER 12H	TIER 3	PA, QLC (4 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
ESGIC (<i>butalbital-acetaminophen-caffeine</i>) 50-325-40 MG TAB	TIER 3	QLC (6 tabs/day; max 48 tabs/30 days)
FIORICET (<i>butalbital-acetaminophen-caffeine</i>) 50-300-40 MG CAP	TIER 1	PA, QLC (6 caps/day; max 48 caps/30 days)
FIRDAPSE (<i>amifampridine phosphate</i>) 10 MG TAB	TIER 4	PA, SP, QLC (10 tabs/day)
<i>gabapentin (once-daily) tab 300 mg</i>	TIER 1	PA, QLC (1 tab/day)
<i>gabapentin (once-daily) tab 600 mg</i>	TIER 1	PA, QLC (3 tabs/day)
GRALISE (<i>gabapentin (once-daily)</i>) 300 MG TAB	TIER 3	PA, QLC (1 tab/day)
GRALISE (<i>gabapentin (once-daily)</i>) 450 MG TAB	TIER 3	PA, QLC (3 tabs/day)
GRALISE (<i>gabapentin (once-daily)</i>) 600 MG TAB	TIER 3	PA, QLC (3 tabs/day)
GRALISE (<i>gabapentin (once-daily)</i>) 750 MG TAB, 900 MG TAB	TIER 3	PA, QLC (2 tabs/day)
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 & 80 MG CAP THPK	TIER 4	PA, SP, QLC (1 packet/6 months)
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, SP, QLC (1 cap/day)
LOMAIRA (<i>phentermine hcl</i>) 8 MG TAB	TIER 1	PA, QLC (3 tabs/day)
NUEDEXTA (<i>dextromethorphan hbr-quinidine sulfate</i>) 20-10 MG CAP	TIER 2	PA, QLC (2 caps/day)
PHENDIMETRAZINE TARTRATE ER 105 MG CAP 24H	TIER 3	PA, QLC (1 cap/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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QSYMIA (<i>phentermine hcl-topiramate</i>) 3.75-23 MG CAP ER 24H, 7.5-46 MG CAP ER 24H, 11.25-69 MG CAP ER 24H, 15-92 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
RUZURGI (<i>amifampridine</i>) 10 MG TAB	TIER 4	PA, SP, QLC (10 tabs/day)
TENCON (<i>butalbital-acetaminophen</i>) 50-325 MG TAB	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
<i>tetrabenazine tab 12.5 mg</i>	TIER 4	PA, SP, QLC (8 tabs/day)
<i>tetrabenazine tab 25 mg</i>	TIER 4	PA, SP, QLC (4 tabs/day)
VEOZAH (<i>fezolinetant</i>) 45 MG TAB	TIER 3	PA, QLC (1 tab/day)
VTOL LQ (<i>butalbital-acetaminophen-caffeine</i>) 50-325-40 MG/15ML SOLUTION	TIER 1	PA, QLC (90 ml/day; max 720 ml/30 days)
VYLEESI (<i>bremelanotide acetate</i>) 1.75 MG/0.3ML SOLN -INJ	TIER 4	PA, SP, QLC (8 doses/30 days)
XENAZINE (<i>tetrabenazine</i>) 12.5 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day)
XENAZINE (<i>tetrabenazine</i>) 25 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)

FIBROMYALGIA AGENTS

CYMBALTA (<i>duloxetine hcl</i>) 20 MG CP DR PART, 60 MG CP DR PART	TIER 3	QLC (2 caps/day)
CYMBALTA (<i>duloxetine hcl</i>) 30 MG CP DR PART	TIER 3	QLC (3 caps/day)
DRIZALMA SPRINKLE (<i>duloxetine hcl</i>) 20 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR	TIER 3	PA, QLC (2 caps/day)
DRIZALMA SPRINKLE (<i>duloxetine hcl</i>) 30 MG CAP	TIER 3	PA, QLC (3 caps/day)
<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)
LYRICA (<i>pregabalin</i>) 20 MG/ML SOLUTION	TIER 3	QLC (30 ml/day)
LYRICA (<i>pregabalin</i>) 225 MG CAP, 300 MG CAP	TIER 3	QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LYRICA (<i>pregabalin</i>) 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP	TIER 3	QLC (3 caps/day)
LYRICA CR (<i>pregabalin (once-daily)</i>) 330 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
LYRICA CR (<i>pregabalin (once-daily)</i>) 82.5 MG TAB ER 24H, 165 MG TAB ER 24H	TIER 3	PA, QLC (3 tabs/day)
<i>pregabalin cap 100 mg</i>	TIER 1	QLC (3 caps/day)
<i>pregabalin cap 150 mg</i>	TIER 1	QLC (3 caps/day)
<i>pregabalin cap 200 mg</i>	TIER 1	QLC (3 caps/day)
<i>pregabalin cap 225 mg</i>	TIER 1	QLC (2 caps/day)
<i>pregabalin cap 25 mg</i>	TIER 1	QLC (3 caps/day)
<i>pregabalin cap 300 mg</i>	TIER 1	QLC (2 caps/day)
<i>pregabalin cap 50 mg</i>	TIER 1	QLC (3 caps/day)
<i>pregabalin cap 75 mg</i>	TIER 1	QLC (3 caps/day)
<i>pregabalin soln 20 mg/ml</i>	TIER 1	QLC (30 ml/day)
<i>pregabalin tab er 24hr 165 mg</i> (PREGABALIN ER)	TIER 1	PA, QLC (3 tabs/day)
<i>pregabalin tab er 24hr 330 mg</i> (PREGABALIN ER)	TIER 1	PA, QLC (2 tabs/day)
<i>pregabalin tab er 24hr 82.5 mg</i> (PREGABALIN ER)	TIER 1	PA, QLC (3 tabs/day)
SAVELLA (<i>milnacipran hcl</i>) 12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	ST, QLC (2 tabs/day)
SAVELLA TITRATION PACK (<i>milnacipran hcl</i>) 12.5 & 25 & 50 MG MISC	TIER 3	ST, QLC (2 tabs/day; max 1 pack/28 days)

MULTIPLE SCLEROSIS AGENTS

AMPYRA (<i>dalfampridine</i>) 10 MG TAB ER 12H	TIER 4	PA, SP, QLC (2 tabs/day)
AUBAGIO (<i>teriflunomide</i>) 14 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
AUBAGIO (<i>teriflunomide</i>) 7 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
AVONEX PEN (<i>interferon beta-1a</i>) 30 MCG/0.5ML AUT-IJ KIT	TIER 4	SP, QLC (4 injections/month)
AVONEX PREFILLED (<i>interferon beta-1a</i>) ILLED 30 MCG/0.5ML SY KT	TIER 4	SP, QLC (4 injections/month)
BAFIERTAM (<i>monomethyl fumarate</i>) 95 MG CAP DR	TIER 4	PA, SP, QLC (4 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BETASERON (<i>interferon beta-1b</i>) 0.3 MG KIT	TIER 4	SP, QLC (15 injections/month)
COPAXONE (<i>glatiramer acetate</i>) 20 MG/ML SOLN PRSYR	TIER 4	SP, QLC (1 syringe/day)
COPAXONE (<i>glatiramer acetate</i>) 40 MG/ML SOLN PRSYR	TIER 4	SP, QLC (12 syringes/month)
<i>dalfampridine tab er 12hr 10 mg</i> (DALFAMPRIDINE ER)	TIER 4	PA, SP, QLC (2 tabs/day)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	TIER 1	SP, QLC (2 caps/day)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	TIER 1	SP, QLC (2 caps/day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (DIMETHYL FUMARATE STARTER PACK)	TIER 1	SP, QLC (2 tabs/day; 1 pack/month)
EXTAVIA (<i>interferon beta-1b</i>) 0.3 MG KIT	TIER 3	SP, QLC (1 kit/month)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	TIER 1	SP, QLC (1 cap/day)
GILENYA (<i>fingolimod hcl</i>) 0.25 MG CAP	TIER 3	SP, QLC (1 cap/day)
GILENYA (<i>fingolimod hcl</i>) 0.5 MG CAP	TIER 4	SP, QLC (1 cap/day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	TIER 2	SP, QLC (1 syringe/day)
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	TIER 2	SP, QLC (1 syringe/day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	TIER 2	SP, QLC (12 syringes/month)
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)	TIER 2	SP, QLC (12 syringes/month)
KESIMPTA (<i>ofatumumab (ms)</i>) 20 MG/0.4ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/28 days)
MAVENCLAD (10 TABS) (<i>cladribine (multiple sclerosis)</i>) 5 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (4 TABS) (<i>cladribine (multiple sclerosis)</i>) 5 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (5 TABS) (<i>cladribine (multiple sclerosis)</i>) 5 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (6 TABS) (<i>cladribine (multiple sclerosis)</i>) 5 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (7 TABS) (<i>cladribine (multiple sclerosis)</i>) 5 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MAVENCLAD (8 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (9 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAYZENT (<i>siponimod fumarate</i>) 0.25 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
MAYZENT (<i>siponimod fumarate</i>) 1 MG TAB, 2 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
MAYZENT STARTER PACK (<i>siponimod fumarate</i>) 0.25 MG TAB THPK	TIER 4	PA, SP, QLC (7 tabs/28 days)
MAYZENT STARTER PACK (<i>siponimod fumarate</i>) 12 X 0.25 MG TAB THPK	TIER 4	PA, SP, QLC (12 tabs/28 days)
PLEGRIDY (<i>peginterferon beta-1a</i>) 125 MCG/0.5ML SOLN -INJ	TIER 4	PA, SP, QLC (2 pens/28 days)
PLEGRIDY (<i>peginterferon beta-1a</i>) 125 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
PLEGRIDY STARTER PACK (<i>peginterferon beta-1a</i>) PACK 63 94 MCG/0.5ML SOLN A-INJ, PACK 63 94 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 starter pack/12 months)
PONVORY (<i>ponesimod</i>) 20 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
PONVORY STARTER PACK (<i>ponesimod</i>) 2,3,4,5,6,7,8,9 & 10 MG TAB THPK	TIER 4	PA, SP, QLC (14 tabs/30 days)
REBIF (<i>interferon beta-1a</i>) 22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (12 injections/month)
REBIF REBIDOSE (<i>interferon beta-1a</i>) 22 MCG/0.5ML SOLN -INJ, 44 MCG/0.5ML SOLN -INJ	TIER 4	PA, SP, QLC (12 injections/month)
REBIF REBIDOSE TITRATION PACK (<i>interferon beta-1a</i>) TITRTION PCK 6X8.8 & 6X22 MCG SOLN -INJ	TIER 4	PA, SP, QLC (1 kit/month)
REBIF TITRATION PACK (<i>interferon beta-1a</i>) 6X8.8 & 6X22 MCG SOLN PRSYR	TIER 4	PA, SP, QLC (1 pack/month)
TASCENSO ODT (<i> fingolimod lauryl sulfat</i> e) ODT 0.25 MG TAB DISP, ODT 0.5 MG TAB DISP	TIER 4	PA, SP, QLC (1 tab/day)
TECFIDERA (<i>dimethyl fumarate</i>) 120 & 240 MG CPDR THPK	TIER 4	SP, QLC (2 tabs/day; 1 pack/month)
TECFIDERA (<i>dimethyl fumarate</i>) 120 MG CAP DR, 240 MG CAP DR	TIER 4	SP, QLC (2 caps/day)
<i>teriflunomide tab 14 mg</i>	TIER 4	PA, SP, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>teriflunomide tab 7 mg</i>	TIER 4	PA, SP, QLC (1 tab/day)
VUMERITY (<i>diroximel fumarate</i>) 231 MG CAP DR	TIER 4	PA, SP, QLC (4 caps/day)
ZEPOSIA (<i>ozanimod hcl</i>) 0.92 MG CAP	TIER 4	PA, SP, 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, SP, QLC (1 packet/30 days)
ZEPOSIA STARTER KIT (<i>ozanimod hcl</i>) 0.23MG & 0.46MG & 0.92MG CAP THPK	TIER 4	PA, SP, QLC (1 packet/37 days)
ZEPOSIA STARTER KIT (<i>ozanimod hcl</i>) 0.23MG & 0.46MG 0.92MG(21) CAP THPK	TIER 4	PA, SP, QLC (28 caps/28 days)

DENTAL AND ORAL AGENTS (Drugs for the Mouth)

<i>cevimeline hcl cap 30 mg</i>	TIER 1	
EVOXAC (<i>cevimeline hcl</i>) 30 MG CAP	TIER 3	
<i>pilocarpine hcl tab 5 mg</i>	TIER 1	
<i>pilocarpine hcl tab 7.5 mg</i>	TIER 1	
SALAGEN (<i>pilocarpine hcl (oral)</i>) 5 MG TAB, 7.5 MG TAB	TIER 3	
<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 (<i>isotretinoin</i>) 10 MG CAP, 20 MG CAP, 25 MG CAP, 30 MG CAP, 35 MG CAP, 40 MG CAP	TIER 3	
ABSORICA LD (<i>isotretinoin micronized</i>) 8 MG CAP, 16 MG CAP, 24 MG CAP, 32 MG CAP	TIER 3	PA
ACANYA (<i>clindamycin phosphate-benzoyl peroxide</i>) 1.2-2.5 % GEL	TIER 3	ST
<i>acitretin cap 10 mg</i>	TIER 1	
<i>acitretin cap 17.5 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>acitretin cap 25 mg</i>	TIER 1	
ADAPALENE 0.1 % PAD, 0.1 % SOLUTION	TIER 1	PA
<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 1	ST, AL1 (Up to 39 yrs old)
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	TIER 1	ST, AL1 (Up to 39 yrs old)
AKLIEF (<i>trifarotene</i>) 0.005 % CREAM	TIER 3	PA, QLC (45 gm/30 days)
ALTRENO (<i>tretinoin</i>) 0.05 % LOTION	TIER 3	AL1 (Up to 39 yrs old)
AMZEEQ (<i>minocycline hcl micronized (acne)</i>) 4 % FOAM	TIER 3	PA, QLC (1 bottle/month)
ARAZLO (<i>tazarotene (acne)</i>) 0.045 % LOTION	TIER 3	PA, QLC (1 bottle(45 gm)/30 days)
ATRALIN (<i>tretinoin</i>) 0.05 % GEL	TIER 3	PA
<i>azelaic acid gel 15%</i>	TIER 1	QLC (1 tube/month)
AZELEX (<i>azelaic acid (acne)</i>) 20 % CREAM	TIER 3	
BENZAACLIN (<i>clindamycin phosphate-benzoyl peroxide</i>) 1-5 % GEL	TIER 3	
BENZAACLIN WITH PUMP (<i>clindamycin phosphate-benzoyl peroxide</i>) 1-5 % GEL	TIER 3	
BENZAMYCIN (<i>benzoyl peroxide-erythromycin</i>) 5-3 % GEL	TIER 3	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	TIER 1	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	TIER 3	PA, QLC (1 tube/month)
CABTREO (<i>adapalene-benzoyl peroxide-clindamycin phosphate</i>) 0.15-3.1-1.2 % GEL	TIER 3	PA, QLC (50 gm/30 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	TIER 1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Neuac)	TIER 3	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	TIER 1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	TIER 1	ST

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	TIER 1	ST, QLC (1 bottle/month)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> (CLINDAMYCIN-TRETINOIN)	TIER 1	ST
DIFFERIN (<i>adapalene</i>) 0.1 % CREAM, 0.1 % LOTION, 0.3 % GEL	TIER 3	AL1 (Up to 39 yrs old)
EPIDUO (<i>adapalene-benzoyl peroxide</i>) 0.1-2.5 % GEL	TIER 3	ST, AL1 (Up to 39 yrs old)
EPIDUO FORTE (<i>adapalene-benzoyl peroxide</i>) 0.3-2.5 % GEL	TIER 3	ST, AL1 (Up to 39 yrs old)
EPSOLAY (<i>benzoyl peroxide</i>) 5 % CREAM	TIER 3	PA, QLC (30 gm/30 days)
FABIOR (<i>tazarotene (acne)</i>) 0.1 % FOAM	TIER 3	PA, QLC (100 gm/month)
FINACEA (<i>azelaic acid</i>) 15 % FOAM	TIER 3	QLC (1 bottle/month)
FINACEA (<i>azelaic acid</i>) 15 % GEL	TIER 3	QLC (1 tube/month)
<i>isotretinoin cap 10 mg</i>	TIER 1	
isotretinoin cap 10 mg (Accutane)	TIER 1	
isotretinoin cap 10 mg (Amnesteem)	TIER 1	
isotretinoin cap 10 mg (Claravis)	TIER 1	
isotretinoin cap 10 mg (Myorisan)	TIER 1	
isotretinoin cap 10 mg (Zenatane)	TIER 1	
<i>isotretinoin cap 20 mg</i>	TIER 1	
isotretinoin cap 20 mg (Accutane)	TIER 1	
isotretinoin cap 20 mg (Amnesteem)	TIER 1	
isotretinoin cap 20 mg (Claravis)	TIER 1	
isotretinoin cap 20 mg (Myorisan)	TIER 1	
isotretinoin cap 20 mg (Zenatane)	TIER 1	
<i>isotretinoin cap 25 mg</i>	TIER 1	
<i>isotretinoin cap 30 mg</i>	TIER 1	
isotretinoin cap 30 mg (Accutane)	TIER 1	
isotretinoin cap 30 mg (Claravis)	TIER 1	
isotretinoin cap 30 mg (Myorisan)	TIER 1	
isotretinoin cap 30 mg (Zenatane)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>isotretinoin cap 35 mg</i>	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	
KLARON (<i>sulfacetamide sodium (acne)</i>) 10 % LOTION	TIER 3	
MIRVASO (<i>brimonidine tartrate (topical)</i>) 0.33 % GEL	TIER 3	QLC (1 tube/month)
ONEXTON (<i>clindamycin phosphate-benzoyl peroxide</i>) 1.2-3.75 % GEL	TIER 3	ST, QLC (1 bottle/month)
RETIN-A (<i>tretinoin</i>) -0.01 % GEL, -0.025 % CREM, -0.025 % GEL, -0.05 % CREM, -0.1 % CREM	TIER 3	AL1 (Up to 39 yrs old)
RETIN-A MICRO (<i>tretinoin microsphere</i>) - 0.04 % GEL, -0.1 % GEL	TIER 3	ST, AL1 (Up to 39 yrs old)
RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>) -0.06 % GEL	TIER 3	ST, AL1 (Up to 39 yrs old), QLC (1 bottle/month)
RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>) -0.08 % GEL	TIER 3	ST, AL1 (Up to 39 yrs old), QLC (1 bottle/month)
RETIN-A MICRO PUMP (<i>tretinoin microsphere</i>) -PUMP 0.04 % GEL, -PUMP 0.1 % GEL	TIER 3	ST, AL1 (Up to 39 yrs old)
RHOFADE (<i>oxymetazoline hcl (topical)</i>) 1 % CREAM	TIER 3	PA, QLC (one 30 gm tube/month)
SORIATANE (<i>acitretin</i>) 10 MG CAP, 25 MG CAP	TIER 3	
<i>sulfacetamide sodium lotion 10% (acne)</i> (SULFACETAMIDE SODIUM (ACNE))	TIER 1	
TAZAROTENE (<i>tazarotene (acne)</i>) 0.1 % FOAM	TIER 3	PA, QLC (100 gm/month)
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TAZORAC (<i>tazarotene</i>) 0.05 % CREAM, 0.05 % GEL, 0.1 % CREAM, 0.1 % GEL	TIER 3	
<i>tretinoin cream 0.025%</i>	TIER 1	AL1 (Up to 39 yrs old)
tretinoin cream 0.025% (Avita)	TIER 3	AL1 (Up to 39 yrs old)
<i>tretinoin cream 0.05%</i>	TIER 1	AL1 (Up to 39 yrs old)
<i>tretinoin cream 0.1%</i>	TIER 1	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.01%</i>	TIER 1	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.025%</i>	TIER 1	AL1 (Up to 39 yrs old)
tretinoin gel 0.025% (Avita)	TIER 3	AL1 (Up to 39 yrs old)
<i>tretinoin gel 0.05%</i>	TIER 1	PA
<i>tretinoin microsphere gel 0.04%</i>	TIER 3	ST, AL1 (Up to 39 yrs old)
<i>tretinoin microsphere gel 0.04%</i> (TRETINOIN MICROSPHERE PUMP)	TIER 3	ST, AL1 (Up to 39 yrs old)
<i>tretinoin microsphere gel 0.08%</i>	TIER 1	ST, AL1 (Up to 39 yrs old), QLC (1 bottle/month)
<i>tretinoin microsphere gel 0.08%</i> (TRETINOIN MICROSPHERE PUMP)	TIER 1	ST, AL1 (Up to 39 yrs old), QLC (1 bottle/month)
<i>tretinoin microsphere gel 0.1%</i>	TIER 3	ST, AL1 (Up to 39 yrs old)
<i>tretinoin microsphere gel 0.1%</i> (TRETINOIN MICROSPHERE PUMP)	TIER 3	ST, AL1 (Up to 39 yrs old)
VELTIN (<i>clindamycin phosphate-tretinoin</i>) 1.2-0.025 % GEL	TIER 3	ST
WINLEVI (<i>clascoterone</i>) 1 % CREAM	TIER 3	PA, QLC (60 gm/30 days)
ZIANA (<i>clindamycin phosphate-tretinoin</i>) 1.2-0.025 % GEL	TIER 3	ST
ZILXI (<i>minocycline hcl micronized (rosacea)</i>) 1.5 % FOAM	TIER 3	PA, QLC (1 bottle/30 days)

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

ADBRY (<i>tralokinumab-ldrm</i>) 150 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
ADBRY (<i>tralokinumab-ldrm</i>) DBRY 300 MG/2ML SOLN -INJ	TIER 4	PA, SP, QLC (2 pens/28 days)
ALA SCALP (<i>hydrocortisone (topical)</i>) 2 % LOTION	TIER 3	ST

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>alclometasone dipropionate cream 0.05%</i>	TIER 1	
<i>alclometasone dipropionate oint 0.05%</i>	TIER 1	
AMCINONIDE 0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT	TIER 1	ST
<i>amcinonide oint 0.1%</i>	TIER 1	ST
ANUSOL-HC (<i>hydrocortisone (rectal)</i>) -2.5 % CREAM	TIER 1	
APEXICON E (<i>diflorasone diacetate emollient base</i>) APXICON 0.05 % CREAM	TIER 1	ST
BETAMETHASONE DIPROPIONATE AUG (<i>betamethasone dipropionate augmented</i>) 0.05 % GEL	TIER 1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	TIER 1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	TIER 1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	TIER 1	
<i>betamethasone dipropionate cream 0.05%</i>	TIER 1	
<i>betamethasone dipropionate lotion 0.05%</i>	TIER 1	
<i>betamethasone dipropionate oint 0.05%</i>	TIER 1	
<i>betamethasone valerate aerosol foam 0.12%</i>	TIER 1	ST
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	TIER 1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	TIER 1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	TIER 1	
BRYHALI (<i>halobetasol propionate</i>) 0.01 % LOTION	TIER 3	PA, QLC (200 gm/28 days)
BYLVAY (<i>odevixibat</i>) 1200 MCG CAP	TIER 4	PA, SP, QLC (5 caps/day)
BYLVAY (<i>odevixibat</i>) 400 MCG CAP	TIER 4	PA, SP, QLC (15 caps/day)
BYLVAY (PELLETS) (<i>odevixibat</i>) 200 MCG CAP SPRINK	TIER 4	PA, SP, QLC (30 caps/day)
BYLVAY (PELLETS) (<i>odevixibat</i>) 600 MCG CAP SPRINK	TIER 4	PA, SP, QLC (10 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CAPEX (<i>fluocinolone acetonide</i>) 0.01 % SHAMPOO	TIER 3	PA
<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 emulsion foam 0.05%</i>	TIER 1	PA
clobetasol propionate emulsion foam 0.05% (Tovet)	TIER 1	PA
<i>clobetasol propionate foam 0.05%</i>	TIER 1	PA
<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	
<i>clobetasol propionate spray 0.05%</i>	TIER 1	PA, QLC (125 ml/month)
CLOBEX (<i>clobetasol propionate</i>) 0.05 % LOTION, 0.05 % SHAMPOO	TIER 3	
CLOBEX SPRAY (<i>clobetasol propionate</i>) 0.05 % LIQUID	TIER 3	PA, QLC (125 ml/month)
<i>clocortolone pivalate cream 0.1%</i>	TIER 1	ST
CLODERM (<i>clocortolone pivalate</i>) 0.1 % CREAM	TIER 3	ST
CORDRAN (<i>flurandrenolide</i>) 0.025 % CREAM, 0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT, 4 MCG/SQCM TAPE	TIER 3	PA
CUTIVATE (<i>fluticasone propionate</i>) 0.05 % LOTION	TIER 3	ST
DERMA-SMOOTHIE/FS BODY (<i>fluocinolone acetonide</i>) -0.01 % OIL	TIER 3	
DERMA-SMOOTHIE/FS SCALP (<i>fluocinolone acetonide</i>) -0.01 % OIL	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DESONATE (<i>desonide</i>) 0.05 % GEL	TIER 3	PA
DESONIDE 0.05 % GEL	TIER 1	PA
<i>desonide cream 0.05%</i>	TIER 1	
<i>desonide gel 0.05%</i>	TIER 1	PA
desonide gel 0.05% (Desrx)	TIER 1	PA
<i>desonide lotion 0.05%</i>	TIER 1	ST
<i>desonide oint 0.05%</i>	TIER 1	
DESOWEN (<i>desonide</i>) 0.05 % CREAM	TIER 3	
<i>desoximetasone cream 0.05%</i>	TIER 1	ST
<i>desoximetasone cream 0.25%</i>	TIER 1	ST
<i>desoximetasone gel 0.05%</i>	TIER 1	ST
<i>desoximetasone oint 0.05%</i>	TIER 1	ST
<i>desoximetasone oint 0.25%</i>	TIER 1	ST
<i>desoximetasone spray 0.25%</i>	TIER 1	ST, QLC (1 bottle/month)
DIFLORASONE DIACETATE 0.05 % CREAM	TIER 1	ST
<i>diflorasone diacetate oint 0.05%</i>	TIER 1	ST
DIPROLENE (<i>betamethasone dipropionate augmented</i>) 0.05 % OINTMENT	TIER 3	
DIPROLENE AF (<i>betamethasone dipropionate augmented</i>) 0.05 % CREAM	TIER 3	
<i>doxepin hcl cream 5%</i>	TIER 1	PA
EBGLYSS (<i>lebrikizumab-lbkz</i>) 250 MG/2ML SOLN -INJ	TIER 4	PA, SP, QLC (2 ml/28 days)
EBGLYSS (<i>lebrikizumab-lbkz</i>) 250 MG/2ML SOLN PRSYR	TIER 4	PA, SP, QLC (2ml/28 days)
ELIDEL (<i>pimecrolimus</i>) 1 % CREAM	TIER 3	QLC (100 gm/month)
EUCRISA (<i>crisaborole</i>) 2 % OINTMENT	TIER 3	PA, QLC (100 gm/month)
<i>fluocinolone acetonide cream 0.01%</i>	TIER 1	
<i>fluocinolone acetonide cream 0.025%</i>	TIER 1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i> (FLUOCINOLONE ACETONIDE BODY)	TIER 1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> (FLUOCINOLONE ACETONIDE SCALP)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fluocinolone acetonide oint 0.025%</i>	TIER 1	
<i>fluocinolone acetonide soln 0.01%</i>	TIER 1	
FLUOCINONIDE 0.05 % GEL	TIER 1	
<i>fluocinonide cream 0.05%</i>	TIER 1	
<i>fluocinonide cream 0.1%</i>	TIER 1	PA
<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	
FLURANDRENOLIDE 0.05 % CREAM	TIER 3	PA
FLURANDRENOLIDE 0.05 % LOTION	TIER 1	PA
<i>flurandrenolide cream 0.05%</i>	TIER 3	PA
flurandrenolide cream 0.05% (Nolix)	TIER 3	PA
<i>flurandrenolide lotion 0.05%</i>	TIER 1	PA
flurandrenolide lotion 0.05% (Nolix)	TIER 1	PA
<i>flurandrenolide oint 0.05%</i>	TIER 1	PA
FLUTICASONE PROPIONATE 0.05 % LOTION	TIER 1	ST
<i>fluticasone propionate cream 0.05%</i>	TIER 1	
<i>fluticasone propionate lotion 0.05%</i>	TIER 1	ST
fluticasone propionate lotion 0.05% (Beser)	TIER 1	ST
<i>fluticasone propionate oint 0.005%</i>	TIER 1	
<i>halcinonide cream 0.1%</i>	TIER 1	PA
<i>halobetasol propionate cream 0.05%</i>	TIER 1	
<i>halobetasol propionate foam 0.05%</i>	TIER 1	PA, QLC (200 gm/28 days)
<i>halobetasol propionate oint 0.05%</i>	TIER 1	
HALOG (<i>halcinonide</i>) 0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION	TIER 3	PA
HYDROCORTISONE (<i>hydrocortisone topical</i>) 2 % LOTION	TIER 3	ST
HYDROCORTISONE (<i>hydrocortisone topical</i>) 2.5 % LOTION	TIER 1	
<i>hydrocortisone acetate suppos 25 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydrocortisone acetate suppos 25 mg (Anucort-Hc)	TIER 1	
hydrocortisone acetate suppos 25 mg (Anusol-Hc)	TIER 1	PA
hydrocortisone acetate suppos 25 mg (Hemmorex-Hc)	TIER 3	
HYDROCORTISONE BUTYR LIPO BASE (<i>hydrocortisone butyrate hydrophilic lipo base</i>) 0.1 % CREAM	TIER 1	ST
HYDROCORTISONE BUTYRATE 0.1 % CREAM	TIER 1	ST
HYDROCORTISONE BUTYRATE 0.1 % OINTMENT, 0.1 % SOLUTION	TIER 1	
<i>hydrocortisone butyrate cream 0.1%</i>	TIER 1	ST
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i> (HYDROCORTISONE BUTYR LIPO BASE)	TIER 1	ST
<i>hydrocortisone butyrate lotion 0.1%</i>	TIER 1	ST
<i>hydrocortisone butyrate oint 0.1%</i>	TIER 1	
<i>hydrocortisone cream 2.5%</i>	TIER 1	
hydrocortisone cream 2.5% (Ala-Cort)	TIER 1	
hydrocortisone lotion 2% (Ala Scalp)	TIER 3	ST
<i>hydrocortisone lotion 2.5%</i>	TIER 1	
<i>hydrocortisone oint 2.5%</i>	TIER 1	
<i>hydrocortisone perianal cream 1%</i> (HYDROCORTISONE (PERIANAL))	TIER 1	
hydrocortisone perianal cream 1% (Procto-Pak)	TIER 1	
hydrocortisone perianal cream 1% (Proctocort)	TIER 1	
<i>hydrocortisone perianal cream 2.5%</i> (HYDROCORTISONE (PERIANAL))	TIER 1	
hydrocortisone perianal cream 2.5% (Procto-Med Hc)	TIER 1	
hydrocortisone perianal cream 2.5% (Proctosol Hc)	TIER 1	
hydrocortisone perianal cream 2.5% (Proctozone-Hc)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocortisone valerate cream 0.2%</i>	TIER 1	
<i>hydrocortisone valerate oint 0.2%</i>	TIER 1	
IMPEKLO (<i>clobetasol propionate</i>) 0.15 MG/ACT (0.05%) LOTION	TIER 3	PA, QLC (272 gm (4 bottles)/28 days)
IMPOYZ (<i>clobetasol propionate</i>) 0.025 % CREAM	TIER 3	PA, QLC (1 tube/month)
KENALOG (<i>triamcinolone acetonide (topical)</i>) 0.147 MG/GM AERO SOLN	TIER 3	ST
LEXETTE (<i>halobetasol propionate</i>) 0.05 % FOAM	TIER 3	PA, QLC (200 gm/28 days)
LOCOID (<i>hydrocortisone butyrate</i>) 0.1 % LOTION	TIER 3	ST
LOCOID LIPOCREAM (<i>hydrocortisone butyrate hydrophilic lipo base</i>) LIPO0.1 %	TIER 3	ST
LUXIQ (<i>betamethasone valerate</i>) 0.12 % FOAM	TIER 3	ST
<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	
OLUX (<i>clobetasol propionate</i>) 0.05 % FOAM	TIER 3	PA
OLUX-E (<i>clobetasol propionate emulsion</i>) - 0.05 % FOAM	TIER 3	PA
PANDEL (<i>hydrocortisone probutate</i>) 0.1 % CREAM	TIER 3	PA
<i>pimecrolimus cream 1%</i>	TIER 1	QLC (100 gm/month)
PREDNICARBATE 0.1 % CREAM, 0.1 % OINTMENT	TIER 1	
PROTOPIC (<i>tacrolimus (topical)</i>) 0.03 % OINTMENT	TIER 3	QLC (100 gm/month)
PROTOPIC (<i>tacrolimus (topical)</i>) 0.1 % OINTMENT	TIER 3	AL1 (At least 16 yrs old), QLC (100 gm/month)
PRUDOXIN (<i>doxepin hcl (antipruritic)</i>) 5 % CREAM	TIER 3	PA
PSORCON (<i>diflorasone diacetate</i>) 0.05 % CREAM	TIER 1	ST
<i>selenium sulfide lotion 2.5%</i>	TIER 1	QLC (1 bottle/month)
SERNIVO (<i>betamethasone dipropionate (topical)</i>) 0.05 % EMULSION	TIER 3	PA, QLC (1 bottle/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYNALAR (<i>fluocinolone acetonide</i>) 0.01 % SOLUTION, 0.025 % CREAM, 0.025 % OINTMENT	TIER 3	
<i>tacrolimus oint 0.03%</i>	TIER 1	QLC (100 gm/month)
<i>tacrolimus oint 0.1%</i>	TIER 1	AL1 (At least 16 yrs old), QLC (100 gm/month)
TEMOVATE (<i>clobetasol propionate</i>) 0.05 % CREAM, 0.05 % OINTMENT	TIER 3	
TEXACORT (<i>hydrocortisone (topical)</i>) 2.5 % SOLUTION	TIER 3	
TOPICORT (<i>desoximetasone</i>) 0.05 % CREAM, 0.05 % GEL, 0.05 % OINTMENT, 0.25 % CREAM, 0.25 % OINTMENT	TIER 3	ST
TOPICORT SPRAY (<i>desoximetasone</i>) 0.25 % LIQUID	TIER 3	ST, QLC (1 bottle/month)
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	TIER 1	ST
<i>triamcinolone acetonide cream 0.025%</i>	TIER 1	
<i>triamcinolone acetonide cream 0.1%</i>	TIER 1	
triamcinolone acetonide cream 0.1% (Triderm)	TIER 1	
<i>triamcinolone acetonide cream 0.5%</i>	TIER 1	
triamcinolone acetonide cream 0.5% (Triderm)	TIER 1	
<i>triamcinolone acetonide lotion 0.025%</i>	TIER 1	
<i>triamcinolone acetonide lotion 0.1%</i>	TIER 1	
<i>triamcinolone acetonide oint 0.025%</i>	TIER 1	
<i>triamcinolone acetonide oint 0.05%</i>	TIER 1	ST
<i>triamcinolone acetonide oint 0.05%</i> (TRIAMCINOLONE IN ABSORBABLE)	TIER 1	ST
triamcinolone acetonide oint 0.05% (Trianex)	TIER 1	ST
triamcinolone acetonide oint 0.05% (Tritocin)	TIER 1	ST
<i>triamcinolone acetonide oint 0.1%</i>	TIER 1	
<i>triamcinolone acetonide oint 0.5%</i>	TIER 1	
TRIDESILON (<i>desonide</i>) 0.05 % CREAM	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ULTRAVATE (<i>halobetasol propionate</i>) 0.05 % LOTION	TIER 3	ST, QLC (1 bottle (60ml) /month)
VANOS (<i>fluocinonide</i>) 0.1 % CREAM	TIER 3	PA
VERDESO (<i>desonide</i>) 0.05 % FOAM	TIER 3	PA
VTAMA (<i>tapinarof</i>) 1 % CREAM	TIER 3	PA, QLC (60 gm/30 days)
ZONALON (<i>doxepin hcl (antipruritic)</i>) 5 % CREAM	TIER 3	PA

DERMATOLOGICAL AGENTS, OTHER (Other Drugs for the Skin)

ALDARA (<i>imiquimod</i>) 5 % CREAM	TIER 3	QLC (24 packs/month, max of 48 packs/6 months)
ANALPRAM-HC (<i>hydrocortisone acetate w/ pramoxine</i>) -1-1 % CREAM	TIER 3	
ANALPRAM-HC (<i>hydrocortisone acetate w/ pramoxine</i>) -2.5-1 % LOTION	TIER 2	
AVAR LS CLEANSER (<i>sulfacetamide sodium w/ sulfur</i>) 10-2 % LIQUID	TIER 3	
AVAR-E LS (<i>sulfacetamide sodium w/ sulfur</i>) -10-2 % CREAM	TIER 3	
CALCIPOTRIENE 0.005 % FOAM	TIER 3	PA
CALCIPOTRIENE 0.005 % SOLUTION	TIER 1	
<i>calcipotriene cream 0.005%</i>	TIER 1	
<i>calcipotriene oint 0.005%</i>	TIER 1	
calcipotriene oint 0.005% (Calcitrene)	TIER 1	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	TIER 1	
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> (CALCIPOTRIENE-BETAMETH DIPROP)	TIER 1	PA, QLC (400 gm/month)
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i> (CALCIPOTRIENE-BETAMETH DIPROP)	TIER 1	PA, QLC (400 gm/month)
CALCITRIOL (<i>calcitriol (topical)</i>) 3 MCG/GM OINTMENT	TIER 1	QLC (800 gm/month)
CARAC (<i>fluorouracil (topical)</i>) 0.5 % CREAM	TIER 3	PA, QLC (1 tube/month)
CIBINQO (<i>abrocitinib</i>) 50 MG TAB, 100 MG TAB, 200 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	TIER 1	
CLOTRIMAZOLE-BETAMETHASONE (<i>clotrimazole w/ betamethasone</i>) -1-0.05 % LOTION	TIER 1	
CONDYLOX (<i>podofilox</i>) 0.5 % GEL	TIER 3	ST
DOVONEX (<i>calcipotriene</i>) 0.005 % CREAM	TIER 3	
DUOBRII (<i>halobetasol propionate-tazarotene</i>) 0.01-0.045 % LOTION	TIER 3	PA, QLC (200 gm/28 days)
EFUDEX (<i>fluorouracil (topical)</i>) 5 % CREAM	TIER 3	
ENSTILAR (<i>calcipotriene-betamethasone dipropionate</i>) 0.005-0.064 % FOAM	TIER 3	PA, QLC (420gm/30 days)
EPIFOAM (<i>pramoxine-hc</i>) 1	TIER 2	
FLUOROPLEX (<i>fluorouracil (topical)</i>) 1 % CREAM	TIER 3	PA, QLC (1 tube/month)
FLUOROURACIL (<i>fluorouracil (topical)</i>) 0.5 % CREAM	TIER 1	PA, QLC (1 tube/month)
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	
HYFTOR (<i>sirolimus (topical)</i>) 0.2 % GEL	TIER 4	PA, SP, QLC (10 gm/30 days)
<i>imiquimod cream 3.75%</i>	TIER 1	ST, QLC (28 packets/month; max 56 packets/ 6 months)
<i>imiquimod cream 3.75%</i> (IMIQUIMOD PUMP)	TIER 1	ST, QLC (1 bottle/month, max of 2 bottles/6 months)
<i>imiquimod cream 5%</i>	TIER 1	QLC (24 packs/month, max of 48 packs/6 months)
KLISYRI (250 MG) (<i>tirbanibulin</i>) 1 % OINTMENT	TIER 3	PA, QLC (5 packets/30 days)
KLISYRI (350 MG) (<i>tirbanibulin</i>) 1 % OINTMENT	TIER 3	PA, QLC (5 packets/30 days)
LITFULO (<i>ritlecitinib tosylate</i>) 50 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
METHOXSALLEN RAPID 10 MG CAP	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methoxsalen rapid cap 10 mg</i>	TIER 1	
NEO-SYNALAR (<i>neomycin sulfate-fluocinolone acetonide</i>) -0.5-0.025 % CREAM	TIER 3	PA, QLC (1 tube/month)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	TIER 1	
<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/30 days)
OTEZLA (<i>apremilast</i>) 20 MG TAB, 30 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
OVACE PLUS (<i>sulfacetamide sodium</i>) 10 % CREAM, 10 % SHAMPOO	TIER 3	
OVACE PLUS (<i>sulfacetamide sodium</i>) 9.8 % LOTION	TIER 3	QLC (1 bottle (57gm)/month)
OVACE PLUS WASH (<i>sulfacetamide sodium</i>) 10 % GEL	TIER 3	ST, QLC (1 bottle/month)
OVACE PLUS WASH (<i>sulfacetamide sodium</i>) 10 % LIQUID	TIER 3	
OVACE WASH (<i>sulfacetamide sodium</i>) 10 % LIQUID	TIER 3	
OXSORALEN ULTRA (<i>methoxsalen rapid</i>) 10 MG CAP	TIER 3	
PICATO (<i>ingenol mebutate</i>) 0.015 % GEL	TIER 3	QLC (3 doses/month)
PICATO (<i>ingenol mebutate</i>) 0.05 % GEL	TIER 3	QLC (2 doses/month)
PLEXION (<i>sulfacetamide sodium w/ sulfur</i>) 9.8-4.8 % CREAM, 9.8-4.8 % LOTION	TIER 3	ST, QLC (1 bottle/month)
PLEXION CLEANSER (<i>sulfacetamide sodium w/ sulfur</i>) 9.8-4.8 % LIQUID	TIER 3	ST, QLC (1 bottle/month)
PLEXION CLEANSING CLOTH (<i>sulfacetamide sodium w/ sulfur</i>) 9.8-4.8 % PAD	TIER 3	ST, QLC (1 box/month)
PODOFILOX 0.5 % SOLUTION	TIER 1	
<i>podofilox gel 0.5%</i>	TIER 1	ST
<i>podofilox soln 0.5%</i>	TIER 1	
PRAMOSONE (<i>pramoxine-hc</i>) 1-1 % CREAM	TIER 3	
PRAMOSONE (<i>pramoxine-hc</i>) 1-1 % LOTION, 1-2.5 % LOTION	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROCTOFOAM HC (<i>hydrocortisone acetate w/ pramoxine</i>) PROCTO1	TIER 2	
REGRANEX (<i>becaplermin</i>) 0.01 % GEL	TIER 2	PA, QLC (15 gm/30 days)
SALEX (<i>salicylic acid</i>) 6 % SHAMPOO	TIER 3	
SALICYLIC ACID 26 % SOLUTION	TIER 1	
SALICYLIC ACID 6 % LOTION	TIER 1	QLC (400 gm/month)
<i>salicylic acid film forming liquid 27.5%</i>	TIER 1	
<i>salicylic acid film forming liquid 27.5%</i> (SALICYLIC ACID WART REMOVER)	TIER 1	
<i>salicylic acid foam 6%</i>	TIER 1	
<i>salicylic acid shampoo 6%</i>	TIER 1	
salicylic acid shampoo 6% (Keralyt)	TIER 1	
SALVAX (<i>salicylic acid</i>) 6 % FOAM	TIER 3	
SANTYL (<i>collagenase</i>) 250 UNIT/GM OINTMENT	TIER 2	QLC (180 grams/month)
SILVADENE (<i>silver sulfadiazine</i>) 1 % CREAM	TIER 3	
<i>silver sulfadiazine cream 1%</i>	TIER 1	
silver sulfadiazine cream 1% (Ssd)	TIER 1	
SODIUM SULFACETAMIDE-BAKUCHIOL (<i>sulfacetamide sodium in bakuchiol vehicle</i>) -10 % LIQUID	TIER 1	
SORILUX (<i>calcipotriene</i>) 0.005 % FOAM	TIER 3	PA
SSS 10-5 (<i>sulfacetamide sodium w/ sulfur</i>) - -% FOAM	TIER 1	
<i>sulfacetamide sodium cleansing gel 10%</i>	TIER 1	ST, QLC (1 bottle/month)
<i>sulfacetamide sodium cleansing gel 10%</i> (SULFACETAMIDE SODIUM (CLEANS))	TIER 1	ST, QLC (1 bottle/month)
<i>sulfacetamide sodium liquid 10%</i>	TIER 1	
<i>sulfacetamide sodium liquid 10%</i> (SODIUM SULFACETAMIDE WASH)	TIER 1	
<i>sulfacetamide sodium shampoo 10%</i> (SODIUM SULFACETAMIDE)	TIER 1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i> (SULFACETAMIDE SODIUM- SULFUR)	TIER 1	
sulfacetamide sodium w/ sulfur cleanser 10- 5% (Avar Cleanser)	TIER 1	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SULFACETAMIDE SODIUM-SULFUR (<i>sulfacetamide sodium w/ sulfur</i>) -9.8-4.8 % PAD	TIER 3	ST, QLC (1 box/month)
SUMAXIN (<i>sulfacetamide sodium w/ sulfur</i>) 10-4 % PAD	TIER 3	
SUMAXIN WASH (<i>sulfacetamide sodium w/ sulfur</i>) 9-4 % LIQUID	TIER 3	
TACLONEX (<i>calcipotriene-betamethasone dipropionate</i>) 0.005-0.064 % OINTMENT, 0.005-0.064 % SUSPENSION	TIER 3	PA, QLC (400 gm/month)
TOLAK (<i>fluorouracil (topical)</i>) 4 % CREAM	TIER 2	QLC (1 tube/month)
TWYNEO (<i>tretinoin-benzoyl peroxide</i>) 0.1-3 % CREAM	TIER 3	PA, QLC (30 gm/30 days)
VALCHLOR (<i>mechlorethamine hcl (topical)</i>) 0.016 % GEL	TIER 4	PA, SP, QLC (1 tube/month)
VECTICAL (<i>calcitriol (topical)</i>) 3 MCG/GM OINTMENT	TIER 3	QLC (800 gm/month)
VEREGEN (<i>sinecatechins</i>) 15 % OINTMENT	TIER 3	ST, QLC (1 tube/month, not to exceed 4 tubes/6 months)
VIRASAL (<i>salicylic acid</i>) 27.5 % LIQUID	TIER 3	
WYNZORA (<i>calcipotriene-betamethasone dipropionate</i>) 0.005-0.064 % CREAM	TIER 3	PA, QLC (420 gm/30 days)
XERESE (<i>acyclovir-hydrocortisone</i>) 5-1 % CREAM	TIER 3	PA, QLC (5 gm tube/fill; max 30 gm/year)
ZORYVE (<i>roflumilast (antiseborrheic)</i>) 0.3 % FOAM	TIER 3	PA, QLC (60 gm/30 days)
ZORYVE (<i>roflumilast (dermatologic)</i>) 0.15 % CREAM	TIER 3	PA, QLC (60g/30 days)
ZORYVE (<i>roflumilast (topical)</i>) 0.3 % CREAM	TIER 3	PA, QLC (60 gm/30 days)
ZYCLARA (<i>imiquimod</i>) 3.75 % CREAM	TIER 3	ST, QLC (28 packets/month, max of 56 packets/6 months)
ZYCLARA PUMP (<i>imiquimod</i>) 2.5 % CREAM	TIER 3	ST, QLC (1 bottle/month, max of 2 bottles/6 months)
ZYCLARA PUMP (<i>imiquimod</i>) 3.75 % CREAM	TIER 3	ST, QLC (1 bottle/month, max of 2 bottles/6 months)

PEDICULICIDES/SCABICIDES (Drugs for Scabies and Lice)

CROTAN (<i>crotamiton</i>) 10 % LOTION	TIER 1	
ELIMITE (<i>permethrin</i>) 5 % CREAM	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ivermectin cream 1%</i>	TIER 1	PA, QLC (1 bottle (45gm)/month)
LINDANE 1% SHAMPOO	TIER 1	
<i>malathion lotion 0.5%</i>	TIER 1	
NATROBA (<i>spinosad</i>) 0.9 % SUSPENSION	TIER 3	QLC (1 bottle/fill)
OVIDE (<i>malathion</i>) 0.5 % LOTION	TIER 3	
<i>permethrin cream 5%</i>	TIER 1	
SOOLANTRA (<i>ivermectin (rosacea)</i>) 1% CREAM	TIER 3	PA, QLC (1 bottle (45gm)/month)
SPINOSAD 0.9 % SUSPENSION	TIER 1	QLC (1 bottle/fill)

TOPICAL ANTI-INFECTIVES (Drugs for Skin Infection)

<i>acyclovir cream 5%</i>	TIER 1	PA, QLC (5 gm tube/fill; max 30 gm/year)
<i>acyclovir oint 5%</i>	TIER 1	PA, QLC (30 gm/fill; max 180 gm/year)
ACZONE (<i>dapsone (topical)</i>) 5 % GEL	TIER 3	ST, QLC (90 gm/month)
ACZONE (<i>dapsone (topical)</i>) 7.5 % GEL	TIER 3	PA, ST, QLC (90 gm/month)
ALTABAX (<i>retapamulin</i>) 1 % OINTMENT	TIER 3	ST, QLC (30 gm/60 days)
CENTANY (<i>mupirocin</i>) 2 % OINTMENT	TIER 3	
<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	
CLEOCIN-T (<i>clindamycin phosphate (topical)</i>) -1 % GEL, -1 % LOION	TIER 3	
CLINDAGEL (<i>clindamycin phosphate (topical)</i>) 1 %	TIER 3	
<i>clindamycin phosphate foam 1%</i>	TIER 1	PA, QLC (1 can/month)
clindamycin phosphate foam 1% (Clindacin)	TIER 1	PA, QLC (1 can/month)
<i>clindamycin phosphate gel 1%</i>	TIER 1	
<i>clindamycin phosphate lotion 1%</i>	TIER 1	
<i>clindamycin phosphate soln 1%</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 1	ST, QLC (90 gm/month)
<i>dapsone gel 7.5%</i>	TIER 1	ST, QLC (90 gm/month)
DENAVIR (<i>penciclovir</i>) 1 % CREAM	TIER 3	PA, QLC (5 gm tube/fill; max 30 gm/year)
ERY (<i>erythromycin (acne aid)</i>) 2 % PAD	TIER 1	
ERYGEL (<i>erythromycin (acne aid)</i>) 2 %	TIER 3	
<i>erythromycin gel 2%</i>	TIER 1	
<i>erythromycin soln 2%</i>	TIER 1	
EVOCLIN (<i>clindamycin phosphate (topical)</i>) 1 % FOAM	TIER 3	PA, QLC (1 can/month)
LOPROX (<i>ciclopirox olamine</i>) 0.77 % CREAM, 0.77 % SUSPENSION	TIER 3	
LOPROX (<i>ciclopirox</i>) 1 % SHAMPOO	TIER 3	
MAFENIDE ACETATE 5 % PACKET	TIER 1	
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	TIER 1	
<i>mupirocin calcium cream 2%</i>	TIER 1	PA
<i>mupirocin oint 2%</i>	TIER 1	
<i>penciclovir cream 1%</i>	TIER 1	PA, QLC (5 gm tube/fill; max 30 gm/year)
SULFAMYLON (<i>mafenide acetate</i>) 5 % PACKET, 85 MG/GM CREAM	TIER 3	
XEPI (<i>ozenoxacin</i>) 1 % CREAM	TIER 3	ST, QLC (1 tube/60 days)
ZOVIRAX (<i>acyclovir topical</i>) 5 % CREAM	TIER 3	PA, QLC (5 gm tube/fill; max 30 gm/year)
ZOVIRAX (<i>acyclovir topical</i>) 5 % OINTMENT	TIER 3	PA, QLC (30 gm/fill; max 180 gm/year)

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PRESCRIPTION DRUG NAME

DRUG TIER

COVERAGE REQUIREMENTS AND LIMITS

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> (MULTI-VIT/IRON/FLUORIDE)	TIER 1	ACA (Preventive Health)
<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> (MULTI-VITAMIN/FLUORIDE/IRON)	TIER 1	ACA (Preventive Health)
<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> (MULTIVITAMIN/FLUORIDE/IRON)	TIER 1	ACA (Preventive Health)
<i>*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg***</i> (MULTIVITAMINS/FLUORIDE)	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
ACCRUFER (<i>ferric malto</i>) 30 MG CAP	TIER 3	PA, QLC (2 caps/day)
ATABEX EC (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) AEX 29-1 MG DR	TIER 3	
ATABEX OB (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) AEX 29-1 MG	TIER 1	
AZESCHEW PRENATAL/POSTNATAL (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) 13-1 MG TAB	TIER 3	PA, QLC (60 tabs/30 days)
AZESCO (<i>prenatal vit w/ ferrous gluconate-folic acid</i>) 13-1 MG TAB	TIER 3	PA
C-NATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) -28-1-200 MG AP	TIER 1	
CITRANATAL HARMONY (<i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha</i>) 27-1-260 MG CAP	TIER 3	PA
CITRANATAL MEDLEY (<i>prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha</i>) 27-1-200 MG CAP	TIER 3	
CITRANATAL RX (<i>prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa</i>) 27-1 MG TAB	TIER 3	PA
CO-NATAL FA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB	TIER 1	
COMPLETENATE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 29-1 MG CHEW TAB	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CONCEPT DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) 53.5-38-1 MG CAP	TIER 1	
CONCEPT OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 130-92.4-1 MG CAP	TIER 1	
DERMACINRX PRETRATE (<i>prenatal multivit-min w/fe-fa</i>) 1 MG TAB	TIER 3	PA, QLC (1 tab/day)
EFFER-K (<i>potassium bicarbonate-citric acid</i>) EFFER-10 EFFER TAB, EFFER-20 EFFER TAB	TIER 3	
ELITE-OB (<i>prenatal vit w/ iron carbonyl-folic acid</i>) -50-1.25 MG TAB	TIER 1	
FLORAFOL PEDIATRIC (<i>pediatric multivitamins w/fl</i>) 0.25 MG/ML SOLUTION	TIER 3	ACA (Preventive Health)
FLORAFOL PEDIATRIC (<i>pediatric multivitamins w/fl</i>) 0.5 MG CHEW TAB, 1 MG CHEW TAB	TIER 1	
FLORIVA (<i>pediatric multiple vitamins & minerals w/ fluoride</i>) 0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB	TIER 3	ACA (Preventive Health)
FLORIVA (<i>sodium fluoride-vitamin d</i>) 0.25-400 MG-UNIT/ML LIQUID	TIER 3	ACA (Preventive Health)
FLORIVA PLUS (<i>pediatric multivitamins w/fl</i>) 0.25 MG/ML SOLUTION	TIER 3	ACA (Preventive Health)
FOLIVANE-OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) -85-1 MG CAP	TIER 1	
GALZIN (<i>zinc acetate (oral)</i>) 25 MG CAP, 50 MG CAP	TIER 3	
INATAL GT (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) TAB	TIER 3	
JENLIVA PRENATAL/POSTNATAL (<i>prenatal multivit-min w/fe-fa</i>) 1 MG CAP	TIER 3	PA
K-TAB (<i>potassium chloride</i>) -TAB 8 TAB ER, -TAB 10 TAB ER, -TAB 20 TAB ER	TIER 3	
KOSHER PRENATAL PLUS IRON (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 30-1 MG TAB	TIER 3	
M-NATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 G TAB	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MULTI-MAC (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>) -15-0.75-1 MG TAB	TIER 3	PA
MULTI-VIT-FLOR (<i>pediatric multivitamins w/fl</i>) --0.25 MG CHEW TAB	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
MULTI-VIT-FLOR (<i>pediatric multivitamins w/fl</i>) --0.5 MG CHEW TAB, --1 MG CHEW TAB	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
MULTI-VITAMIN/FLUORIDE (<i>pediatric multivitamins w/fl</i>) -0.25 MG/ML SOLUTION, -0.5 MG/ML SOLUTION	TIER 1	ACA (Preventive Health)
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 0.25 MG CHEW TAB	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 0.5 MG CHEW TAB	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 1 MG CHEW TAB	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 0.25 MG CHEW TAB	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/fl</i>) 0.5 MG CHEW TAB, 1 MG CHEW TAB	TIER 1	ACA (Preventive Health), QLC (1 tab/day)
NAFRINSE DROPS (<i>sodium fluoride</i>) 0.275 (0.125 F) MG/DROP SOLUTION	TIER 1	ACA (Preventive Health)
NATACHEW (<i>prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid</i>) NATA28-1 MG TAB	TIER 3	QLC (1 tab/day)
NATAL PNV (<i>prenatal vit w/ ferrous gluconate-folic acid</i>) 6-0.5 MG TAB	TIER 3	
NATALVIT (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) TAB	TIER 3	
NEEVO DHA (<i>prenatal without vit a w/ fe fumarate-l methylfolate-omegas</i>) 27-1.13 MG CAP	TIER 3	
NEO-VITAL RX (<i>prenatal multivit-min w/fe-fa</i>) -1 MG TAB	TIER 3	
NEONATAL COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
NEONATAL COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 29-1 MG TAB	TIER 3	
NEONATAL FE (<i>prenatal multivitamins w/ iron-folic acid</i>) 90-1 MG TAB	TIER 3	

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NEONATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
NESTABS (<i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i>) NESS 32-1 MG	TIER 2	QLC (1 tab/day)
NESTABS ONE (<i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha</i>) 38-1-225 MG CAP	TIER 3	
NIVA-PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 MG TAB	TIER 1	
OB COMPLETE (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 50-1.25 MG TAB	TIER 3	
OB COMPLETE ONE (<i>prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil</i>) 50-1-476 MG CAP	TIER 3	
OB COMPLETE PETITE (<i>prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3</i>) 35-5-1-200 MG CAP	TIER 3	
OB COMPLETE PREMIER (<i>prenatal vit w/ iron carbonyl-fe aspart glycinate-fa</i>) 30-20-1 MG TAB	TIER 3	
OB COMPLETE/DHA (<i>prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid</i>) 30-10-1-200 MG CAP	TIER 3	
OBSTETRIX EC (WITH DOCUSATE) (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>) 29-1 MG TAB	TIER 3	
OBSTETRIX ONE (WITH DOCUSATE) (<i>prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha</i>) 38-1-225 MG CAP	TIER 3	PA
ONE VITE WOMENS PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PNV TABS 20-1 (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) S --MG	TIER 3	PA
PNV TABS 29-1 (<i>prenatal vit w/ iron carbonyl-folic acid</i>) S --MG	TIER 1	
PNV-DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) -27-0.6-0.4-300 MG CAP	TIER 1	
PNV-DHA+DOCUSATE (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) -27-1.25-300 MG CAP	TIER 3	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
POKONZA (<i>potassium chloride</i>) 10 MEQ PACKET	TIER 3	PA, QLC (2 packets/day)
POLY-VI-FLOR (<i>pediatric multivitamins w/fl</i>) --0.25 MG CHEW TAB	TIER 3	ACA (Preventive Health), QLC (1 tab/day)
POLY-VI-FLOR (<i>pediatric multivitamins w/fl</i>) --0.25 MG/ML SUSPENSION	TIER 3	ACA (Preventive Health)
POLY-VI-FLOR (<i>pediatric multivitamins w/fl</i>) --0.5 MG CHEW TAB, --1 MG CHEW TAB	TIER 3	ACA (Preventive Health), QLC (1 tab/day)
POLY-VI-FLOR FS (<i>pediatric multivitamins w/fl</i>) --0.25 MG STRIP, --0.5 MG STRIP, --1 MG STRIP	TIER 3	ACA (Preventive Health)
POLY-VI-FLOR/IRON (<i>ped multivitamins w/fl & iron</i>) --0.25-7 MG/ML SUSPENSION, --0.5-10 MG CHEW TAB	TIER 3	ACA (Preventive Health)
potassium bicarbonate effer tab 25 meq (Effer-K)	TIER 1	
<i>potassium bicarbonate effer tab 25 meq</i> (K-PRIME)	TIER 1	
potassium bicarbonate effer tab 25 meq (Klor-Con/ef)	TIER 1	
potassium chloride cap er 10 meq (Klor-Con Sprinkle)	TIER 1	
<i>potassium chloride cap er 10 meq</i> (POTASSIUM CHLORIDE ER)	TIER 1	
potassium chloride cap er 8 meq (Klor-Con Sprinkle)	TIER 1	
<i>potassium chloride cap er 8 meq</i> (POTASSIUM CHLORIDE ER)	TIER 1	
POTASSIUM CHLORIDE ER ER 8 TAB ER, ER 15 TAB ER	TIER 1	
potassium chloride microencapsulated crys er tab 10 meq (Klor-Con M10)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>potassium chloride microencapsulated crystal tab 10 meq</i> (POTASSIUM CHLORIDE CRYSTAL ER)	TIER 1	
potassium chloride microencapsulated crystal tab 15 meq (Klor-Con M15)	TIER 1	
<i>potassium chloride microencapsulated crystal tab 15 meq</i> (POTASSIUM CHLORIDE CRYSTAL ER)	TIER 1	
potassium chloride microencapsulated crystal tab 20 meq (Klor-Con M20)	TIER 1	
<i>potassium chloride microencapsulated crystal tab 20 meq</i> (POTASSIUM CHLORIDE CRYSTAL ER)	TIER 1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	TIER 1	PA
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	TIER 1	PA
<i>potassium chloride powder packet 20 meq</i>	TIER 1	
potassium chloride powder packet 20 meq (Klor-Con)	TIER 1	
potassium chloride tablet er 10 meq (Klor-Con 10)	TIER 1	
<i>potassium chloride tablet er 10 meq</i> (POTASSIUM CHLORIDE ER)	TIER 1	
<i>potassium chloride tablet er 20 meq (1500 mg)</i> (POTASSIUM CHLORIDE ER)	TIER 1	
potassium chloride tablet er 8 meq (600 mg) (Klor-Con)	TIER 1	
<i>potassium chloride tablet er 8 meq (600 mg)</i> (POTASSIUM CHLORIDE ER)	TIER 1	
<i>potassium citrate tablet er 10 meq (1080 mg)</i> (POTASSIUM CITRATE ER)	TIER 1	
<i>potassium citrate tablet er 15 meq (1620 mg)</i> (POTASSIUM CITRATE ER)	TIER 1	
<i>potassium citrate tablet er 5 meq (540 mg)</i> (POTASSIUM CITRATE ER) (40)	TIER 1	
PREGEN DHA (<i>prenatal mv & min w/fe carbonyl-fa-dha</i>) 28-1-35 MG CAP	TIER 3	PA, QLC (1 cap/day)
PREGENNA (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) 20-1 MG TAB	TIER 3	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRENA1 PEARL (<i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i>) 30-1.4-200 MG CAP	TIER 2	
PRENAISSANCE (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) 29-1.25-325 MG CAP	TIER 1	
PRENAISSANCE PLUS (<i>prenatal w/o vit a w/ fe carbonyl-dss-fa-dha</i>) 28-1-250 MG CAP	TIER 3	
PRENARA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 15-1 MG CAP	TIER 3	PA, QLC (1 cap/day)
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>) 9 29-MG TAB	TIER 1	
PRENATAL 19 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 19 CHEW TAB, 19 29-1 MG CHEW TAB	TIER 1	
PRENATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRENATAL PLUS IRON (<i>prenatal vit w/ iron carbonyl-folic acid</i>) 29-1 MG TAB	TIER 1	
PRENATAL PLUS VITAMIN/MINERAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRENATAL VITAMIN PLUS LOW IRON (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRENATAL-U (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) -106.5-1 MG CAP	TIER 1	
PRENATE DHA (<i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>) 18-0.6-0.4-300 MG CAP	TIER 3	
PRENATE ELITE (<i>prenatal w/ fe asparto glycinate-l methylfolate-folic acid</i>) 20-0.6-0.4 MG TAB	TIER 3	
PRENATE ENHANCE (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 28-0.6-0.4-400 MG CAP	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRENATE ESSENTIAL (<i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>) 18-0.6-0.4-300 MG CAP	TIER 3	
PRENATE MINI (<i>prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha</i>) 18-0.6-0.4-350 MG CAP	TIER 3	
PRENATE PIXIE (<i>prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha</i>) 10-0.6-0.4-200 MG CAP	TIER 3	
PRENATE RESTORE (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 27-0.6-0.4-400 MG CAP	TIER 3	
PRENATOL-M (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1.2 G TAB	TIER 3	PA
PRENATRIX (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 3	PA, QLC (1 tab/day)
PRENATRYL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 3	PA, QLC (1 tab/day)
PRENATVITE COMPLETE (<i>prenatal multivit-min w/fe-fa</i>) 1 MG TAB	TIER 3	QLC (1 tab/day)
PRENATVITE PLUS (<i>prenatal multivit-min w/fe-fa</i>) 1 MG TAB	TIER 2	QLC (1 tab/day)
PREPLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
PRETAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) PRE29-1 MG	TIER 1	
PRIMACARE (<i>prenatal without a w/ fe asp glyc-l methylfolate-fa-omega 3</i>) 30-1-470 MG CAP	TIER 3	
PROVIDA OB (<i>prenatal without a vit w/ fe fum-iron polysacch complex -fa</i>) 20-20-1.25 MG CAP	TIER 1	
QUFLORA FE PEDIATRIC (<i>ped multivitamins w/fl & iron</i>) 0.25-9.5 MG/ML LIQUID	TIER 3	ACA (Preventive Health)
QUFLORA GUMMIES (<i>pediatric multivitamins w/fl</i>) 0.125 MG CHEW TAB	TIER 3	ACA (Preventive Health)
QUFLORA PEDIATRIC (<i>pediatric multivitamins w/fl</i>) 0.25 MG CHEW TAB	TIER 3	ACA (Preventive Health), QLC (1 tab/day)
QUFLORA PEDIATRIC (<i>pediatric multivitamins w/fl</i>) 0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION	TIER 3	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QUFLORA PEDIATRIC (<i>pediatric multivitamins w/f</i>) 0.5 MG CHEW TAB, 1 MG CHEW TAB	TIER 3	ACA (Preventive Health), QLC (1 tab/day)
RELNATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	TIER 2	
SE-NATAL 19 (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>) -9 29-MG TAB	TIER 1	
SE-NATAL 19 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -9 29-MG CHEW TAB	TIER 1	
SELECT-OB (<i>prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa</i>) - 29-0.6-0.4 MG CHEW TAB	TIER 3	QLC (1 tab/day)
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 1.1 (0.5 F) MG/ML SOLUTION	TIER 1	ACA (Preventive Health)
SODIUM FLUORIDE 2.2 (1 F) MG TAB	TIER 3	ACA (Preventive Health)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf) luoride</i>	TIER 1	ACA (Preventive Health)
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf) luoride</i>	TIER 1	ACA (Preventive Health)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)(NAFRINSE) luoride</i>	TIER 1	ACA (Preventive Health)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf) luoride</i>	TIER 1	ACA (Preventive Health)
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab) luoride	TIER 1	ACA (Preventive Health)
TARON-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) -35-1 MG AP	TIER 1	
TARON-PREX (<i>prenatal w/o vit a w/ fe fumarate-dss-fa-dha</i>) -30-1.2-265 MG CAP	TIER 3	
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	
TRICARE PRENATAL DHA ONE (<i>prenatal w/fe fumarate-fa-dss-fish oil</i>) 27-1-500 MG CAP	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
TRINAZ (<i>prenatal vit w/ ferrous gluconate-folic acid</i>) 12-1 MG TAB	TIER 3	PA, QLC (2 tabs/day)
TRISTART DHA (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>) 31-0.6-0.4-200 MG CAP	TIER 3	
TRISTART FREE (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>) 33-1 MG CAP	TIER 3	QLC (1 cap/day)
TRISTART ONE (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>) 35-1-215 MG CAP	TIER 3	
UROCIT-K 10 (<i>potassium citrate (alkalinizer)</i>) -MEQ (80 MG) TAB	TIER 3	
UROCIT-K 15 (<i>potassium citrate (alkalinizer)</i>) -MEQ (1620 MG) TAB	TIER 3	
UROCIT-K 5 (<i>potassium citrate (alkalinizer)</i>) -MEQ (40 MG) TAB	TIER 3	
VINATE CARE (<i>prenatal without a vit w/ fe fumarate-folic acid</i>) 40-1 MG CHEW TAB	TIER 1	
VINATE DHA RF (<i>prenatal without vit a w/ fe fumarate-l methylfolate-omegas</i>) 27-1.13 MG CAP	TIER 3	
VINATE II (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>) 29-1 MG TAB	TIER 1	
VINATE ONE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 60-1 MG TAB	TIER 1	
VIRT-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) -53.5-38-1 MG AP	TIER 1	
VIRT-NATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) -28-1-200 MG CAP	TIER 1	
VIRT-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) -27-0.6-0.4-300 MG CAP	TIER 1	
VIRT-PN PLUS (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3</i>) -28-0.6-0.4-340 MG CAP	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VITAFOL FE+ (<i>prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha</i>) 90-0.6-0.4-200 MG CAP	TIER 3	
VITAFOL ULTRA (<i>prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha</i>) 29-0.6-0.4-200 MG CAP	TIER 3	
VITAFOL-NANO (<i>prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid</i>) -18-0.6-0.4 MG TAB	TIER 3	
VITAFOL-OB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB	TIER 3	
VITAFOL-ONE (<i>prenatal mv & min w/fe polysaccharide complex-fa-dha</i>) -29-1-200 MG CAP	TIER 3	
VITAMEDMD ONE RX/QUATREFOLIC (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) 30-0.6-0.4-200 MG CAP	TIER 3	
VITAPEARL (<i>prenatal without a w/ fe fumarate-sod feredetate-fa-dha</i>) 30-1.4-200 MG CAP	TIER 3	
VITATHELY WITH GINGER (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	TIER 1	
VIVA DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	TIER 1	
VOL-PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) -27-1 MG TAB	TIER 1	
VOL-TAB RX (<i>prenatal vit w/ iron carbonyl-folic acid</i>) -29-1 MG	TIER 1	
VP-PNV-DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) --28-1-215.8 MG CAP	TIER 1	
WESCAP-C DHA (<i>prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3</i>) WESAP-53.5-38-1 MG AP	TIER 1	
WESCAP-PN DHA (<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>) WES-27-0.6-0.4-300 MG	TIER 1	
WESNATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WESTAB PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) WES27-1 MG	TIER 1	
WESTGEL DHA (<i>prenatal without a w/ fe carbonyl-l methylfolate-fa-dha</i>) 31-0.6-0.4-200 MG CAP	TIER 3	
WILZIN (<i>zinc acetate (oral)</i>) 25 MG CAP	TIER 3	
ZALVIT (<i>prenatal vit w/ ferrous gluconate-folic acid</i>) 13-1 MG TAB	TIER 3	PA
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	
ZIPHEX (<i>prenatal vit w/ ferrous gluconate-folic acid</i>) 13-1 MG TAB	TIER 3	PA

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

CHEMET (<i>succimer</i>) 100 MG CAP	TIER 2	
CUPRIMINE (<i>penicillamine</i>) 250 MG CAP	TIER 4	PA, SP, QLC (16 caps/day)
CUVRIOR (<i>trientine tetrahydrochloride</i>) 300 MG TAB	TIER 4	PA, SP, QLC (10 tabs/day)
<i>deferasirox granules packet 180 mg</i>	TIER 4	PA, SP, SF
<i>deferasirox granules packet 360 mg</i>	TIER 4	PA, SP, SF
<i>deferasirox granules packet 90 mg</i>	TIER 4	PA, SP, SF
<i>deferasirox tab 180 mg</i>	TIER 4	SP, SF
<i>deferasirox tab 360 mg</i>	TIER 4	SP, SF
<i>deferasirox tab 90 mg</i>	TIER 4	SP, SF
<i>deferasirox tab for oral susp 125 mg</i>	TIER 4	SP, SF
<i>deferasirox tab for oral susp 250 mg</i>	TIER 4	SP, SF
<i>deferasirox tab for oral susp 500 mg</i>	TIER 4	SP, SF
<i>deferiprone tab 1000 mg</i>	TIER 4	PA, SP, QLC (9 tabs/day)
<i>deferiprone tab 500 mg</i>	TIER 4	PA, SP, QLC (18 tabs/day)
DEPEN TITRATABS (<i>penicillamine</i>) 250 MG	TIER 4	PA, SP, QLC (16 tabs/day)
EXJADE (<i>deferasirox</i>) 125 MG TAB SOL, 250 MG TAB SOL, 500 MG TAB SOL	TIER 4	SP, SF

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FERRIPROX (<i>deferiprone</i>) 100 MG/ML SOLUTION	TIER 4	PA, SP, QLC (90 ml/day)
FERRIPROX (<i>deferiprone</i>) 1000 MG TAB	TIER 4	PA, SP, QLC (9 tabs/day)
FERRIPROX (<i>deferiprone</i>) 500 MG TAB	TIER 4	PA, SP, QLC (18 tabs/day)
FERRIPROX TWICE-A-DAY (<i>deferiprone</i>) -- DY 1000 MG TB	TIER 4	PA, SP, QLC (9 tabs/day)
JADENU (<i>deferasirox</i>) 90 MG TAB, 180 MG TAB, 360 MG TAB	TIER 4	SP, SF
JADENU SPRINKLE (<i>deferasirox</i>) 90 MG PACKET, 180 MG PACKET, 360 MG PACKET	TIER 4	PA, SP, 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, SP, QLC (2 tabs/day)
JYNARQUE (<i>tolvaptan</i>) 15 MG TAB, 30 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
<i>penicillamine cap 250 mg</i>	TIER 4	PA, SP, QLC (16 caps/day)
<i>penicillamine tab 250 mg</i>	TIER 4	PA, SP, QLC (16 tabs/day)
SAMSCA (<i>tolvaptan</i>) 15 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
SAMSCA (<i>tolvaptan</i>) 30 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
SYPRINE (<i>trientine hcl</i>) 250 MG CAP	TIER 4	PA, SP, QLC (8 caps/day)
TOLVAPTAN 15 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
<i>tolvaptan tab 15 mg</i>	TIER 4	PA, SP, QLC (1 tab/day)
<i>tolvaptan tab 30 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day)
TRIENTINE HCL 500 MG CAP	TIER 4	PA, SP, QLC (4 caps/day)
<i>trientine hcl cap 250 mg</i>	TIER 4	PA, SP, QLC (8 caps/day)
trientine hcl cap 250 mg (Clovique)	TIER 4	PA, SP, QLC (8 caps/day)

PHOSPHATE BINDERS (Drugs to Lower Phosphate)

AURYXIA (<i>ferric citrate</i>) 1 GM 210 MG(Fe) TAB	TIER 3	PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> (CALCIUM ACETATE (PHOS BINDER))	TIER 1	
FOSRENOL (<i>lanthanum carbonate</i>) 500 MG CHEW TAB, 750 MG CHEW TAB, 750 MG PACKET, 1000 MG CHEW TAB, 1000 MG PACKET	TIER 3	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	TIER 1	PA
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	TIER 1	PA
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	TIER 1	PA
PHOSLYRA (<i>calcium acetate (phosphate binder)</i>) 667 MG/5ML SOLUTION	TIER 3	
RENAGEL (<i>sevelamer hcl</i>) 800 MG TAB	TIER 3	
REVELA (<i>sevelamer carbonate</i>) 0.8 GM PACKET, 2.4 GM PACKET	TIER 3	PA
REVELA (<i>sevelamer carbonate</i>) 800 MG TAB	TIER 3	
<i>sevelamer carbonate packet 0.8 gm</i>	TIER 1	PA
<i>sevelamer carbonate packet 2.4 gm</i>	TIER 1	PA
<i>sevelamer carbonate tab 800 mg</i>	TIER 1	
<i>sevelamer hcl tab 400 mg</i>	TIER 1	
<i>sevelamer hcl tab 800 mg</i>	TIER 1	
VELPHORO (<i>sucroferric oxyhydroxide</i>) 500 MG CHEW TAB	TIER 3	PA

POTASSIUM BINDERS (Drugs to Lower Potassium)

<i>*sodium polystyrene sulfonate powder**</i>	TIER 1	
LOKELMA (<i>sodium zirconium cyclosilicate</i>) 10 GM PACKET	TIER 3	QLC (1 pack/day)
LOKELMA (<i>sodium zirconium cyclosilicate</i>) 5 GM PACKET	TIER 3	QLC (3 packs/day)
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	TIER 1	
sodium polystyrene sulfonate oral susp 15 gm/60ml (Kionex)	TIER 1	
sodium polystyrene sulfonate susp 15 gm/60ml (Kionex)	TIER 1	
sodium polystyrene sulfonate susp 15 gm/60ml (Sps (sodium Polystyrene Sulf))	TIER 1	
SPS (SODIUM POLYSTYRENE SULF) (<i>sodium polystyrene sulfonate</i>) 30 GM/120ML SUSPENSION	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VELTASSA (<i>patiromer sorbitex calcium</i>) 1 GM PACKET	TIER 4	PA, SP, QLC (4 packets/day)
VELTASSA (<i>patiromer sorbitex calcium</i>) 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET	TIER 4	PA, SP, QLC (1 packet/day)

VITAMINS

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	TIER 1	
CARNITOR (<i>levocarnitine (metabolic modifiers)</i>) 1 GM/10ML SOLUTION, 330 MG TAB	TIER 3	
CARNITOR SF (<i>levocarnitine (metabolic modifiers)</i>) 1 GM/10ML SOLUTION	TIER 3	
<i>cyanocobalamin inj 1000 mcg/ml</i>	TIER 1	
cyanocobalamin inj 1000 mcg/ml (Dodex)	TIER 1	
<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i>	TIER 1	QLC (1 bottle/week)
DOJOLVI (<i>triheptanoin</i>) 100 % LIQUID	TIER 4	PA, SP, QLC (105 ml/day)
ENBRACE HR (<i>prenatal vit w/ fe glycine cysteinate-fa-omega 3 fatty acids</i>) CAP	TIER 3	
<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)
NEONATAL 19 (<i>prenatal vitamin-folic acid</i>) 9 MG TAB	TIER 3	
PREMESISRX (<i>prenatal w/ calcium-vit b6-vit b12-folic acid-ginger</i>) MG TAB	TIER 3	
PRENA1 (<i>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</i>) 1.4 MG CHEW TAB	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRENATE (<i>prenatal multivitamins & minerals w/ l-methylfolate-fa</i>) 0.6-0.4 MG CHEW TAB	TIER 3	
PRENATE AM (<i>prenatal w/ calcium-vit b6-vit b12-folic acid-ginger</i>) MG TAB	TIER 3	
QUFLORA FE (<i>multiple vitamins w/minerals & fluoride-iron-folic acid</i>) 0.25 MG CHEW TAB	TIER 3	ACA (Preventive Health), QLC (1 tab/day)
TRI-VI-FLOR (<i>pediatric vitamins acd & l-methylfolate w/ fluoride</i>) --0.25 MG/ML SUSPENSION, --0.5 MG/ML SUSPENSION	TIER 3	ACA (Preventive Health)
TRI-VI-FLORO (<i>pediatric vitamins acd & l-methylfolate w/ fluoride</i>) --0.25 MG/ML SUSPENSION, --0.5 MG/ML SUSPENSION	TIER 3	ACA (Preventive Health)
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)
VITAFOL GUMMIES (<i>prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids</i>) 3.33-0.333-34.8 MG CHEW TAB	TIER 3	
VITAFOL STRIPS (<i>prenatal w/ vit b6-b12-cholecalciferol-folic acid</i>) MG FILM	TIER 1	
VITAMEDMD REDICHEW RX (<i>prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid</i>) 1.4 MG TAB	TIER 3	

GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)

ANTI-CONSTIPATION AGENTS (Drugs for Constipation)

AMITIZA (<i>lubiprostone</i>) 24 MCG CAP	TIER 3	AL1 (At least 18 yrs old), QLC (2 caps/day)
AMITIZA (<i>lubiprostone</i>) 8 MCG CAP	TIER 3	AL1 (At least 18 yrs old), QLC (2 caps/day)
CLENPIQ (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>) 10-3.5-12 MG-GM -GM/160ML SOLUTION, 10-3.5-12 MG-GM -GM/175ML SOLUTION	TIER 3	PA
IBSRELA (<i>tenapanor hcl</i>) 50 MG TAB	TIER 3	PA, QLC (2 tabs/day)
KRISTALOSE (<i>lactulose</i>) 10 GM PACKET	TIER 3	PA, QLC (1 pack/day)
KRISTALOSE (<i>lactulose</i>) 20 GM PACKET	TIER 3	PA, QLC (2 packs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
LACTULOSE 10 GM PACKET	TIER 1	PA, QLC (1 pack/day)
<i>lactulose solution 10 gm/15ml</i>	TIER 1	
lactulose solution 10 gm/15ml (Constulose)	TIER 1	
LINZESS (<i>linaclotide</i>) 72 MCG CAP, 145 MCG CAP, 290 MCG CAP	TIER 2	AL1 (At least 18 yrs old), QLC (1 cap/day)
<i>lubiprostone cap 24 mcg</i>	TIER 1	AL1 (At least 18 yrs old), QLC (2 caps/day)
<i>lubiprostone cap 8 mcg</i>	TIER 1	AL1 (At least 18 yrs old), QLC (2 caps/day)
MOTEGRITY (<i>prucalopride succinate</i>) 1 MG TAB, 2 MG TAB	TIER 3	PA, QLC (1 tab/day)
MOVANTIK (<i>naloxegol oxalate</i>) 12.5 MG TAB, 25 MG TAB	TIER 3	AL1 (At least 18 yrs old), QLC (1 tab/day)
MOVIPREP (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>) 100 GM RECON SOLN	TIER 3	PA
NULYTELY LEMON-LIME (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>) -420 GM RECON SOLN	TIER 3	
NULYTELY WITH FLAVOR PACKS (<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>) 420 GM RECON SOLN	TIER 3	
OSMOPREP (<i>sodium phosphate monobasic-sodium phosphate dibasic</i>) 1.102-0.398 GM TAB	TIER 3	PA, ACA (Preventive Health)
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i> (PEG-3350/ELECTROLYTES/ASCORBAT) - <i>kl-l--asorbate-</i>	TIER 1	PA, ACA (Preventive Health)
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i> (PEG-KCL-NACL-NASULF-NA ASC-C) - <i>kl-l--asorbate-</i>	TIER 1	PA, ACA (Preventive Health)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-N With Flavor Pack)	TIER 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> (PEG 3350-KCL-NA BICARB-NACL)	TIER 1	ACA (Preventive Health)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Trilyte)	TIER 1	ACA (Preventive Health)
PEG-PREP (<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i>) --210 MG-GM KIT	TIER 1	ACA (Preventive Health)
PLENVU (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>) 140 GM RECON SOLN	TIER 3	PA
RELISTOR (<i>methylnaltrexone bromide</i>) 150 MG TAB	TIER 4	PA, QLC (3 tabs/day)
RELISTOR (<i>methylnaltrexone bromide</i>) 8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION	TIER 4	PA
<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)
SUPREP BOWEL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>) SU17.5-3.13-1.6 GM/177ML SOLUTION	TIER 3	
SUTAB (<i>sodium sulfate-magnesium sulfate-potassium chloride</i>) SU1479-225-188 MG	TIER 3	PA
SYMPROIC (<i>naldemedine tosylate</i>) 0.2 MG TAB	TIER 3	PA, QLC (1 tab/day)
TRULANCE (<i>plecanatide</i>) 3 MG TAB	TIER 3	PA, QLC (1 tab/day)

ANTI-DIARRHEAL AGENTS (Drugs for Diarrhea)

AEMCOLO (<i>rifamycin sodium</i>) 194 MG TAB DR	TIER 3	PA, QLC (12 tabs/30 days)
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	TIER 1	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	TIER 1	PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (DIPHENOXYLATE-ATROPINE)	TIER 1	
DIPHENOXYLATE-ATROPINE (<i>diphenoxylate w/ atropine</i>) -2.5-0.025 MG/5ML LIQUID	TIER 1	
LOMOTIL (<i>diphenoxylate w/ atropine</i>) 2.5-0.025 MG TAB	TIER 3	
LOTRONEX (<i>alosetron hcl</i>) 0.5 MG TAB, 1 MG TAB	TIER 3	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MOTOFEN (<i>difenoxin w/ atropine</i>) 1-0.025 MG TAB	TIER 3	
MYTESI (<i>crofelemer</i>) 125 MG TAB DR	TIER 4	PA, QLC (2 tabs/day)
VIBERZI (<i>eluxadoline</i>) 75 MG TAB, 100 MG TAB	TIER 4	PA, QLC (2 tabs/day)
XERMELO (<i>telotristat etiprate</i>) 250 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)

ANTISPASMODICS, GASTROINTESTINAL (Other Drugs for Bowel and Stomach)

ANASPAZ (<i>hyoscyamine sulfate</i>) 0.125 MG TAB DISP	TIER 3	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i> (CHLORDIAZEPOXIDE-CLIDINIUM)	TIER 1	QLC (8 caps/day)
CUVPOSA (<i>glycopyrrolate</i>) 1 MG/5ML SOLUTION	TIER 3	PA, QLC (45 ml/day)
DARTISLA ODT (<i>glycopyrrolate</i>) 1.7 MG TAB DISP	TIER 3	PA, QLC (4 tabs/day)
<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	
DONNATAL (<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>) 16.2 MG TAB	TIER 3	
DONNATAL (<i>phenobarbital-hyoscyamine-atropine-scopolamine</i>) 16.2 MG/5ML ELIXIR	TIER 3	QLC (40 ml/day)
GLYCATE (<i>glycopyrrolate</i>) 1.5 MG TAB	TIER 1	PA, QLC (3 tabs/day)
GLYCOPYRROLATE 1.5 MG TAB	TIER 1	PA, QLC (3 tabs/day)
<i>glycopyrrolate oral soln 1 mg/5ml</i>	TIER 1	PA, QLC (45 ml/day)
<i>glycopyrrolate tab 1 mg</i>	TIER 1	
<i>glycopyrrolate tab 2 mg</i>	TIER 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	TIER 1	
hyoscyamine sulfate elixir 0.125 mg/5ml (Hyosyne)	TIER 1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	TIER 1	
hyoscyamine sulfate sl tab 0.125 mg (Oscimin)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hyoscyamine sulfate sl tab 0.125 mg (Symax-SI)	TIER 1	
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	TIER 1	
hyoscyamine sulfate soln 0.125 mg/ml (Hyosyne)	TIER 1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	TIER 1	
hyoscyamine sulfate tab 0.125 mg (Oscimin)	TIER 1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	TIER 1	
hyoscyamine sulfate tab disint 0.125 mg (Ed-Spaz)	TIER 1	
hyoscyamine sulfate tab disint 0.125 mg (Nulev)	TIER 1	
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i> (HYOSCYAMINE SULFATE ER)	TIER 1	
hyoscyamine sulfate tab er 12hr 0.375 mg (Oscimin Sr)	TIER 1	
hyoscyamine sulfate tab er 12hr 0.375 mg (Symax-Sr)	TIER 1	
LEVBID (<i>hyoscyamine sulfate</i>) 0.375 MG TAB ER 12H	TIER 3	
LEVSIN (<i>hyoscyamine sulfate</i>) 0.125 MG TAB	TIER 3	
LEVSIN/SL (<i>hyoscyamine sulfate</i>) 0.125 MG TAB	TIER 3	
LIBRAX (<i>chlordiazepoxide hcl-clidinium bromide</i>) 5-2.5 MG CAP	TIER 3	QLC (8 caps/day)
<i>methscopolamine bromide tab 2.5 mg</i>	TIER 1	
<i>methscopolamine bromide tab 5 mg</i>	TIER 1	
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i> (PB-HYOSCY-ATROPINE-SCOPOLAMINE)	TIER 1	QLC (40 ml/day)
<i>pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml</i> (PHENOBARBITAL-BELLADONNA ALK)	TIER 1	QLC (40 ml/day)
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (Phenohydro)	TIER 1	QLC (40 ml/day)
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i> (PB-HYOSCY-ATROPINE-SCOPOLAMINE)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg</i> (PHENOBARBITAL-BELLADONNA ALK)	TIER 1	
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (Phenoxytro)	TIER 1	
PROPANTHELINE BROMIDE 15 MG TAB	TIER 1	
ROBINUL (<i>glycopyrrolate</i>) 1 MG TAB	TIER 3	
ROBINUL-FORTE (<i>glycopyrrolate</i>) -2 MG TAB	TIER 3	
SYMAX DUOTAB (<i>hyoscyamine sulfat</i>) DUO0.375 MG ER	TIER 3	

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

ACTIGALL (<i>ursodiol</i>) 300 MG CAP	TIER 3	
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i> (AMOXICILL-CLARITHRO-LANSOPRAZ) &	TIER 1	QLC (one 14-day course/month)
AMOXICILL-CLARITHRO-LANSOPRAZ (<i>amoxicillin-clarithromycin w/ lansoprazole</i>) --500 & 500 & 30 MG THER PACK	TIER 1	QLC (one 14-day course/month)
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i> (BIS SUBCIT-METRONID-TETRACYC)	TIER 1	QLC (120 caps/month)
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i> (BISMUTH/METRONIDAZ/TETRACYCLIN)	TIER 1	QLC (120 caps/month)
CHENODAL (<i>chenodiol</i>) 250 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day)
<i>cromolyn sodium oral conc 100 mg/5ml</i>	TIER 1	
GASTROCROM (<i>cromolyn sodium (mastocytosis)</i>) 100 MG/5ML CONC	TIER 3	
GATTEX (<i>teduglutide (rdna)</i>) 5 MG KIT	TIER 4	PA, SP, QLC (1 kit/30 days)
GAVILYTE-C (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfat</i>) -240 GM REON SOLN	TIER 1	ACA (Preventive Health)
GOLYTELY (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfat</i>) 236 GM RECON SOLN	TIER 3	
HELIDAC THERAPY (<i>metronidazole-tetracycline w/ bismuth subsalicylate</i>) MISC	TIER 3	QLC (224 tabs/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMATROPE (<i>somatropin</i>) 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE	TIER 4	PA, SP
IMCIVREE (<i>setmelanotide acetate</i>) 10 MG/ML SOLUTION	TIER 4	PA, SP, QLC (9 ml (9 vials)/30 days)
LIVMARLI (<i>maralixibat chloride</i>) 19 MG/ML SOLUTION	TIER 4	PA, SP, QLC (2 ml/day)
LIVMARLI (<i>maralixibat chloride</i>) 9.5 MG/ML SOLUTION	TIER 4	PA, SP, QLC (3 ml/day)
OCALIVA (<i>obeticholic acid</i>) 5 MG TAB, 10 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF
OMECLAMOX-PAK (<i>amoxicillin-clarithromycin w/ omeprazole</i>) -500-500-20 MG MISC	TIER 3	QLC (1 pack/month)
OMNITROPE (<i>somatropin</i>) 10 MG/1.5ML SOLN CART	TIER 4	PA, SP
OMVOH (<i>mirikizumab-mrkz</i>) 100 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (2 auto-injector pens/28 days)
OMVOH (<i>mirikizumab-mrkz</i>) 100 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 ml/28 days)
ORLISTAT 120 MG CAP	TIER 3	PA, QLC (3 caps/day)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-G) ---cl-	TIER 1	ACA (Preventive Health)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (PEG-3350/ELECTROLYTES) - --cl-	TIER 1	ACA (Preventive Health)
PYLERA (<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>) 140-125-125 MG CAP	TIER 3	QLC (120 caps/month)
RELTONE (<i>ursodiol</i>) 200 MG CAP, 400 MG CAP	TIER 3	PA, QLC (2 caps/day)
SUFLAVE (<i>peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate</i>) 178.7 GM RECON SOLN	TIER 3	PA
TALICIA (<i>amoxicillin-rifabutin-omeprazole</i>) 250-12.5-10 MG CAP DR	TIER 3	QLC (168 caps/28 days)
URSO 250 (<i>ursodiol</i>) MG TAB	TIER 3	
URSO FORTE (<i>ursodiol</i>) 500 MG TAB	TIER 3	
URSODIOL 200 MG CAP, 400 MG CAP	TIER 3	PA, QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ursodiol cap 300 mg</i>	TIER 1	
<i>ursodiol tab 250 mg</i>	TIER 1	
<i>ursodiol tab 500 mg</i>	TIER 1	
VOQUEZNA (<i>vonoprazan fumarate</i>) 10 MG TAB	TIER 3	PA, QLC (1 tab/day; max 180 tabs/365 days)
VOQUEZNA (<i>vonoprazan fumarate</i>) 20 MG TAB	TIER 3	PA, QLC (1 tab/day; max 56 tabs/365 days)
VOQUEZNA DUAL PAK (<i>amoxicillin (trihydrate)-vonoprazan fumarate</i>) 500-20 MG THER PACK	TIER 3	PA, QLC (112 tabs/30 days)
VOQUEZNA TRIPLE PAK (<i>amoxicillin (trihydrate)-clarithromycin-vonoprazan fumarate</i>) 500-500-20 MG THER PACK	TIER 3	PA, QLC (112 tabs/30 days)
XENICAL (<i>orlistat</i>) 120 MG CAP	TIER 3	PA, QLC (3 caps/day)

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

CIMETIDINE HCL 300 MG/5ML SOLUTION	TIER 1	
<i>cimetidine hcl soln 300 mg/5ml</i>	TIER 1	
<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 1	
<i>famotidine tab 40 mg</i>	TIER 1	
NIZATIDINE 15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP	TIER 1	
PEPCID (<i>famotidine</i>) 40 MG TAB	TIER 3	

PROTECTANTS (Drugs for Acid Reflux and Ulcers)

CARAFATE (<i>sucralfate</i>) 1 GM TAB, 1 GM/10ML SUSPENSION	TIER 3	
<i>sucralfate susp 1 gm/10ml gm/0ml</i>	TIER 1	
<i>sucralfate tab 1 gm</i>	TIER 1	

PROTON PUMP INHIBITORS (Drugs for Acid Reflux and Ulcers)

ACIPHEX (<i>rabeprazole sodium</i>) 20 MG TAB DR	TIER 3	QLC (3 tabs/day)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ACIPHEX SPRINKLE (<i>rabeprazole sodium</i>) 10 MG CAP	TIER 3	
ACIPHEX SPRINKLE (<i>rabeprazole sodium</i>) 5 MG CAP	TIER 3	ST, QLC (1 cap/day)
DEXILANT (<i>dexlansoprazole</i>) 30 MG CAP DR, 60 MG CAP DR	TIER 3	PA, QLC (1 cap/day)
<i>dexlansoprazole cap delayed release 30 mg</i>	TIER 1	PA, QLC (1 cap/day)
<i>dexlansoprazole cap delayed release 60 mg</i>	TIER 1	PA, QLC (1 cap/day)
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	TIER 1	PA, QLC (2 caps/day)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	TIER 1	ST, QLC (1 packet/day)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	TIER 1	ST, QLC (1 packet/day)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	TIER 1	ST, QLC (1 packet/day)
ESOMEPRAZOLE STRONTIUM 49.3 MG CAP DR	TIER 1	ST, QLC (6 caps/day)
KONVOMEF (<i>omeprazole-sodium bicarbonate</i>) 2-84 MG/ML RECON SUSP	TIER 3	PA, QLC (20 ml/day)
<i>lansoprazole cap delayed release 30 mg</i>	TIER 1	QLC (2 caps/day)
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	TIER 1	ST, QLC (2 tabs/day)
NEXIUM (<i>esomeprazole magnesium</i>) 10 MG PACKET, 20 MG PACKET, 40 MG PACKET	TIER 3	ST, QLC (1 packet/day)
NEXIUM (<i>esomeprazole magnesium</i>) 2.5 MG PACKET, 5 MG PACKET	TIER 3	PA, QLC (1 packet/day)
NEXIUM (<i>esomeprazole magnesium</i>) 40 MG CAP DR	TIER 3	PA, QLC (2 caps/day)
<i>omeprazole cap delayed release 10 mg</i>	TIER 1	QLC (8 caps/day)
<i>omeprazole cap delayed release 20 mg</i>	TIER 1	QLC (4 caps/day)
<i>omeprazole cap delayed release 40 mg</i>	TIER 1	QLC (2 caps/day)
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	TIER 1	PA, QLC (1 cap/day)
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	TIER 1	PA, QLC (1 packet/day)
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	TIER 1	PA, QLC (1 pack/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	TIER 1	QLC (4 tabs/day)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	TIER 1	QLC (2 tabs/day)
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	TIER 1	QLC (2 packets/day)
PREVACID (<i>lansoprazole</i>) 30 MG CAP DR	TIER 3	QLC (2 caps/day)
PREVACID SOLUTAB (<i>lansoprazole</i>) SOLU30 MG DR DISP	TIER 3	ST, QLC (2 tabs/day)
PRILOSEC (<i>omeprazole magnesium</i>) 10 MG PACKET	TIER 3	PA, QLC (2 packs/day)
PRILOSEC (<i>omeprazole magnesium</i>) 2.5 MG PACKET	TIER 3	PA, QLC (3 packs/day)
PROTONIX (<i>pantoprazole sodium</i>) 20 MG TAB DR	TIER 3	QLC (4 tabs/day)
PROTONIX (<i>pantoprazole sodium</i>) 40 MG PACKET	TIER 3	QLC (2 packets/day)
PROTONIX (<i>pantoprazole sodium</i>) 40 MG TAB DR	TIER 3	QLC (2 tabs/day)
RABEPRAZOLE SODIUM 10 MG CAP SPRINK	TIER 3	ST, QLC (1 cap/day)
<i>rabeprazole sodium ec tab 20 mg</i>	TIER 1	QLC (3 tabs/day)
ZEGERID (<i>omeprazole-sodium bicarbonate</i>) 20-1680 MG PACKET	TIER 3	PA, QLC (1 packet/day)
ZEGERID (<i>omeprazole-sodium bicarbonate</i>) 40-1100 MG CAP	TIER 3	PA, QLC (1 cap/day)
ZEGERID (<i>omeprazole-sodium bicarbonate</i>) 40-1680 MG PACKET	TIER 3	PA, QLC (1 pack/day)

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

<i>*betaine powder for oral solution***</i>	TIER 4	SP
AGAMREE (<i>vamorolone</i>) 40 MG/ML SUSPENSION	TIER 4	PA, SP, QLC (7.5 ml/day)
AQNEURSA (<i>levacetylleucine</i>) 1 GM PACKET	TIER 4	PA, SP, QLC (4 packets/day)
BUPHENYL (<i>sodium phenylbutyrate</i>) 3 GM/TSP POWDER	TIER 4	PA, SP, QLC (20 gm/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BUPHENYL (<i>sodium phenylbutyrate</i>) 500 MG TAB	TIER 4	PA, SP, QLC (40 tabs/day)
CARBAGLU (<i>carglumic acid</i>) 200 MG TAB SOL	TIER 4	PA, SP, QLC (35 tabs/day)
<i>carglumic acid soluble tab 200 mg</i>	TIER 4	PA, SP, QLC (35 tabs/day)
CERDELGA (<i>eliglustat tartrate</i>) 84 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)
CHOLBAM (<i>cholic acid</i>) 250 MG CAP	TIER 4	PA, SP, QLC (5 caps/day)
CHOLBAM (<i>cholic acid</i>) 50 MG CAP	TIER 4	PA, SP, QLC (4 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	
CYSTADANE (<i>betaine</i>) POWDER	TIER 4	SP
CYSTADROPS (<i>cysteamine hcl</i>) 0.37 % SOLUTION	TIER 4	PA, SP, QLC (20 ml(4 bottles)/28 days)
CYTAGON (<i>cysteamine bitartrate</i>) 150 MG CAP	TIER 3	SP, QLC (26 caps/day)
CYTAGON (<i>cysteamine bitartrate</i>) 50 MG CAP	TIER 3	SP, QLC (4 caps/day)
CYSTARAN (<i>cysteamine hcl</i>) 0.44 % SOLUTION	TIER 4	PA, SP, QLC (4 bottles/28 days)
DAYBUE (<i>trofinetide</i>) 200 MG/ML SOLUTION	TIER 4	PA, SP, QLC (120 ml/day)
<i>dichlorphenamide tab 50 mg</i>	TIER 4	PA, SP, QLC (4 tabs/day)
dichlorphenamide tab 50 mg (Ormalvi)	TIER 4	PA, SP, QLC (4 tabs/day)
DROXIA (<i>hydroxyurea (sickle cell disease)</i>) 200 MG CAP, 300 MG CAP, 400 MG CAP	TIER 2	
DUVYZAT (<i>givinostat hcl</i>) 8.86 MG/ML SUSPENSION	TIER 4	PA, SP, QLC (12 ml/day)
ENDARI (<i>glutamine (sickle cell)</i>) 5 GM PACKET	TIER 4	PA, SP, QLC (6 packets/day)
EVRYSDI (<i>risdiplam</i>) 0.75 MG/ML RECON SOLN	TIER 4	PA, SP, QLC (6.67 ml/day)
GALAFOLD (<i>migalastat hcl</i>) 123 MG CAP	TIER 4	PA, SP, QLC (14 caps/28 days)
<i>glutamine (sickle cell) powd pack 5 gm (L-GLUTAMINE)</i>	TIER 4	PA, SP, QLC (6 packets/day)
JOENJA (<i>leniolisib phosphate</i>) 70 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KEVEYIS (<i>dichlorphenamide</i>) 50 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
KUVAN (<i>sapropterin dihydrochloride</i>) 100 MG PACKET	TIER 4	PA, SP, QLC (14 packs/day)
KUVAN (<i>sapropterin dihydrochloride</i>) 100 MG TAB	TIER 4	PA, SP, QLC (14 tabs/day)
KUVAN (<i>sapropterin dihydrochloride</i>) 500 MG PACKET	TIER 4	PA, SP, QLC (3 packs/day)
<i>miglustat cap 100 mg</i>	TIER 4	PA, SP, QLC (3 caps/day)
miglustat cap 100 mg (Yargesa)	TIER 4	PA, SP, QLC (3 caps/day)
MIPLYFFA (<i>arimoclomol citrate</i>) 47 MG CAP, 62 MG CAP, 93 MG CAP, 124 MG CAP	TIER 4	PA, SP, QLC (3 caps/day)
MYALEPT (<i>metreleptin</i>) 11.3 MG RECON SOLN	TIER 4	PA, SP, QLC (1 vial/day)
<i>nitisinone cap 10 mg</i>	TIER 4	PA, SP, QLC (14 caps/day)
<i>nitisinone cap 2 mg</i>	TIER 4	PA, SP, QLC (10 caps/day)
<i>nitisinone cap 20 mg</i>	TIER 4	PA, SP, QLC (8 caps/day)
<i>nitisinone cap 5 mg</i>	TIER 4	PA, SP, QLC (2 caps/day)
NITYR (<i>nitisinone</i>) 10 MG TAB	TIER 4	PA, SP, QLC (14 tabs/day)
NITYR (<i>nitisinone</i>) 2 MG TAB	TIER 4	PA, SP, QLC (70 tabs/day)
NITYR (<i>nitisinone</i>) 5 MG TAB	TIER 4	PA, SP, QLC (28 tabs/day)
OLPRUVA (2 GM DOSE) (<i>sodium phenylbutyrate</i>) (THER PACK)	TIER 4	PA, SP, QLC (180 packets/30 days)
OLPRUVA (3 GM DOSE) (<i>sodium phenylbutyrate</i>) (THER PACK)	TIER 4	PA, SP, QLC (180 packets/30 days)
OLPRUVA (4 GM DOSE) (<i>sodium phenylbutyrate</i>) 2 & 2 THER PACK	TIER 4	PA, SP, QLC (270 packets/30 days)
OLPRUVA (5 GM DOSE) (<i>sodium phenylbutyrate</i>) 2 & 3 THER PACK	TIER 4	PA, SP, QLC (270 packets/30 days)
OLPRUVA (6 GM DOSE) (<i>sodium phenylbutyrate</i>) 3 & 3 THER PACK	TIER 4	PA, SP, QLC (270 packets/30 days)
OLPRUVA (6.67 GM DOSE) (<i>sodium phenylbutyrate</i>) 3 & 3.67 THER PACK	TIER 4	PA, SP, QLC (270 packets/30 days)
OPFOLDA (<i>miglustat (gaa deficiency)</i>) 65 MG CAP	TIER 4	PA, SP, QLC (8 caps/28 days)
ORFADIN (<i>nitisinone</i>) 10 MG CAP	TIER 4	PA, SP, QLC (14 caps/day)
ORFADIN (<i>nitisinone</i>) 2 MG CAP	TIER 4	PA, SP, QLC (10 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORFADIN (<i>nitisinone</i>) 20 MG CAP	TIER 4	PA, SP, QLC (8 caps/day)
ORFADIN (<i>nitisinone</i>) 4 MG/ML SUSPENSION	TIER 4	PA, SP, QLC (35 ml/day)
ORFADIN (<i>nitisinone</i>) 5 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)
PALYNZIQ (<i>pegvaliase-pqpz</i>) 10 MG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/day)
PALYNZIQ (<i>pegvaliase-pqpz</i>) 2.5 MG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (4 syringes/28 days)
PALYNZIQ (<i>pegvaliase-pqpz</i>) 20 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (3 syringes/day)
PANCREAZE (<i>pancrelipase (lipase-protease-amylase)</i>) 2600-8800 CP DR PART, 4200-14200 CP DR PART, 10500-35500 CP DR PART, 16800-56800 CP DR PART, 21000-54700 CP DR PART, 37000-97300 CP DR PART	TIER 3	
PERTZYE (<i>pancrelipase (lipase-protease-amylase)</i>) 4000 CP DR PART, 4000-14375 CP DR PART, 8000 CP DR PART, 16000 CP DR PART, 16000-57500 CP DR PART, 24000-86250 CP DR PART	TIER 3	
PHEBURANE (<i>sodium phenylbutyrate</i>) 483 MG/GM PELLETT	TIER 4	PA, SP, QLC (42 gm/day)
PROCYSBI (<i>cysteamine bitartrate</i>) 25 MG CAP DR	TIER 4	PA, SP, QLC (4 caps/day)
PROCYSBI (<i>cysteamine bitartrate</i>) 300 MG PACKET	TIER 4	PA, SP, QLC (6 packets/day)
PROCYSBI (<i>cysteamine bitartrate</i>) 75 MG CAP DR	TIER 4	PA, SP, QLC (26 caps/day)
PROCYSBI (<i>cysteamine bitartrate</i>) 75 MG PACKET	TIER 4	PA, SP, QLC (4 packets/day)
PYRUKYND (<i>mitapivat sulfate</i>) 5 MG TAB, 20 MG TAB, 50 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
RAVICTI (<i>glycerol phenylbutyrate</i>) 1.1 GM/ML LIQUID	TIER 4	PA, SP, QLC (17.5 ml/day)
RIVFLOZA (<i>nedosiran sodium</i>) 128 MG/0.8ML SOLN PRSYR	TIER 4	PA, SP, QLC (0.8 ml/30 days)
RIVFLOZA (<i>nedosiran sodium</i>) 160 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/30 days)
RIVFLOZA (<i>nedosiran sodium</i>) 80 MG/0.5ML SOLUTION	TIER 4	PA, SP, QLC (0.5 ml/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sapropterin dihydrochloride powder packet 100 mg</i>	TIER 4	PA, SP, QLC (14 packs/day)
sapropterin dihydrochloride powder packet 100 mg (Javygtor)	TIER 4	PA, SP, QLC (14 packs/day)
<i>sapropterin dihydrochloride powder packet 500 mg</i>	TIER 4	PA, SP, QLC (3 packs/day)
sapropterin dihydrochloride powder packet 500 mg (Javygtor)	TIER 4	PA, SP, QLC (3 packs/day)
<i>sapropterin dihydrochloride tab 100 mg</i>	TIER 4	PA, SP, QLC (14 tabs/day)
sapropterin dihydrochloride tab 100 mg (Javygtor)	TIER 4	PA, SP, QLC (14 tabs/day)
SIKLOS (<i>hydroxyurea (sickle cell anemia)</i>) 100 MG TAB, 1000 MG TAB	TIER 3	PA
SKYCLARYS (<i>omaveloxolone</i>) 50 MG CAP	TIER 4	PA, SP, QLC (3 caps/day)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	TIER 4	PA, SP, QLC (20 gm/day)
<i>sodium phenylbutyrate tab 500 mg</i>	TIER 4	PA, SP, QLC (40 tabs/day)
SOHONOS (<i>palovarotene</i>) 1 MG CAP	TIER 4	PA, SP, QLC (6 caps/day)
SOHONOS (<i>palovarotene</i>) 1.5 MG CAP, 10 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)
SOHONOS (<i>palovarotene</i>) 2.5 MG CAP	TIER 4	PA, SP, QLC (5 caps/day)
SOHONOS (<i>palovarotene</i>) 5 MG CAP	TIER 4	PA, SP, QLC (3 caps/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, SP, QLC (24 vials/28 days)
SUCRAID (<i>sacrosidase</i>) 8500 UNIT/ML SOLUTION	TIER 4	PA, SP, QLC (12 ml/day)
TEGSEDI (<i>inotersen sodium</i>) 284 MG/1.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
VIOKACE (<i>pancrelipase (lipase-protease-amylase)</i>) 10440-39150 TAB, 20880 TAB, 20880-78300 TAB	TIER 3	
VOXZOGO (<i>vosoritide</i>) 0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN	TIER 4	PA, SP, QLC (1 vial/day)
VYNDAMAX (<i>tafamidis</i>) 61 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
VYNDAQEL (<i>tafamidis meglumine (cardiac)</i>) 20 MG CAP	TIER 4	PA, SP, QLC (4 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XOLREMDI (<i>mavoxifafor</i>) 100 MG CAP	TIER 4	PA, SP, QLC (4 caps/day)
XURIDEN (<i>uridine triacetate</i>) 2 GM PACKET	TIER 4	PA, SP, QLC (4 packets/day)
ZAVESCA (<i>miglustat</i>) 100 MG CAP	TIER 4	PA, SP, QLC (3 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	
ZOKINVY (<i>lonafarnib</i>) 50 MG CAP, 75 MG CAP	TIER 4	PA, SP, QLC (4 caps/day)

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

ANTISPASMODICS, URINARY (Drugs for Overactive Bladder)

<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i> (DARIFENACIN HYDROBROMIDE ER)	TIER 1	ST, QLC (1 tab/day)
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i> (DARIFENACIN HYDROBROMIDE ER)	TIER 1	ST, QLC (2 tabs/day)
DETROL (<i>tolterodine tartrate</i>) 1 MG TAB, 2 MG TAB	TIER 3	ST, QLC (2 tabs/day)
DETROL LA (<i>tolterodine tartrate</i>) 2 MG CAP ER 24H, 4 MG CAP ER 24H	TIER 3	ST, QLC (1 tab/day)
DITROPAN XL (<i>oxybutynin chloride</i>) 10 MG TAB ER 24H	TIER 3	QLC (3 tabs/day)
DITROPAN XL (<i>oxybutynin chloride</i>) 5 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
ENABLEX (<i>darifenacin hydrobromide</i>) 7.5 MG TAB ER 24H	TIER 3	ST, QLC (2 tabs/day)
<i>fesoterodine fumarate tab er 24hr 4 mg (FESOTERODINE FUMARATE ER) 2hr</i>	TIER 1	QLC (1 tab/day)
<i>fesoterodine fumarate tab er 24hr 8 mg (FESOTERODINE FUMARATE ER)</i>	TIER 1	QLC (1 tab/day)
<i>flavoxate hcl tab 100 mg</i>	TIER 1	
GELNIQUE (<i>oxybutynin chloride</i>) 10 %	TIER 3	ST, QLC (1 pack/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GEMTESA (<i>vibegron</i>) 75 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>mirabegron tab er 24 hr 25 mg</i> (MIRABEGRON ER)	TIER 3	PA, QLC (1 tab/day)
<i>mirabegron tab er 24 hr 50 mg</i> (MIRABEGRON ER)	TIER 3	PA, QLC (1 tab/day)
MYRBETRIQ (<i>mirabegron</i>) 25 MG TAB ER 24H, 50 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
MYRBETRIQ (<i>mirabegron</i>) 8 MG/ML SRER	TIER 3	PA, QLC (10 ml/day)
OXYBUTYNIN CHLORIDE 2.5 MG TAB	TIER 1	PA, QLC (4 tabs/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</i> (OXYBUTYNIN CHLORIDE ER)	TIER 1	QLC (3 tabs/day)
<i>oxybutynin chloride tab er 24hr 15 mg</i> (OXYBUTYNIN CHLORIDE ER)	TIER 1	QLC (2 tabs/day)
<i>oxybutynin chloride tab er 24hr 5 mg</i> (OXYBUTYNIN CHLORIDE ER)	TIER 1	QLC (1 tab/day)
OXYTROL (<i>oxybutynin</i>) 3.9 MG/24HR PATCH TW	TIER 3	ST, QLC (8 patches/month)
<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) 4hr	TIER 1	ST, QLC (1 tab/day)
<i>tolterodine tartrate cap er 24hr 4 mg</i> (TOLTERODINE TARTRATE ER) 2hr	TIER 1	ST, QLC (1 tab/day)
<i>tolterodine tartrate tab 1 mg</i>	TIER 1	ST, QLC (2 tabs/day)
<i>tolterodine tartrate tab 2 mg</i>	TIER 1	ST, QLC (2 tabs/day)
TOVIAZ (<i>fesoterodine fumarate</i>) 4 MG TAB ER 24H, 8 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
<i>tropium chloride cap er 24hr 60 mg</i> (TROSPIMUM CHLORIDE ER)	TIER 1	QLC (1 cap/day)
<i>tropium chloride tab 20 mg</i>	TIER 1	QLC (2 tabs/day)
VESICARE (<i>solifenacin succinate</i>) 5 MG TAB, 10 MG TAB	TIER 3	QLC (1 tab/day)
VESICARE LS (<i>solifenacin succinate</i>) 5 MG/5ML SUSPENSION	TIER 3	PA, QLC (10 ml/day)

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

<i>alfuzosin hcl tab er 24hr 10 mg</i> (ALFUZOSIN HCL ER)	TIER 1	
AVODART (<i>dutasteride</i>) 0.5 MG CAP	TIER 3	QLC (1 cap/day)
CARDURA XL (<i>doxazosin mesylate (bph)</i>) 4 MG TAB ER 24H, 8 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
CIALIS (<i>tadalafil</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	PA, RO (Retail Only), QLC (8 tabs/month)
<i>dutasteride cap 0.5 mg</i>	TIER 1	QLC (1 cap/day)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	TIER 1	PA, QLC (1 cap/day)
ENTADFI (<i>finasteride-tadalafil</i>) 5-5 MG CAP	TIER 3	PA, QLC (1 cap/day; max 182 caps/year)
<i>finasteride tab 5 mg</i>	TIER 1	
FLOMAX (<i>tamsulosin hcl</i>) 0.4 MG CAP	TIER 3	
JALYN (<i>dutasteride-tamsulosin hcl</i>) 0.5-0.4 MG CAP	TIER 3	PA, QLC (1 cap/day)
PROSCAR (<i>finasteride</i>) 5 MG TAB	TIER 3	
RAPAFLO (<i>silodosin</i>) 4 MG CAP, 8 MG CAP	TIER 3	QLC (1 cap/day)
<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	PA, RO (Retail Only), QLC (8 tabs/month)
<i>tadalafil tab 2.5 mg</i>	TIER 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>tadalafil tab 20 mg</i>	TIER 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>tadalafil tab 5 mg</i>	TIER 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>tamsulosin hcl cap 0.4 mg</i>	TIER 1	
UROXATRAL (<i>alfuzosin hcl</i>) 10 MG TAB ER 24H	TIER 3	

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

ADDYI (<i>flibanserin</i>) 100 MG TAB	TIER 3	PA, QLC (1 tab/day)
<i>bethanechol chloride tab 10 mg</i>	TIER 1	

AL1 - Age Limit; CW - Cost Waived; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bethanechol chloride tab 25 mg</i>	TIER 1	
<i>bethanechol chloride tab 5 mg</i>	TIER 1	
<i>bethanechol chloride tab 50 mg</i>	TIER 1	
CYTRA K CRYSTALS (<i>potassium citrate-citric acid</i>) 3300-1002 MG PACET	TIER 1	
ELMIRON (<i>pentosan polysulfate sodium</i>) 100 MG CAP	TIER 2	
FILSPARI (<i>sparsentan</i>) 200 MG TAB, 400 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
INTRAROSA (<i>prasterone vaginal</i>) 6.5 MG INSERT	TIER 3	PA, QLC (1 insert/day)
K-PHOS (<i>potassium phosphate monobasic</i>) -500 MG TAB	TIER 3	
K-PHOS NO 2 (<i>potassium & sodium acid phosphates</i>) -305-700 MG TAB	TIER 3	
K-PHOS-NEUTRAL (<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>) --155-852-130 MG TAB	TIER 3	
LEVITRA (<i>vardefafil hcl</i>) 10 MG TAB, 20 MG TAB	TIER 3	PA, RO (Retail Only), QLC (8 tabs/month)
LITHOSTAT (<i>acetohydroxamic acid</i>) 250 MG TAB	TIER 3	
ORACIT (<i>sodium citrate & citric acid</i>) 490-640 MG/5ML SOLUTION	TIER 3	
ORAL CITRATE (<i>sodium citrate & citric acid</i>) 490-640 MG/5ML SOLUTION	TIER 3	
<i>phenazopyridine hcl tab 100 mg</i>	TIER 1	
<i>phenazopyridine hcl tab 200 mg</i>	TIER 1	
PHEXXI (<i>lactic acid-citric acid-potassium bitartrate</i>) 1.8-1-0.4 % GEL	TIER 3	ACA (Preventive Health), QLC (1 box (12 applicators)/ 30 days)
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i> (POT & SOD CIT-CIT AC)	TIER 1	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (Tricitrates)	TIER 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospha 250 Neutral) ic	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospho-Trin 250 Neutral) ic	TIER 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phosphorous) ic	TIER 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-Phos 250 Neutral) ic	TIER 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Wes-Phos 250 Neutral) ic	TIER 1	
potassium citrate & citric acid powder pack 3300-1002 mg (Taron-Crystals)	TIER 1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i> (POTASSIUM CITRATE-CITRIC ACID)	TIER 1	
potassium phosphate monobasic tab 500 mg (Phospho-Trin K500)	TIER 1	
PYRIDIUM (<i>phenazopyridine hcl</i>) 100 MG TAB, 200 MG TAB	TIER 3	
RENACIDIN (<i>citric acid-gluconolactone-magnesium carbonate</i>) SOLUTION	TIER 3	PA, QLC (180 ml/day)
<i>sildenafil citrate tab 100 mg</i>	TIER 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>sildenafil citrate tab 25 mg</i>	TIER 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>sildenafil citrate tab 50 mg</i>	TIER 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i> (SOD CITRATE-CITRIC ACID)	TIER 1	
STAXYN (<i>vardenafil hcl</i>) 10 MG TAB DISP	TIER 3	PA, RO (Retail Only), QLC (8 tabs/month)
STENDRA (<i>avanafil</i>) 50 MG TAB, 100 MG TAB, 200 MG TAB	TIER 3	PA, RO (Retail Only), QLC (8 tabs/month)
THIOLA (<i>tiopronin</i>) 100 MG TAB	TIER 4	PA, SP
THIOLA EC (<i>tiopronin</i>) EC 100 MG TAB DR, EC 300 MG TAB DR	TIER 4	PA, SP
<i>tiopronin tab 100 mg</i>	TIER 4	PA, SP
<i>tiopronin tab delayed release 100 mg</i>	TIER 4	PA, SP

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tiopronin tab delayed release 300 mg</i>	TIER 4	PA, SP
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	TIER 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>vardenafil hcl tab 10 mg</i>	TIER 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>vardenafil hcl tab 2.5 mg</i>	TIER 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>vardenafil hcl tab 20 mg</i>	TIER 1	PA, RO (Retail Only), QLC (8 tabs/month)
<i>vardenafil hcl tab 5 mg</i>	TIER 1	PA, RO (Retail Only), QLC (8 tabs/month)
VIAGRA (<i>sildenafil citrate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	PA, RO (Retail Only), QLC (8 tabs/month)

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, SP
ACTHAR GEL (<i>corticotropin</i>) CTHR 40 UNIT/0.5ML -INJ	TIER 4	PA, SP, QLC (0.5 ml/day)
ACTHAR GEL (<i>corticotropin</i>) CTHR 80 UNIT/ML -INJ	TIER 4	PA, SP, QLC (1 ml/day)
CORTISONE ACETATE 25 MG TAB	TIER 1	
CORTROPHIN (<i>corticotropin</i>) 80 UNIT/ML GEL	TIER 4	PA, SP
<i>deflazacort susp 22.75 mg/ml</i>	TIER 4	PA, SP, QLC (6 bottles/month)
<i>deflazacort tab 18 mg</i>	TIER 4	PA, SP, QLC (1 tab/day)
<i>deflazacort tab 30 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day)
<i>deflazacort tab 36 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day)
<i>deflazacort tab 6 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day)
DEXABLISS (<i>dexamethasone</i>) 1.5 MG (39) TAB THPK	TIER 3	PA
DEXAMETHASONE 0.5 MG/5ML SOLUTION	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DEXAMETHASONE 1.5 MG (35) TAB THPK, 1.5 MG (51) TAB THPK	TIER 1	PA
<i>dexamethasone elixir 0.5 mg/5ml</i>	TIER 1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	TIER 1	
<i>dexamethasone tab 0.5 mg</i>	TIER 1	
dexamethasone tab 0.5 mg (Decadron)	TIER 1	
<i>dexamethasone tab 0.75 mg</i>	TIER 1	
dexamethasone tab 0.75 mg (Decadron)	TIER 1	
<i>dexamethasone tab 1 mg</i>	TIER 1	
<i>dexamethasone tab 1.5 mg</i>	TIER 1	
<i>dexamethasone tab 2 mg</i>	TIER 1	
<i>dexamethasone tab 4 mg</i>	TIER 1	
dexamethasone tab 4 mg (Decadron)	TIER 1	
<i>dexamethasone tab 6 mg</i>	TIER 1	
dexamethasone tab 6 mg (Decadron)	TIER 1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	TIER 1	PA
dexamethasone tab therapy pack 1.5 mg (21) (Hidex 6-Day)	TIER 1	PA
dexamethasone tab therapy pack 1.5 mg (21) (Taperdex 6-Day)	TIER 1	PA
DXEVO 11-DAY (<i>dexamethasone</i>) -1.5 MG TAB THPK	TIER 3	PA
EMFLAZA (<i>deflazacort</i>) 18 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
EMFLAZA (<i>deflazacort</i>) 22.75 MG/ML SUSPENSION	TIER 4	PA, SP, QLC (6 bottles/month)
EMFLAZA (<i>deflazacort</i>) 6 MG TAB, 30 MG TAB, 36 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
<i>fludrocortisone acetate tab 0.1 mg</i>	TIER 1	
MEDROL (<i>methylprednisolone</i>) 2 MG TAB	TIER 2	
MEDROL (<i>methylprednisolone</i>) 4 MG TAB, 4 MG TAB THPK, 8 MG TAB, 16 MG TAB, 32 MG TAB	TIER 3	
<i>methylprednisolone tab 16 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
MILLIPRED (<i>prednisolone</i>) 5 MG TAB	TIER 3	PA
MILLIPRED DP (<i>prednisolone</i>) 5 MG (21) TAB THPK, 5 MG (48) TAB THPK	TIER 3	PA
MILLIPRED DP 12-DAY (<i>prednisolone</i>) -5 MG (48) TAB THPK	TIER 3	PA
ORAPRED ODT (<i>prednisolone sodium phosphate</i>) ODT 10 MG TAB DISP, ODT 15 MG TAB DISP, ODT 30 MG TAB DISP	TIER 3	PA
PEDIAPRED (<i>prednisolone sodium phosphate</i>) 6.7 (5 BASE) MG/5ML SOLUTION	TIER 3	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	PA
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	PA
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	PA
<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 10 mg/5ml (base equiv)</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 20 mg/5ml (base equiv)</i> (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	
PREDNISOLONE SODIUM PHOSPHATE 10 MG TAB DISP, 15 MG TAB DISP, 30 MG TAB DISP	TIER 1	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	TIER 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	TIER 1	
<i>prednisolone soln 15 mg/5ml</i>	TIER 1	
<i>prednisolone tab 5 mg</i>	TIER 1	PA
prednisolone tab 5 mg (Millipred)	TIER 1	PA
PREDNISONONE 5 MG/5ML SOLUTION	TIER 1	
PREDNISONONE INTENSOL 5 MG/ML CONC	TIER 1	
<i>prednisone tab 1 mg</i>	TIER 1	
<i>prednisone tab 10 mg</i>	TIER 1	
<i>prednisone tab 2.5 mg</i>	TIER 1	
<i>prednisone tab 20 mg</i>	TIER 1	
<i>prednisone tab 5 mg</i>	TIER 1	
<i>prednisone tab 50 mg</i>	TIER 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	TIER 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	TIER 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	TIER 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	TIER 1	
RAYOS (<i>prednisone</i>) 1 MG TAB DR	TIER 3	PA, QLC (1 tab/day)
RAYOS (<i>prednisone</i>) 2 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
RAYOS (<i>prednisone</i>) 5 MG TAB DR	TIER 3	PA, QLC (12 tabs/day)
TAPERDEX 12-DAY (<i>dexamethasone</i>) -1.5 MG (49) TAB THPK	TIER 1	PA
TAPERDEX 7-DAY (<i>dexamethasone</i>) -1.5 MG (2) TAB THPK	TIER 1	PA
TARPEYO (<i>budesonide</i>) 4 MG CAP DR	TIER 4	PA, SP, QLC (4 caps/day)
ZCORT 7-DAY (<i>dexamethasone</i>) -1.5 MG (25) TAB THPK	TIER 3	PA

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)

AL1 - Age Limit; CW - Cost Waived; GL - Gender Limit; OAC - Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP - Specialty Pharmacy; ST - Step Therapy

CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN TIER 4 PA, SP

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DDAVP (<i>desmopressin acetate spray</i>) 0.01 % SOLUTION	TIER 3	
DDAVP (<i>desmopressin acetate</i>) 0.1 MG TAB, 0.2 MG TAB	TIER 3	
DDAVP RHINAL TUBE (<i>desmopressin acetate refrigerated</i>) 0.01 % SOLUTION	TIER 3	PA
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	TIER 4	SP, QLC (2.5 ml/month)
<i>desmopressin acetate nasal spray soln 0.01%</i> (DESMOPRESSIN ACETATE SPRAY)	TIER 1	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> (DESMOPRESSIN ACE SPRAY REFRIG)	TIER 1	
<i>desmopressin acetate tab 0.1 mg</i>	TIER 1	
<i>desmopressin acetate tab 0.2 mg</i>	TIER 1	
EGRIFTA SV (<i>tesamorelin acetate</i>) 2 MG RECON SOLN	TIER 4	PA, SP, QLC (1 vial/day)
FOLLISTIM AQ (<i>follitropin beta</i>) 300 UNT/0.36ML SOLUTION, 600 UNT/0.72ML SOLUTION, 900 UNT/1.08ML SOLUTION	TIER 4	PA, SP
GENOTROPIN (<i>somatropin</i>) 5 MG CARTRIDGE, 12 MG CARTRIDGE	TIER 4	PA, SP
GENOTROPIN MINIQUICK (<i>somatropin</i>) 0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR	TIER 4	PA, SP
GONAL-F (<i>follitropin alfa</i>) -F 450 RECON SOLN, -F 1050 RECON SOLN	TIER 4	PA, SP
GONAL-F RFF (<i>follitropin alfa</i>) -75 UNIT RECON SOLN	TIER 4	PA, SP
GONAL-F RFF REDIJECT (<i>follitropin alfa</i>) -F 300 UNIT/0.5ML SOLN PEN, -F 450 UNIT/0.75ML SOLN PEN, -F 900 UNIT/1.5ML SOLN PEN	TIER 4	PA, SP
HUMATROPE (<i>somatropin</i>) 5 MG RECON SOLN	TIER 4	PA, SP
INCRELEX (<i>mecasermin</i>) 40 MG/4ML SOLUTION	TIER 4	PA, SP

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ISTURISA (<i>osilodrostat phosphate</i>) 1 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day)
ISTURISA (<i>osilodrostat phosphate</i>) 10 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day)
ISTURISA (<i>osilodrostat phosphate</i>) 5 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
MENOPUR (<i>menotropins</i>) 75 UNIT RECON SOLN	TIER 4	PA, SP
MYFEMBREE (<i>relugolix-estradiol-norethindrone acetate</i>) 40-1-0.5 MG TAB	TIER 3	PA, QLC (1 tab/day)
NGENLA (<i>somatrogon-ghla</i>) 24 MG/1.2ML SOLN PEN, 60 MG/1.2ML SOLN PEN	TIER 4	PA, SP
NOCDURNA (<i>desmopressin acetate</i>) 27.7 MCG SL TAB	TIER 3	PA, QLC (1 tab/day)
NOCDURNA (<i>desmopressin acetate</i>) 55.3 MCG SL TAB	TIER 3	PA, QLC (1 tab/day)
NOCTIVA (<i>desmopressin acetate</i>) 1.66 MCG/0.1ML EMULSION	TIER 3	PA, QLC (1 bottle/month)
NORDITROPIN FLEXPRO (<i>somatropin</i>) 5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN	TIER 4	PA, SP
NOVAREL (<i>chorionic gonadotropin</i>) 5000 RECON SOLN, 10000 RECON SOLN	TIER 4	PA, SP
NUTROPIN AQ NUSPIN 10 (<i>somatropin</i>) MG/2ML SOLN PEN	TIER 4	PA, SP
NUTROPIN AQ NUSPIN 20 (<i>somatropin</i>) MG/2ML SOLN PEN	TIER 4	PA, SP
NUTROPIN AQ NUSPIN 5 (<i>somatropin</i>) MG/2ML SOLN PEN	TIER 4	PA, SP
OMNITROPE (<i>somatropin</i>) 5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN	TIER 4	PA, SP
OVIDREL (<i>choriogonadotropin alfa</i>) 250 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
PREGNYL (<i>chorionic gonadotropin</i>) 10000 UNIT RECON SOLN	TIER 4	PA, SP
SAIZEN (<i>somatropin (non-refrigerated)</i>) 5 MG RECON SOLN, 8.8 MG RECON SOLN	TIER 4	PA, SP
SAIZENPREP (<i>somatropin (non-refrigerated)</i>) 8.8 MG RECON SOLN	TIER 4	PA, SP

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SEROSTIM (<i>somatropin (non-refrigerated)</i>) 4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN	TIER 4	PA, SP
SKYTROFA (<i>lonapegsomatropin-tcga</i>) 3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE	TIER 4	PA, SP
SOGROYA (<i>somapacitan-beco</i>) 5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN	TIER 4	PA, SP
STIMATE (<i>desmopressin acetate</i>) 1.5 MG/ML SOLUTION	TIER 4	SP, QLC (2.5 ml/month)
ZOMACTON (FOR ZOMA-JET 10) (<i>somatropin</i>) CTON -MG RECON SOLN	TIER 4	PA, SP
ZOMACTON (<i>somatropin</i>) 5 MG RECON SOLN, 10 MG RECON SOLN	TIER 4	PA, SP
ZORBTIVE (<i>somatropin (non-refrigerated)</i>) 8.8 MG RECON SOLN	TIER 4	PA, SP

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

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)

CAVERJECT (<i>alprostadil (vasodilator)</i>) 20 MCG RECON SOLN, 40 MCG RECON SOLN	TIER 3	PA, QLC (6 injections/month)
CAVERJECT IMPULSE (<i>alprostadil (vasodilator)</i>) 10 MCG KIT, 20 MCG KIT	TIER 3	PA, QLC (6 injections/month)
CYTOTEC (<i>misoprostol</i>) 100 MCG TAB, 200 MCG TAB	TIER 3	
EDEX (<i>alprostadil (vasodilator)</i>) 10 MCG KIT, 20 MCG KIT, 40 MCG KIT	TIER 3	PA, QLC (6 injections/month)
<i>misoprostol tab 100 mcg</i>	TIER 1	
<i>misoprostol tab 200 mcg</i>	TIER 1	
MUSE (<i>alprostadil (vasodilator)</i>) 125 MCG PELLETT, 250 MCG PELLETT, 500 MCG PELLETT, 1000 MCG PELLETT	TIER 3	PA, QLC (6 suppositories/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones)

ANABOLIC STEROIDS

ANADROL-50 (<i>oxymetholone</i>) -MG TAB	TIER 3	PA
OXANDROLONE 10 MG TAB	TIER 1	QLC (2 tabs/day)
OXANDROLONE 2.5 MG TAB	TIER 1	QLC (8 tabs/day)
<i>oxandrolone tab 10 mg</i>	TIER 1	QLC (2 tabs/day)
<i>oxandrolone tab 2.5 mg</i>	TIER 1	QLC (8 tabs/day)

ANDROGENS

ANDRODERM (<i>testosterone</i>) 2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR	TIER 3	PA, QLC (1 patch/day)
ANDROGEL (<i>testosterone</i>) 20.25 MG/1.25GM (1.62%)	TIER 3	PA, QLC (1 packet/day)
ANDROGEL (<i>testosterone</i>) 25 MG/2.5GM (1%) GEL, 50 MG/5GM (1%) GEL	TIER 3	PA, QLC (300 grams/month)
ANDROGEL (<i>testosterone</i>) 40.5 MG/2.5GM (1.62%)	TIER 3	PA, QLC (2 packets/day)
ANDROGEL PUMP (<i>testosterone</i>) 20.25 MG/ACT (1.62%)	TIER 3	PA, QLC (2 bottles/month)
<i>danazol cap 100 mg</i>	TIER 1	
<i>danazol cap 200 mg</i>	TIER 1	
<i>danazol cap 50 mg</i>	TIER 1	
FORTESTA (<i>testosterone</i>) 10 MG/ACT (2%) GEL	TIER 3	PA, QLC (2 bottles/month)
JATENZO (<i>testosterone undecanoate</i>) 158 MG CAP, 198 MG CAP	TIER 3	PA, QLC (4 caps/day)
JATENZO (<i>testosterone undecanoate</i>) 237 MG CAP	TIER 3	PA, QLC (2 caps/day)
KYZATREX (<i>testosterone undecanoate</i>) 100 MG CAP	TIER 3	PA, QLC (2 caps/day)
KYZATREX (<i>testosterone undecanoate</i>) 150 MG CAP	TIER 3	PA, QLC (4 caps/day)
KYZATREX (<i>testosterone undecanoate</i>) 200 MG CAP	TIER 3	PA, QLC (4 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
METHITEST (<i>methyltestosterone</i>) 10 MG TAB	TIER 1	PA
<i>methyltestosterone cap 10 mg</i>	TIER 1	PA
NATESTO (<i>testosterone</i>) 5.5 MG/ACT GEL	TIER 3	PA, QLC (3 bottles/month)
TESTIM (<i>testosterone</i>) 50 MG/5GM (1%) GEL	TIER 3	PA, QLC (300 grams/month)
TESTOSTERONE 10 MG/ACT (2%) GEL	TIER 1	PA, QLC (2 bottles/month)
TESTOSTERONE 12.5 MG/ACT (1%) GEL, 50 MG/5GM (1%) GEL	TIER 1	PA, QLC (300 grams/month)
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	TIER 1	QLC (10 ml/month)
testosterone cypionate im inj in oil 100 mg/ml (Depo-Testosterone)	TIER 1	QLC (10 ml/month)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	TIER 1	QLC (10 ml/month)
testosterone cypionate im inj in oil 200 mg/ml (Depo-Testosterone)	TIER 1	QLC (10 ml/month)
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	TIER 1	QLC (5 ml/month)
<i>testosterone td gel 10mg/act (2%)</i>	TIER 1	PA, QLC (2 bottles/month)
<i>testosterone td gel 12.5 mg/act (1%)</i>	TIER 1	PA, QLC (300 grams/month)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	TIER 1	PA, QLC (1 packet/day)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	TIER 1	PA, QLC (2 bottles/month)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	TIER 1	PA, QLC (300 grams/month)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	TIER 1	PA, QLC (2 packets/day)
<i>testosterone td gel 50 mg/5gm (1%)</i>	TIER 1	PA, QLC (300 grams/month)
<i>testosterone td soln 30 mg/act</i>	TIER 1	PA, QLC (2 bottles/month)
TLANDO (<i>testosterone undecanoate</i>) 112.5 MG CAP	TIER 3	PA, QLC (4 caps/day)
UNDECATREX (<i>testosterone undecanoate</i>) 200 MG CAP	TIER 3	PA, QLC (4 caps/day)
VOGELXO (<i>testosterone</i>) 50 MG/5GM (1%)	TIER 3	PA, QLC (300 grams/month)
VOGELXO PUMP (<i>testosterone</i>) 12.5 MG/ACT (1%)	TIER 3	PA, QLC (300 grams/month)
XYOSTED (<i>testosterone enanthate</i>) 50 MG/0.5ML SOLN -INJ, 75 MG/0.5ML SOLN -INJ, 100 MG/0.5ML SOLN -INJ	TIER 3	PA, QLC (1 injection/week)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ESTROGENS (Contraceptives and Drugs for Menopause)		
ALORA (<i>estradiol</i>) 0.025 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW	TIER 3	QLC (16 patches/28 days)
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)
BALCOLTRA (<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>) 0.1-20 MG-MCG(21) TAB	TIER 3	
BEYAZ (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>) 3-0.02-0.451 MG TAB	TIER 3	
BIJUVA (<i>estradiol-progesterone</i>) 0.5-100 MG CAP	TIER 3	QLC (1 cap/day)
CLIMARA (<i>estradiol</i>) 0.025 MG/24HR PATCH WK, 0.0375 MG/24HR PATCH WK, 0.05 MG/24HR PATCH WK, 0.06 MG/24HR PATCH WK, 0.075 MG/24HR PATCH WK, 0.1 MG/24HR PATCH WK	TIER 3	QLC (8 patches/28 days)
CLIMARA PRO (<i>estradiol-levonorgestrel</i>) 0.045-0.015 MG/DAY PATCH WK	TIER 2	QLC (4 patches/month)
DELESTROGEN (<i>estradiol valerate</i>) 10 MG/ML OIL, 20 MG/ML OIL, 40 MG/ML OIL	TIER 3	
DEPO-ESTRADIOL (<i>estradiol cypionate</i>) -5 MG/ML OIL	TIER 3	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)	TIER 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Bekyree)	TIER 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (DESOGESTREL-ETHINYL ESTRADIOL)	TIER 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	TIER 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtrea)	TIER 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya)	TIER 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	TIER 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea)	TIER 1	ACA (Preventive Health)
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant) desog--0.025/25---	TIER 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)	TIER 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq)	TIER 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred)	TIER 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (DESOGESTREL-ETHINYL ESTRADIOL)	TIER 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)	TIER 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)	TIER 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom)	TIER 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber)	TIER 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga)	TIER 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)	TIER 1	ACA (Preventive Health)
DIVIGEL (estradiol) 0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL	TIER 3	QLC (1 pack/day)
DIVIGEL (estradiol) 0.75 MG/0.75GM	TIER 3	QLC (1 pack/day)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (DROSPIREN-ETH ESTRAD-LEVOMEFOL)	TIER 1	ACA (Preventive Health)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (DROSPIREN-ETH ESTRAD-LEVOMEFOL) ---0.0-	TIER 1	ACA (Preventive Health)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy) ---0.0-	TIER 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	TIER 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Gianvi)	TIER 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Jasmiel)	TIER 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Lo-Zumandimine)	TIER 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna)	TIER 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki)	TIER 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Vestura)	TIER 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	TIER 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella)	TIER 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda)	TIER 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Zarah)	TIER 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Zumandimine)	TIER 1	ACA (Preventive Health)
ELESTRIN (<i>estradiol</i>) 0.52 MG/0.87 GM (0.06%) GEL	TIER 3	QLC (1 bottle/month)
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Covaryx Hs)	TIER 1	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Eemt Hs)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST HS)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i> (EST ESTROGENS-METHYLTEST)	TIER 1	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Estratest H.s.)	TIER 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Covaryx)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Eemt)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (EST ESTROGENS-METHYLTEST DS)	TIER 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (EST ESTROGENS-METHYLTEST)	TIER 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.s.)	TIER 1	
ESTRACE (<i>estradiol vaginal</i>) 0.1 MG/GM CREAM	TIER 3	
ESTRACE (<i>estradiol</i>) 0.5 MG TAB, 1 MG TAB, 2 MG TAB	TIER 3	
<i>estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)</i>	TIER 1	QLC (1 bottle/month)
<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 1	QLC (1 pack/day)
<i>estradiol td gel 0.5 mg/0.5gm (0.1%) mg/gm</i>	TIER 1	QLC (1 pack/day)
<i>estradiol td gel 0.75 mg/0.75gm (0.1%) mg/gm</i>	TIER 1	QLC (1 pack/day)
<i>estradiol td gel 1 mg/gm (0.1%) (0.%)</i>	TIER 1	QLC (1 pack/day)
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	TIER 1	QLC (1 pack/day)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	TIER 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.025 mg/24hr (Dotti)	TIER 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.025 mg/24hr (Lyllana)	TIER 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	TIER 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.0375 mg/24hr (Dotti)	TIER 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.0375 mg/24hr (Lyllana)	TIER 1	QLC (16 patches/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 0.1 mg/gm</i>	TIER 1	
<i>estradiol vaginal tab 10 mcg</i>	TIER 1	
estradiol vaginal tab 10 mcg (Yuvaferm)	TIER 1	
<i>estradiol valerate im in oil 10 mg/ml</i>	TIER 1	
<i>estradiol valerate im in oil 20 mg/ml</i>	TIER 1	
<i>estradiol valerate im in oil 40 mg/ml</i>	TIER 1	
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 3	QLC (1 bottle/month)
ESTROSTEP FE (<i>norethindrone acetate-ethinyl estradiol-fe</i>) 1-20/1-30/1-35 MG-MCG TAB	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (ETHYNODIOL DIAC-ETH ESTRADIOL)	TIER 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35)	TIER 1	ACA (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (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)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring)	TIER 1	ACA (Preventive Health), QLC (1 ring/month)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette)	TIER 1	ACA (Preventive Health), QLC (1 ring/month)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	TIER 1	ACA (Preventive Health), QLC (1 ring/month)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Eluryng)	TIER 1	ACA (Preventive Health), QLC (1 ring/month)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring)	TIER 1	ACA (Preventive Health), QLC (1 ring/month)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Haloette)	TIER 1	ACA (Preventive Health), QLC (1 ring/month)
EVAMIST (<i>estradiol</i>) 1.53 MG/SPRAY SOLUTION	TIER 3	QLC (2 bottles/month)
FEMHRT (<i>norethindrone acetate-ethinyl estradiol</i>) 0.5-2.5 MG-MCG TAB	TIER 3	QLC (1 tab/day)
FEMLYV (<i>norethindrone acet & eth estra</i>) 1-0.02 MG TAB DISP	TIER 3	ACA (Preventive Health)
FEMRING (<i>estradiol acetate vaginal</i>) 0.05 MG/24HR RING, 0.1 MG/24HR RING	TIER 3	QLC (1 ring/3 months)
GENERESS FE (<i>norethindrone & ethinyl estradiol-fe</i>) 0.8-25 MG-MCG CHEW TAB	TIER 3	
IMVEXXY MAINTENANCE PACK (<i>estradiol vaginal</i>) 10 MCG INSERT	TIER 3	PA, QLC (8 inserts/28 days)
IMVEXXY MAINTENANCE PACK (<i>estradiol vaginal</i>) 4 MCG INSERT	TIER 3	PA, QLC (8 inserts/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IMVEXXY STARTER PACK (<i>estradiol vaginal</i>) 10 MCG INSERT	TIER 3	PA, QLC (18 inserts/28 days)
IMVEXXY STARTER PACK (<i>estradiol vaginal</i>) 4 MCG INSERT	TIER 3	PA, QLC (18 inserts/28 days)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Fayosim)	TIER 1	ACA (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (LEVONORGEST-ETH EST & ETH EST)	TIER 1	ACA (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa)	TIER 1	ACA (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Amethia Lo)	TIER 1	ACA (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Camrese Lo)	TIER 1	ACA (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (LEVONORGEST-ETH ESTRAD 91-DAY)	TIER 1	ACA (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Lojaimiess)	TIER 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia)	TIER 1	ACA (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna)	TIER 1	ACA (Preventive Health)
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)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (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 (Vienna)	TIER 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera)	TIER 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Ayuna)	TIER 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq)	TIER 1	ACA (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal)	TIER 1	ACA (Preventive Health)

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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)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (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)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (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)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	TIER 1	ACA (Preventive Health), QLC (1 pack/month)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst)	TIER 1	ACA (Preventive Health), QLC (1 pack/month)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale)	TIER 1	ACA (Preventive Health), QLC (1 pack/month)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Joyeaux)	TIER 1	ACA (Preventive Health)
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (LEVONORGEST-ETH ESTRADIOL-IRON)	TIER 1	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)
LOSEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>) 0.1-0.02 & 0.01 MG TAB	TIER 3	
MENEST (<i>esterified estrogens</i>) 0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MENOSTAR (<i>estradiol</i>) 14 MCG/24HR PATCH WK	TIER 3	QLC (4 patches/28 days)
MINASTRIN 24 FE (<i>norethin acet & estradife</i>) 1-20 MG-MCG() CHEW TAB	TIER 3	
MINIVELLE (<i>estradiol</i>) 0.025 MG/24HR PATCH TW, 0.0375 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW	TIER 3	QLC (16 patches/28 days)
MIRCETTE (<i>desogestrel-ethinyl estradiol (biphasic)</i>) 0.15-0.02/0.01 MG (21/5) 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), QLC (3 patches/month)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	TIER 1	ACA (Preventive Health), QLC (3 patches/month)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)	TIER 1	ACA (Preventive Health), QLC (3 patches/month)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva)	TIER 1	ACA (Preventive Health)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)	TIER 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (21))	TIER 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (28))	TIER 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nylia 1/35)	TIER 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Pirmella 1/35)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> (NORETHIN-ETH ESTRADIOL-FE)	TIER 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Wymzya Fe)	TIER 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Kaitlib Fe)	TIER 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Layolis Fe)	TIER 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> (NORETHIN-ETH ESTRADIOL-FE)	TIER 1	ACA (Preventive Health)
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> (NORETHINDRON-ETHINYL ESTRAD-FE) ---20/-30/--	TIER 1	ACA (Preventive Health)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe) ---20/-30/--	TIER 1	ACA (Preventive Health)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tri-Legest Fe) ---20/-30/--	TIER 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Aurovela 1/20)	TIER 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Junel 1/20)	TIER 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Larin 1/20)	TIER 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20 (21))	TIER 1	ACA (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Microgestin 1/20)	TIER 1	ACA (Preventive Health)

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Blisovi 24 Fe)	TIER 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Hailey 24 Fe)	TIER 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Junel Fe 24)	TIER 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	TIER 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Microgestin 24 Fe)	TIER 1	ACA (Preventive Health)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (NORETHIN ACE-ETH ESTRAD-FE)	TIER 1	ACA (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Tarina 24 Fe)	TIER 1	ACA (Preventive Health)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Fyavolv)	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (NORETHINDRONE-ETH ESTRADIOL)	TIER 1	QLC (1 tab/day)
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Fyavolv)	TIER 1	QLC (1 tab/day)
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)	TIER 1	QLC (1 tab/day)
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (NORETHINDRONE-ETH ESTRADIOL)	TIER 1	QLC (1 tab/day)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7) --/1--	TIER 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Cyclafem 7/7/7) --/1--	TIER 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7) --/1--	TIER 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7) ---/1--	TIER 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nylia 7/7/7) ---/1--	TIER 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Pirmella 7/7/7) --/1--	TIER 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Aranelle) --/1---	TIER 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena) --/1---	TIER 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Estarylla)	TIER 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Femynor)	TIER 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mili)	TIER 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mono-Linyah)	TIER 1	ACA (Preventive Health)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (NORGESTIMATE-ETH ESTRADIOL)	TIER 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Nymyo)	TIER 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Previfem)	TIER 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Sprintec 28)	TIER 1	ACA (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Vylibra)	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (NORGESTIM-ETH ESTRAD TRIPHASIC) --/0.215-/0.--	TIER 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Estarylla) --/0.215-/0.--	TIER 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Marzia) --/0.215-/0.--	TIER 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Mili) --/0.215-/0.--	TIER 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Sprintec) --/0.215-/0.--	TIER 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-35 mg-mcg (Tri-Vylibra Lo) --/0.215-/0.--	TIER 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (NORGESTIM-ETH ESTRAD TRIPHASIC) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri Femynor) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Estarylla) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Linyah) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Mili) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Nymyo) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Previfem) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Sprintec) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Vylibra) --/0.215-/0.25--	TIER 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)	TIER 1	ACA (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)	TIER 1	ACA (Preventive Health)
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 3	QLC (1 ring/month)
PREMARIN (<i>estrogens, conjugated vaginal</i>) 0.625 MG/GM CREAM	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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/month)
PREMPRO (<i>conjugated estrogens-medroxyprogesterone acetate</i>) 0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB	TIER 2	QLC (28 tabs/month)
QUARTETTE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>) 42-21-21-7 DAYS TAB	TIER 3	
SAFYRAL (<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>) 3-0.03-0.451 MG TAB	TIER 3	
SEASONIQUE (<i>levonorgestrel-ethinyl estradiol (91-day)</i>) 0.15-0.03 & 0.01 MG TAB	TIER 3	
TAYTULLA (<i>norethin acet & estrad-fe</i>) 1-20 MG-MCG(24) CAP	TIER 3	
TWIRLA (<i>levonorgestrel-ethinyl estradiol</i>) 120-30 MCG/24HR PATCH WK	TIER 3	ACA (Preventive Health), QLC (3 patches/28 days)
TYBLUME (<i>levonorgestrel & eth estradiol</i>) 0.1-20 MG-MCG CHEW TAB	TIER 3	ACA (Preventive Health)
VAGIFEM (<i>estradiol vaginal</i>) 10 MCG TAB	TIER 3	
VELIVET (<i>desogestrel-ethinyl estradiol (triphasic)</i>) 0.1/0.125/0.15 -0.025 MG TAB	TIER 1	ACA (Preventive Health)
VIVELLE-DOT (<i>estradiol</i>) -0.025 MG/24HR PATCH TW, -0.0375 MG/24HR PATCH TW, -0.05 MG/24HR PATCH TW, -0.075 MG/24HR PATCH TW, -0.1 MG/24HR PATCH TW	TIER 3	QLC (16 patches/28 days)
YASMIN 28 (<i>drospirenone-ethinyl estradiol</i>) 3-0.03 MG TAB	TIER 3	
YAZ (<i>drospirenone-ethinyl estradiol</i>) 3-0.02 MG TAB	TIER 3	

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

ACTIVELLA (<i>estradiol & norethindrone acetate</i>) 1-0.5 MG TAB	TIER 3	QLC (1 tab/day)
BIJUVA (<i>estradiol-progesterone</i>) 1-100 MG CAP	TIER 3	QLC (1 cap/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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/month)
estradiol & norethindrone acetate tab 0.5-0.1 mg (Amabelz)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (ESTRADIOL-NORETHINDRONE ACET)	TIER 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (Amabelz)	TIER 1	QLC (1 tab/day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (ESTRADIOL-NORETHINDRONE ACET)	TIER 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (Lopreeza)	TIER 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey)	TIER 1	QLC (1 tab/day)
PREFEST (<i>estradiol-norgestimate</i>) 1/1-0.09 MG (15/15) TAB	TIER 3	QLC (1 tab/day)

PROGESTINS

AYGESTIN (<i>norethindrone acetate</i>) 5 MG TAB	TIER 3	
CRINONE (<i>progesterone (vaginal)</i>) 4 % GEL, 8 % GEL	TIER 3	PA
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 2	PA
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	TIER 4	PA, SP, QLC (5 ml/month)
MAKENA (<i>hydroxyprogesterone caproate</i>) 250 MG/ML OIL	TIER 4	PA, SP, QLC (5 ml/month)
MAKENA (<i>hydroxyprogesterone caproate</i>) MKEN275 MG/1.1ML SOLN -INJ	TIER 4	PA, SP, QLC (1 injection/week)
<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	
MEGESTROL ACETATE (<i>megestrol acetate (appetite)</i>) 625 MG/5ML SUSPENSION	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>megestrol acetate susp 40 mg/ml</i>	TIER 1	
<i>megestrol acetate susp 625 mg/5ml</i>	TIER 1	
<i>megestrol acetate tab 20 mg</i>	TIER 1	OAC
<i>megestrol acetate tab 40 mg</i>	TIER 1	OAC
<i>norethindrone acetate tab 5 mg</i>	TIER 1	
norethindrone acetate tab 5 mg (Gallifrey)	TIER 1	
<i>norethindrone tab 0.35 mg</i>	TIER 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Camila)	TIER 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Deblitane)	TIER 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Emzahh)	TIER 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Errin)	TIER 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Heather)	TIER 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Incassia)	TIER 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Jencycla)	TIER 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Lyleq)	TIER 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Lyza)	TIER 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Nora-Be)	TIER 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Norlyda)	TIER 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Norlyroc)	TIER 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Sharobel)	TIER 1	ACA (Preventive Health)
norethindrone tab 0.35 mg (Tulana)	TIER 1	ACA (Preventive Health)
ORTHO MICRONOR (<i>norethindrone (contraceptive)</i>) 0.35 MG TAB	TIER 3	
<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	
PROMETRIUM (<i>progesterone</i>) 100 MG CAP, 200 MG CAP	TIER 3	
PROVERA (<i>medroxyprogesterone acetate</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 3	
SLYND (<i>drospirenone</i>) 4 MG TAB	TIER 3	ACA (Preventive Health)

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

CLOMIPHENE CITRATE 50 MG TAB	TIER 1	QLC (10 tabs/28 days)
clomiphene citrate tab 50 mg (Clomid)	TIER 1	QLC (10 tabs/28 days)
DUAVEE (<i>conjugated estrogens-bazedoxifene</i>) 0.45-20 MG TAB	TIER 2	QLC (1 tab/day)
EVISTA (<i>raloxifene hcl</i>) 60 MG TAB	TIER 3	QLC (1 tab/day)
OSPHENA (<i>ospemifene</i>) 60 MG TAB	TIER 3	PA, 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 Replacing/Stimulating Thyroid Gland Hormones)

ADTHYZA (<i>thyroid</i>) 15 MG TAB, 16.25 MG TAB, 30 MG TAB, 32.5 MG TAB, 60 MG TAB, 65 MG TAB, 90 MG TAB, 97.5 MG TAB, 120 MG TAB, 130 MG TAB	TIER 2	
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 2	
CYTOMEL (<i>liothyronine sodium</i>) 5 MCG TAB, 25 MCG TAB, 50 MCG TAB	TIER 3	
ERMEZA (<i>levothyroxine sodium</i>) 150 MCG/5ML SOLUTION	TIER 3	PA, QLC (10ml/day)
LEVOTHYROXINE SODIUM 13 MCG CAP, 25 MCG CAP, 50 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	
<i>levothyroxine sodium tab 100 mcg</i>	TIER 1	
levothyroxine sodium tab 100 mcg (Euthyrox)	TIER 1	
levothyroxine sodium tab 100 mcg (Levo-T)	TIER 3	
levothyroxine sodium tab 100 mcg (Levoxyl)	TIER 3	
levothyroxine sodium tab 100 mcg (Unithroid)	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 (Levo-T)	TIER 3	
levothyroxine sodium tab 112 mcg (Levoxyl)	TIER 3	
levothyroxine sodium tab 112 mcg (Unithroid)	TIER 3	
<i>levothyroxine sodium tab 125 mcg</i>	TIER 1	
levothyroxine sodium tab 125 mcg (Euthyrox)	TIER 1	
levothyroxine sodium tab 125 mcg (Levo-T)	TIER 3	
levothyroxine sodium tab 125 mcg (Levoxyl)	TIER 3	
levothyroxine sodium tab 125 mcg (Unithroid)	TIER 3	
<i>levothyroxine sodium tab 137 mcg</i>	TIER 1	
levothyroxine sodium tab 137 mcg (Euthyrox)	TIER 1	
levothyroxine sodium tab 137 mcg (Levo-T)	TIER 3	
levothyroxine sodium tab 137 mcg (Levoxyl)	TIER 3	
levothyroxine sodium tab 137 mcg (Unithroid)	TIER 3	
<i>levothyroxine sodium tab 150 mcg</i>	TIER 1	
levothyroxine sodium tab 150 mcg (Euthyrox)	TIER 1	
levothyroxine sodium tab 150 mcg (Levo-T)	TIER 3	
levothyroxine sodium tab 150 mcg (Levoxyl)	TIER 3	
levothyroxine sodium tab 150 mcg (Unithroid)	TIER 3	
<i>levothyroxine sodium tab 175 mcg</i>	TIER 1	
levothyroxine sodium tab 175 mcg (Euthyrox)	TIER 1	
levothyroxine sodium tab 175 mcg (Levo-T)	TIER 3	
levothyroxine sodium tab 175 mcg (Levoxyl)	TIER 3	
levothyroxine sodium tab 175 mcg (Unithroid)	TIER 3	
<i>levothyroxine sodium tab 200 mcg</i>	TIER 1	
levothyroxine sodium tab 200 mcg (Euthyrox)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levothyroxine sodium tab 200 mcg (Levo-T)	TIER 3	
levothyroxine sodium tab 200 mcg (Levoxyl)	TIER 3	
levothyroxine sodium tab 200 mcg (Unithroid)	TIER 3	
<i>levothyroxine sodium tab 25 mcg</i>	TIER 1	
levothyroxine sodium tab 25 mcg (Euthyrox)	TIER 1	
levothyroxine sodium tab 25 mcg (Levo-T)	TIER 3	
levothyroxine sodium tab 25 mcg (Levoxyl)	TIER 3	
levothyroxine sodium tab 25 mcg (Unithroid)	TIER 3	
<i>levothyroxine sodium tab 300 mcg</i>	TIER 1	
levothyroxine sodium tab 300 mcg (Levo-T)	TIER 3	
levothyroxine sodium tab 300 mcg (Unithroid)	TIER 3	
<i>levothyroxine sodium tab 50 mcg</i>	TIER 1	
levothyroxine sodium tab 50 mcg (Euthyrox)	TIER 1	
levothyroxine sodium tab 50 mcg (Levo-T)	TIER 3	
levothyroxine sodium tab 50 mcg (Levoxyl)	TIER 3	
levothyroxine sodium tab 50 mcg (Unithroid)	TIER 3	
<i>levothyroxine sodium tab 75 mcg</i>	TIER 1	
levothyroxine sodium tab 75 mcg (Euthyrox)	TIER 1	
levothyroxine sodium tab 75 mcg (Levo-T)	TIER 3	
levothyroxine sodium tab 75 mcg (Levoxyl)	TIER 3	
levothyroxine sodium tab 75 mcg (Unithroid)	TIER 3	
<i>levothyroxine sodium tab 88 mcg</i>	TIER 1	
levothyroxine sodium tab 88 mcg (Euthyrox)	TIER 1	
levothyroxine sodium tab 88 mcg (Levo-T)	TIER 3	
levothyroxine sodium tab 88 mcg (Levoxyl)	TIER 3	
levothyroxine sodium tab 88 mcg (Unithroid)	TIER 3	
<i>liothyronine sodium tab 25 mcg</i>	TIER 1	
<i>liothyronine sodium tab 5 mcg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>liothyronine sodium tab 50 mcg</i>	TIER 1	
NIVA THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB	TIER 2	
NP THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB	TIER 2	
REZDIFFRA (<i>resmetirom</i>) 60 MG TAB, 80 MG TAB, 100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
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 2	
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	
TIROSINT-SOL (<i>levothyroxine sodium</i>) -SOL 13 MCG/ML SOLUTION, -SOL 25 MCG/ML SOLUTION, -SOL 37.5 MCG/ML SOLUTION, -SOL 44 MCG/ML SOLUTION, -SOL 50 MCG/ML SOLUTION, -SOL 62.5 MCG/ML SOLUTION, -SOL 75 MCG/ML SOLUTION, -SOL 88 MCG/ML SOLUTION, -SOL 100 MCG/ML SOLUTION, -SOL 112 MCG/ML SOLUTION, -SOL 125 MCG/ML SOLUTION, -SOL 137 MCG/ML SOLUTION, -SOL 150 MCG/ML SOLUTION, -SOL 175 MCG/ML SOLUTION, -SOL 200 MCG/ML SOLUTION	TIER 3	
YORVIPATH (<i>palopegteriparatide</i>) 168 MCG/0.56ML SOLN PEN	TIER 4	PA, SP, QLC (1.12 ml/28 days)
YORVIPATH (<i>palopegteriparatide</i>) 294 MCG/0.98ML SOLN PEN	TIER 4	PA, SP, QLC (1.96 ml/28 days)
YORVIPATH (<i>palopegteriparatide</i>) 420 MCG/1.4ML SOLN PEN	TIER 4	PA, SP, QLC (2.8 ml/28 days)

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

BYNFEZIA PEN (<i>octreotide acetate</i>) 2500 MCG/ML (2.8 ML) SOLN	TIER 4	PA, SP
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cabergoline tab 0.5 mg</i>	TIER 1	QLC (16 tabs/month)
<i>cetorelix acetate for inj kit 0.25 mg</i>	TIER 4	PA, SP
CETROTIDE (<i>cetorelix acetate</i>) 0.25 MG KIT	TIER 4	PA, SP
GANIRELIX ACETATE 250 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	TIER 4	PA, SP
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Fyremadel)	TIER 4	PA, SP
KORLYM (<i>mifepristone (hyperglycemia)</i>) 300 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	TIER 4	PA, SP
<i>leuprolide acetate inj kit 5 mg/ml</i>	TIER 4	PA, SP
<i>mifepristone tab 300 mg</i>	TIER 4	PA, SP, QLC (4 tabs/day)
MYCAPSSA (<i>octreotide acetate</i>) MYSSA 20 MG DR	TIER 4	PA, SP, QLC (4 caps/day)
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR	TIER 4	PA, SP
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	TIER 4	PA, SP
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	TIER 4	PA, SP
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	TIER 4	PA, SP
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	TIER 4	PA, SP
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	TIER 4	PA, SP
ORGOVYX (<i>relugolix</i>) 120 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
ORIAHNN (<i>elagolix sodium-estradiol-norethindrone acetate</i>) 300-1-0.5 & 300 MG CAP THPK	TIER 3	PA, QLC (2 caps/day)
ORILISSA (<i>elagolix sodium</i>) 150 MG TAB	TIER 3	PA, QLC (1 tab/day)
ORILISSA (<i>elagolix sodium</i>) 200 MG TAB	TIER 3	PA, QLC (2 tabs/day)
RECORLEV (<i>levoketoconazole</i>) 150 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SANDOSTATIN (<i>octreotide acetate</i>) 50 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 500 MCG/ML SOLUTION	TIER 4	PA, SP
SIGNIFOR (<i>pasireotide diaspertate</i>) 0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION	TIER 4	PA, SP, QLC (2 ampules/day)
SOMAVERT (<i>pegvisomant</i>) 10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN	TIER 4	PA, SP, QLC (1 vial/day)
SYNAREL (<i>nafarelin acetate</i>) 2 MG/ML SOLUTION	TIER 4	PA, QLC (16 ml/30 days)

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

ANTITHYROID AGENTS (Drugs to Suppress Thyroid Hormone)

<i>methimazole tab 10 mg</i>	TIER 1	
<i>methimazole tab 5 mg</i>	TIER 1	
<i>propylthiouracil tab 50 mg</i>	TIER 1	
TAPAZOLE (<i>methimazole</i>) 5 MG TAB, 10 MG TAB	TIER 3	

IMMUNOLOGICAL AGENTS (Drugs for Enhancing or Suppressing the Immune System)

ANGIOEDEMA AGENTS

FIRAZYR (<i>icatibant acetate</i>) 30 MG/3ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes per fill; not to exceed 12 syringes/2 months)
HAEGARDA (<i>c1 esterase inhibitor (human)</i>) 2000 RECON SOLN, 3000 RECON SOLN	TIER 4	PA, SP
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	TIER 4	PA, SP, QLC (2 syringes per fill; not to exceed 12 syringes/2 months)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir)	TIER 4	PA, SP, QLC (2 syringes per fill; not to exceed 12 syringes/2 months)
ORLADEYO (<i>berotralstat hcl</i>) 110 MG CAP, 150 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
TAKHZYRO (<i>lanadelumab-flyo</i>) 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TAKHZYRO (<i>lanadelumab-flyo</i>) 300 MG/2ML SOLUTION	TIER 4	PA, SP, QLC (2 vials/28 days)
IMMUNOLOGICAL AGENTS, OTHER (Other Drugs that Stimulate or Suppress the Immune System)		
ACTEMRA (<i>tocilizumab</i>) 162 MG/0.9ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
ACTEMRA ACTPEN (<i>tocilizumab</i>) CTPEN 162 MG/0.9ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen injector/week)
ARCALYST (<i>rilonacept</i>) 220 MG RECON SOLN	TIER 4	PA, SP
BENLYSTA (<i>belimumab</i>) 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
BIMZELX (<i>bimekizumab-bkzx</i>) 160 MG/ML SOLN A-INJ, 160 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
COSENTYX (300 MG DOSE) (<i>secukinumab</i>) 150 /ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
COSENTYX (<i>secukinumab</i>) 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
COSENTYX SENSOREADY (300 MG) (<i>secukinumab</i>) SENSOREDY 150 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (2 pens/28 days)
COSENTYX SENSOREADY PEN (<i>secukinumab</i>) SENSOREDY 150 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/28 days)
COSENTYX UNOREADY (<i>secukinumab</i>) 300 MG/2ML SOLN -INJ	TIER 4	PA, SP, QLC (1 auto-injector/28 days)
DUPIXENT (<i>dupilumab</i>) 100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
DUPIXENT (<i>dupilumab</i>) 200 MG/1.14ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
DUPIXENT (<i>dupilumab</i>) 300 MG/2ML SOLN -INJ	TIER 4	PA, SP, QLC (2 pens (4 ml)/ 28 days)
EMPAVELI (<i>pegcetacoplan</i>) 1080 MG/20ML SOLUTION	TIER 4	PA, SP, QLC (40 ml/7 days)
ENSPRYNG (<i>satralizumab-mwge</i>) 120 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
ENTYVIO (<i>vedolizumab</i>) 108 MG/0.68ML SOLN -INJ	TIER 4	PA, SP, QLC (2 pen injectors/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 PRSYR, 200 MG/1.14ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
KEVZARA (<i>sarilumab</i>) KEVZR150 MG/1.14ML SOLN -INJ, KEVZR200 MG/1.14ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/14 days)
KINERET (<i>anakinra</i>) 100 MG/0.67ML SOLN PRSYR	TIER 4	PA, SP, QLC (28 syringes/28 days)
NEMLUVIO (<i>nemolizumab-ilto</i>) 30 MG -INJ	TIER 4	PA, SP, QLC (2 pens/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	TIER 4	PA, SP, QLC (1 tab/day)
OLUMIANT (<i>baricitinib</i>) 2 MG TAB, 4 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ORALAIR (<i>grass mixed pollens allergen extract</i>) ORALA300 SL TAB	TIER 3	PA, SP, QLC (1 tab/day)
ORALAIR ADULT SAMPLE KIT (<i>grass mixed pollens allergen extract</i>) ORALA300 SL TAB	TIER 3	PA, SP, QLC (1 tab/day)
ORALAIR ADULT STARTER PACK (<i>grass mixed pollens allergen extract</i>) ORALA300 SL TAB	TIER 3	PA, SP, QLC (1 tab/day)
ORENCIA (<i>abatacept</i>) 50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
ORENCIA CLICKJECT (<i>abatacept</i>) ORENCI125 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 syringe/week)
OTEZLA (<i>apremilast</i>) 10 & 20 & 30 MG TAB THPK	TIER 4	PA, SP, QLC (1 pack/month)
OTEZLA (<i>apremilast</i>) 4 X 10 & 51 X20 MG TAB THPK	TIER 4	PA, SP, QLC (55 tabs/28 days, max 2 fills/year)
PALFORZIA (12 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (X & 0 CSPK	TIER 4	PA, SP, QLC (45 caps/14 days)
PALFORZIA (120 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) & 100 CSPK	TIER 4	PA, SP, QLC (30 caps/14 days)
PALFORZIA (160 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) 3 X 20 & 100 CSPK	TIER 4	PA, SP, QLC (60 caps/14 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PALFORZIA (20 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) CSPK	TIER 4	PA, SP, QLC (15 caps/14 days)
PALFORZIA (200 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (00 X 100 CSPK)	TIER 4	PA, SP, QLC (30 caps/14 days)
PALFORZIA (240 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (40 X 0 & X 100 CSPK)	TIER 4	PA, SP, QLC (60 caps/14 days)
PALFORZIA (3 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (X1 CSPK)	TIER 4	PA, SP, QLC (45 caps/14 days)
PALFORZIA (300 MG MAINTENANCE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (PACKET)	TIER 4	PA, SP, QLC (1 packet/day)
PALFORZIA (300 MG TITRATION) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (PACKET)	TIER 4	PA, SP, QLC (1 packet/day)
PALFORZIA (40 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) 2 X 20 CSPK	TIER 4	PA, SP, QLC (30 caps/14 days)
PALFORZIA (6 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (X1 CSPK)	TIER 4	PA, SP, QLC (90 caps/14 days)
PALFORZIA (80 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) 4 X 20 CSPK	TIER 4	PA, SP, QLC (60 caps/14 days)
RAGWITEK (<i>short ragweed pollen allergen extract</i>) RGWITEK 12 MB 1-SL TB	TIER 3	PA, QLC (1 tab/day)
REZUROCK (<i>belumosudil mesylate</i>) 200 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
RIDAURA (<i>auranofin</i>) 3 MG CAP	TIER 2	
RINVOQ (<i>upadacitinib</i>) 15 MG TAB ER 24H, 30 MG TAB ER 24H	TIER 4	PA, SP, QLC (1 tab/day)
RINVOQ (<i>upadacitinib</i>) 45 MG TAB ER 24H	TIER 4	PA, SP, QLC (1 tab/day; max 84 tabs/365 days)
RINVOQ LQ (<i>upadacitinib</i>) 1 MG/ML SOLUTION	TIER 4	PA, SP, QLC (12 ml/day)
SILIQ (<i>brodalumab</i>) 210 MG/1.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
SKYRIZI (150 MG DOSE) (<i>risankizumab-rzaa</i>) 75 /0.83ML PEF SY KT	TIER 4	PA, SP, QLC (1 kit/84 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SKYRIZI (<i>risankizumab-rzaa (crohn's)</i>) 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART	TIER 4	PA, SP, QLC (1 syringe/56 days)
SKYRIZI (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/84 days)
SKYRIZI PEN (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 auto-injector/ 84 days)
SOTYKTU (<i>deucravacitinib</i>) 6 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/84 days)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/84 days)
TALTZ (<i>ixekizumab</i>) 20 MG/0.25ML SOLN PRSYR, 40 MG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
TALTZ (<i>ixekizumab</i>) 80 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
TALTZ (<i>ixekizumab</i>) TLTZ 80 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/28 days)
TAVNEOS (<i>avacopan</i>) 10 MG CAP	TIER 4	PA, SP, QLC (6 caps/day)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 injection/8 weeks)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/8 weeks)
TREMFYA (<i>guselkumab</i>) 200 MG/2ML SOLN A-INJ, 200 MG/2ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 ml/28 days)
TYENNE (<i>tocilizumab-aazg</i>) 162 MG/0.9ML SOLN -INJ	TIER 4	PA, SP, QLC (4 pens/28 days)
TYENNE (<i>tocilizumab-aazg</i>) 162 MG/0.9ML SOLN PRSYR	TIER 4	PA, SP, QLC (4 syringes/28 days)
VELSIPITY (<i>etrasimod arginine</i>) 2 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
VOYDEYA (<i>danicopan</i>) 50 & 100 MG TAB THPK, 100 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day)
XELJANZ (<i>tofacitinib citrate</i>) 1 MG/ML SOLUTION	TIER 4	PA, SP, QLC (10 ml/day)
XELJANZ (<i>tofacitinib citrate</i>) 5 MG TAB, 10 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
XELJANZ XR (<i>tofacitinib citrate</i>) 11 MG TAB ER 24H, 22 MG TAB ER 24H	TIER 4	PA, SP, QLC (1 tab/day)
XOLAIR (<i>omalizumab</i>) 300 MG/2ML SOLN PRSYR	TIER 4	PA, SP, QLC (4 syringes/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XOLAIR (<i>omalizumab</i>) 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
XOLAIR (<i>omalizumab</i>) XOLIR 300 MG/2ML SOLN -INJ	TIER 4	PA, SP, QLC (4 pens/28 days)
XOLAIR (<i>omalizumab</i>) XOLIR 75 MG/0.5ML SOLN -INJ, XOLIR 150 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (2 pens/28 days)

IMMUNOSTIMULANTS (Drugs that Stimulate the Immune System)

ACTIMMUNE (<i>interferon gamma-1b</i>) 2000000 UNIT/0.5ML SOLUTION	TIER 4	PA, SP
BESREMI (<i>ropeginterferon alfa-2b-njft</i>) 500 MCG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes (2 ml)/28 days)
INTRON A (<i>interferon alfa-2b</i>) 6000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN	TIER 4	SP
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 pen/week)
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/week)

IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)

ABRILADA (1 PEN) (<i>adalimumab-afzb</i>) 40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 pens/28 days)
ABRILADA (2 PEN) (<i>adalimumab-afzb</i>) 40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 pens/28 days)
ABRILADA (2 SYRINGE) (<i>adalimumab-afzb</i>) 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT	TIER 4	PA, SP, QLC (2 syringes/28 days)
ADALIMUMAB-AACF (2 PEN) -40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 pens (1 carton)/28 days)
ADALIMUMAB-AACF (2 SYRINGE) -RINGE) 40 MG/0.8ML PREF KT	TIER 4	PA, SP, QLC (2 syr (1 box)/28 days)
ADALIMUMAB-AACF(CD/UC/HS STRT) -40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (6 kits/year)
ADALIMUMAB-AACF(PS/UV STARTER) -40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (4 kits/year)
ADALIMUMAB-AATY (1 PEN) -40 MG/0.4ML -KIT, -80 MG/0.8ML -KIT	TIER 4	PA, SP, QLC (2 pens/28 days)
ADALIMUMAB-AATY (2 PEN) -40 MG/0.4ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 pens/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADALIMUMAB-AATY (2 SYRINGE) -RINGE) 20 MG/0.2ML PREF KT	TIER 4	PA, SP, QLC (1 kit/28 days)
ADALIMUMAB-AATY (2 SYRINGE) -RINGE) 40 MG/0.4ML PREF KT	TIER 4	PA, SP, QLC (2 syringes/28 days)
ADALIMUMAB-ADAZ -40 MG/0.4ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
ADALIMUMAB-ADAZ DLIMUMB-DZ 40 MG/0.4ML SOLN -INJ	TIER 4	PA, SP, QLC (2 pens/28 days)
ADALIMUMAB-ADBM (2 PEN) -40 MG/0.4ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 pens/28 days)
ADALIMUMAB-ADBM (2 PEN) -40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days))
ADALIMUMAB-ADBM (2 SYRINGE) -10 MG/0.2ML PREF SY KT, -20 MG/0.4ML PREF SY KT, -40 MG/0.4ML PREF SY KT, - 40 MG/0.8ML PREF SY KT	TIER 4	PA, SP, QLC (2 syringes/28 days)
ADALIMUMAB-ADBM(CD/UC/HS STRT) - 40 MG/0.4ML AUT-IJ KIT	TIER 4	PA, SP, QLC (6 pens/year)
ADALIMUMAB-ADBM(CD/UC/HS STRT) - 40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days))
ADALIMUMAB-ADBM(PS/UV STARTER) - 40 MG/0.4ML AUT-IJ KIT	TIER 4	PA, SP, QLC (4 pens/year)
ADALIMUMAB-ADBM(PS/UV STARTER) - 40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days))
ADALIMUMAB-FKJP (2 PEN) -40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 inj/28 days)
ADALIMUMAB-FKJP (2 SYRINGE) -20 MG/0.4ML PREF SY KT, -40 MG/0.8ML PREF SY KT	TIER 4	PA, SP, QLC (2 syr/28 days)
ADALIMUMAB-RYVK (2 PEN) -40 MG/0.4ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 pens/28 days)
ADALIMUMAB-RYVK (2 SYRINGE) -RINGE) 40 MG/0.4ML PREF KT	TIER 4	PA, SP, QLC (2 syringes/28 days)
AMJEVITA (<i>adalimumab-atto</i>) 10 MG/0.2ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AMJEVITA (<i>adalimumab-atto</i>) 20 MG/0.4ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes (0.8 ml)/28 days)
AMJEVITA (<i>adalimumab-atto</i>) 40 MG/0.4ML SOLN -INJ, 80 MG/0.8ML SOLN -INJ	TIER 4	PA, SP, QLC (2 pens/28 days)
AMJEVITA (<i>adalimumab-atto</i>) 40 MG/0.8ML SOLN -INJ	TIER 4	PA, SP, QLC (2 auto injector pens (1.6 ml)/28 days)
AMJEVITA (<i>adalimumab-atto</i>) 40 MG/0.8ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes (1.6 ml)/28 days)
ARAVA (<i>leflunomide</i>) 10 MG TAB, 20 MG TAB	TIER 3	
ASTAGRAF XL (<i>tacrolimus</i>) 0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H	TIER 3	
<i>azathioprine tab 100 mg</i>	TIER 1	
azathioprine tab 100 mg (Azasan)	TIER 1	
<i>azathioprine tab 50 mg</i>	TIER 1	
<i>azathioprine tab 75 mg</i>	TIER 1	
azathioprine tab 75 mg (Azasan)	TIER 1	
CELLCEPT (<i>mycophenolate mofetil</i>) 200 MG/ML RECON SUSP, 250 MG CAP, 500 MG TAB	TIER 3	
CIMZIA (2 SYRINGE) (<i>certolizumab pegol</i>) RINGE) 200 MG/ML PREF KT	TIER 4	PA, SP, QLC (1 kit/28 days)
CIMZIA-STARTER (<i>certolizumab pegol</i>) - 200 MG/ML PREF SY KT	TIER 4	PA, SP, QLC (3 set (1 kit = 3 sets of 2 syringes)/180 days)
<i>cyclosporine cap 100 mg</i>	TIER 1	
<i>cyclosporine cap 25 mg</i>	TIER 1	
<i>cyclosporine modified cap 100 mg</i>	TIER 1	
cyclosporine modified cap 100 mg (Gengraf)	TIER 1	
<i>cyclosporine modified cap 25 mg</i>	TIER 1	
cyclosporine modified cap 25 mg (Gengraf)	TIER 1	
<i>cyclosporine modified cap 50 mg</i>	TIER 1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	TIER 1	
cyclosporine modified oral soln 100 mg/ml (Gengraf)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CYLTEZO (2 PEN) (<i>adalimumab-adbm</i>) 40 MG/0.4ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 pens/28 days)
CYLTEZO (2 SYRINGE) (<i>adalimumab-adbm</i>) RINGE) 40 MG/0.4ML PREF KT	TIER 4	PA, SP, QLC (2 syringes/28 days)
CYLTEZO (<i>adalimumab-adbm</i>) 10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT	TIER 4	PA, SP, QLC (2 syringes/28 days)
CYLTEZO (<i>adalimumab-adbm</i>) 40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days))
CYLTEZO-CD/UC/HS STARTER (<i>adalimumab-adbm</i>) -40 MG/0.4ML AUT-IJ KIT	TIER 4	PA, SP, QLC (6 pens/year)
CYLTEZO-CD/UC/HS STARTER (<i>adalimumab-adbm</i>) -40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days))
CYLTEZO-PSORIASIS STARTER (<i>adalimumab-adbm</i>) -40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days))
CYLTEZO-PSORIASIS/UV STARTER (<i>adalimumab-adbm</i>) -40 MG/0.4ML AUT-IJ KIT	TIER 4	PA, SP, QLC (4 pens/year)
ENBREL (<i>etanercept</i>) 25 MG RECON SOLN	TIER 4	PA, SP, QLC (8 vials/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (4 ml/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLUTION	TIER 4	PA, SP, QLC (4 ml/ 28 days)
ENBREL MINI (<i>etanercept</i>) 50 MG/ML SOLN CART	TIER 4	PA, SP, QLC (4 ml/ 28 days)
ENBREL SURECLICK (<i>etanercept</i>) 50 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (4 ml/28 days)
ENVARUSUS XR (<i>tacrolimus</i>) 0.75 MG TAB ER 24H	TIER 3	ST, QLC (11 tabs/day)
ENVARUSUS XR (<i>tacrolimus</i>) 1 MG TAB ER 24H	TIER 3	ST, QLC (8 tabs/day)
ENVARUSUS XR (<i>tacrolimus</i>) 4 MG TAB ER 24H	TIER 3	ST, QLC (2 tabs/day)
<i>everolimus tab 0.25 mg</i>	TIER 1	QLC (2 tabs/day)

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<i>everolimus tab 0.5 mg</i>	TIER 1	QLC (4 tabs/day)
<i>everolimus tab 0.75 mg</i>	TIER 1	QLC (2 tabs/day)
<i>everolimus tab 1 mg</i>	TIER 1	QLC (2 tabs/day)
HADLIMA (<i>adalimumab-bwwd</i>) 40 MG/0.4ML SOLN PRSYR, 40 MG/0.8ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
HADLIMA PUSHTOUCH (<i>adalimumab-bwwd</i>) 40 MG/0.4ML SOLN -INJ, 40 MG/0.8ML SOLN -INJ	TIER 4	PA, SP, QLC (2 pens/28 days)
HULIO (2 PEN) (<i>adalimumab-fkjp</i>) 40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 inj/28 days)
HULIO (2 SYRINGE) (<i>adalimumab-fkjp</i>) 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT	TIER 4	PA, SP, QLC (2 syr/28 days)
HULIO (<i>adalimumab-fkjp</i>) 40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 inj/28 days)
HUMIRA (2 PEN) (<i>adalimumab</i>) 40 MG/0.4ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 pens [1 kit]/28 days)
HUMIRA (2 PEN) (<i>adalimumab</i>) 40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton]/ year; Maintenance (2 pens/28 days))
HUMIRA (2 PEN) (<i>adalimumab</i>) 80 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 pens (1 kit)/ 28 days)
HUMIRA (2 SYRINGE) (<i>adalimumab</i>) 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT	TIER 4	PA, SP
HUMIRA (2 SYRINGE) (<i>adalimumab</i>) RINGE) 40 MG/0.4ML PREF KT	TIER 4	PA, SP, QLC (2 syringes [1 kit]/28 days)
HUMIRA (2 SYRINGE) (<i>adalimumab</i>) RINGE) 40 MG/0.8ML PREF KT	TIER 4	PA, SP, QLC (2 syringes/28 days)
HUMIRA (<i>adalimumab</i>) 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT	TIER 4	PA, SP, QLC (2 syringes [1 kit]/28 days)
HUMIRA-CD/UC/HS STARTER (<i>adalimumab</i>) -40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton]/ year; Maintenance (2 pens/28 days))
HUMIRA-CD/UC/HS STARTER (<i>adalimumab</i>) -80 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (1 carton/year)
HUMIRA-PED<40KG CROHNS STARTER (<i>adalimumab</i>) -80 MG/0.8ML & 40MG/0.4ML PREF SY KT	TIER 4	PA, SP, QLC (2 syr [1 kit]/year)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMIRA-PED>/=40KG CROHNS START (<i>adalimumab</i>) -80 MG/0.8ML PEF SY KT	TIER 4	PA, SP, QLC (3 syr [1 kit]/year)
HUMIRA-PED>/=40KG UC STARTER (<i>adalimumab</i>) -80 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (1 carton/year)
HUMIRA-PS/UV/ADOL HS STARTER (<i>adalimumab</i>) -40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (Starter Kit (4 or 6 pens depending upon package size [1 carton]/ year; Maintenance (2 pens/28 days))
HUMIRA-PSORIASIS/UVEIT STARTER (<i>adalimumab</i>) -80 MG/0.8ML & 40MG/0.4ML AUT-IJ KIT	TIER 4	PA, SP, QLC (1 carton/year)
HYRIMOZ (<i>adalimumab-adaz</i>) 10 MG/0.1 ML SOLN PRSYR, 20 MG/0.2ML SOLN PRSYR, 40 MG/0.4ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
HYRIMOZ (<i>adalimumab-adaz</i>) 40 MG/0.4ML SOLN -INJ	TIER 4	PA, SP, QLC (2 pens/28 days)
HYRIMOZ (<i>adalimumab-adaz</i>) 40 MG/0.8ML SOLN A-INJ, 40 MG/0.8ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 injections/28 days)
HYRIMOZ (<i>adalimumab-adaz</i>) 80 MG/0.8ML SOLN -INJ	TIER 4	PA, SP, QLC (Starter Pack (3 pens/year); maintenance (2 pens/28 days))
HYRIMOZ-CROHNS/UC STARTER (<i>adalimumab-adaz</i>) -STRTER 80 MG/0.8ML SOLN -INJ	TIER 4	PA, SP, QLC (Starter Pack (3 pens/year); maintenance (2 pens/28 days))
HYRIMOZ-CROHNS/UC STARTER PACK (<i>adalimumab-adaz</i>) -STRTER PCK 80 MG/0.8ML SOLN -INJ	TIER 4	PA, SP, QLC (Starter Pack (3 pens/year); maintenance (2 pens/28 days))
HYRIMOZ-PED CROHNS STARTER (<i>adalimumab-adaz</i>) -80 MG/0.8ML & 40MG/0.4ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 kit year)
HYRIMOZ-PED CROHNS STARTER (<i>adalimumab-adaz</i>) -80 MG/0.8ML SOLN PRSYR	TIER 4	PA, SP, QLC (3 syringes/year)
HYRIMOZ-PLAQ PSOR/UVEIT START (<i>adalimumab-adaz</i>) -PLQ STRT 80 MG/0.8ML & 40MG/0.4ML SOLN -INJ	TIER 4	PA, SP, QLC (1 kit/year)
HYRIMOZ-PLAQUE PSORIASIS START (<i>adalimumab-adaz</i>) -PLQUE PSORISIS STRT 80 MG/0.8ML & 40MG/0.4ML SOLN - INJ	TIER 4	PA, SP, QLC (1 kit/year)
IDACIO (<i>adalimumab-aac</i>) 40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 inj (1 box)/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IDACIO (<i>adalimumab-aacf</i>) 40 MG/0.8ML PEF SY KT	TIER 4	PA, SP, QLC (2 syr (1 box)/28 days)
IDACIO FOR CROHNS DISEASE/UC (<i>adalimumab-aacf</i>) 40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (6 inj (3 kits)/365 days)
IDACIO FOR PLAQUE PSORIASIS (<i>adalimumab-aacf</i>) 40 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (4 inj (2 kits)/365 days)
IMURAN (<i>azathioprine</i>) 50 MG TAB	TIER 3	
JYLAMVO (<i>methotrexate</i>) 2 MG/ML SOLUTION	TIER 3	PA, QLC (120 ml/30 days), OAC
<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, SP, QLC (6 caps/day)
METHOTREXATE SODIUM 50 MG/2ML SOLUTION, 250 MG/10ML SOLUTION	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	TIER 1	QLC (8 ml/month)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	TIER 1	OAC
<i>mycophenolate mofetil cap 250 mg</i>	TIER 1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	TIER 1	
<i>mycophenolate mofetil tab 500 mg</i>	TIER 1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	TIER 1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	TIER 1	
MYFORTIC (<i>mycophenolate sodium</i>) 180 MG TAB DR, 360 MG TAB DR	TIER 3	
MYHIBBIN (<i>mycophenolate mofetil</i>) 200 MG/ML SUSPENSION	TIER 3	PA, QLC (15 ml/day)
NEORAL (<i>cyclosporine modified (for microemulsion)</i>) 25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OTREXUP (<i>methotrexate (antirheumatic)</i>) 10 MG/0.4ML SOLN -INJ, 12.5 MG/0.4ML SOLN -INJ, 15 MG/0.4ML SOLN -INJ, 17.5 MG/0.4ML SOLN -INJ, 20 MG/0.4ML SOLN -INJ, 22.5 MG/0.4ML SOLN -INJ, 25 MG/0.4ML SOLN -INJ	TIER 4	PA, SP, QLC (1 syringe/week)
PROGRAF (<i>tacrolimus</i>) 0.2 MG PACKET, 1 MG PACKET	TIER 3	PA
PROGRAF (<i>tacrolimus</i>) 0.5 MG CAP, 1 MG CAP, 5 MG CAP	TIER 3	
RAPAMUNE (<i>sirolimus</i>) 0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB	TIER 3	
RASUVO (<i>methotrexate (antirheumatic)</i>) RSUVO 7.5 MG/0.15ML SOLN -INJ, RSUVO 10 MG/0.2ML SOLN -INJ, RSUVO 12.5 MG/0.25ML SOLN -INJ, RSUVO 15 MG/0.3ML SOLN -INJ, RSUVO 17.5 MG/0.35ML SOLN -INJ, RSUVO 20 MG/0.4ML SOLN -INJ, RSUVO 22.5 MG/0.45ML SOLN -INJ, RSUVO 25 MG/0.5ML SOLN -INJ, RSUVO 30 MG/0.6ML SOLN -INJ	TIER 4	PA, SP, 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, SP, QLC (4 syringes/28 days)
SANDIMMUNE (<i>cyclosporine</i>) 100 MG/ML SOLUTION	TIER 2	
SANDIMMUNE (<i>cyclosporine</i>) 25 MG CAP, 100 MG CAP	TIER 3	
SIMLANDI (1 PEN) (<i>adalimumab-ryvk</i>) 40 MG/0.4ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 pens/28 days)
SIMLANDI (2 PEN) (<i>adalimumab-ryvk</i>) 40 MG/0.4ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 pens/28 days)
SIMLANDI (2 SYRINGE) (<i>adalimumab-ryvk</i>) RINGE) 40 MG/0.4ML PREF KT	TIER 4	PA, SP, QLC (2 syringes/28 days)
SIMPONI (<i>golimumab</i>) 50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
<i>sirolimus oral soln 1 mg/ml</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sirolimus tab 0.5 mg</i>	TIER 1	
<i>sirolimus tab 1 mg</i>	TIER 1	
<i>sirolimus tab 2 mg</i>	TIER 1	
SPEVIGO (<i>spesolimab-sbzo</i>) 150 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
<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	
TREXALL (<i>methotrexate sodium</i>) 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB	TIER 3	OAC
XATMEP (<i>methotrexate</i>) 2.5 MG/ML SOLUTION	TIER 4	AL1 (Up to 8 yrs old), QLC (1 bottle/month), OAC
YUFLYMA (1 PEN) (<i>adalimumab-aaty</i>) 40 MG/0.4ML -KIT, 80 MG/0.8ML -KIT	TIER 4	PA, SP, QLC (2 pens/28 days)
YUFLYMA (2 PEN) (<i>adalimumab-aaty</i>) 40 MG/0.4ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 pens/28 days)
YUFLYMA (2 SYRINGE) (<i>adalimumab-aaty</i>) RINGE) 20 MG/0.2ML PREF KT	TIER 4	PA, SP, QLC (1 kit/28 days)
YUFLYMA 2-SYRINGE KIT (<i>adalimumab-aaty</i>) -40 MG/0.4ML PREF KT	TIER 4	PA, SP, QLC (2 syringes/28 days)
YUFLYMA-CD/UC/HS STARTER (<i>adalimumab-aaty</i>) -80 MG/0.8ML AUT-IJ KIT	TIER 4	PA, SP, QLC (3 pens/year)
YUSIMRY (<i>adalimumab-aqvh</i>) 40 MG/0.8ML SOLN -INJ	TIER 4	PA, SP, QLC (2 pens/28 days)
ZORTRESS (<i>everolimus immunosuppressant</i>) 0.25 MG TAB, 0.75 MG TAB, 1 MG TAB	TIER 3	QLC (2 tabs/day)
ZORTRESS (<i>everolimus immunosuppressant</i>) 0.5 MG TAB	TIER 3	QLC (4 tabs/day)
ZYMFENTRA (1 PEN) (<i>infliximab-dyyb</i>) 120 MG/ML AUT-IJ KIT	TIER 4	PA, SP, QLC (2 kits/28 days)
ZYMFENTRA (2 PEN) (<i>infliximab-dyyb</i>) 120 MG/ML AUT-IJ KIT	TIER 4	PA, SP, QLC (1 kit/28 days)
ZYMFENTRA (2 SYRINGE) (<i>infliximab-dyyb</i>) RINGE) 120 MG/ML PREF KT	TIER 4	PA, SP, QLC (1 kit/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)		
AMINOSALICYLATES		
APRISO (<i>mesalamine</i>) 0.375 GM CAP ER 24H	TIER 3	QLC (4 caps/day)
ASACOL HD (<i>mesalamine</i>) 800 MG TAB DR	TIER 3	ST, QLC (6 tabs/day)
AZULFIDINE (<i>sulfasalazine</i>) 500 MG TAB	TIER 3	
AZULFIDINE EN-TABS (<i>sulfasalazine</i>) -S 500 MG DR	TIER 3	
<i>balsalazide disodium cap 750 mg</i>	TIER 1	QLC (9 caps/day)
CANASA (<i>mesalamine</i>) 1000 MG SUPPOS	TIER 3	QLC (1 suppository/day)
COLAZAL (<i>balsalazide disodium</i>) 750 MG CAP	TIER 3	QLC (9 caps/day)
DELZICOL (<i>mesalamine</i>) 400 MG CAP DR	TIER 3	ST, QLC (6 caps/day)
DIPENTUM (<i>olsalazine sodium</i>) 250 MG CAP	TIER 3	ST, QLC (4 caps/day)
LIALDA (<i>mesalamine</i>) 1.2 GM TAB DR	TIER 3	QLC (4 tabs/day)
<i>mesalamine cap dr 400 mg</i>	TIER 1	ST, QLC (6 caps/day)
<i>mesalamine cap er 24hr 0.375 gm</i> (MESALAMINE ER)	TIER 1	QLC (4 caps/day)
<i>mesalamine cap er 500 mg</i> (MESALAMINE ER)	TIER 1	ST, QLC (8 caps/day)
<i>mesalamine enema 4 gm</i>	TIER 1	
<i>mesalamine suppos 1000 mg</i>	TIER 1	QLC (1 suppository/day)
<i>mesalamine tab delayed release 1.2 gm</i>	TIER 1	QLC (4 tabs/day)
<i>mesalamine tab delayed release 800 mg</i>	TIER 1	ST, QLC (6 tabs/day)
PENTASA (<i>mesalamine</i>) 250 MG CAP ER	TIER 3	ST, QLC (4 caps/day)
PENTASA (<i>mesalamine</i>) 500 MG CAP ER	TIER 3	ST, QLC (8 caps/day)
SFROWASA (<i>mesalamine</i>) 4 GM/60ML ENEMA	TIER 3	
<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

ALKINDI SPRINKLE (<i>hydrocortisone</i>) 0.5 MG CAP SPRINK, 1 MG CAP SPRINK	TIER 3	PA, QLC (100 caps/30 days)
ALKINDI SPRINKLE (<i>hydrocortisone</i>) 2 MG CAP SPRINK, 5 MG CAP SPRINK	TIER 3	PA, QLC (200 caps/30 days)
BUDESONIDE 3 MG CP DR PART	TIER 1	PA, QLC (3 caps/day)
<i>budesonide delayed release particles cap 3 mg</i>	TIER 1	PA, QLC (3 caps/day)
<i>budesonide rectal foam 2 mg/act</i>	TIER 1	QLC (4 cans/6 weeks; not to exceed 6 weeks therapy/6 months)
<i>budesonide tab er 24hr 9 mg</i> (BUDESONIDE ER)	TIER 1	PA, QLC (1 tab/day; not to exceed 60 days therapy/90 days)
CORTEF (<i>hydrocortisone</i>) 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	
CORTENEMA (<i>hydrocortisone (intrarectal)</i>) CORT100 MG/60ML	TIER 3	
CORTIFOAM (<i>hydrocortisone acetate (intrarectal)</i>) 10 %	TIER 2	
ENTOCORT EC (<i>budesonide</i>) 3 MG CP DR PART	TIER 3	PA, QLC (3 caps/day)
EOHILIA (<i>budesonide</i>) 2 MG/10ML SUSPENSION	TIER 3	PA, QLC (20 ml/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	
ORTIKOS (<i>budesonide</i>) 6 MG CAP ER 24H, 9 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
UCERIS (<i>budesonide (intrarectal)</i>) 2 MG/ACT FOAM	TIER 3	QLC (4 cans/6 weeks; not to exceed 6 weeks therapy/6 months)
UCERIS (<i>budesonide</i>) 9 MG TAB 24H	TIER 3	PA, QLC (1 tab/day; not to exceed 60 days therapy/90 days)

METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)

ACTONEL (<i>risedronate sodium</i>) 150 MG TAB	TIER 3	QLC (1 tab/month)
ACTONEL (<i>risedronate sodium</i>) 35 MG TAB	TIER 3	QLC (4 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ALENDRONATE SODIUM 5 MG TAB	TIER 1	
<i>alendronate sodium oral soln 70 mg/75ml</i>	TIER 1	QLC (4 bottles/month)
<i>alendronate sodium tab 10 mg</i>	TIER 1	
<i>alendronate sodium tab 35 mg</i>	TIER 1	QLC (4 tabs/month)
<i>alendronate sodium tab 70 mg</i>	TIER 1	QLC (4 tabs/month)
AELVIA (<i>risedronate sodium</i>) 35 MG TAB	TIER 3	QLC (4 tabs/month)
BINOSTO (<i>alendronate sodium</i>) 70 MG EFFER TAB	TIER 3	ST, QLC (4 tabs/month)
BONIVA (<i>ibandronate sodium</i>) 150 MG TAB	TIER 3	QLC (1 tab/month)
<i>calcitonin (salmon) inj 200 unit/ml</i>	TIER 1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	TIER 1	QLC (1 bottle/month)
<i>calcitriol cap 0.25 mcg</i>	TIER 1	
<i>calcitriol cap 0.5 mcg</i>	TIER 1	
<i>calcitriol oral soln 1 mcg/ml</i>	TIER 1	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	TIER 1	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	TIER 1	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	TIER 1	PA
<i>doxercalciferol cap 0.5 mcg</i>	TIER 1	
<i>doxercalciferol cap 1 mcg</i>	TIER 1	
<i>doxercalciferol cap 2.5 mcg</i>	TIER 1	
DRISDOL (<i>ergocalciferol</i>) 1.25 MG (50000 UT) CAP	TIER 3	
<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	
FORTEO (<i>teriparatide (recombinant)</i>) 600 MCG/2.4ML SOLN PEN	TIER 4	PA, SP, QLC (1 pen/month)
FOSAMAX (<i>alendronate sodium</i>) 70 MG TAB	TIER 3	QLC (4 tabs/month)
FOSAMAX PLUS D (<i>alendronate sodium-cholecalciferol</i>) 70-2800 MG-TAB, 70-5600 MG-TAB	TIER 3	QLC (4 tabs/month)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	TIER 1	QLC (1 tab/month)
MIACALCIN (<i>calcitonin (salmon)</i>) 200 UNIT/ML SOLUTION	TIER 4	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NATPARA (<i>parathyroid hormone (recombinant)</i>) 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE	TIER 4	PA, SP, QLC (2 cartridges/month)
<i>paricalcitol cap 1 mcg</i>	TIER 1	
<i>paricalcitol cap 2 mcg</i>	TIER 1	
<i>paricalcitol cap 4 mcg</i>	TIER 1	
RAYALDEE (<i>calcifediol</i>) 30 MCG CAP ER	TIER 3	PA
<i>risedronate sodium tab 150 mg</i>	TIER 1	QLC (1 tab/month)
<i>risedronate sodium tab 30 mg</i>	TIER 1	PA
<i>risedronate sodium tab 35 mg</i>	TIER 1	QLC (4 tabs/month)
<i>risedronate sodium tab 5 mg</i>	TIER 1	QLC (1 tab/day)
<i>risedronate sodium tab delayed release 35 mg</i>	TIER 1	QLC (4 tabs/month)
ROCALTROL (<i>calcitriol</i>) 0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION	TIER 3	
SENSIPAR (<i>cinacalcet hcl</i>) 30 MG TAB, 60 MG TAB, 90 MG TAB	TIER 3	PA
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	TIER 4	PA, SP, QLC (1 pen/month)
<i>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</i>	TIER 4	PA, SP, QLC (1 pen/month)
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	TIER 4	PA, SP, QLC (1 pen/month)
TYMLOS (<i>abaloparatide</i>) 3120 MCG/1.56ML SOLN PEN	TIER 4	PA, SP, QLC (1 pen/month)
ZEMPLAR (<i>paricalcitol</i>) 1 MCG CAP, 2 MCG CAP	TIER 3	

MISCELLANEOUS THERAPEUTIC AGENTS

1ST TIER UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC, 33G 4 MM MISC	TIER 2	
1ST TIER UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC	TIER 2	
1ST TIER UNILET COMFORTOUCH MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ABOUTTIME PEN NEEDLE PEN 30G 8 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
ACCU-CHEK AVIVA PLUS (<i>glucose blood</i>) - STRIP	TIER 2	QLC (200 units/month)
ACCU-CHEK FASTCLIX LANCETS - MISC	TIER 2	QLC (200 lancets/month)
ACCU-CHEK GUIDE -W/DEVICE KIT	TIER 2	QLC (Accu-Chek Guide Me/Accu-Chek Guide Meters covered at \$0), CW
ACCU-CHEK GUIDE ME -W/DEVICE KIT	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/month)
ACCU-CHEK SAFE-T PRO LANCETS -- LANCES MISC	TIER 2	QLC (200 lancets/month)
ACCU-CHEK SMARTVIEW (<i>glucose blood</i>) - STRIP	TIER 2	QLC (200 units/month)
ACCU-CHEK SOFTCLIX LANCETS - MISC	TIER 2	QLC (200 lancets/month)
ACCUTREND GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
ACTI-LANCE 28G - MISC	TIER 2	QLC (200 lancets/month)
ACTI-LANCE LITE LANCETS 28G - MISC	TIER 2	QLC (200 lancets/month)
ACTI-LANCE SPECIAL LANCETS 17G - MISC	TIER 2	QLC (200 lancets/month)
ACTI-LANCE UNIVERSAL 23G - MISC	TIER 2	QLC (200 lancets/month)
ADVANCE INTUITION TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
ADVANCE MICRO-DRAW TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 units/month)
ADVANCED MOBILE LANCET MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM MISC	TIER 2	
ADVOCATE INSULIN PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 33G 4 MM MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADVOCATE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ADVOCATE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE LANCETS MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE REDI-CODE (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 units/month)
ADVOCATE REDI-CODE+ TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 units/month)
ADVOCATE SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
AEROCHAMBER HOLDING CHAMBER DEVICE	TIER 2	
AEROCHAMBER MINI CHAMBER DEVICE	TIER 2	
AEROCHAMBER MV MISC	TIER 2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	TIER 2	
AEROCHAMBER PLUS FLO-VU - MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU INTERM - DEVICE	TIER 2	
AEROCHAMBER PLUS FLO-VU LARGE - DEVICE, - MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU MEDIUM - DEVICE, - MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU SMALL - DEVICE, - MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU W/MASK - MISC	TIER 2	
AEROCHAMBER PLUS FLOW VU MISC	TIER 2	
AEROCHAMBER W/FLOWSIGNAL MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS - MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS CHAMBR - MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AEROCHAMBER Z-STAT PLUS/LARGE - MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS/MEDIUM - MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS/SMALL - MISC	TIER 2	
AEROVENT PLUS DEVICE	TIER 2	
AGAMATRIX AMP TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
AGAMATRIX JAZZ TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
AGAMATRIX KEYNOTE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
AGAMATRIX PRESTO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
AGAMATRIX ULTRA-THIN LANCETS - MISC	TIER 2	QLC (200 lancets/month)
AIMSCO TWIST LANCETS 32G MISC	TIER 2	QLC (200 lancets/month)
AIMSCO TWIST LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
AQ INSULIN SYRINGE 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
AQINJECT PEN NEEDLE PEN 31G 5 MISC, PEN 32G 4 MISC	TIER 2	
AQUALANCE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ASSURE 3 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
ASSURE 4 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
ASSURE COMFORT LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS HIGH MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS LOW MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS MICRO MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS NORMAL MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS PED MISC	TIER 2	QLC (200 lancets/month)
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM MISC	TIER 2	
ASSURE ID INSULIN SAFETY SYR 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ASSURE ID PRO PEN NEEDLES 30G X 5 MM MISC	TIER 2	
ASSURE ID SAFETY PEN NEEDLES PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 31G 5 MISC	TIER 2	
ASSURE II (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
ASSURE II CHECK (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
ASSURE LANCE LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE LANCETS MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE PLUS SAFETY 25G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE PLUS SAFETY 30G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE SAFETY LANCET 28G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCETS MISC	TIER 2	QLC (200 lancets/month)
ASSURE PLATINUM (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
ASSURE PRISM MULTI TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
ASSURE PRO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
AUM INSULIN SAFETY PEN NEEDLE PEN 4 MISC, PEN 5 MISC	TIER 2	
AUM MINI INSULIN PEN NEEDLE PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	TIER 2	
AUM PEN NEEDLE PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	TIER 2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM MISC	TIER 2	
AUM SAFETY PEN NEEDLE PEN 4 MISC, PEN 5 MISC	TIER 2	
AURORA LANCET SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
AURORA LANCET THIN 23G MISC	TIER 2	QLC (200 lancets/month)
AURORA PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
AURORA UNIFINE PENTIPS 31G 5 MISC, 32G 4 MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BD AUTOSHIELD 5MM MISC, 8MM MISC	TIER 2	
BD AUTOSHIELD DUO 30G X 5 MM MISC	TIER 2	
BD DISP NEEDLE DISP 23G MISC, DISP 25G MISC	TIER 3	QLC (100 needles/30 days)
BD DISP NEEDLES DISP 18G 1-1/2" MISC, DISP 20G 1" MISC, DISP 20G 1-1/2" MISC, DISP 21G 1-1/2" MISC, DISP 22G 1-1/2" MISC, DISP 25G 5/8" MISC, DISP 27G 1/2" MISC	TIER 3	QLC (100 needles/30 days)
BD HYPODERMIC NEEDLE 16G 1" MISC, 18G 1" MISC, 18G 1-1/2" MISC, 21G 1" MISC, 22G 1" MISC, 22G 1-1/2" MISC, 23G 1" MISC, 25G 1-1/2" MISC	TIER 3	QLC (100 needles/30 days)
BD INSULIN SYR ULTRAFINE II 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC	TIER 2	
BD INSULIN SYRINGE 25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, U-100 1 ML MISC	TIER 2	
BD INSULIN SYRINGE HALF-UNIT -31G X 5/16" 0.3 ML MISC	TIER 2	
BD INSULIN SYRINGE MICROFINE 27G 5/8" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC	TIER 2	
BD INSULIN SYRINGE U-500 -31G X 6MM 0.5 ML MISC	TIER 2	
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC	TIER 2	
BD INSULIN SYRINGE U/F 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
BD INSULIN SYRINGE ULTRAFINE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC	TIER 2	
BD INTEGRA SYRINGE 22G 1-1/2" 3 ML MISC, 23G 1" 3 ML MISC, 25G 1" 3 ML MISC, 25G 5/8" 3 ML MISC	TIER 3	QLC (100 syringes/30 days)
BD LANCET ULTRAFINE 30G MISC	TIER 2	QLC (200 lancets/month)
BD LANCET ULTRAFINE 33G MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BD LUER-LOK SYRINGE -18G 1-1/2" 3 ML MISC, -20G 1" 1 ML MISC, -20G 1" 3 ML MISC, -20G 1-1/2" 5 ML MISC, -21G 1" 5 ML MISC, -21G 1-1/2" 3 ML MISC, -22G 1" 3 ML MISC, -22G 1-1/2" 3 ML MISC, -23G 1" 3 ML MISC, -23G 1-1/2" 3 ML MISC, -25G 1" 3 ML MISC, -25G 1-1/2" 3 ML MISC, -25G 5/8" 1 ML MISC, -25G 5/8" 3 ML MISC	TIER 3	QLC (100 syringes/30 days)
BD MICROTAINER LANCETS MISC	TIER 2	QLC (200 lancets/month)
BD PEN NEEDLE MICRO U/F 32G X 6 MM MISC	TIER 2	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	TIER 2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	TIER 2	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	TIER 2	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	TIER 2	
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	TIER 2	
BD PLASTIPAK SYRINGE 3 ML MISC, 21G X 1" 3 ML MISC	TIER 3	QLC (100 syringes/30 days)
BD PRECISIONGLIDE NEEDLE 23G X 1-1/2" MISC	TIER 3	QLC (100 needles/30 days)
BD SAFETY-LOK INSULIN SYRINGE -29G X 1/2" 1 ML MISC	TIER 2	
BD SAFETYGLIDE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC	TIER 2	
BD SAFETYGLIDE NEEDLE 25G X 5/8" MISC	TIER 3	QLC (100 needles/30 days)
BD SYRINGE LUER-LOK -1 ML MISC, -3 ML MISC	TIER 3	QLC (100 syringes/30 days)
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC	TIER 2	
BD VEO INSULIN SYRINGE U/F 15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BIOSCANNER GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
BIOTEL CARE TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 units/month)
BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
BLOOD GLUCOSE TEST STRIPS 333 (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 units/month)
BLULINK GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
BREATHE COMFORT CHAMBER/ADULT DEVICE	TIER 2	
BREATHE COMFORT CHAMBER/CHILD DEVICE	TIER 2	
BREATHE EASE LARGE DEVICE	TIER 2	
BREATHE EASE MEDIUM DEVICE	TIER 2	
BREATHE EASE SMALL DEVICE	TIER 2	
BREATHERITE COLL SPACER ADULT MISC	TIER 2	
BREATHERITE COLL SPACER CHILD MISC	TIER 2	
BREATHERITE COLL SPACER INFANT MISC	TIER 2	
BREATHERITE MISC	TIER 2	
BREATHERITE RIGID SPACER/MASK MISC	TIER 2	
BREATHERITE SPACER NEONATE MISC	TIER 2	
BREATHERITE SPACER SMALL CHILD MISC	TIER 2	
BREATHERITE VALVED MDI CHAMBER DEVICE	TIER 2	
BREATHERITE/LARGE MASK MISC	TIER 2	
BREATHERITE/MEDIUM MASK MISC	TIER 2	
BREATHERITE/SMALL MASK MISC	TIER 2	
BULLSEYE MINI SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
BULLSEYE SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
CAREFINE PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 8 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CAREONE BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
CAREONE INSULIN SYRINGE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
CAREONE LANCET SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
CAREONE LANCET THIN 23G MISC	TIER 2	QLC (200 lancets/month)
CAREONE UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
CAREONE UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC	TIER 2	
CARESENS LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
CARESENS LANCETS MISC	TIER 2	QLC (200 lancets/month)
CARESENS N GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
CARETOUCH INSULIN SYRINGE 28G 5/16" 1 ML MISC, 29G 5/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
CARETOUCH PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 33G 4 MM MISC	TIER 2	
CARETOUCH SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
CARETOUCH TWIST LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH TWIST LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH TWIST LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH TWIST MC LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
CAYA (<i>diaphragm arc-spring</i>)	TIER 2	ACA (Preventive Health)
CEQR SIMPLICITY 2U DEVICE	TIER 3	PA, QLC (10 patches/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CHEMSTRIP K (<i>acetone (urine) test</i>) CHEM	TIER 2	
CHEMSTRIP UGK (<i>urine glucose-ketones test</i>) CHEM	TIER 2	
CHOSEN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
CHOSEN SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
CLEANLET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHEK AUTO-CODE TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 units/month)
CLEVER CHEK AUTO-CODE VOICE (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 units/month)
CLEVER CHEK LANCETS MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHEK TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
CLEVER CHOICE AUTO-CODE TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 units/month)
CLEVER CHOICE COMFORT EZ 29G 12MM MISC, 33G 4 MM MISC	TIER 2	
CLEVER CHOICE COMFORT EZ MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHOICE HOLDING CHAMBER DEVICE	TIER 2	
CLEVER CHOICE LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHOICE LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHOICE LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHOICE MICRO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
CLEVER CHOICE NO CODING (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
CLEVER CHOICE TALK SYSTEM (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
CLICKFINE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
COAGUCHEK LANCETS MISC	TIER 2	QLC (200 lancets/month)
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML MISC	TIER 2	
COMFORT ASSURED LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
COMFORT ASSURED LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMFORT EZ INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC	TIER 2	
COMFORT EZ PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC, PEN 33G 8 MISC	TIER 2	
COMFORT EZ PRO PEN NEEDLES PEN 30G 8 MISC, PEN 31G 4 MISC, PEN 31G 5 MISC	TIER 2	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM MISC	TIER 2	
COMFORT LANCETS MISC	TIER 2	QLC (200 lancets/month)
COMFORT TOUCH INSULIN PEN NEED PEN 31G 4 MISC, PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	TIER 2	
COMFORT TOUCH LANCETS 31G MISC	TIER 2	QLC (200 lancets/month)
COMFORT TOUCH PLUS LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
COMFORT TOUCH PLUS LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
COMFORT TOUCH TWIST LANCET 30G MISC	TIER 2	QLC (200 lancets/month)
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CONTOUR NEXT TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
CONTOUR PLUS TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 strips/month)
CONTOUR TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
COOL BLOOD GLUCOSE TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 units/month)
CVS ADVANCED GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
CVS GLUCOSE METER TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 units/month)
CVS KETONE CARE (<i>urine glucose-ketones test</i>) STRIP	TIER 2	
CVS LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS ORIGINAL MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS ULTRA-THIN 30G - MISC	TIER 2	QLC (200 lancets/month)
CVS TRUE METRIX GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
CVS ULTRA THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
D-CARE BLOOD GLUCOSE (<i>glucose blood</i>) -BLOO STRIP	TIER 3	PA, QLC (200 units/month)
DEXCOM G5 MOB/G4 PLAT SENSOR MISC	TIER 2	PA, QLC (1 box/month)
DEXCOM G5 MOBILE RECEIVER DEVICE	TIER 2	PA, QLC (One receiver/reader per year)
DEXCOM G5 MOBILE TRANSMITTER MISC	TIER 2	PA, QLC (1 transmitter/90 days)
DEXCOM G5 RECEIVER KIT DEVICE	TIER 2	PA, QLC (One receiver/reader per year)
DEXCOM G6 RECEIVER DEVICE	TIER 2	PA, QLC (One receiver/reader per year)
DEXCOM G6 SENSOR MISC	TIER 2	PA, QLC (1 box/month)
DEXCOM G6 TRANSMITTER MISC	TIER 2	PA, QLC (1 transmitter/90 days)
DEXCOM G7 RECEIVER DEVICE	TIER 2	PA, QLC (One reader/receiver per year)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DEXCOM G7 SENSOR MISC	TIER 2	PA, QLC (3 sensors/month)
DIATHRIVE BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
DIATHRIVE GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
DIATHRIVE LANCET ULTRA THIN 30 MISC	TIER 2	QLC (200 lancets/month)
DIATHRIVE LANCETS MISC	TIER 2	QLC (200 lancets/month)
DIATHRIVE PEN NEEDLE PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
DIATHRIVE+ GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
DIATRUE PLUS TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
DROPLET INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 15/64" 0.3 ML MISC, 30G 15/64" 0.5 ML MISC, 30G 15/64" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
DROPLET LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
DROPLET MICRON 34G X 3.5 MM MISC	TIER 2	
DROPLET PEN NEEDLES PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC	TIER 2	
DROPLET PERSONAL LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
DROPSAFE SAFETY PEN NEEDLES PEN 5 MISC, PEN 6 MISC, PEN 8 MISC	TIER 2	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
DRUG MART LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DRUG MART ON-THE-GO LANCET 30G -- MISC	TIER 2	QLC (200 lancets/month)
DRUG MART UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM MISC	TIER 2	
DRUG MART UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
DRUG MART UNILET LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
DRUG MART UNILET LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
DUO-CARE TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 units/month)
E-Z JECT LANCET MICRO-THIN 33G -JCT - MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCET SUPER THIN 30G -JCT MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCETS -JCT LANCTS MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCETS 21G -JCT LANCTS MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCETS THIN 26G -JCT LANCTS MISC	TIER 2	QLC (200 lancets/month)
EASIVENT MASK LARGE MISC	TIER 2	
EASIVENT MASK MEDIUM MISC	TIER 2	
EASIVENT MASK SMALL MISC	TIER 2	
EASIVENT MISC	TIER 2	
EASY COMFORT INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 1/2" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 0.5 ML MISC, 32G 5/16" 1 ML MISC	TIER 2	
EASY COMFORT LANCETS MISC	TIER 2	QLC (200 lancets/month)
EASY COMFORT LANCETS TWIST TOP MISC	TIER 2	QLC (200 lancets/month)
EASY COMFORT PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	TIER 2	
EASY GLIDE PEN NEEDLES 33G X 4 MM MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EASY MAX BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EASY PLUS II GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EASY STEP TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EASY TALK BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EASY TALK PLUS II TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 units/month)
EASY TOUCH FLIPLOCK INSULIN SYR 29G 1/2" 1 ML MISC, SY 30G 1/2" 1 ML MISC, SY 30G 5/16" 1 ML MISC, SY 31G 5/16" 1 ML MISC	TIER 2	
EASY TOUCH FLIPLOCK NEEDLES 25G X 5/8" MISC	TIER 3	QLC (100 needles/30 days)
EASY TOUCH HEALTHPRO GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EASY TOUCH HYPODERMIC NEEDLE 22G X 1-1/2" MISC	TIER 3	QLC (100 needles/30 days)
EASY TOUCH INSULIN SAFETY SYR 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC	TIER 2	
EASY TOUCH INSULIN SYRINGE 27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 27G 5/8" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
EASY TOUCH LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 28G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 30G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 32G MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EASY TOUCH LANCETS 32G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 33G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 6 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC	TIER 2	
EASY TOUCH SAFETY LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY PEN NEEDLES PEN 29G 5MM MISC, PEN 29G 8MM MISC, PEN 30G 8 MM MISC	TIER 2	
EASY TOUCH SHEATHLOCK SYRINGE 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
EASY TOUCH TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EASY TRAK BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EASY TRAK II GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EASY TWIST & CAP LANCETS MISC	TIER 2	QLC (200 lancets/month)
EASYGLUCO (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EASYGLUCO PLUS (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EASYMAX 15 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EASYMAX TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EASYPOINT NEEDLE 25G X 1-1/2" MISC	TIER 3	QLC (100 needles/30 days)
EASYPRO BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EASYPRO PLUS (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
ELEMENT COMPACT TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
ELEMENT TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EMBRACE BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EMBRACE EVO BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EMBRACE LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
EMBRACE PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
EMBRACE PRESSURE ACTIVATED 21G MISC	TIER 2	QLC (200 lancets/month)
EMBRACE PRESSURE ACTIVATED 28G MISC	TIER 2	QLC (200 lancets/month)
EMBRACE PRO GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EMBRACE TALK GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EMBRACE WAVE BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EQ BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EQ SPACE CHAMBER ANTI-STATIC - DEVICE	TIER 2	
EQ SPACE CHAMBER ANTI-STATIC L - DEVICE	TIER 2	
EQ SPACE CHAMBER ANTI-STATIC M - DEVICE	TIER 2	
EQ SPACE CHAMBER ANTI-STATIC S - TATIC DEVICE	TIER 2	
EQL COLOR LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
EQL COLOR LANCETS MICRO 33G MISC	TIER 2	QLC (200 lancets/month)
EQL INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
EQL SUPER THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
EQL THIN LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
EVENCARE + BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EVENCARE BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EVENCARE G2 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EVENCARE G3 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EVENCARE MINI GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EVENCARE PROVIEW GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EVOLUTION AUTOCODE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EXACTECH R-S-G TEST (<i>glucose blood</i>) -- TET TIP	TIER 3	PA, QLC (200 units/month)
EXACTECH TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
EXEL COMFORT POINT INSULIN SYR EEL 28G 1/2" 0.5 ML MISC, EEL 28G 1/2" 1 ML MISC, EEL 29G 1/2" 0.3 ML MISC, EEL 29G 1/2" 0.5 ML MISC, EEL 29G 1/2" 1 ML MISC, EEL 30G 5/16" 0.3 ML MISC, EEL 30G 5/16" 0.5 ML MISC, EEL 30G 5/16" 1 ML MISC	TIER 2	
EXEL COMFORT POINT PEN NEEDLE EEL PEN 29G 12MM MISC, EEL PEN 31G 4 MM MISC, EEL PEN 31G 6 MM MISC, EEL PEN 31G 8 MM MISC	TIER 2	
EZ-LETS LANCETS 21G - MISC	TIER 2	QLC (200 lancets/month)
EZ-LETS LANCETS 26G - MISC	TIER 2	QLC (200 lancets/month)
EZ-LETS LANCETS 28G - MISC	TIER 2	QLC (200 lancets/month)
EZ-LETS LANCETS 30G - MISC	TIER 2	QLC (200 lancets/month)
FEMCAP (<i>cervical caps</i>) 22 DEVICE, 26 DEVICE, 30 DEVICE	TIER 2	ACA (Preventive Health)
FIFTY50 GLUCOSE TEST 2.0 (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FIFTY50 PEN NEEDLES PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC	TIER 2	
FIFTY50 SAFETY SEAL LANCETS MISC	TIER 2	QLC (200 lancets/month)
FIFTY50 SUPERIOR COMFORT SYR 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC	TIER 2	
FIFTY50 UNILET LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FILSUVEZ (<i>birch triterpenes</i>) 10 % GEL	TIER 4	PA, SP, QLC (23.4gm/day)
FINE 30 MISC	TIER 2	QLC (200 lancets/month)
FINGERSTIX LANCETS MISC	TIER 2	QLC (200 lancets/month)
FLEXICHAMBER ADULT MASK/SMALL MISC	TIER 2	
FLEXICHAMBER CHILD MASK/LARGE MISC	TIER 2	
FLEXICHAMBER CHILD MASK/SMALL MISC	TIER 2	
FLEXICHAMBER DEVICE	TIER 2	
FORA 6 CONNECT (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORA 6 CONNECT/GTEL TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORA BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORA D15G BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORA D20 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORA D40/G31 BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORA G20 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORA G30/PREM V10 GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORA GD20 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORA GD50 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORA GTEL BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORA GTEL BLOOD KETONE TEST (<i>ketone blood test</i>) STRIP	TIER 2	
FORA LANCETS MISC	TIER 2	QLC (200 lancets/month)
FORA TEST N'GO ADV-VOICE-6 CON (<i>ketone blood test</i>) -- STRIP	TIER 2	
FORA TN'G ADVANCE PRO (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORA TN'G/TN'G VOICE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FORA V10 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORA V12 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORA V20 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORA V30A BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORACARE GD40 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORACARE PREMIUM V10 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORACARE TEST N GO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FORTISCARE G1 TEST STRIP (<i>glucose blood</i>)	TIER 3	PA, QLC (200 units/month)
FORTISCARE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FREDS PHARMACY UNIFINE PENTIP+ 5 MISC, 8 MISC	TIER 2	
FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM MISC	TIER 2	
FREDS PHARMACY UNILET LANC 28G MISC	TIER 2	QLC (200 lancets/month)
FREDS PHARMACY UNILET LANC 30G MISC	TIER 2	QLC (200 lancets/month)
FREESTYLE INSULINX TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FREESTYLE LANCETS MISC	TIER 2	QLC (200 lancets/month)
FREESTYLE LIBRE 14 DAY READER DEVICE	TIER 3	PA, QLC (One receiver/reader per year)
FREESTYLE LIBRE 14 DAY SENSOR MISC	TIER 3	PA, QLC (2 sensors/month)
FREESTYLE LIBRE 2 PLUS SENSOR MISC	TIER 3	PA, QLC (2 sensors/month)
FREESTYLE LIBRE 2 READER DEVICE	TIER 3	PA, QLC (One receiver/reader per year)
FREESTYLE LIBRE 2 SENSOR MISC	TIER 3	PA, QLC (2 sensors/month)
FREESTYLE LIBRE 3 PLUS SENSOR MISC	TIER 3	PA, QLC (2 sensors/month)
FREESTYLE LIBRE 3 READER DEVICE	TIER 3	PA, QLC (one receiver/reader per year)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FREESTYLE LIBRE 3 SENSOR MISC	TIER 3	PA, QLC (2 sensors/month)
FREESTYLE LIBRE READER DEVICE	TIER 3	PA, QLC (One receiver/reader per year)
FREESTYLE LIBRE SENSOR SYSTEM MISC	TIER 3	PA, QLC (3 sensors/month)
FREESTYLE LITE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FREESTYLE PRECISION INS SYR 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
FREESTYLE PRECISION NEO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FREESTYLE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
FREESTYLE UNISTICK II LANCETS MISC	TIER 2	QLC (200 lancets/month)
GE100 BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
GENTEEL BUTTERFLY TOUCH LANCET MISC	TIER 2	QLC (200 lancets/month)
GENTLE-LET GP LANCETS - MISC	TIER 2	QLC (200 lancets/month)
GENTLE-LET LANCETS - MISC	TIER 2	QLC (200 lancets/month)
GENULTIMATE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
GHT TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
GLOBAL EASE INJECT PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
GLOBAL EASY GLIDE INSULIN SYR 5/16" 0.3 ML MISC, 15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC	TIER 2	
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GLOBAL INJECT EASE INSULIN SYR 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GLOBAL INJECT EASE LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
GLOBAL INJECT EASE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GLOBAL INSULIN SYRINGES 1/2" 0.3 ML MISC, 5/16" 0.3 ML MISC	TIER 2	
GLUCO PERFECT 3 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
GLUCOCARD 01 SENSOR PLUS (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
GLUCOCARD EXPRESSION TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
GLUCOCARD SHINE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
GLUCOCARD VITAL TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
GLUCOCARD X-SENSOR (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 units/month)
GLUCOCOM LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
GLUCOCOM LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GLUCOCOM LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GLUCOCOM TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
GLUCONAVII BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
GLUCOPRO INSULIN SYRINGE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GLUCOSE METER TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
GNP CLICKFINE PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GNP EASY TOUCH GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
GNP INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GNP INSULIN SYRINGES 28GX1/2" /2" /2" ML MISC	TIER 2	
GNP INSULIN SYRINGES 29GX1/2" 0.5 ML MISC, 1 ML MISC	TIER 2	
GNP INSULIN SYRINGES 30G X 5/16" 1 ML MISC	TIER 2	
GNP INSULIN SYRINGES 30GX5/16" 0.3 ML MISC	TIER 2	
GNP INSULIN SYRINGES 31GX5/16" 0.3 ML MISC	TIER 2	
GNP LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
GNP STERILE LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
GNP STERILE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GNP STERILE LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GNP TRUE METRIX GLUCOSE STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 units/month)
GNP TRUETRACK SMART SYSTEM (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
GNP TRUETRACK TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 units/month)
GNP ULTICARE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC	TIER 2	
GNP ULTIGUARD SAFEPACK NEEDLE 31G 5 MISC, 31G 8 MISC, 32G 4 MISC, 32G 6 MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GNP ULTRA COM INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC	TIER 2	
GOJJI BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
GOJJI BLOOD KETONE TEST (<i>ketone blood test</i>) STRIP	TIER 2	
GOJJI BLOOD TEST STRIP/LANCETS (<i>glucose blood</i>) /LANCETS	TIER 3	PA, QLC (200 units/month)
GOJJI STERILE LANCETS MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC	TIER 2	
GOODSENSE COLOR LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 26G UNIV MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 30G UNIV MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 33G UNIV MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE PEN NEEDLE PENFINE PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC	TIER 2	
GUARDIAN 4 GLUCOSE SENSOR MISC	TIER 3	PA, QLC (5 sensors/month)
GUARDIAN 4 TRANSMITTER MISC	TIER 3	PA, QLC (1 transmitter/year)
GUARDIAN CONNECT TRANSMITTER MISC	TIER 3	PA, QLC (1 transmitter/year)
GUARDIAN REAL-TIME REPLACE PED - DEVICE	TIER 3	PA, QLC (One receiver/reader per year)
GUARDIAN SENSOR (3) MISC	TIER 3	PA, QLC (5 sensors/month)
GUARDIAN SENSOR 3 MISC	TIER 3	PA, QLC (5 sensors/month)
H-E-B INCONTROL LANCETS 28G -- LANCTS MISC	TIER 2	QLC (200 lancets/month)
H-E-B INCONTROL LANCETS 30G -- LANCTS MISC	TIER 2	QLC (200 lancets/month)
H-E-B INCONTROL LANCETS 33G -- LANCTS MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
H-E-B INCONTROL PEN NEEDLES --PN 29G 12MM MISC, --PN 31G 5 MM MISC, --PN 31G 6 MM MISC, --PN 31G 8 MM MISC, --PN 32G 4 MM MISC	TIER 2	
H-E-B INCONTROL UNIFINE PENTIP --UNIFINPNTIP 31G 5 MISC, --UNIFINPNTIP 31G 6 MISC, --UNIFINPNTIP 31G 8 MISC, --UNIFINPNTIP 32G 4 MISC, --UNIFINPNTIP 33G 4 MISC	TIER 2	
HAEMOLANCE LOW FLOW LANCETS F MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS HIGH FLOW MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS LOW FLOW F MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS MAX FLOW MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	TIER 2	QLC (200 lancets/month)
HARMONY BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
HEALTHWISE INSULIN SYR/NEEDLE 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC	TIER 2	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC	TIER 2	
HEALTHWISE PEN NEEDLES 29G X 12MM MISC	TIER 2	
HEALTHWISE SHORT PEN NEEDLES PEN 5 MISC, PEN 8 MISC	TIER 2	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC	TIER 2	
HEALTHY ACCENTS UNIFINE PENTIP 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
HEALTHY ACCENTS UNILET LANCETS MISC	TIER 2	QLC (200 lancets/month)
HM ULTICARE INSULIN SYRINGE 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC	TIER 2	
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	TIER 2	
HW EMBRACE PRO GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
HW EMBRACE TALK GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
HY-VEE LANCETS - MISC	TIER 2	QLC (200 lancets/month)
HY-VEE THIN LANCETS - MISC	TIER 2	QLC (200 lancets/month)
IGLUCOSE TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 units/month)
IHEALTH BLOOD GLUCOSE TEST STR (<i>glucose blood</i>) IP	TIER 3	PA, QLC (200 units/month)
IN TOUCH BLOOD GLUCOSE TEST (<i>glucose blood</i>) IN STRIP	TIER 3	PA, QLC (200 units/month)
IN TOUCH STERILE LANCETS 30G IN MISC	TIER 2	QLC (200 lancets/month)
INCONTROL ULTICARE PEN NEEDLES PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
INFINITY BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
INFINITY VOICE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
INPEN 100-BLUE-LILLY-HUMALOG --- DEVICE	TIER 3	PA, QLC (1 pen/year)
INPEN 100-BLUE-NOVOLOG-FIASP --- DEVICE	TIER 3	PA, QLC (1 pen/year)
INPEN 100-GREY-LILLY-HUMALOG --- DEVICE	TIER 3	PA, QLC (1 pen/year)
INPEN 100-GREY-NOVOLOG-FIASP --- DEVICE	TIER 3	PA, QLC (1 pen/year)
INPEN 100-PINK-LILLY-HUMALOG --- DEVICE	TIER 3	PA, QLC (1 pen/year)
INPEN 100-PINK-NOVOLOG-FIASP --- DEVICE	TIER 3	PA, QLC (1 pen/year)
INSPIRACHAMBER/LARGE DEVICE	TIER 2	
INSPIRACHAMBER/MEDIUM DEVICE	TIER 2	
INSPIRACHAMBER/MOUTHPIECE DEVICE	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INSPIRACHAMBER/SMALL DEVICE	TIER 2	
INSPIREASE MISC	TIER 2	
INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 29G 1" 0.3 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
INSULIN SYRINGE-NEEDLE U-100 --100 27G 1/2" 0.5 ML MISC, --100 27G 1/2" 1 ML MISC, --100 28G 1/2" 0.5 ML MISC, --100 28G 1/2" 1 ML MISC, --100 29G 1/2" 0.5 ML MISC, --100 29G 1/2" 1 ML MISC, --100 30G 1/2" 1 ML MISC, --100 30G 5/16" 0.3 ML MISC, --100 30G 5/16" 0.5 ML MISC, --100 30G 5/16" 1 ML MISC, --100 31G 1/4" 0.3 ML MISC, --100 31G 1/4" 0.5 ML MISC, --100 31G 1/4" 1 ML MISC, --100 31G 5/16" 0.3 ML MISC, --100 31G 5/16" 0.5 ML MISC, --100 31G 5/16" 1 ML MISC	TIER 2	
INSULIN SYRINGE/NEEDLE 27G 1/2" 0.5 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC	TIER 2	
INSUPEN PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC	TIER 2	
INSUPEN SENSITIVE 6 MISC, 8 MISC	TIER 2	
INSUPEN ULTRAFIN 30G 8 MISC, 31G 6 MISC, 31G 8 MISC	TIER 2	
IQIRVO (<i>elafibranor</i>) 80 MG TAB	TIER 4	PA, SP, 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	
KINNEY LANCETS MISC	TIER 2	QLC (200 lancets/month)
KINNEY THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
KINRAY INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
KMART VALU INSULIN SYRINGE 29G VAL-100 0.5 ML MISC, VAL-100 1 ML MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KMART VALU INSULIN SYRINGE 30G VAL-100 0.3 ML MISC, VAL-100 0.5 ML MISC, VAL-100 1 ML MISC	TIER 2	
KROGER BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
KROGER HEALTHPRO GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
KROGER HEALTHPRO LANCET 26G MISC	TIER 2	QLC (200 lancets/month)
KROGER INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
KROGER LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS ULTRATHIN 30G MISC	TIER 2	QLC (200 lancets/month)
KROGER PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC	TIER 2	
KROGER PREMIUM GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
KROGER TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
LANCETS MISC	TIER 2	QLC (200 lancets/month)
LANCETS SUPER THIN 28G MISC	TIER 2	QLC (200 lancets/month)
LANCETS SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LANCETS ULTRA FINE MISC	TIER 2	QLC (200 lancets/month)
LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
LEADER INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
LEADER UNIFINE PENTIPS 31G 5 MISC, 32G 4 MISC	TIER 2	
LEADER UNIFINE PENTIPS PLUS 31G 5 MISC, 31G 8 MISC, 32G 4 MISC	TIER 2	
LIBERTY MEDICAL LANCETS MISC	TIER 2	QLC (200 lancets/month)
LIBERTY NEXT GENERATION TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
LIBERTY TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
LIFESCAN UNISTIK 2 MISC	TIER 2	QLC (200 lancets/month)
LIFESCAN UNISTIK II LANCETS MISC	TIER 2	QLC (200 lancets/month)
LITE TOUCH LANCETS MISC	TIER 2	QLC (200 lancets/month)
LITETOUCH INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
LITETOUCH LANCETS MISC	TIER 2	QLC (200 lancets/month)
LITETOUCH PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
LIVDELZI (<i>seladelpar lysine</i>) 10 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
LIVE BETTER LANCET SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
LIVE BETTER LANCET ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	TIER 2	
LONGS LANCETS STANDARD MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LONGS LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
LONGS LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
LUER LOCK SAFETY SYRINGES 22G X 1-1/2" 3 ML MISC	TIER 3	QLC (100 syringes/30 days)
MAGELLAN INSULIN SAFETY SYR 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	TIER 2	
MARATHON MEDICAL PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
MAXI-COMFORT INSULIN SYRINGE -1/2" 0.5 ML MISC, -1/2" 1 ML MISC	TIER 2	
MAXI-COMFORT SAFETY PEN NEEDLE - PEN 5MM MISC, -PEN 8MM MISC	TIER 2	
MAXICOMFORT II PEN NEEDLE MAICOMFORT 31G 6 MM MISC	TIER 2	
MAXICOMFORT SYR 27G X 1/2" MAICOMFORT 0.5 ML MISC, MAICOMFORT 1 ML MISC	TIER 2	
MEDIC INSULIN SYRINGE 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC	TIER 2	
MEDICHOICE SAFETY LANCET EXTRA MISC	TIER 2	QLC (200 lancets/month)
MEDICHOICE SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)
MEDICHOICE SAFETY LANCET NORM MISC	TIER 2	QLC (200 lancets/month)
MEDICINE SHOPPE PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
MEDISENSE THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE EXTRA 21G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE LITE 25G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS EXTRA 21G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS LITE 25G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS SPECIAL 0.8MM MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS SUPERLITE 30G MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MEDLANCE PLUS UNIVERSAL 21G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE UNIVERSAL 21G MISC	TIER 2	QLC (200 lancets/month)
MEIJER BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
MEIJER ESSENTIAL GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
MEIJER LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS UNIVERSAL 21G MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS UNIVERSAL 30G MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS UNIVERSAL 33G MISC	TIER 2	QLC (200 lancets/month)
MEIJER PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
MEIJER SUPER THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEIJER TRUETEST TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
MEIJER TRUETRACK TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
<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	
MICRODOT PEN NEEDLE PEN 31G 6 MISC, PEN 32G 4 MISC, PEN 33G 4 MISC	TIER 2	
MICRODOT TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
MICROLET LANCETS MISC	TIER 2	QLC (200 lancets/month)
MICROSPACER MISC	TIER 2	
MM BLULINK GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
MM EASY TOUCH GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
MM INSULIN SYRINGE/NEEDLE 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MM PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
MM TWIST LANCETS MISC	TIER 2	QLC (200 lancets/month)
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC, U-100 1 ML MISC	TIER 2	
MONOJECT ULTRA COMFORT SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC	TIER 2	
MONOLET LANCETS MISC	TIER 2	QLC (200 lancets/month)
MONOLET OPD LANCETS MISC	TIER 2	QLC (200 lancets/month)
MONOLETTOR SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
MPD SAFETY LANCET 21G MISC	TIER 2	QLC (200 lancets/month)
MPD SAFETY LANCET 23G MISC	TIER 2	QLC (200 lancets/month)
MPD SAFETY LANCET 28G MISC	TIER 2	QLC (200 lancets/month)
MPD SAFETY LANCET 30G MISC	TIER 2	QLC (200 lancets/month)
MS INSULIN SYRINGE 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC	TIER 2	
MYGLUCOHEALTH LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
MYGLUCOHEALTH TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
NEUTEK 2TEK TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
NOVA MAX GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
NOVA MAX PLUS KETONE TEST (<i>ketone blood test</i>) STRIP	TIER 2	
NOVA SAFETY LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
NOVA SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
NOVA SUREFLEX LANCETS MISC	TIER 2	QLC (200 lancets/month)
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOVOFINE PEN NEEDLE 32G X 6 MM MISC	TIER 2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC	TIER 2	
NOVOPEN ECHO DEVICE	TIER 3	PA, QLC (1 pen/year)
NOVOTWIST PEN NEEDLE 32G X 5 MM MISC	TIER 2	
OMNIFLEX DIAPHRAGM (<i>diaphragms</i>)	TIER 2	ACA (Preventive Health)
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	TIER 3	PA, QLC (1 pod/2 days)
OMNIPOD 5 G6 INTRO (GEN 5) KIT	TIER 3	PA, QLC (1 kit/2 years)
OMNIPOD 5 G6 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)
OMNIPOD 5 G7 PODS (GEN 5) MISC	TIER 3	PA, QLC (1 pod/2 days)
OMNIPOD 5 LIBRE2 PLUS G6 KIT	TIER 3	PA, QLC (1 kit/2 years)
OMNIPOD 5 LIBRE2 PLUS G6 PODS MISC	TIER 3	PA, QLC (1 pod/2 days)
OMNIPOD 5 PACK 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)
OMNIPOD GO 10 UNIT/24HR KIT	TIER 3	PA, QLC (10 kits/month)
OMNIPOD GO 15 UNIT/24HR KIT, 20 UNIT/24HR KIT, 25 UNIT/24HR KIT, 30 UNIT/24HR KIT, 35 UNIT/24HR KIT, 40 UNIT/24HR KIT	TIER 3	PA, QLC (10 kits/month)
ON CALL EXPRESS BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
ONE DROP TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
ONETOUCH CLUB LANCETS FINE PT MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA PLUS LANCET30G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA PLUS LANCET33G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH FINEPOINT LANCETS MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH ULTRA (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ONETOUCH ULTRA BLUE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
ONETOUCH ULTRA TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
ONETOUCH ULTRASOFT 2 LANCETS MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH ULTRASOFT LANCETS MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH VERIO (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
OPTICHAMBER ADVANTAGE-LG MASK - MISC	TIER 2	
OPTICHAMBER ADVANTAGE-MED MASK - MISC	TIER 2	
OPTICHAMBER ADVANTAGE-SM MASK - MISC	TIER 2	
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	
OPTICHAMBER FACE MASK-LARGE - MISC	TIER 2	
OPTICHAMBER FACE MASK-MEDIUM - MISC	TIER 2	
OPTICHAMBER FACE MASK-SMALL - MISC	TIER 2	
OPTIHALER DEVICE, MISC	TIER 2	
OPTIUM TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
OPTIUMEZ TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
OPVEE (<i>nalmefene hcl (antidote)</i>) 2.7 MG/0.1ML SOLUTION	TIER 3	QLC (2 sprayers/30 days)
PC LANCETS SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
PC UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC	TIER 2	
PEN NEEDLE/5-BEVEL TIP -32G X 4 MM MISC	TIER 2	
PEN NEEDLES 3/16" 31G X 5 MM MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PEN NEEDLES 5/16" PEN 30G 8 MISC, PEN 31G 8 MISC	TIER 2	
PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 33G 4 MM MISC	TIER 2	
PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC	TIER 2	
PENTIPS GENERIC PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC	TIER 2	
PERFECT LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PERFECT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
PERFECT POINT SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
PHARMACIST CHOICE AUTOCODE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
PHARMACIST CHOICE LANCETS MISC	TIER 2	QLC (200 lancets/month)
PHARMACIST CHOICE NO CODING (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
PHARMACY COUNTER LANCETS MISC	TIER 2	QLC (200 lancets/month)
PIP BLOOD GLUCOSE TEST STRIP (<i>glucose blood</i>)	TIER 3	PA, QLC (200 units/month)
PIP LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PIP LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
PIP PEN NEEDLES 31G X 5MM MISC	TIER 2	
PIP PEN NEEDLES 32G X 4MM MISC	TIER 2	
POCKET CHAMBER DEVICE	TIER 2	
POCKET SPACER DEVICE	TIER 2	
POCKETCHEM EZ TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
POGO AUTOMATIC TEST CARTRIDGES (<i>glucose blood</i>)	TIER 3	PA, QLC (200 tests/month)
PRECISION PCX (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
PRECISION PCX PLUS TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRECISION POINT OF CARE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
PRECISION QID TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
PRECISION SOF-TACT TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 units/month)
PRECISION SURE-DOSE SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -29G 1/2" 0.5 ML MISC, -30G 3/8" 0.5 ML MISC, -30G 5/16" 0.3 ML MISC	TIER 2	
PRECISION SUREDOSE PLUS SYR 1/2" 0.3 ML MISC, 1/2" 1 ML MISC	TIER 2	
PRECISION THINS GP LANCETS MISC	TIER 2	QLC (200 lancets/month)
PRECISION XTRA BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
PRECISION XTRA KETONE (<i>ketone blood test</i>) STRIP	TIER 2	
PREFERRED PLUS INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	TIER 2	
PREFERRED PLUS LANCETS COLORED MISC	TIER 2	QLC (200 lancets/month)
PREFERRED PLUS LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
PREFERRED PLUS UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
PREMIUM BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
PRESSURE ACTIVAT SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)
PREVENT DROPSAFE PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	
PREVENT SAFETY PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	
PRO COMFORT INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
PRO COMFORT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
PRO COMFORT LANCETS 31G MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRO COMFORT PEN NEEDLES PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC	TIER 2	
PRO COMFORT SAFETY LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
PRO COMFORT SPACER ADULT MISC	TIER 2	
PRO COMFORT SPACER CHILD MISC	TIER 2	
PRO COMFORT SPACER INFANT DEVICE	TIER 2	
PRO VOICE V8/V9 GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
PROCARE SPACER/ADULT MASK DEVICE	TIER 2	
PROCARE SPACER/CHILD MASK DEVICE	TIER 2	
PROCHAMBER VHC DEVICE	TIER 2	
PRODIGY INSULIN SYRINGE 28G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC	TIER 2	
PRODIGY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PRODIGY NO CODING BLOOD GLUC (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
PRODIGY SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
PRODIGY TWIST TOP LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PSS SELECT GP LANCETS MISC	TIER 2	QLC (200 lancets/month)
PSS SELECT SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
PTS PANELS GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
PTS PANELS KETONE TEST (<i>ketone blood test</i>) STRIP	TIER 2	
PTS PANELSEGLU TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
PURE COMFORT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
PURE COMFORT PEN NEEDLE PEN 4 MISC, PEN 5 MISC, PEN 6 MISC, PEN 8 MISC	TIER 2	
PURE COMFORT SAFETY PEN NEEDLE PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC	TIER 2	
PURE COMFORT SPACER CHAMBER DEVICE	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PUSH BUTTON SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PUSH BUTTON SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
PX EXTRA SHORT PEN NEEDLES 31G 6 MM MISC	TIER 2	
PX INSULIN SYRINGE 30G 1/2" 0.5 ML MISC	TIER 2	
PX LANCETS MICROTHIN 33G MISC	TIER 2	QLC (200 lancets/month)
PX LANCETS ULTRA THIN 28G MISC	TIER 2	QLC (200 lancets/month)
PX LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
PX MINI PEN NEEDLES 31G 5 MM MISC	TIER 2	
PX PEN NEEDLE PEN 29G 12MM MISC, PEN 31G 8 MM MISC	TIER 2	
PX SHORTLENGTH PEN NEEDLES 31G 8 MM MISC	TIER 2	
QBREXZA (<i>glycopyrronium tosylate</i>) 2.4 % PAD	TIER 3	PA, QLC (1 towelette/day)
QC LANCETS SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
QC LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
QC PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
QC UNIFINE PENTIPS 32G X 4 MM MISC	TIER 2	
QC UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
QC UNILET LANCETS MICRO THIN MISC	TIER 2	QLC (200 lancets/month)
QUICKTEK TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
QUINTET AC BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
QUINTET BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
RA E-ZJECT LANCETS 28G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS THIN 26G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS THIN 28G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS ULTRA THIN - LANCTS MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RA INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	TIER 2	
RA PEN NEEDLES PEN 5 MISC, PEN 8 MISC	TIER 2	
RADIOGARDASE (<i>prussian blue insoluble (ferric hexacyanoferrate ii)</i>) 0.5 GM CAP	TIER 3	
RAYA SURE PEN NEEDLE PEN 29G 12MM MISC, PEN 31G 4 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
READYLANCE SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
REALITY INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC	TIER 2	
REALITY LANCETS MISC	TIER 2	QLC (200 lancets/month)
REALITY TRIGGER LANCETS MISC	TIER 2	QLC (200 lancets/month)
REFUAH PLUS BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
RELION BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
RELION CONFIRM/MICRO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
RELION GLUCOSE TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 units/month)
RELION INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
RELION KETONE TEST (<i>acetone (urine) test</i>) STRIP	TIER 2	
RELION LANCET DEVICES 30G MISC	TIER 2	QLC (200 lancets/month)
RELION LANCETS MICRO-THIN 33G - MISC	TIER 2	QLC (200 lancets/month)
RELION LANCETS MISC	TIER 2	QLC (200 lancets/month)
RELION LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
RELION LANCETS ULTRA-THIN 30G - MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RELION MINI PEN NEEDLES 31G X 6 MM MISC	TIER 2	
RELION PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
RELION PREMIER TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
RELION PRIME TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
RELION SHORT PEN NEEDLES 31G X 8 MM MISC	TIER 2	
RELION TRUE METRIX TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 units/month)
RELION ULTIMA TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
RELION ULTRA THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
RELION ULTRA THIN PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
REXALL BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
REXALL LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
RIGHTEST GL300 LANCETS MISC	TIER 2	QLC (200 lancets/month)
RIGHTEST GS100 BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
RIGHTEST GS300 BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
RIGHTEST GS550 BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
RIGHTEST GT333 BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
RIGHTEST GT333 GLUCOSE TEST (<i>glucose blood</i>) RIGH STRIP	TIER 3	PA, QLC (200 units/month)
RITEFLO DEVICE	TIER 2	
SAFE-T-LANCE -- MISC	TIER 2	QLC (200 lancets/month)
SAFE-T-LANCE PLUS -- MISC	TIER 2	QLC (200 lancets/month)
SAFETY INSULIN SYRINGES 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC	TIER 2	
SAFETY LANCET 21G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SAFETY LANCET 23G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCET 28G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCET 30G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAFETY LET LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAFETY PEN NEEDLES PEN 5 MISC, PEN 8 MISC	TIER 2	
SAFETY SEAL LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAPS HEALTH PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAPS HEALTH TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAPS TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAPSCARE TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
SB INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
SB LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
SB LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
SECURESAFE INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	TIER 2	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM MISC	TIER 2	
SHOPKO ON-THE-GO LANCETS 30G -- MISC	TIER 2	QLC (200 lancets/month)
SHOPKO UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
SHOPKO UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
SHOPKO UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SHOPKO UNILET LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
SIDE BUTTON SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SINGLE-LET - MISC	TIER 2	QLC (200 lancets/month)
SM LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE COLOR LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE PREMIUM TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
SMART SENSE STANDARD LANCETS MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE SUPER THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE THIN LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE VALUE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
SMARTEST BLOOD GLUCOSE TEST (<i>glucose blood</i>) SMAR STRIP	TIER 3	PA, QLC (200 units/month)
SMARTEST LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SOFDRA (<i>sofipironium bromide</i>) 12.45 % GEL	TIER 3	PA, QLC (1 bottle (40.2 ml)/30 days)
SOLUS V2 LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SOLUS V2 TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
SOLUS V2 TWIST LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
STERILANCE TL MISC	TIER 2	QLC (200 lancets/month)
SUPER THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
SUPREME TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
SURE COMFORT INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 1/4" 0.3 ML MISC, 31G 1/4" 0.5 ML MISC, 31G 1/4" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
SURE COMFORT LANCETS 18G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SURE COMFORT PEN NEEDLES PEN 29G 12.7MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC	TIER 2	
SURE EDGE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
SURE-FINE PEN NEEDLES -PEN 29G 12.7MM MISC, -PEN 31G 5 MM MISC, -PEN 31G 8 MM MISC	TIER 2	
SURE-JECT INSULIN SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -29G 1/2" 0.3 ML MISC, -29G 1/2" 0.5 ML MISC, -29G 1/2" 1 ML MISC, -30G 5/16" 0.3 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 1 ML MISC, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC	TIER 2	
SURE-LANCE FLAT LANCETS - MISC	TIER 2	QLC (200 lancets/month)
SURE-LANCE LANCETS 26G - MISC	TIER 2	QLC (200 lancets/month)
SURE-LANCE THIN LANCETS 28G - MISC	TIER 2	QLC (200 lancets/month)
SURE-LANCE ULTRA THIN LANCETS - MISC	TIER 2	QLC (200 lancets/month)
SURE-TEST EASYPLUS MINI TEST (<i>glucose blood</i>) - STRIP	TIER 3	PA, QLC (200 units/month)
SURE-TOUCH LANCETS UNIVERSAL - MISC	TIER 2	QLC (200 lancets/month)
SURECHEK BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
SURELITE LANCETS MISC	TIER 2	QLC (200 lancets/month)
TECHLITE AST LANCETS MISC	TIER 2	QLC (200 lancets/month)
TECHLITE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
TECHLITE LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
TECHLITE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
TECHLITE LANCETS MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TECHLITE PEN NEEDLES PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC	TIER 2	
TECHLITE PLUS PEN NEEDLES 32G X 4 MM MISC	TIER 2	
TGT BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
TGT LANCET MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
TGT LANCET THIN 26G MISC	TIER 2	QLC (200 lancets/month)
TGT LANCET ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
THINLETS GP LANCETS MISC	TIER 2	QLC (200 lancets/month)
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC	TIER 2	
TODAYS HEALTH PEN NEEDLES 29G X 12MM MISC	TIER 2	
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM MISC	TIER 2	
TODAYS HEALTH THIN LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
TODAYS HEALTH THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
TOPCARE CLICKFINE PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	
TOPCARE LANCETS MICRO-THIN 33G - MISC	TIER 2	QLC (200 lancets/month)
TOPCARE ULTRA COMFORT INS SYR 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
TRAVEL LANCETS ADVANCED 28G MISC	TIER 2	QLC (200 lancets/month)
TRAVEL LANCETS MISC	TIER 2	QLC (200 lancets/month)
TRUE COMFORT INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 1 ML MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRUE COMFORT PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	TIER 2	
TRUE COMFORT PRO INSULIN SYR 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 0.5 ML MISC, 32G 5/16" 1 ML MISC	TIER 2	
TRUE COMFORT PRO PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC	TIER 2	
TRUE COMFORT SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
TRUE COMFORT TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
TRUE FOCUS BLOOD GLUCOSE STRIP (<i>glucose blood</i>)	TIER 3	PA, QLC (200 units/month)
TRUE METRIX BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
TRUE METRIX PRO BLOOD GLUCOSE (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
TRUEPLUS 5-BEVEL PEN NEEDLES 5-PEN 29G 12.7MM MISC, 5-PEN 31G 5 MM MISC, 5-PEN 31G 6 MM MISC, 5-PEN 31G 8 MM MISC, 5-PEN 32G 4 MM MISC	TIER 2	
TRUEPLUS INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
TRUEPLUS LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
TRUEPLUS SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRUETEST TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
TRUETRACK TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
TWIST TOP LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ULTICARE INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	TIER 2	
ULTICARE INSULIN SYR 1/2 UNIT 31G X 1/4" 0.3 ML MISC	TIER 2	
ULTICARE INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 1/4" 0.3 ML MISC, 31G 1/4" 0.5 ML MISC, 31G 1/4" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTICARE MICRO PEN NEEDLES PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
ULTICARE MINI PEN NEEDLES PEN 30G 5 MISC, PEN 31G 6 MISC, PEN 32G 6 MISC	TIER 2	
ULTICARE PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC	TIER 2	
ULTICARE SHORT PEN NEEDLES PEN 30G 8 MISC, PEN 31G 8 MISC	TIER 2	
ULTICARE SYRINGE 22G X 1-1/2" 3 ML MISC	TIER 3	QLC (100 syringes/30 days)
ULTIGUARD SAFEPACK PEN NEEDLE PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC	TIER 2	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTILET CLASSIC LANCETS MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ULTILET INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 1/4" 0.3 ML MISC, 31G 1/4" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTILET INSULIN SYRINGE SHORT 30G 1/2" 0.3 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTILET LANCETS MISC	TIER 2	QLC (200 lancets/month)
ULTILET PEN NEEDLE PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
ULTILET SAFETY LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
ULTILET SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	TIER 2	
ULTRA FLO INSULIN PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC	TIER 2	
ULTRA FLO INSULIN SYR 1/2 UNIT 30G " 0.3 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC	TIER 2	
ULTRA FLO INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTRA THIN LANCETS 31G MISC	TIER 2	QLC (200 lancets/month)
ULTRA THIN PEN NEEDLES 32G X 4 MM MISC	TIER 2	
ULTRA-CARE LANCETS 30G - MISC	TIER 2	QLC (200 lancets/month)
ULTRA-THIN II AUTO LANCET - MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ULTRA-THIN II INS SYR SHORT -30G 5/16" 0.3 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 1 ML MISC, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC	TIER 2	
ULTRA-THIN II INSULIN SYRINGE -1/2" 0.5 ML MISC, -1/2" 1 ML MISC	TIER 2	
ULTRA-THIN II LANCETS - MISC	TIER 2	QLC (200 lancets/month)
ULTRA-THIN II MINI PEN NEEDLE -31G X 5 MM MISC	TIER 2	
ULTRA-THIN II PEN NEEDLE SHORT -31G X 8 MM MISC	TIER 2	
ULTRA-THIN II PEN NEEDLES -29G X 12.7MM MISC	TIER 2	
ULTRACARE INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTRACARE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC	TIER 2	
ULTRATRAK PRO TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
ULTRATRAK ULTIMATE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
UNIFINE PEN NEEDLES 32G X 4 MM MISC	TIER 2	
UNIFINE PENTIPS 29G 12MM MISC, 30G 5 MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC, 33G 4 MM MISC	TIER 2	
UNIFINE PENTIPS PLUS 29G 12MM MISC, 30G 5 MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC	TIER 2	
UNIFINE PROTECT PEN NEEDLE PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 32G 4 MISC	TIER 2	
UNIFINE SAFECONTROL PEN NEEDLE PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
UNIFINE ULTRA PEN NEEDLE PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
UNILET COMFORTOUCH LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET EXCELITE II MISC	TIER 2	QLC (200 lancets/month)
UNILET EXCELITE MISC	TIER 2	QLC (200 lancets/month)
UNILET G.P. LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET G.P. SUPERLITE LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET GP 28 ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
UNILET LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET MICRO-THIN 33G - MISC	TIER 2	QLC (200 lancets/month)
UNILET SUPER-THIN 30G - MISC	TIER 2	QLC (200 lancets/month)
UNILET SUPERLITE LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET ULTRA-THIN 28G - MISC	TIER 2	QLC (200 lancets/month)
UNISTIK 3 GENTLE MISC	TIER 2	QLC (200 lancets/month)
UNISTIK PRO SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)
UNISTIK SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK SAFETY LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 21G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 23G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 28G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 30G MISC	TIER 2	QLC (200 lancets/month)
UNISTRIP1 GENERIC (<i>glucose blood</i>) UNII	TIER 3	PA, QLC (200 units/month)
UNIVERSAL 1 LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
UNIVERSAL 1 LANCETS THIN 33G MISC	TIER 2	QLC (200 lancets/month)
UNIVERSAL 1 LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
V-GO 20 -UNIT/24HR KIT	TIER 3	PA, QLC (1 device/day)
V-GO 30 -UNIT/24HR KIT	TIER 3	PA, QLC (1 device/day)
V-GO 40 -UNIT/24HR KIT	TIER 3	PA, QLC (1 device/day)
VALUE HEALTH INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	TIER 2	
VALUE PLUS LANCET STANDARD 21G MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VALUE PLUS LANCETS SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
VALUE PLUS LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
VALUMARK LANCET SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
VALUMARK LANCET ULTRA THIN 28G MISC	TIER 2	QLC (200 lancets/month)
VALUMARK PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
VANISHPOINT INSULIN SYRINGE 29G 1/2" 1 ML MISC, 29G 5/16" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 3/16" 0.5 ML MISC, 30G 3/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	TIER 2	
VERASENS BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
VERIFINE INSULIN PEN NEEDLE PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC	TIER 2	
VERIFINE INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
VERIFINE PLUS PEN NEEDLE PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
VERIFINE SAFE LANCET MINI 21G MISC	TIER 2	QLC (200 lancets/month)
VERIFINE SAFE LANCET MINI 23G MISC	TIER 2	QLC (200 lancets/month)
VERIFINE SAFE LANCET MINI 28G MISC	TIER 2	QLC (200 lancets/month)
VERIFINE SAFE LANCET MINI 30G MISC	TIER 2	QLC (200 lancets/month)
VERIFINE UNIVERSAL LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
VERIFINE UNIVERSAL LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
VERIFINE UNIVERSAL LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
VIDA MIA UNIFINE PENTIPS 29G 12MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
VIDA MIA UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
VIDA MIA UNILET LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
VISTOGARD (<i>uridine triacetate (emergency treatment)</i>) 10 GM PACKET	TIER 4	SP, QLC (20 packets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIVAGUARD INO TEST STRIPS (<i>glucose blood</i>) S	TIER 3	PA, QLC (200 units/month)
VIVAGUARD LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
VIVAGUARD LANCETS MISC	TIER 2	QLC (200 lancets/month)
VIVAGUARD SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
VOCAL POINT BLOOD GLUCOSE TEST (<i>glucose blood</i>) STRIP	TIER 3	PA, QLC (200 units/month)
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	TIER 2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	TIER 2	
VORTEX VALVED HOLDING CHAMBER DEVICE	TIER 2	
VOWST (<i>fecal microbiota spores, live-brpk</i>) CAP	TIER 4	PA, SP, QLC (12 caps/30 days)
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	TIER 2	
WAINUA (<i>eplontersen sodium</i>) 45 MG/0.8ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/28 days)
WALGREENS ADV TRAVEL LANCETS MISC	TIER 2	QLC (200 lancets/month)
WALGREENS LANCETS MICRO THIN MISC	TIER 2	QLC (200 lancets/month)
WALGREENS LANCETS MISC	TIER 2	QLC (200 lancets/month)
WALGREENS LANCETS SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
WALGREENS THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
WALGREENS ULTRA THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
WATCHHALER DEVICE	TIER 2	
WEGMANS UNIFINE PENTIPS PLUS 31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC	TIER 2	
WIDE-SEAL DIAPHRAGM 60 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 65 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 70 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 75 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WIDE-SEAL DIAPHRAGM 80 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 85 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 90 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 95 (<i>diaphragm wide seal</i>)	TIER 2	ACA (Preventive Health)
XPHOZAH (<i>tenapanor hcl (ckd)</i>) 20 MG TAB, 30 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
ZEVX INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC	TIER 2	
ZEVX PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
ZEVX TWIST TOP LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)

OPHTHALMIC AGENTS (Drugs for the Eyes)

OPHTHALMIC AGENTS, OTHER (Other Eye Drops)

ALCAINE (<i>proparacaine hcl</i>) 0.5 % SOLUTION	TIER 3	
ATROPINE SULFATE (<i>atropine sulfate (ophthalmic)</i>) 1 % SOLUTION	TIER 1	
<i>atropine sulfate ophth soln 1%</i>	TIER 1	
bacitracin-polymyxin b ophth oint (Ak-Poly-Bac) acitracin	TIER 1	
bacitracin-polymyxin b ophth oint (Polycin) acitracin	TIER 1	
<i>bacitracin-polymyxin b ophth oint acitracin</i>	TIER 1	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> (BACITRA-NEOMYCIN-POLYMYXIN-HC)	TIER 1	
bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc)	TIER 1	
BLEPHAMIDE (<i>sulfacetamide sod-prednisolone</i>) 10-0.2 % SUSPENSION	TIER 2	
BLEPHAMIDE S.O.P. (<i>sulfacetamide sod-prednisolone</i>) 10-0.2 % OINTMENT	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	TIER 1	
CEQUA (<i>cyclosporine (ophth)</i>) 0.09 % SOLUTION	TIER 3	PA, QLC (60 vials/month)
COMBIGAN (<i>brimonidine tartrate-timolol maleate</i>) 0.2-0.5 % SOLUTION	TIER 3	
COSOPT (<i>dorzolamide hcl-timolol maleate</i>) 22.3-6.8 MG/ML SOLUTION	TIER 3	
COSOPT PF (<i>dorzolamide hcl-timolol maleate</i>) 2-0.5 % SOLUTION	TIER 3	QLC (2 droperettes/day)
CYCLOGYL (<i>cyclopentolate hcl</i>) 0.5 % SOLUTION, 1 % SOLUTION, 2 % SOLUTION	TIER 3	
CYCLOMYDRIL (<i>cyclopentolate w/ phenylephrine</i>) 0.2-1 % SOLUTION	TIER 3	
<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%</i>	TIER 3	PA, QLC (2 vials/day)
DORZOLAMIDE HCL-TIMOLOL MAL (<i>dorzolamide hcl-timolol maleate</i>) -22.3-6.8 MG/ML SOLUTION	TIER 1	
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF)	TIER 1	QLC (2 droperettes/day)
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	TIER 1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i> (DORZOLAMIDE HCL-TIMOLOL MAL PF)	TIER 1	QLC (2 droperettes/day)
HOMATROPAIRE (<i>homatropine hbr</i>) 5 % SOLUTION	TIER 1	
ISOPTO ATROPINE (<i>atropine sulfat</i> e) (<i>ophthalmic</i>) 1 % SOLUTION	TIER 3	
LACRISERT (<i>artificial tear insert</i>) 5 MG	TIER 3	
MAXITROL (<i>neomycin-polymy-dexameth</i>) 0.1 % SUSPENSION, 3.5-10000-0.1 OINTMENT, 3.5-10000-0.1 SUSPENSION	TIER 3	
MIEBO (<i>perfluorohexyloctane</i>) 1.338 GM/ML SOLUTION	TIER 3	PA, QLC (1 bottle (3 ml)/ 30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MYDRIACYL (<i>tropicamide</i>) 1 % SOLUTION	TIER 3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (Neo-Polycin)	TIER 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> (NEOMYCIN-BACITRACIN ZN-POLYMYX)	TIER 1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	TIER 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	TIER 1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN -- 1.75-10000-.025 SOLUTION	TIER 1	
NEOMYCIN-POLYMYXIN-HC (<i>neomycin-polymyxin-hc (ophth)</i>) --3.5-10000-1 SUSPENSION	TIER 1	
OXERVATE (<i>cenegermin-bkbj</i>) 0.002 % SOLUTION	TIER 4	PA, SP, QLC (28 ml/28 days)
<i>phenylephrine hcl ophth soln 10%</i>	TIER 1	
phenylephrine hcl ophth soln 10% (Altafrin)	TIER 1	
<i>phenylephrine hcl ophth soln 2.5%</i>	TIER 1	
phenylephrine hcl ophth soln 2.5% (Altafrin)	TIER 1	
PRED-G (<i>gentamicin-prednisolone acetate</i>) -0.3-1 % SUSPENSION	TIER 3	
PRED-G S.O.P. (<i>gentamicin-prednisolone acetate</i>) -0.3-0.6 % OINTMENT	TIER 3	
<i>proparacaine hcl ophth soln 0.5%</i>	TIER 1	
RESTASIS (<i>cyclosporine (ophth)</i>) 0.05 % EMULSION	TIER 1	QLC (2 vials/day)
RESTASIS MULTIDOSE (<i>cyclosporine (ophth)</i>) 0.05 % EMULSION	TIER 2	QLC (one 5.5 ml bottle/month)
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 2	
TOBRADEX (<i>tobramycin-dexamethasone</i>) 0.3-0.1 % SUSPENSION	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TOBRADEX ST (<i>tobramycin-dexamethasone</i>) 0.3-0.05 % SUSPENSION	TIER 3	QLC (1 bottle/fill)
<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	PA, QLC (2 bottles (8.4 ml)/30 days)
UPNEEQ (<i>oxymetazoline hcl (blepharoptosis)</i>) 0.1 % SOLUTION	TIER 3	PA, QLC (1 dropperette/day)
VERKAZIA (<i>cyclosporine (ophth)</i>) 0.1 % EMULSION	TIER 3	PA, SP, QLC (4 vials/day)
VEVYE (<i>cyclosporine (ophth)</i>) 0.1 % SOLUTION	TIER 3	PA, QLC (2 ml/30 days)
XDEMVI (<i>lotilaner</i>) 0.25 % SOLUTION	TIER 3	PA, QLC (10 ml/30 days)
XIIDRA (<i>lifitegrast</i>) 5 % SOLUTION	TIER 2	QLC (60 vials/month)
ZYLET (<i>loteprednol etabonate-tobramycin</i>) 0.5-0.3 % SUSPENSION	TIER 2	

OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)

ALOCRIAL (<i>nedocromil sodium (ophth)</i>) 2 % SOLUTION	TIER 3	
ALOMIDE (<i>lodoxamide tromethamine</i>) 0.1 % SOLUTION	TIER 3	
<i>azelastine hcl ophth soln 0.05%</i>	TIER 1	
<i>bepotastine besilate ophth soln 1.5%</i>	TIER 1	QLC (5 ml/month)
BEPREVE (<i>bepotastine besilate</i>) 1.5 % SOLUTION	TIER 3	QLC (5 ml/month)
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	
PAZEO (<i>olopatadine hcl</i>) 0.7 % SOLUTION	TIER 2	QLC (1 bottle/month)
ZERVIAE (<i>cetirizine hcl (ophth)</i>) 0.24 % SOLUTION	TIER 3	PA, QLC (2 dropperettes/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPHTHALMIC ANTI-INFECTIVES (Drugs for Eye Infections)		
AZASITE (<i>azithromycin (ophth)</i>) 1 % SOLUTION	TIER 3	
BACITRACIN (<i>bacitracin (ophthalmic)</i>) 500 UNIT/GM OINTMENT	TIER 1	
BLEPH-10 (<i>sulfacetamide sodium (ophth)</i>) - % SOLUTION	TIER 3	
ERYTHROMYCIN (<i>erythromycin (ophth)</i>) 5 MG/GM OINTMENT	TIER 1	
<i>erythromycin ophth oint 5 mg/gm</i>	TIER 1	
<i>gatifloxacin ophth soln 0.5%</i>	TIER 1	QLC (one 2.5 ml bottle/month)
GENTAK (<i>gentamicin sulfate (ophth)</i>) 0.3 % OINTMENT	TIER 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	TIER 1	
LEVOFLOXACIN (<i>levofloxacin (ophth)</i>) 0.5 % SOLUTION, 1.5 % SOLUTION	TIER 1	
<i>levofloxacin ophth soln 0.5%</i>	TIER 1	
MOXEZA (<i>moxifloxacin hcl (ophth)</i>) 0.5 % SOLUTION	TIER 3	
MOXIFLOXACIN HCL (2X DAY) (<i>moxifloxacin hcl (ophth)</i>) 0.5 % SOLUTION	TIER 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	TIER 1	
NATACYN (<i>natamycin</i>) 5 % SUSPENSION	TIER 3	
OCUFLOX (<i>ofloxacin (ophth)</i>) 0.3 % SOLUTION	TIER 3	
<i>ofloxacin ophth soln 0.3%</i>	TIER 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	TIER 1	
POLYTRIM (<i>polymyxin b-trimethoprim</i>) 10000-0.1 UNIT/ML-% SOLUTION	TIER 3	
SULFACETAMIDE SODIUM (<i>sulfacetamide sodium (ophth)</i>) 10 % OINTMENT	TIER 1	
<i>sulfacetamide sodium ophth soln 10%</i>	TIER 1	
<i>tobramycin ophth soln 0.3%</i>	TIER 1	
TOBREX (<i>tobramycin (ophth)</i>) 0.3 % OINTMENT	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TOBREX (<i>tobramycin (ophth)</i>) 0.3 % SOLUTION	TIER 3	
TRIFLURIDINE 1 % SOLUTION	TIER 1	
VIGAMOX (<i>moxifloxacin hcl (ophth)</i>) 0.5 % SOLUTION	TIER 3	
ZIRGAN (<i>ganciclovir ophthalmic</i>) 0.15 % GEL	TIER 3	QLC (1 tube/month)
ZYMAXID (<i>gatifloxacin (ophth)</i>) 0.5 % SOLUTION	TIER 3	QLC (one 2.5 ml bottle/month)

OPHTHALMIC ANTI-INFLAMMATORIES (Drugs for Eye Inflammation)

ACULAR (<i>ketorolac tromethamine (ophth)</i>) 0.5 % SOLUTION	TIER 3	
ACULAR LS (<i>ketorolac tromethamine (ophth)</i>) 0.4 % SOLUTION	TIER 3	
ACUVAIL (<i>ketorolac tromethamine (ophth)</i>) 0.45 % SOLUTION	TIER 2	QLC (30 vials/30 days)
ALREX (<i>loteprednol etabonate</i>) 0.2 % SUSPENSION	TIER 3	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	TIER 1	PA, QLC (1 bottle/month)
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	TIER 1	PA, QLC (1 bottle/month)
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> (BROMFENAC SODIUM (ONCE-DAILY))	TIER 1	
BROMSITE (<i>bromfenac sodium (ophth)</i>) 0.075 % SOLUTION	TIER 3	PA, QLC (1 bottle/month)
CLOBETASOL PROPIONATE (<i>clobetasol propionate (ophth)</i>) 0.05 % SUSPENSION	TIER 3	PA, QLC (1 bottle/30 days)
DEXAMETHASONE SODIUM PHOSPHATE (<i>dexamethasone sodium phosphate (ophth)</i>) 0.1 % SOLUTION	TIER 1	
<i>diclofenac sodium ophth soln 0.1%</i>	TIER 1	
<i>difluprednate ophth emulsion 0.05%</i>	TIER 1	
DUREZOL (<i>difluprednate</i>) 0.05 % EMULSION	TIER 3	
EYSUVIS (<i>loteprednol etabonate</i>) 0.25 % SUSPENSION	TIER 3	PA, QLC (1 bottle (8.3 ml)/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
FML (<i>fluorometholone (ophth)</i>) 0.1 % OINTMENT	TIER 3	
FML FORTE (<i>fluorometholone (ophth)</i>) 0.25 % SUSPENSION	TIER 2	
FML LIQUIFILM (<i>fluorometholone (ophth)</i>) 0.1 % SUSPENSION	TIER 3	
ILEVRO (<i>nepafenac</i>) 0.3 % SUSPENSION	TIER 3	PA, QLC (1 bottle/month)
INVELTYS (<i>loteprednol etabonate</i>) 1 % SUSPENSION	TIER 3	PA
<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 % GEL, 0.5 % SUSPENSION	TIER 3	
LOTEMAX (<i>loteprednol etabonate</i>) 0.5 % OINTMENT	TIER 3	QLC (1 tube/month)
LOTEMAX SM (<i>loteprednol etabonate</i>) 0.38 % GEL	TIER 3	
<i>loteprednol etabonate ophth gel 0.5%</i>	TIER 1	
<i>loteprednol etabonate ophth susp 0.2%</i>	TIER 1	
<i>loteprednol etabonate ophth susp 0.5%</i>	TIER 1	
MAXIDEX (<i>dexamethasone (ophth)</i>) 0.1 % SUSPENSION	TIER 3	
NEVANAC (<i>nepafenac</i>) 0.1 % SUSPENSION	TIER 3	
PRED FORTE (<i>prednisolone acetate (ophth)</i>) 1 % SUSPENSION	TIER 3	
PRED MILD (<i>prednisolone acetate (ophth)</i>) 0.12 % SUSPENSION	TIER 2	
<i>prednisolone acetate ophth susp 1%</i>	TIER 1	
PREDNISOLONE ACETATE P-F (<i>prednisolone acetate (ophth)</i>) REDNISOLONE -1 % SUSPENSION	TIER 1	
PREDNISOLONE SODIUM PHOSPHATE (<i>prednisolone sodium phosphate (ophth)</i>) 1 % SOLUTION	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROLENSA (<i>bromfenac sodium (ophth)</i>) 0.07 % SOLUTION	TIER 3	PA, QLC (1 bottle/month)

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	
BETIMOL (<i>timolol</i>) 0.25 % SOLUTION, 0.5 % SOLUTION	TIER 2	
BETOPTIC-S (<i>betaxolol hcl (ophth)</i>) -0.25 % UPENION	TIER 2	
CARTEOLOL HCL (<i>carteolol hcl (ophth)</i>) 1 % SOLUTION	TIER 1	
ISTALOL (<i>timolol maleate (ophth)</i>) 0.5 % SOLUTION	TIER 3	
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 maleate ophth soln 0.5% (once-daily)</i>	TIER 1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i> (TIMOLOL MALEATE (ONCE-DAILY))	TIER 1	
<i>timolol maleate preservative free ophth soln 0.25%</i> (TIMOLOL MALEATE PF)	TIER 1	ST
<i>timolol maleate preservative free ophth soln 0.5%</i> (TIMOLOL MALEATE OCUDOSE)	TIER 1	ST
<i>timolol maleate preservative free ophth soln 0.5%</i> (TIMOLOL MALEATE PF)	TIER 1	ST
TIMOPTIC (<i>timolol maleate (ophth)</i>) 0.25 % SOLUTION, 0.5 % SOLUTION	TIER 3	
TIMOPTIC OCUDOSE (<i>timolol maleate (ophth)</i>) 0.25 % SOLUTION, 0.5 % SOLUTION	TIER 3	ST

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TIMOPTIC-XE (<i>timolol maleate (ophth)</i>) - 0.25 % GEL F SOLN, -0.5 % GEL F SOLN	TIER 3	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER (Drugs for Glaucoma)		
<i>acetazolamide cap er 12hr 500 mg</i> (ACETAZOLAMIDE ER)	TIER 1	
ALPHAGAN P (<i>brimonidine tartrate</i>) ALHAGAN 0.1 % SOLUTION	TIER 2	
ALPHAGAN P (<i>brimonidine tartrate</i>) ALHAGAN 0.15 % SOLUTION	TIER 3	
APRACLONIDINE HCL 0.5 % SOLUTION	TIER 1	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	TIER 1	
AZOPT (<i>brinzolamide</i>) 1 % SUSPENSION	TIER 3	ST
<i>brimonidine tartrate ophth soln 0.1%</i>	TIER 1	
<i>brimonidine tartrate ophth soln 0.15%</i>	TIER 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	TIER 1	
<i>brinzolamide ophth susp 1%</i>	TIER 1	ST
DORZOLAMIDE HCL 2 % SOLUTION	TIER 3	
<i>dorzolamide hcl ophth soln 2%</i>	TIER 1	
IOPIDINE (<i>apraclonidine hcl</i>) 1 % SOLUTION	TIER 3	
ISOPTO CARPINE (<i>pilocarpine hcl</i>) 1 % SOLUTION, 2 % SOLUTION, 4 % SOLUTION	TIER 3	
<i>methazolamide tab 25 mg</i>	TIER 1	
<i>methazolamide tab 50 mg</i>	TIER 1	
PHOSPHOLINE IODIDE (<i>echothiophate iodide</i>) 0.125 % RECON SOLN	TIER 3	
<i>pilocarpine hcl ophth soln 1%</i>	TIER 1	
<i>pilocarpine hcl ophth soln 2%</i>	TIER 1	
<i>pilocarpine hcl ophth soln 4%</i>	TIER 1	
RHOPRESSA (<i>netarsudil dimesylate</i>) 0.02 % SOLUTION	TIER 3	PA, QLC (1 bottle/month)
SIMBRINZA (<i>brinzolamide-brimonidine tartrate</i>) 1-0.2 % SUSPENSION	TIER 2	
TRUSOPT (<i>dorzolamide hcl</i>) 2 % SOLUTION	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VUITY (<i>pilocarpine hcl</i>) 1.25 % SOLUTION	TIER 3	PA, QLC (2.5 ml/30 days)

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)

<i>bimatoprost ophth soln 0.03%</i>	TIER 1	ST, QLC (7.5 ml/month)
IYUZEH (<i>latanoprost</i>) 0.005 % SOLUTION	TIER 3	PA, QLC (1 container/day)
LATANOPROST 0.005 % SOLUTION	TIER 1	QLC (5 ml/ month)
<i>latanoprost ophth soln 0.005%</i>	TIER 1	QLC (5 ml/ month)
LUMIGAN (<i>bimatoprost</i>) 0.01 % SOLUTION	TIER 2	ST, QLC (5 ml/month)
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i> (TAFLUPROST (PF))	TIER 1	ST, QLC (1 dropperette/day)
TRAVATAN Z (<i>travoprost</i>) 0.004 % SOLUTION	TIER 3	ST, QLC (5 ml/month)
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i> (TRAVOPROST (BAK FREE))	TIER 1	ST, QLC (5 ml/month)
VYZULTA (<i>latanoprostene bunod</i>) 0.024 % SOLUTION	TIER 3	PA, QLC (1 bottle/month)
XALATAN (<i>latanoprost</i>) 0.005 % SOLUTION	TIER 3	QLC (5 ml/ month)
XELPROS (<i>latanoprost</i>) 0.005 % EMULSION	TIER 3	ST, QLC (1 bottle/month)
ZIOPTAN (<i>tafluprost</i>) 0.0015 % SOLUTION	TIER 3	ST, QLC (1 dropperette/day)

OTIC AGENTS (Drugs for the Ears)

<i>acetic acid otic soln 2%</i>	TIER 1	
CETRAXAL (<i>ciprofloxacin hcl (otic)</i>) 0.2 % SOLUTION	TIER 3	
CIPRO HC (<i>ciprofloxacin-hydrocortisone</i>) 0.2-1 % SUSPENSION	TIER 3	ST
CIPRODEX (<i>ciprofloxacin-dexamethasone</i>) 0.3-0.1 % SUSPENSION	TIER 3	
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	TIER 1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CIPROFLOXACIN-FLUOCINOLONE PF (<i>ciprofloxacin-fluocinolone acetonide</i>) -0.3-0.025 % SOLUTION	TIER 1	QLC (14 vials/7 days)
CORTISPORIN-TC (<i>neomycin-colistin-hc-thonzonium</i>) -3.3-3-10-0.5 MG/ML SUSPENSION	TIER 3	
DERMOTIC (<i>fluocinolone acetonide (otic)</i>) 0.01 % OIL	TIER 2	
<i>fluocinolone acetonide (otic) oil 0.01%</i>	TIER 1	
fluocinolone acetonide (otic) oil 0.01% (Flac)	TIER 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> (HYDROCORTISONE-ACETIC ACID)	TIER 1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	TIER 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	TIER 1	
<i>ofloxacin otic soln 0.3%</i>	TIER 1	
OTOVEL (<i>ciprofloxacin-fluocinolone acetonide</i>) 0.3-0.025 % SOLUTION	TIER 3	QLC (14 vials/7 days)

RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)

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

ALVESCO (<i>ciclesonide</i>) 160 MCG/ACT AERO SOLN	TIER 3	ST, QLC (2 inhalers/month)
ALVESCO (<i>ciclesonide</i>) 80 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 inhaler/month)
ARMONAIR DIGIHALER (<i>fluticasone propionate with sensor (inhalation)</i>) 55 MCG/ACT AER POW BA, 113 MCG/ACT AER POW BA, 232 MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
ARNUITY ELLIPTA (<i>fluticasone furoate (inhalation)</i>) 50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
ASMANEX (120 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 220 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
ASMANEX (14 METERED DOSES) (<i>mometasone furoate (inhalation)</i>) 220 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ASMANEX (30 METERED DOSES) <i>(mometasone furoate (inhalation))</i> 110 MCG/ACT AER POW BA, 220 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
ASMANEX (60 METERED DOSES) <i>(mometasone furoate (inhalation))</i> 220 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
ASMANEX (7 METERED DOSES) <i>(mometasone furoate (inhalation))</i> 110 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
ASMANEX HFA <i>(mometasone furoate (inhalation))</i> 50 MCG/ACT AEROSOL, 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL	TIER 2	QLC (1 inhaler/month)
BECONASE AQ <i>(beclomethasone diprop monohyd)</i> 42 MCG/SPRAY SUSPENSION	TIER 3	ST, QLC (1 bottle/month)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	TIER 1	QLC (4 ml/day)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	TIER 1	QLC (4 ml/day)
<i>budesonide inhalation susp 1 mg/2ml</i>	TIER 1	QLC (2 ml/day)
FLOVENT DISKUS <i>(fluticasone propionate (inhalation))</i> 250 MCG/ACT AER POW BA	TIER 3	PA, QLC (4 inhalers/month)
FLOVENT DISKUS <i>(fluticasone propionate (inhalation))</i> 50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
FLOVENT HFA <i>(fluticasone propionate hfa)</i> 44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	TIER 3	PA, QLC (2 inhalers/month)
FLUTICASONE PROPIONATE DISKUS <i>(fluticasone propionate (inhalation))</i> 250 MCG/ACT AER POW BA	TIER 3	PA, QLC (4 inhalers/month)
FLUTICASONE PROPIONATE DISKUS <i>(fluticasone propionate (inhalation))</i> 50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
FLUTICASONE PROPIONATE HFA 44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	TIER 3	PA, QLC (2 inhalers/month)
PULMICORT <i>(budesonide (inhalation))</i> 0.25 MG/2ML SUSPENSION, 0.5 MG/2ML SUSPENSION	TIER 3	QLC (4 ml/day)
PULMICORT <i>(budesonide (inhalation))</i> 1 MG/2ML SUSPENSION	TIER 3	QLC (2 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PULMICORT FLEXHALER (<i>budesonide (inhalation)</i>) 90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA	TIER 2	QLC (2 inhalers/month)
QNASL (<i>beclomethasone dipropionate (nasal)</i>) 80 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 bottle (10.6 ml)/month)
QNASL CHILDRENS (<i>beclomethasone dipropionate (nasal)</i>) 40 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 bottle (6.8 ml)/month)
QVAR REDHALER (<i>beclomethasone dipropionate hfa</i>) 40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA	TIER 2	QLC (2 inhalers/month)
XHANCE (<i>fluticasone propionate (nasal)</i>) 93 MCG/ACT EXHU	TIER 3	PA, QLC (2 bottles/month)

ANTI-HISTAMINES (Drugs for Allergies)

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/</i>	TIER 1	QLC (1 bottle/25 days)
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	TIER 1	
CARBINOXAMINE MALEATE 6 MG TAB	TIER 1	PA, QLC (4 tabs/day)
CARBINOXAMINE MALEATE ER 4 MG/5ML SUSP	TIER 3	QLC (40 ml/day)
<i>carbinoxamine maleate tab 4 mg</i>	TIER 1	
CLARINEX (<i>desloratadine</i>) 5 MG TAB	TIER 3	
CLEMASTINE FUMARATE 0.67 MG/5ML SYRUP	TIER 1	PA, QLC (60 ml/day)
CLEMASTINE FUMARATE 2.68 MG TAB	TIER 1	
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	TIER 1	PA, QLC (60 ml/day)
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	TIER 1	
<i>cyproheptadine hcl tab 4 mg</i>	TIER 1	
DESLORATADINE 2.5 MG TAB DISP, 5 MG TAB DISP	TIER 1	ST
<i>desloratadine tab 5 mg</i>	TIER 1	
DEXCHLORPHENIRAMINE MALEATE 2 MG/5ML SOLUTION	TIER 1	PA, AL1 (Up to 64 yrs old), QLC (30 ml/day)
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	TIER 1	
<i>hydroxyzine hcl tab 10 mg</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
KARBINAL ER (<i>carbinoxamine maleate</i>) 4 MG/5ML SUSP	TIER 3	QLC (40 ml/day)
<i>olopatadine hcl nasal soln 0.6%</i>	TIER 1	QLC (1 bottle/month)
PATANASE (<i>olopatadine hcl (nasal)</i>) 0.6 % SOLUTION	TIER 3	QLC (1 bottle/month)
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	TIER 1	
RYCLORA (<i>dexchlorpheniramine maleate</i>) 2 MG/5ML SOLUTION	TIER 1	PA, AL1 (Up to 64 yrs old), QLC (30 ml/day)
RYVENT (<i>carbinoxamine maleate</i>) 6 MG TAB	TIER 1	PA, QLC (4 tabs/day)
VISTARIL (<i>hydroxyzine pamoate</i>) 25 MG CAP, 50 MG CAP	TIER 3	

ANTILEUKOTRIENES (Drugs for Asthma)

ACCOLATE (<i>zafirlukast</i>) 10 MG TAB, 20 MG TAB	TIER 3	
<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)
SINGULAIR (<i>montelukast sodium</i>) 4 MG CHEW TAB, 5 MG CHEW TAB, 10 MG TAB	TIER 3	QLC (1 tab/day)
SINGULAIR (<i>montelukast sodium</i>) 4 MG PACKET	TIER 3	QLC (1 pack/day)
<i>zafirlukast tab 10 mg</i>	TIER 1	
<i>zafirlukast tab 20 mg</i>	TIER 1	
<i>zileuton tab er 12hr 600 mg</i> (ZILEUTON ER)	TIER 1	PA
ZYFLO (<i>zileuton</i>) 600 MG TAB	TIER 3	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)

ATROVENT HFA (<i>ipratropium bromide hfa</i>) 17 MCG/ACT AERO SOLN	TIER 2	QLC (2 inhalers/month)
INCRUSE ELLIPTA (<i>umeclidinium bromide</i>) 62.5 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
<i>ipratropium bromide inhal soln 0.02%</i>	TIER 1	QLC (120 doses/month)
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	TIER 1	QLC (1 bottle/month)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	TIER 1	QLC (3 bottles/month)
LONHALA MAGNAIR REFILL KIT (<i>glycopyrrolate (inhalation)</i>) 25 MCG/ML SOLUTION	TIER 4	PA, QLC (2 vials/day)
LONHALA MAGNAIR STARTER KIT (<i>glycopyrrolate (inhalation)</i>) 25 MCG/ML SOLUTION	TIER 4	PA, QLC (2 vials/day)
SPIRIVA HANDIHALER (<i>tiotropium bromide monohydrate</i>) 18 MCG CAP	TIER 2	QLC (30 caps/month)
SPIRIVA RESPIMAT (<i>tiotropium bromide monohydrate</i>) 1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN	TIER 2	QLC (1 inhaler/month)
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	TIER 3	PA, QLC (30 caps/month)
TUDORZA PRESSAIR (<i>aclidinium bromide</i>) 400 MCG/ACT AER POW BA	TIER 3	ST, QLC (1 inhaler/month)
YUPELRI (<i>revefenacin</i>) 175 MCG/3ML SOLUTION	TIER 4	PA, QLC (3 ml/day)

BRONCHODILATORS, SYMPATHOMIMETIC (Drugs for Asthma and COPD Symptoms)

<i>albuterol hfa (generic proair hfa)</i>	TIER 1	QLC (2 inhalers/month)
<i>albuterol hfa (generic proventil hfa)</i>	TIER 1	QLC (2 inhalers/month)
<i>albuterol hfa (generic ventolin hfa)</i>	TIER 1	QLC (2 inhalers/month)
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	TIER 1	QLC (4 bottles/month)
ALBUTEROL SULFATE ER ER 4 MG TAB ER 12H, ER 8 MG TAB ER 12H	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> (ALBUTEROL SULFATE HFA)	TIER 1	QLC (2 inhalers/month)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	TIER 1	QLC (375 ml/month)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	TIER 1	QLC (5 boxes (150 ml)/ month)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	TIER 1	QLC (5 boxes (375 ml)/month)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	TIER 1	QLC (5 boxes (375 ml)/month)
<i>albuterol sulfate syrup 2 mg/5ml</i>	TIER 1	
<i>albuterol sulfate tab 2 mg</i>	TIER 1	
<i>albuterol sulfate tab 4 mg</i>	TIER 1	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	TIER 1	QLC (120 ml/month)
AUVI-Q (<i>epinephrine (anaphylaxis)</i>) UVI-0.1 MG/0.1ML SOLN -INJ, UVI-0.15 MG/0.15ML SOLN -INJ, UVI-0.3 MG/0.3ML SOLN -INJ	TIER 4	PA, QLC (4 injections/fill; max 6 fills per year)
BROVANA (<i>arformoterol tartrate</i>) 15 MCG/2ML NEBU SOLN	TIER 3	QLC (120 ml/month)
EPINEPHRINE (<i>epinephrine (anaphylaxis)</i>) 0.15 MG/0.15ML SOLN -INJ, 0.3 MG/0.3ML SOLN -INJ	TIER 1	QLC (4 injections/fill; max 6 fills per year)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	TIER 1	QLC (4 injections/fill; max 6 fills per year)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	TIER 1	QLC (4 injections/fill; max 6 fills per year)
EPIPEN 2-PAK (<i>epinephrine (anaphylaxis)</i>) - PK 0.3 MG/0.3ML SOLN -INJ	TIER 2	QLC (4 injections/fill; max 6 fills per year)
EPIPEN JR 2-PAK (<i>epinephrine (anaphylaxis)</i>) -PK 0.15 MG/0.3ML SOLN - INJ	TIER 2	QLC (4 injections/fill; max 6 fills per year)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	TIER 1	QLC (120 ml/month)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	TIER 1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	TIER 1	QLC (90 nebs/month)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	TIER 1	QLC (90 nebs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	TIER 1	QLC (90 vials/month)
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	TIER 1	QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order)
NEFFY (<i>epinephrine (anaphylaxis)</i>) 2 MG/0.1ML SOLUTION	TIER 3	PA, QLC (4 sprayers/30 days; max 6 fills/year)
PERFORMIST (<i>formoterol fumarate</i>) 20 MCG/2ML NEBU SOLN	TIER 3	QLC (120 ml/month)
PROAIR DIGIHALER (<i>albuterol sulfate with sensor</i>) 108 (90 BASE) MCG/ACT AER POW BA	TIER 3	PA, QLC (2 inhalers/month)
PROAIR HFA (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AERO SOLN	TIER 3	QLC (2 inhalers/month)
PROAIR RESPICLICK (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AER POW BA	TIER 3	ST, QLC (2 inhalers/month)
PROVENTIL HFA (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AERO SOLN	TIER 3	QLC (2 inhalers/month)
SEREVENT DISKUS (<i>salmeterol xinafoate</i>) 50 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
STRIVERDI RESPIMAT (<i>olodaterol hcl</i>) 2.5 MCG/ACT AERO SOLN	TIER 2	QLC (1 inhaler/month)
SYMJEPI (<i>epinephrine (anaphylaxis)</i>) 0.15 MG/0.3ML SOLN PRSYR, 0.3 MG/0.3ML SOLN PRSYR	TIER 3	PA, QLC (4 injections/fill; max 6 fills/year)
<i>terbutaline sulfate tab 2.5 mg</i>	TIER 1	
<i>terbutaline sulfate tab 5 mg</i>	TIER 1	
VENTOLIN HFA (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AERO SOLN	TIER 3	QLC (2 inhalers/month)
XOPENEX (<i>levalbuterol hcl</i>) 0.31 MG/3ML NEBU SOLN, 0.63 MG/3ML NEBU SOLN, 1.25 MG/3ML NEBU SOLN	TIER 3	QLC (90 nebs/month)
XOPENEX CONCENTRATE (<i>levalbuterol hcl</i>) 1.25 MG/0.5ML NEBU SOLN	TIER 3	QLC (90 vials/month)
XOPENEX HFA (<i>levalbuterol tartrate</i>) 45 MCG/ACT AEROSOL	TIER 3	QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order)

CYSTIC FIBROSIS AGENTS

BETHKIS (<i>tobramycin</i>) 300 MG/4ML NEBU SOLN	TIER 4	PA, SP, QLC (1 box (224 ml)/2 months)
BRONCHITOL (<i>mannitol (cystic fibrosis)</i>) 40 MG CAP	TIER 4	PA, SP, QLC (20 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BRONCHITOL TOLERANCE TEST (<i>mannitol (cystic fibrosis)</i>) 40 MG CAP	TIER 4	PA, SP, QLC (20 caps/day)
KALYDECO (<i>ivacaftor</i>) 150 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
KALYDECO (<i>ivacaftor</i>) 5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
KALYDECO (<i>ivacaftor</i>) 50 MG PACKET, 75 MG PACKET	TIER 4	PA, SP, QLC (2 packs/day)
KITABIS PAK (<i>tobramycin</i>) 300 MG/5ML NEBU SOLN	TIER 4	PA, SP
ORKAMBI (<i>lumacaftor-ivacaftor</i>) 100-125 MG PACKET, 150-188 MG PACKET	TIER 4	PA, SP, QLC (2 packs/day)
ORKAMBI (<i>lumacaftor-ivacaftor</i>) 100-125 MG TAB, 200-125 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
ORKAMBI (<i>lumacaftor-ivacaftor</i>) 75-94 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
PULMOZYME (<i>dornase alfa</i>) 2.5 MG/2.5ML SOLUTION	TIER 4	SP, QLC (5 ml/day)
SYMDEKO (<i>tezacaftor-ivacaftor</i>) 50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day)
TOBI (<i>tobramycin</i>) 300 MG/5ML NEBU SOLN	TIER 4	PA, SP, QLC (1 box/2 months)
TOBI PODHALER (<i>tobramycin</i>) 28 MG CAP	TIER 4	PA, SP, QLC (224 caps/2 months)
TOBRAMYCIN 300 MG/5ML NEBU SOLN	TIER 4	PA, SP, QLC (1 box/2 months)
<i>tobramycin nebu soln 300 mg/4ml</i>	TIER 4	PA, SP, QLC (1 box (224 ml)/2 months)
<i>tobramycin nebu soln 300 mg/5ml</i>	TIER 4	PA, SP, QLC (1 box/2 months)
TRIKAFTA (<i>elexacaftor-tezacaftor-ivacaftor</i>) 50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK	TIER 4	PA, SP, QLC (3 tabs/day)
TRIKAFTA (<i>elexacaftor-tezacaftor-ivacaftor</i>) 80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK	TIER 4	PA, SP, QLC (2 packs/day)

MAST CELL STABILIZERS (Drugs to Block Mast Cells)

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	TIER 1	QLC (2 boxes/month)
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PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	TIER 1	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DALIRESP (<i>roflumilast</i>) 250 MCG TAB	TIER 3	PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months)
DALIRESP (<i>roflumilast</i>) 500 MCG TAB	TIER 3	PA, QLC (1 tab/day)
OHTUVAYRE (<i>ensifentrine</i>) 3 MG/2.5ML SUSPENSION	TIER 4	PA, SP, QLC (2 ampules (5 ml)/day)
<i>roflumilast tab 250 mcg</i>	TIER 1	PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months)
<i>roflumilast tab 500 mcg</i>	TIER 1	PA, QLC (1 tab/day)
THEO-24 (<i>theophylline</i>) -24 100 MG CAP ER 24H, -24 200 MG CAP ER 24H, -24 300 MG CAP ER 24H, -24 400 MG CAP ER 24H	TIER 2	
<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)

ADCIRCA (<i>tadalafil (pulmonary hypertension)</i>) 20 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
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, SP, QLC (3 tabs/day)
<i>ambrisentan tab 10 mg</i>	TIER 4	PA, SP, QLC (1 tab/day)
<i>ambrisentan tab 5 mg</i>	TIER 4	PA, SP, QLC (1 tab/day)
<i>bosentan tab 125 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day)
<i>bosentan tab 62.5 mg</i>	TIER 4	PA, SP, QLC (2 tabs/day)
LETAIRIS (<i>ambrisentan</i>) 5 MG TAB, 10 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LIQREV (<i>sildenafil citrate (pulmonary hypertension)</i>) 10 MG/ML SUSPENSION	TIER 4	PA, SP, QLC (6 ml/day)
OPSUMIT (<i>macitentan</i>) 10 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
OPSYNVI (<i>macitentan-tadalafil</i>) 10-20 MG TAB, 10-40 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ORENITRAM (<i>treprostinil diolamine</i>) 0.125 MG TAB ER, 0.25 MG TAB ER	TIER 4	PA, SP, QLC (9 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 1 MG TAB ER	TIER 4	PA, SP, QLC (42 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 2.5 MG TAB ER	TIER 4	PA, SP, QLC (16 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 5 MG TAB ER	TIER 4	PA, SP, QLC (8 tabs/day)
ORENITRAM MONTH 1 (<i>treprostinil diolamine</i>) 0.25 & 0.25 MG TBER THPK	TIER 4	PA, SP, QLC (168 tabs/28 days)
ORENITRAM MONTH 2 (<i>treprostinil diolamine</i>) 0.15 & 0.5 MG TBER THPK	TIER 4	PA, SP, QLC (336 tabs/28 days)
ORENITRAM MONTH 3 (<i>treprostinil diolamine</i>) 0.125 & 0.25 & 1 MG TBER THPK	TIER 4	PA, SP, QLC (252 tabs/28 days)
REVATIO (<i>sildenafil citrate (pulmonary hypertension)</i>) 10 MG/ML RECON SUSP	TIER 4	PA, SP, QLC (6 ml/day)
REVATIO (<i>sildenafil citrate (pulmonary hypertension)</i>) 20 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
<i>sildenafil citrate for suspension 10 mg/ml</i>	TIER 4	PA, SP, QLC (6 ml/day)
<i>sildenafil citrate tab 20 mg</i>	TIER 4	PA, SP, QLC (3 tabs/day)
tadalafil tab 20 mg (pah) (Alyq)	TIER 4	PA, SP, QLC (2 tabs/day)
<i>tadalafil tab 20 mg (pah)</i> (TADALAFIL (PAH))	TIER 4	PA, SP, QLC (2 tabs/day)
TADLIQ (<i>tadalafil (pulmonary hypertension)</i>) 20 MG/5ML SUSPENSION	TIER 4	PA, SP, QLC (10 ml/day)
TRACLEER (<i>bosentan</i>) 32 MG TAB SOL	TIER 4	PA, SP, QLC (4 tabs/day)
TRACLEER (<i>bosentan</i>) 62.5 MG TAB, 125 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
TYVASO DPI INSTITUTIONAL KIT (<i>treprostinil</i>) 48 MCG POWDER	TIER 4	
TYVASO DPI MAINTENANCE KIT (<i>treprostinil</i>) 112 X 32MCG & 112 X48MCG POWDER	TIER 4	PA, SP, QLC (8 cartridges/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TYVASO DPI MAINTENANCE KIT (<i>treprostinil</i>) KIT 16 MCG POWDER, KIT 32 MCG POWDER, KIT 48 MCG POWDER, KIT 64 MCG POWDER	TIER 4	PA, SP, QLC (4 cartridges/day)
TYVASO DPI TITRATION KIT (<i>treprostinil</i>) 112 X 16MCG & 84 X 32MCG POWDER	TIER 4	PA, SP, QLC (1 kit/6 months)
TYVASO DPI TITRATION KIT (<i>treprostinil</i>) 16 & 32 & 48 MCG POWDER	TIER 4	PA, SP, QLC (1 kit (252 units)/6 months)
UPTRAVI (<i>selexipag</i>) 200 & 800 MCG TAB THPK	TIER 4	PA, SP, QLC (200 tabs/6 months)
UPTRAVI (<i>selexipag</i>) 200 MCG TAB	TIER 4	PA, SP, QLC (pckg size #60= 2 tabs/day; pckg size #140= 140 tabs/6 months)
UPTRAVI (<i>selexipag</i>) 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
WINREVAIR (<i>sotatercept-csrk</i>) 2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT	TIER 4	PA, SP, QLC (1 kit/21 days)

PULMONARY FIBROSIS AGENTS

ESBRIET (<i>pirfenidone</i>) 267 MG CAP	TIER 4	PA, SP, QLC (9 caps/day)
ESBRIET (<i>pirfenidone</i>) 267 MG TAB	TIER 4	PA, SP, QLC (9 tabs/day)
ESBRIET (<i>pirfenidone</i>) 801 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
OFEV (<i>nintedanib esylate</i>) 100 MG CAP, 150 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)
PIRFENIDONE 534 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
<i>pirfenidone cap 267 mg</i>	TIER 4	PA, SP, QLC (9 caps/day)
<i>pirfenidone tab 267 mg</i>	TIER 4	PA, SP, QLC (9 tabs/day)
<i>pirfenidone tab 801 mg</i>	TIER 4	PA, SP, QLC (3 tabs/day)

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

<i>acetylcysteine inhal soln 10%</i>	TIER 1	
<i>acetylcysteine inhal soln 20%</i>	TIER 1	
ADVAIR DISKUS (<i>fluticasone-salmeterol</i>) 100-50 MCG/ACT AER POW BA, 250-50 MCG/ACT AER POW BA, 500-50 MCG/ACT AER POW BA	TIER 3	QLC (1 inhaler/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADVAIR HFA (<i>fluticasone-salmeterol</i>) 45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL	TIER 2	QLC (1 inhaler/month)
AIRDUO DIGIHALER (<i>fluticasone-salmeterol with sensor</i>) 55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
AIRDUO RESPICLICK 113/14 (<i>fluticasone-salmeterol</i>) /-MCG/ACT AER POW BA	TIER 3	QLC (1 inhaler/month)
AIRDUO RESPICLICK 232/14 (<i>fluticasone-salmeterol</i>) /-MCG/ACT AER POW BA	TIER 3	QLC (1 inhaler/month)
AIRDUO RESPICLICK 55/14 (<i>fluticasone-salmeterol</i>) /-MCG/ACT AER POW BA	TIER 3	QLC (1 inhaler/month)
AIRSUPRA (<i>albuterol-budesonide</i>) 90-80 MCG/ACT AEROSOL	TIER 3	PA, QLC (3 inhalers/30 days)
ANORO ELLIPTA (<i>umeclidinium-vilanterol</i>) 62.5-25 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> (AZELASTINE-FLUTICASONE)	TIER 1	QLC (1 bottle/month)
<i>benzonatate cap 100 mg</i>	TIER 1	
<i>benzonatate cap 150 mg</i>	TIER 1	
<i>benzonatate cap 200 mg</i>	TIER 1	
BEVESPI AEROSPHERE (<i>glycopyrrolate-formoterol fumarate</i>) 9-4.8 MCG/ACT AEROSOL	TIER 3	ST, QLC (1 inhaler/month)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>) 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
BREO ELLIPTA (<i>fluticasone furoate-vilanterol</i>) 50-25 MCG/INH AER POW BA	TIER 2	QLC (1 inhaler (60 blisters)/30 days)
BREZTRI AEROSPHERE (<i>budesonide-glycopyrrolate-formoterol fumarate</i>) 160-9-4.8 MCG/ACT AEROSOL	TIER 3	PA, QLC (1 inhaler/30 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	TIER 1	QLC (1 inhaler/month)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breynd)	TIER 1	QLC (1 inhaler/month)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	TIER 1	QLC (1 inhaler/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breynd)	TIER 1	QLC (1 inhaler/month)
CLARINEX-D 12 HOUR (<i>desloratadine-pseudoephedrine</i>) -2.5-0 MG TAB ER H	TIER 3	ST
COMBIVENT RESPIMAT (<i>ipratropium-albuterol</i>) 20-100 MCG/ACT AERO SOLN	TIER 2	QLC (1 inhaler/month)
DUAKLIR PRESSAIR (<i>aclidinium bromide-formoterol fumarate</i>) 400-12 MCG/ACT AER POW BA	TIER 3	ST, QLC (1 inhaler/30 days)
DULERA (<i>mometasone furoate-formoterol fumarate dihydrate</i>) 50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL	TIER 3	PA, QLC (1 inhaler/month)
DYMISTA (<i>azelastine hcl-fluticasone propionate</i>) 137-50 MCG/ACT SUSPENSION	TIER 3	QLC (1 bottle/month)
FASENRA PEN (<i>benralizumab</i>) 30 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/56 days)
<i>flunisolide nasal soln 25 mcg/act (0.025%) (0.0%)</i>	TIER 1	QLC (2 bottles/month)
FLUTICASONE FUROATE-VILANTEROL - 100-25 MCG/ACT AER POW BA, -200-25 MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	TIER 1	QLC (1 bottle/month)
FLUTICASONE-SALMETEROL -45-21 MCG/ACT AEROSOL, -115-21 MCG/ACT AEROSOL, -230-21 MCG/ACT AEROSOL	TIER 3	PA, QLC (1 inhaler/month)
FLUTICASONE-SALMETEROL -55-14 MCG/ACT AER POW BA, -113-14 MCG/ACT AER POW BA, -232-14 MCG/ACT AER POW BA	TIER 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	TIER 1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)	TIER 1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 250-50 mcg/act (Wixela Inhub) -2-	TIER 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act -2-</i>	TIER 1	QLC (1 inhaler/month)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	TIER 1	QLC (1 inhaler/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)	TIER 1	QLC (1 inhaler/month)
<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/month)
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/month)
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/month)
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/month)
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/month)
guaifenesin-codeine soln 100-10 mg/5ml (Virtussin A/c)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
guaifenesin-codeine soln 100-10 mg/5ml (Virtussin Ac W/alc)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
HYCODAN (<i>hydrocodone bitartrate-homatropine methylbromide</i>) 5-1.5 MG/5ML SOLUTION	TIER 3	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
HYCODAN (<i>hydrocodone w/ homatropine</i>) 5-1.5 MG TAB	TIER 3	AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month)
HYDROCOD POLI-CHLORPHE POLI ER (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>) -10-8 MG/5ML SUSP	TIER 1	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i> (HYDROCOD POLI-CHLORPHE POLI ER)	TIER 1	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i> (HYDROCODONE BIT-HOMATROP MBR) -- <i>1.mg/ml</i>	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hydromet) -1.mg/ml	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i> (HYDROCODONE BIT-HOMATROP MBR)	TIER 1	AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month)
HYPERSAL (<i>sodium chloride (inhalant)</i>) 3.5 % NEBU SOLN, 7 % NEBU SOLN	TIER 3	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	TIER 1	QLC (6 boxes [30 doses/box]/month)
NEBUSAL (<i>sodium chloride (inhalant)</i>) 6 % SOLN	TIER 3	
NUCALA (<i>mepolizumab</i>) 100 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (3 syringes/28 days)
NUCALA (<i>mepolizumab</i>) 40 MG/0.4ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
NUCALA (<i>mepolizumab</i>) NUCL100 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (3 auto-injectors/28 days)
OMNARIS (<i>ciclesonide (nasal)</i>) 50 MCG/ACT SUSPENSION	TIER 3	ST, QLC (1 bottle/month)
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i> (PROMETHAZINE VC) -mg/ml	TIER 1	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i> (PROMETHAZINE-PHENYLEPHRINE) -mg/ml	TIER 1	
PROMETHAZINE VC/CODEINE (<i>promethazine-phenylephrine-codeine</i>) 6.25-5-10 MG/5ML SYRUP	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> (PROMETHAZINE-CODEINE)	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	TIER 1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> (PROMETHAZINE-PHENYLEPH-CODEINE) ----mg/ml	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm)	TIER 1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i> (PSEUDOEPH-BROMPHEN-DM)	TIER 1	
RYALTRIS (<i>olopatadine hcl-mometasone furoate</i>) 665-25 MCG/ACT SUSPENSION	TIER 3	ST, QLC (29 gm/30 days)
<i>sodium chloride soln nebu 0.9%</i>	TIER 1	
<i>sodium chloride soln nebu 10%</i>	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sodium chloride soln nebu 3%</i>	TIER 1	
sodium chloride soln nebu 3% (Nebusal)	TIER 1	
<i>sodium chloride soln nebu 7%</i>	TIER 1	
sodium chloride soln nebu 7% (Pulmosal)	TIER 1	
STIOLTO RESPIMAT (<i>tiotropium bromide-olodaterol hcl</i>) 2.5-2.5 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 inhaler/month)
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>) 160-4.5 MCG/ACT AEROSOL	TIER 3	QLC (1 inhaler/month)
SYMBICORT (<i>budesonide-formoterol fumarate dihydrate</i>) 80-4.5 MCG/ACT AEROSOL	TIER 3	QLC (1 inhaler/month)
TESSALON PERLES (<i>benzonatate</i>) 100 MG CAP	TIER 3	
TEZSPIRE (<i>tezepelumab-ekko</i>) 210 MG/1.91ML SOLN -INJ	TIER 4	PA, SP, 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)
TUSSICAPS (<i>hydrocodone polistirex-chlorpheniramine polistirex</i>) TUSSIS 10-8 MG ER 12H	TIER 3	PA, AL1 (At least 18 yrs old), QLC (2 caps/day; max 7 days therapy/month)
TUXARIN ER (<i>chlorpheniramine w/ codeine</i>) 54.3-8 MG TAB 12H	TIER 3	AL1 (At least 18 yrs old), QLC (2 tabs/day; max 14 tabs/30 days)
TUZISTRA XR (<i>codeine polistirex-chlorpheniramine polistirex</i>) 14.7-2.8 MG/5ML SUSP	TIER 3	AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/month)
UTIBRON NEOHALER (<i>indacaterol maleate-glycopyrrolate</i>) 27.5-15.6 MCG CAP	TIER 3	ST, QLC (1 inhaler[60 caps]/month)
ZETONNA (<i>ciclesonide (nasal)</i>) 37 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 bottle/month)

SKELETAL MUSCLE RELAXANTS (Drugs for the Muscle Tightness)

AMRIX (<i>cyclobenzaprine hcl</i>) 15 MG CAP ER 24H, 30 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 64 yrs old), QLC (1 cap/day)
<i>carisoprodol tab 250 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>chlorzoxazone tab 250 mg</i>	TIER 1	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 375 mg</i>	TIER 1	PA, QLC (4 tabs/day)
chlorzoxazone tab 375 mg (Lorzone)	TIER 3	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 500 mg</i>	TIER 1	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 750 mg</i>	TIER 1	PA, QLC (4 tabs/day)
chlorzoxazone tab 750 mg (Lorzone)	TIER 3	PA, QLC (4 tabs/day)
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i> (CYCLOBENZAPRINE HCL ER)	TIER 1	ST, AL1 (Up to 64 yrs old), QLC (1 cap/day)
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i> (CYCLOBENZAPRINE HCL ER)	TIER 1	ST, AL1 (Up to 64 yrs old), QLC (1 CAP/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>cyclobenzaprine hcl tab 7.5 mg</i>	TIER 1	ST, AL1 (Up to 64 yrs old), QLC (3 tabs/day)
cyclobenzaprine hcl tab 7.5 mg (Fexmid)	TIER 1	ST, AL1 (Up to 64 yrs old), QLC (3 tabs/day)
<i>metaxalone tab 400 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>metaxalone tab 800 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
METHOCARBAMOL 1000 MG TAB	TIER 1	PA, QLC (4 tabs/day)
<i>methocarbamol tab 500 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
<i>methocarbamol tab 750 mg</i>	TIER 1	AL1 (Up to 64 yrs old)
NORGESIC FORTE (<i>orphenadrine w/ aspirin & caff</i>) 50-770-60 MG TAB	TIER 3	PA, QLC (4 tabs/day)
<i>orphenadrine citrate tab er 12hr 100 mg</i> (ORPHENADRINE CITRATE ER)	TIER 1	AL1 (Up to 64 yrs old)
orphenadrine w/ aspirin & caffeine tab 25-385-30 mg (Norgesic)	TIER 1	PA, QLC (8 tabs/day)
<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i> (ORPHENADRINE-ASPIRIN-CAFFEINE)	TIER 1	PA, QLC (8 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg</i> (ORPHENADRINE-ASA-CAFFEINE)	TIER 1	PA, QLC (4 tabs/day)
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (Orphengesic Forte)	TIER 1	PA, QLC (4 tabs/day)
ROBAXIN-750 (<i>methocarbamol</i>) -MG TAB	TIER 3	AL1 (Up to 64 yrs old)
SKELAXIN (<i>metaxalone</i>) 800 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
SOMA (<i>carisoprodol</i>) 250 MG TAB, 350 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
TANLOR (<i>methocarbamol</i>) 1000 MG TAB	TIER 1	PA, QLC (4 tabs/day)

SLEEP DISORDER AGENTS (Drugs for Sleep Problems)

SLEEP PROMOTING AGENTS (Drugs for Insomnia)

AMBIEN (<i>zolpidem tartrate</i>) 10 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
AMBIEN (<i>zolpidem tartrate</i>) 5 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
AMBIEN CR (<i>zolpidem tartrate</i>) 12.5 MG TAB ER	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
AMBIEN CR (<i>zolpidem tartrate</i>) 6.25 MG TAB ER	TIER 3	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
BELSOMRA (<i>suvorexant</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	TIER 3	ST, QLC (1 tab/day)
DAYVIGO (<i>lemborexant</i>) 5 MG TAB, 10 MG TAB	TIER 3	ST, QLC (1 tab/day)
DORAL (<i>quazepam</i>) 15 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	TIER 1	ST, QLC (1 tab/day)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	TIER 1	ST, QLC (1 tab/day)
EDLUAR (<i>zolpidem tartrate</i>) 5 MG SL TAB, 10 MG SL TAB	TIER 3	PA, AL1 (Up to 64 yrs old), 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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
FLURAZEPAM HCL 15 MG CAP	TIER 1	AL1 (Up to 64 yrs old), QLC (2 caps/day)
FLURAZEPAM HCL 30 MG CAP	TIER 1	AL1 (Up to 64 yrs old), QLC (1 cap/day)
HALCION (<i>triazolam</i>) 0.25 MG TAB	TIER 3	QLC (2 tabs/day)
HETLIOZ (<i>tasimelteon</i>) 20 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
HETLIOZ LQ (<i>tasimelteon</i>) 4 MG/ML SUSPENSION	TIER 4	PA, SP, QLC (5.27 ml/day)
INTERMEZZO (<i>zolpidem tartrate</i>) 1.75 MG SL TAB	TIER 3	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
LUNESTA (<i>eszopiclone</i>) 1 MG TAB, 2 MG TAB, 3 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
QUAZEPAM 15 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
QUVIVIQ (<i>daridorexant hcl</i>) 25 MG TAB, 50 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>ramelteon tab 8 mg</i>	TIER 1	ST, QLC (1 tab/day)
RESTORIL (<i>temazepam</i>) 15 MG CAP	TIER 3	QLC (2 caps/day)
RESTORIL (<i>temazepam</i>) 22.5 MG CAP, 30 MG CAP	TIER 3	QLC (1 cap/day)
RESTORIL (<i>temazepam</i>) 7.5 MG CAP	TIER 3	QLC (4 caps/day)
ROZEREM (<i>ramelteon</i>) 8 MG TAB	TIER 3	ST, QLC (1 tab/day)
SILENOR (<i>doxepin hcl (sleep)</i>) 3 MG TAB, 6 MG TAB	TIER 3	ST, QLC (1 tab/day)
<i>tasimelteon capsule 20 mg</i>	TIER 4	PA, SP, QLC (1 cap/day)
<i>temazepam cap 15 mg</i>	TIER 1	QLC (2 caps/day)
<i>temazepam cap 22.5 mg</i>	TIER 1	QLC (1 cap/day)
<i>temazepam cap 30 mg</i>	TIER 1	QLC (1 cap/day)
<i>temazepam cap 7.5 mg</i>	TIER 1	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)

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<i>zaleplon cap 5 mg</i>	TIER 1	AL1 (Up to 64 yrs old), QLC (4 caps/day)
ZOLPIDEM TARTRATE 1.75 MG SL TAB, 3.5 MG SL TAB	TIER 1	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
ZOLPIDEM TARTRATE 7.5 MG CAP	TIER 3	AL1 (Up to 64 yrs old), QLC (1 cap/day)
<i>zolpidem tartrate sl tab 1.75 mg</i>	TIER 1	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate sl tab 3.5 mg</i>	TIER 1	PA, AL1 (Up to 64 yrs old), QLC (1 tab/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 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate tab er 6.25 mg</i> (ZOLPIDEM TARTRATE ER)	TIER 1	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
ZOLPIMIST (<i>zolpidem tartrate</i>) 5 MG/ACT SOLUTION	TIER 3	PA, AL1 (Up to 64 yrs old), QLC (1 bottle/month)

WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)

<i>armodafinil tab 150 mg</i>	TIER 1	PA, QLC (1 tab/day)
<i>armodafinil tab 200 mg</i>	TIER 1	PA, QLC (1 tab/day)
<i>armodafinil tab 250 mg</i>	TIER 1	PA, QLC (1 tab/day)
<i>armodafinil tab 50 mg</i>	TIER 1	PA, QLC (2 tabs/day)
LUMRYZ (<i>sodium oxybate</i>) 4.5 GM PACKET, 6 GM PACKET, 7.5 GM PACKET, 9 GM PACKET	TIER 4	PA, SP, QLC (1 packet/day)
LUMRYZ STARTER PACK (<i>sodium oxybate</i>) 4.5 & 6 & 7.5 GM THER	TIER 4	PA, SP, 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)
NUVIGIL (<i>armodafinil</i>) 150 MG TAB, 200 MG TAB, 250 MG TAB	TIER 3	PA, QLC (1 tab/day)
NUVIGIL (<i>armodafinil</i>) 50 MG TAB	TIER 3	PA, QLC (2 tabs/day)
PROVIGIL (<i>modafinil</i>) 100 MG TAB	TIER 3	QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROVIGIL (<i>modafinil</i>) 200 MG TAB	TIER 3	QLC (2 tabs/day)
SODIUM OXYBATE 500 MG/ML SOLUTION	TIER 4	PA, SP, QLC (3 bottles/month)
SUNOSI (<i>solriamfetol hcl</i>) 75 MG TAB, 150 MG TAB	TIER 3	PA, QLC (1 tab/day)
WAKIX (<i>pitolisant hcl</i>) 4.45 MG TAB, 17.8 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
XYREM (<i>sodium oxybate</i>) 500 MG/ML SOLUTION	TIER 4	PA, SP, QLC (3 bottles/month)
XYWAV (<i>calcium, magnesium, potassium, & sodium oxybates</i>) 500 MG/ML SOLUTION	TIER 4	PA, SP, QLC (18 ml/day)

WEIGHT LOSS AGENTS

SAXENDA (<i>liraglutide (weight management)</i>) 18 MG/3ML SOLN PEN	TIER 3	PA, QLC (5 pens/month)
WEGOVY (<i>semaglutide (weight management)</i>) 0.25 MG/0.5ML SOLN -INJ, 0.5 MG/0.5ML SOLN -INJ, 1.7 MG/0.75ML SOLN -INJ, 2.4 MG/0.75ML SOLN -INJ	TIER 3	PA, QLC (4 pens/month)
WEGOVY (<i>semaglutide (weight management)</i>) 1 MG/0.5ML SOLN -INJ	TIER 3	PA, QLC (4 pens/28 days)
ZEPBOUND (<i>tirzepatide (weight management)</i>) 2.5 MG/0.5ML SOLN -INJ, 5 MG/0.5ML SOLN -INJ, 7.5 MG/0.5ML SOLN -INJ, 10 MG/0.5ML SOLN -INJ, 12.5 MG/0.5ML SOLN -INJ, 15 MG/0.5ML SOLN -INJ	TIER 3	PA, QLC (4 pens/28 days)

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Alphabetical Index of Prescription Drugs

*

*betaine powder for oral solution***	218
*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** (MULTI-VIT/IRON/FLUORIDE)	194
*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** (MULTI-VITAMIN/FLUORIDE/IRON)	194
*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** (MULTIVITAMIN/FLUORIDE/IRON)	194
*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg*** (MULTIVITAMINS/FLUORIDE)	194
*sodium polystyrene sulfonate powder**	207

1

1ST TIER UNIFINE PENTIPS	278
1ST TIER UNIFINE PENTIPS PLUS	278
1ST TIER UNILET COMFORTOUCH	278

A

abacavir sulfate soln 20 mg/ml (base equiv)	96
abacavir sulfate tab 300 mg (base equiv)	96
abacavir sulfate-lamivudine tab 600-300 mg	96
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (ABACAVIR-LAMIVUDINE-ZIDOVUDINE)	96
ABILIFY (aripiprazole)	86
ABILIFY MYCITE (aripiprazole)	86,87
ABILIFY MYCITE MAINTENANCE KIT (aripiprazole with sensor, strips, & pod)	87
ABILIFY MYCITE STARTER KIT (aripiprazole with sensor, strips, & pod)	87
abiraterone acetate tab 250 mg	65
abiraterone acetate tab 500 mg	65
ABOUTTIME PEN NEEDLE	279
ABRILADA (1 PEN) (adalimumab-afzb)	266
ABRILADA (2 PEN) (adalimumab-afzb)	266
ABRILADA (2 SYRINGE) (adalimumab-afzb)	266
ABSORICA (isotretinoin)	174

ABSORICA LD (isotretinoin micronized)	174
ABSTRAL (fentanyl citrate)	11
acamprosate calcium tab delayed release 333 mg	20
ACANYA (clindamycin phosphate-benzoyl peroxide)	174
acarbose tab 100 mg	105
acarbose tab 25 mg	105
acarbose tab 50 mg	105
ACCOLATE (zafirlukast)	342
ACCRUFER (ferric maltol)	194
ACCU-CHEK AVIVA PLUS (glucose blood)	279
ACCU-CHEK FASTCLIX LANCETS	279
ACCU-CHEK GUIDE	279
ACCU-CHEK GUIDE ME	279
ACCU-CHEK GUIDE TEST (glucose blood)	279
ACCU-CHEK SAFE-T PRO LANCETS	279
ACCU-CHEK SMARTVIEW (glucose blood)	279
ACCU-CHEK SOFTCLIX LANCETS	279
ACCUPRIL (quinapril hcl)	126
ACCURETIC (quinapril-hydrochlorothiazide)	138
ACCUTREND GLUCOSE (glucose blood)	279
acebutolol hcl cap 200 mg	130
acebutolol hcl cap 400 mg	130
acetaminophen w/ codeine soln 120-12 mg/5ml (ACETAMINOPHEN-CODEINE)	11
acetaminophen w/ codeine tab 300-15 mg (ACETAMINOPHEN-CODEINE)	11
acetaminophen w/ codeine tab 300-30 mg (ACETAMINOPHEN-CODEINE)	11
acetaminophen w/ codeine tab 300-60 mg (ACETAMINOPHEN-CODEINE)	11
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg (Dvorah)	11
ACETAMINOPHEN-CODEINE (acetaminophen w/ codeine)	11
acetazolamide cap er 12hr 500 mg (ACETAZOLAMIDE ER)	337
acetazolamide tab 125 mg	138
acetazolamide tab 250 mg	138
acetic acid otic soln 2%	338

acetylcysteine inhal soln 10%	349	ADALIMUMAB-AATY (1 PEN)	266
acetylcysteine inhal soln 20%	349	ADALIMUMAB-AATY (2 PEN)	266
ACIPHEX (rabeprazole sodium)	216	ADALIMUMAB-AATY (2 SYRINGE)	267
ACIPHEX SPRINKLE (rabeprazole sodium)	217	ADALIMUMAB-ADAZ	267
acitretin cap 10 mg	174	ADALIMUMAB-ADB (2 PEN)	267
acitretin cap 17.5 mg	174	ADALIMUMAB-ADB (2 SYRINGE)	267
acitretin cap 25 mg	175	ADALIMUMAB-ADB(CD/UC/HS STRT)	267
ACTEMRA (tocilizumab)	262	ADALIMUMAB-ADB(PS/UV STARTER)	267
ACTEMRA ACTPEN (tocilizumab)	262	ADALIMUMAB-FKJP (2 PEN)	267
ACTHAR (corticotropin)	228	ADALIMUMAB-FKJP (2 SYRINGE)	267
ACTHAR GEL (corticotropin)	228	ADALIMUMAB-RYVK (2 PEN)	267
ACTI-LANCE 28G	279	ADALIMUMAB-RYVK (2 SYRINGE)	267
ACTI-LANCE LITE LANCETS 28G	279	ADAPALENE	175
ACTI-LANCE SPECIAL LANCETS 17G	279	adapalene cream 0.1%	175
ACTI-LANCE UNIVERSAL 23G	279	adapalene gel 0.3%	175
ACTICLATE (doxycycline hyclate)	31	adapalene-benzoyl peroxide gel 0.1-2.5%	175
ACTIGALL (ursodiol)	214	adapalene-benzoyl peroxide gel 0.3-2.5%	175
ACTIMMUNE (interferon gamma-1b)	266	ADBRY (tralokinumab-ldrm)	178
ACTIQ (fentanyl citrate)	11	ADCIRCA (tadalafil (pulmonary hypertension))	347
ACTIVELLA (estradiol & norethindrone acetate)	253	ADDERALL (amphetamine-dextroamphetamine)	157
ACTONEL (risedronate sodium)	276	ADDERALL XR (amphetamine-dextroamphetamine)	158
ACTOPLUS MET (pioglitazone hcl-metformin hcl)	105	ADDYI (flibanserin)	225
ACTOS (pioglitazone hcl)	105	adefovir dipivoxil tab 10 mg	92
ACULAR (ketorolac tromethamine (ophth))	334	ADEMPAS (riociguat)	347
ACULAR LS (ketorolac tromethamine (ophth))	334	ADHANSIA XR (methylphenidate hcl)	162
ACUVAIL (ketorolac tromethamine (ophth))	334	ADIPEX-P (phentermine hcl)	167
acyclovir cap 200 mg	100	ADLARITY (donepezil hydrochloride)	44
acyclovir cream 5%	192	ADLYXIN (lixisenatide)	105
acyclovir oint 5%	192	ADLYXIN STARTER PACK (lixisenatide)	105
acyclovir susp 200 mg/5ml	101	ADMELOG (insulin lispro)	112
acyclovir tab 400 mg	101	ADMELOG SOLOSTAR (insulin lispro)	112
acyclovir tab 800 mg	101	ADTHYZA (thyroid)	256
ACZONE (dapson (topical))	192	ADVAIR DISKUS (fluticasone-salmeterol)	349
ADALAT CC (nifedipine)	133	ADVAIR HFA (fluticasone-salmeterol)	350
ADALIMUMAB-AACF (2 PEN)	266	ADVANCE INTUITION TEST (glucose blood)	279
ADALIMUMAB-AACF (2 SYRINGE)	266	ADVANCE MICRO-DRAW TEST (glucose blood)	279
ADALIMUMAB-AACF(CD/UC/HS STRT)	266	ADVANCED MOBILE LANCET	279
ADALIMUMAB-AACF(PS/UV STARTER)	266		

ADVOCATE INSULIN PEN NEEDLE.....	279	AGRYLIN (anagrelide hcl).....	120
ADVOCATE INSULIN PEN NEEDLES.....	279	AIMOVIG (ereenumab-aooe).....	59,60
ADVOCATE INSULIN SYRINGE.....	280	AIMSCO TWIST LANCETS 32G.....	281
ADVOCATE LANCETS.....	280	AIMSCO TWIST LANCETS 33G.....	281
ADVOCATE LANCETS 30G.....	280	AIRDUO DIGIHALER (fluticasone-salmeterol with sensor).....	350
ADVOCATE REDI-CODE (glucose blood)....	280	AIRDUO RESPICLICK 113/14 (fluticasone- salmeterol).....	350
ADVOCATE REDI-CODE+ TEST (glucose blood).....	280	AIRDUO RESPICLICK 232/14 (fluticasone- salmeterol).....	350
ADVOCATE SAFETY LANCETS.....	280	AIRDUO RESPICLICK 55/14 (fluticasone- salmeterol).....	350
ADVOCATE SAFETY LANCETS 26G.....	280	AIRSUPRA (albuterol-budesonide).....	350
ADVOCATE TEST (glucose blood).....	280	AJOVY (fremanezumab-vfrm).....	60
ADZENYS ER (amphetamine).....	158	AKEEGA (niraparib tosylate-abiraterone acetate).....	67
ADZENYS XR-ODT (amphetamine).....	158	AKLIEF (trifarotene).....	175
AEMCOLO (rifamycin sodium).....	211	AKYNZEO (netupitant-palonosetron).....	55
AEROCHAMBER HOLDING CHAMBER.....	280	ALA SCALP (hydrocortisone (topical)).....	178
AEROCHAMBER MINI CHAMBER.....	280	albendazole tab 200 mg.....	78
AEROCHAMBER MV.....	280	ALBENZA (albendazole).....	78
AEROCHAMBER PLS FLOVU MTHPIECE....	280	albuterol hfa (generic Proair HFA).....	343
AEROCHAMBER PLUS FLO-VU.....	280	albuterol hfa (generic proventil hfa).....	343
AEROCHAMBER PLUS FLO-VU INTERM....	280	albuterol hfa (generic ventolin hfa).....	343
AEROCHAMBER PLUS FLO-VU LARGE.....	280	ALBUTEROL SULFATE.....	343
AEROCHAMBER PLUS FLO-VU MEDIUM....	280	ALBUTEROL SULFATE ER.....	343
AEROCHAMBER PLUS FLO-VU SMALL.....	280	albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (ALBUTEROL SULFATE HFA).....	344
AEROCHAMBER PLUS FLO-VU W/MASK....	280	albuterol sulfate soln nebu 0.083% (2.5 mg/3ml).....	344
AEROCHAMBER PLUS FLOW VU.....	280	albuterol sulfate soln nebu 0.5% (5 mg/ml) ..	344
AEROCHAMBER W/FLOWSIGNAL.....	280	albuterol sulfate soln nebu 0.63 mg/3ml (base equiv).....	344
AEROCHAMBER Z-STAT PLUS.....	280	albuterol sulfate soln nebu 1.25 mg/3ml (base equiv).....	344
AEROCHAMBER Z-STAT PLUS CHAMBR....	280	albuterol sulfate syrup 2 mg/5ml.....	344
AEROCHAMBER Z-STAT PLUS/LARGE.....	281	albuterol sulfate tab 2 mg.....	344
AEROCHAMBER Z-STAT PLUS/MEDIUM....	281	albuterol sulfate tab 4 mg.....	344
AEROCHAMBER Z-STAT PLUS/SMALL.....	281	ALCAINE (proparacaine hcl).....	329
AEROVENT PLUS.....	281	alclometasone dipropionate cream 0.05%...	179
AFINITOR (everolimus).....	69		
AFINITOR DISPERZ (everolimus).....	69		
AFREZZA (insulin regular (human)).....	112		
AGAMATRIX AMP TEST (glucose blood)....	281		
AGAMATRIX JAZZ TEST (glucose blood)....	281		
AGAMATRIX KEYNOTE TEST (glucose blood) .	281		
AGAMATRIX PRESTO TEST (glucose blood) ..	281		
AGAMATRIX ULTRA-THIN LANCETS.....	281		
AGAMREE (vamorolone).....	218		

alclometasone dipropionate oint 0.05%	179	alprazolam tab 0.5 mg	102
ALDACTAZIDE (spironolactone & hydrochlorothiazide)	138	alprazolam tab 1 mg	102
ALDACTONE (spironolactone)	154	alprazolam tab 2 mg	102
ALDARA (imiquimod)	186	alprazolam tab er 24hr 0.5 mg (ALPRAZOLAM ER)	102
ALECENSA (alectinib hcl)	69	alprazolam tab er 24hr 0.5 mg (ALPRAZOLAM XR)	102
ALENDRONATE SODIUM	277	alprazolam tab er 24hr 1 mg (ALPRAZOLAM ER)	102
alendronate sodium oral soln 70 mg/75ml	277	alprazolam tab er 24hr 1 mg (ALPRAZOLAM XR)	102
alendronate sodium tab 10 mg	277	alprazolam tab er 24hr 2 mg (ALPRAZOLAM ER)	102
alendronate sodium tab 35 mg	277	alprazolam tab er 24hr 2 mg (ALPRAZOLAM XR)	102
alendronate sodium tab 70 mg	277	alprazolam tab er 24hr 3 mg (ALPRAZOLAM ER)	102
alfuzosin hcl tab er 24hr 10 mg (ALFUZOSIN HCL ER)	225	alprazolam tab er 24hr 3 mg (ALPRAZOLAM XR)	102
ALINIA (nitazoxanide)	78	ALREX (loteprednol etabonate)	334
aliskiren fumarate tab 150 mg (base equivalent)	138	ALTABAX (retapamulin)	192
aliskiren fumarate tab 300 mg (base equivalent)	138	ALTACE (ramipril)	126
ALKERAN (melphalan)	65	ALTOPREV (lovastatin)	150
ALKINDI SPRINKLE (hydrocortisone)	276	ALTRENO (tretinoin)	175
allopurinol tab 100 mg	59	ALUNBRIG (brigatinib)	69
allopurinol tab 200 mg	59	ALVAIZ (eltrombopag choline)	120
allopurinol tab 300 mg	59	ALVESCO (ciclesonide)	339
ALLZITAL (butalbital-acetaminophen)	167	amantadine hcl cap 100 mg	80
almotriptan malate tab 12.5 mg	61	amantadine hcl soln 50 mg/5ml	80
almotriptan malate tab 6.25 mg	61	amantadine hcl tab 100 mg	80
ALOCRIIL (nedocromil sodium (ophth))	332	AMARYL (glimepiride)	105
ALOGLIPTIN BENZOATE	105	AMBIEN (zolpidem tartrate)	356
ALOGLIPTIN-METFORMIN HCL	105	AMBIEN CR (zolpidem tartrate)	356
ALOGLIPTIN-PIOGLITAZONE	105	ambrisentan tab 10 mg	347
ALOMIDE (Iodoxamide tromethamine)	332	ambrisentan tab 5 mg	347
ALORA (estradiol)	237	AMCINONIDE	179
alosetron hcl tab 0.5 mg (base equiv)	211	amcinonide oint 0.1%	179
alosetron hcl tab 1 mg (base equiv)	211	AMERGE (naratriptan hcl)	61
ALPHAGAN P (brimonidine tartrate)	337	AMICAR (aminocaproic acid)	122
ALPRAZOLAM INTENSOL	102	amiloride & hydrochlorothiazide tab 5-50 mg (AMILORIDE-HYDROCHLOROTHIAZIDE)	138
alprazolam orally disintegrating tab 0.25 mg	102		
alprazolam orally disintegrating tab 0.5 mg	102		
alprazolam orally disintegrating tab 1 mg	102		
alprazolam orally disintegrating tab 2 mg	102		
alprazolam tab 0.25 mg	102		

amiloride hcl tab 5 mg	148	amlodipine besylate-atorvastatin calcium tab	5-10 mg (AMLODIPINE-ATORVASTATIN)	139
AMILORIDE-HYDROCHLOROTHIAZIDE		amlodipine besylate-atorvastatin calcium tab	5-20 mg (AMLODIPINE-ATORVASTATIN)	139
(amiloride & hydrochlorothiazide)	139	amlodipine besylate-atorvastatin calcium tab	5-40 mg (AMLODIPINE-ATORVASTATIN)	139
aminocaproic acid oral soln 0.25 gm/ml	122	amlodipine besylate-atorvastatin calcium tab	5-80 mg (AMLODIPINE-ATORVASTATIN)	139
aminocaproic acid tab 1000 mg	122	amlodipine besylate-benazepril hcl cap 10-20	mg (AMLODIPINE BESY-BENAZEPRIL HCL)	139
aminocaproic acid tab 500 mg	122	amlodipine besylate-benazepril hcl cap 10-40	mg (AMLODIPINE BESY-BENAZEPRIL HCL)	139
amiodarone hcl tab 100 mg	128	amlodipine besylate-benazepril hcl cap 2.5-10	mg (AMLODIPINE BESY-BENAZEPRIL HCL)	139
amiodarone hcl tab 100 mg (Pacerone)	128	amlodipine besylate-benazepril hcl cap 5-10 mg	(AMLODIPINE BESY-BENAZEPRIL HCL)	140
amiodarone hcl tab 200 mg	128	amlodipine besylate-benazepril hcl cap 5-20	mg (AMLODIPINE BESY-BENAZEPRIL HCL)	140
amiodarone hcl tab 200 mg (Pacerone)	128	amlodipine besylate-benazepril hcl cap 5-40	mg (AMLODIPINE BESY-BENAZEPRIL HCL)	140
amiodarone hcl tab 400 mg	128	amlodipine besylate-benazepril hcl cap 5-40	mg (AMLODIPINE BESY-BENAZEPRIL HCL)	140
amiodarone hcl tab 400 mg (Pacerone)	128	amlodipine besylate-olmesartan medoxomil	tab 10-20 mg (AMLODIPINE-OLMESARTAN)	140
AMITIZA (lubiprostone)	209	amlodipine besylate-olmesartan medoxomil	tab 10-40 mg (AMLODIPINE-	
amitriptyline hcl tab 10 mg	52	OLMESARTAN)		140
amitriptyline hcl tab 100 mg	52	amlodipine besylate-olmesartan medoxomil	tab 5-20 mg (AMLODIPINE-OLMESARTAN)	140
amitriptyline hcl tab 150 mg	52	amlodipine besylate-olmesartan medoxomil	tab 5-40 mg (AMLODIPINE-OLMESARTAN)	140
amitriptyline hcl tab 25 mg	52	amlodipine besylate-valsartan tab 10-160	mg	140
amitriptyline hcl tab 50 mg	52	amlodipine besylate-valsartan tab 10-320	mg	140
amitriptyline hcl tab 75 mg	52	amlodipine besylate-valsartan tab 5-160	mg	140
AMJEVITA (adalimumab-atto)	267,268	amlodipine besylate-valsartan tab 5-320	mg	140
amlodipine besylate tab 10 mg (base		amlodipine-valsartan-hydrochlorothiazide tab	10-160-12.5 mg (AMLODIPINE-VALSARTAN-	
equivalent)	133	HCTZ)		140
amlodipine besylate tab 2.5 mg (base				
equivalent)	133			
amlodipine besylate tab 5 mg (base				
equivalent)	133			
amlodipine besylate-atorvastatin calcium tab				
10-10 mg (AMLODIPINE-ATORVASTATIN)	139			
amlodipine besylate-atorvastatin calcium tab				
10-20 mg (AMLODIPINE-ATORVASTATIN)	139			
amlodipine besylate-atorvastatin calcium tab				
10-40 mg (AMLODIPINE-ATORVASTATIN)	139			
amlodipine besylate-atorvastatin calcium tab				
10-80 mg (AMLODIPINE-ATORVASTATIN)	139			
amlodipine besylate-atorvastatin calcium tab				
2.5-10 mg (AMLODIPINE-ATORVASTATIN)	139			
amlodipine besylate-atorvastatin calcium tab				
2.5-20 mg (AMLODIPINE-ATORVASTATIN)	139			
amlodipine besylate-atorvastatin calcium tab				
2.5-40 mg (AMLODIPINE-ATORVASTATIN)	139			

amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (AMLODIPINE-VALSARTAN-HCTZ).....	140	amoxicillin (trihydrate) for susp 400 mg/5ml ..	27
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (AMLODIPINE-VALSARTAN-HCTZ).....	140	amoxicillin (trihydrate) tab 500 mg.....	27
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (AMLODIPINE-VALSARTAN-HCTZ).....	140	amoxicillin (trihydrate) tab 875 mg.....	27
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (AMLODIPINE-VALSARTAN-HCTZ).....	141	AMOXICILLIN-POT CLAVULANATE (amoxicillin & pot clavulanate).....	27
amoxapine tab 100 mg.....	52	AMOXICILLIN-POT CLAVULANATE ER (amoxicillin & pot clavulanate).....	27
amoxapine tab 150 mg.....	52	AMPHETAMINE ER.....	158
amoxapine tab 25 mg.....	52	amphetamine sulfate tab 10 mg.....	158
amoxapine tab 50 mg.....	52	amphetamine sulfate tab 5 mg.....	158
amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg (AMOXICILL-CLARITHRO-LANSOPRAZ).....	214	amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg (AMPHET-DEXTROAMPHET 3-BEAD ER).....	158
AMOXICILL-CLARITHRO-LANSOPRAZ (amoxicillin-clarithromycin w/ lansoprazole) .	214	amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg (AMPHET-DEXTROAMPHET 3-BEAD ER).....	158
AMOXICILLIN.....	27	amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg (AMPHET-DEXTROAMPHET 3-BEAD ER).....	158
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml (AMOXICILLIN-POT CLAVULANATE)	26	amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg (AMPHET-DEXTROAMPHET 3-BEAD ER).....	158
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (AMOXICILLIN-POT CLAVULANATE)	26	amphetamine-dextroamphetamine cap er 24hr 10 mg (AMPHETAMINE-DEXTROAMPHET ER).....	158
amoxicillin & k clavulanate for susp 400-57 mg/5ml (AMOXICILLIN-POT CLAVULANATE)	26	amphetamine-dextroamphetamine cap er 24hr 15 mg (AMPHETAMINE-DEXTROAMPHET ER).....	158
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (AMOXICILLIN-POT CLAVULANATE)	26	amphetamine-dextroamphetamine cap er 24hr 20 mg (AMPHETAMINE-DEXTROAMPHET ER).....	158
amoxicillin & k clavulanate tab 250-125 mg (AMOXICILLIN-POT CLAVULANATE).....	26	amphetamine-dextroamphetamine cap er 24hr 25 mg (AMPHETAMINE-DEXTROAMPHET ER).....	158
amoxicillin & k clavulanate tab 500-125 mg (AMOXICILLIN-POT CLAVULANATE).....	27	amphetamine-dextroamphetamine cap er 24hr 30 mg (AMPHETAMINE-DEXTROAMPHET ER).....	159
amoxicillin & k clavulanate tab 875-125 mg (AMOXICILLIN-POT CLAVULANATE).....	27	amphetamine-dextroamphetamine cap er 24hr 5 mg (AMPHETAMINE-DEXTROAMPHET ER)	159
amoxicillin (trihydrate) cap 250 mg.....	27	amphetamine-dextroamphetamine tab 10 mg.....	159
amoxicillin (trihydrate) cap 500 mg.....	27		
amoxicillin (trihydrate) for susp 125 mg/5ml ..	27		
amoxicillin (trihydrate) for susp 200 mg/5ml ..	27		
amoxicillin (trihydrate) for susp 250 mg/5ml ..	27		

amphetamine-dextroamphetamine tab 12.5 mg.....	159	APEXICON E (diflorasone diacetate emollient base).....	179
amphetamine-dextroamphetamine tab 15 mg.....	159	APIDRA (insulin glulisine).....	112
amphetamine-dextroamphetamine tab 20 mg.....	159	APIDRA SOLOSTAR (insulin glulisine).....	112
amphetamine-dextroamphetamine tab 30 mg.....	159	APLENZIN (bupropion hydrobromide).....	46
amphetamine-dextroamphetamine tab 5 mg.....	159	APO-VARENICLINE (varenicline tartrate).....	21
amphetamine-dextroamphetamine tab 7.5 mg.....	159	APOKYN (apomorphine hydrochloride).....	81
ampicillin cap 500 mg.....	27	apomorphine hcl soln cartridge 30 mg/3ml...	81
AMPYRA (dalfampridine).....	171	APRACLONIDINE HCL.....	337
AMRIX (cyclobenzaprine hcl).....	354	apraclonidine hcl ophth soln 0.5% (base equivalent).....	337
AMZEEQ (minocycline hcl micronized (acne)).....	175	aprepitant capsule 125 mg.....	55
ANADROL-50 (oxymetholone).....	235	aprepitant capsule 40 mg.....	55
ANAFRANIL (clomipramine hcl).....	52	aprepitant capsule 80 mg.....	55
anagrelide hcl cap 0.5 mg.....	120	aprepitant capsule therapy pack 80 & 125 mg	55
anagrelide hcl cap 1 mg.....	120	APRISO (mesalamine).....	275
ANALPRAM-HC (hydrocortisone acetate w/ pramoxine).....	186	APTENSIO XR (methylphenidate hcl).....	162
ANAPROX DS (naproxen sodium).....	1	APTIOM (eslicarbazepine acetate).....	41
ANASPAZ (hyoscyamine sulfate).....	212	APTIVUS (tipranavir).....	98
anastrozole tab 1 mg.....	68	AQ INSULIN SYRINGE.....	281
ANCOBON (flucytosine).....	56	AQINJECT PEN NEEDLE.....	281
ANDRODERM (testosterone).....	235	AQNEURSA (levacetylleucine).....	218
ANDROGEL (testosterone).....	235	AQUALANCE LANCETS 30G.....	281
ANDROGEL PUMP (testosterone).....	235	ARAKODA (tafenoquine succinate).....	78
ANGELIQ (drospirenone-estradiol).....	237	ARANESP (ALBUMIN FREE) (darbepoetin alfa).....	120
ANNOVERA (segesteronone acetate-ethinyl estradiol).....	237	ARAVA (leflunomide).....	268
ANORO ELLIPTA (umeclidinium-vilanterol).....	350	ARAZLO (tazarotene (acne)).....	175
ANTARA (fenofibrate micronized).....	149	ARCALYST (rilonacept).....	262
ANUSOL-HC (hydrocortisone (rectal)).....	179	arformoterol tartrate soln nebu 15 mcg/2ml (base equiv).....	344
ANZEMET (dolasetron mesylate).....	55	ARICEPT (donepezil hydrochloride).....	44
APADAZ (benzhydrocodone hcl-acetaminophen).....	11	ARIKAYCE (amikacin sulfate liposome).....	22
APAP-CAFF-DIHYDROCODEINE (acetaminophen-caff-dihydrocod).....	11	ARIMIDEX (anastrozole).....	68
		aripiprazole oral solution 1 mg/ml.....	87
		aripiprazole orally disintegrating tab 10 mg...	87
		aripiprazole orally disintegrating tab 15 mg...	87
		aripiprazole tab 10 mg.....	87
		aripiprazole tab 15 mg.....	87
		aripiprazole tab 2 mg.....	87
		aripiprazole tab 20 mg.....	87

aripiprazole tab 30 mg	87	ASSURE HAEMOLANCE PLUS NORMAL	281
aripiprazole tab 5 mg	87	ASSURE HAEMOLANCE PLUS PED	281
ARIXTRA (fondaparinux sodium)	117	ASSURE ID DUO PRO PEN NEEDLES	281
armodafinil tab 150 mg	358	ASSURE ID INSULIN SAFETY SYR	281
armodafinil tab 200 mg	358	ASSURE ID PRO PEN NEEDLES	282
armodafinil tab 250 mg	358	ASSURE ID SAFETY PEN NEEDLES	282
armodafinil tab 50 mg	358	ASSURE II (glucose blood)	282
ARMONAIR DIGIHALER (fluticasone propionate with sensor (inhalation))	339	ASSURE II CHECK (glucose blood)	282
ARMOUR THYROID	256	ASSURE LANCE LANCETS	282
ARNUITY ELLIPTA (fluticasone furoate (inhalation))	339	ASSURE LANCE LANCETS 21G	282
AROMASIN (exemestane)	68	ASSURE LANCE PLUS SAFETY 25G	282
ARTHROTEC (diclofenac w/ misoprostol)	1	ASSURE LANCE PLUS SAFETY 30G	282
ARYMO ER (morphine sulfate)	11,12	ASSURE LANCE SAFETY LANCET 28G	282
ASACOL HD (mesalamine)	275	ASSURE LANCETS	282
asenapine maleate sl tab 10 mg (base equiv)	87	ASSURE PLATINUM (glucose blood)	282
asenapine maleate sl tab 2.5 mg (base equiv)	87	ASSURE PRISM MULTI TEST (glucose blood)	282
asenapine maleate sl tab 5 mg (base equiv)	87	ASSURE PRO TEST (glucose blood)	282
ASMANEX (120 METERED DOSES) (mometasone furoate (inhalation))	339	ASTAGRAF XL (tacrolimus)	268
ASMANEX (14 METERED DOSES) (mometasone furoate (inhalation))	339	ATABEX EC (prenatal vit w/ docusate-iron carbonyl-folic acid)	194
ASMANEX (30 METERED DOSES) (mometasone furoate (inhalation))	340	ATABEX OB (prenatal vit w/ fe bisglycinate chelate-folic acid)	194
ASMANEX (60 METERED DOSES) (mometasone furoate (inhalation))	340	ATACAND (candesartan cilexetil)	125
ASMANEX (7 METERED DOSES) (mometasone furoate (inhalation))	340	ATACAND HCT (candesartan cilexetil- hydrochlorothiazide)	141
ASMANEX HFA (mometasone furoate (inhalation))	340	atazanavir sulfate cap 150 mg (base equiv)	98
aspirin-dipyridamole cap er 12hr 25-200 mg (ASPIRIN-DIPYRIDAMOLE ER)	123	atazanavir sulfate cap 200 mg (base equiv)	98
ASPIRIN-OMEPRAZOLE	123	atazanavir sulfate cap 300 mg (base equiv)	98
ASPRUZYO SPRINKLE (ranolazine)	141	AELVIA (risedronate sodium)	277
ASSURE 3 TEST (glucose blood)	281	atenolol & chlorthalidone tab 100-25 mg (ATENOLOL-CHLORTHALIDONE)	141
ASSURE 4 TEST (glucose blood)	281	atenolol & chlorthalidone tab 50-25 mg (ATENOLOL-CHLORTHALIDONE)	141
ASSURE COMFORT LANCETS 28G	281	atenolol tab 100 mg	130
ASSURE HAEMOLANCE PLUS HIGH	281	atenolol tab 25 mg	130
ASSURE HAEMOLANCE PLUS LOW	281	atenolol tab 50 mg	130
ASSURE HAEMOLANCE PLUS MICRO	281	ATIVAN (lorazepam)	102
		atomoxetine hcl cap 10 mg (base equiv)	162
		atomoxetine hcl cap 100 mg (base equiv)	162
		atomoxetine hcl cap 18 mg (base equiv)	162
		atomoxetine hcl cap 25 mg (base equiv)	162

atomoxetine hcl cap 40 mg (base equiv)	162	AUVELITY (dextromethorphan hydrobromide- bupropion hydrochloride)	46
atomoxetine hcl cap 60 mg (base equiv)	162	AUVI-Q (epinephrine (anaphylaxis))	344
atomoxetine hcl cap 80 mg (base equiv)	162	AVALIDE (irbesartan-hydrochlorothiazide)	141
ATORVALIQ (atorvastatin calcium)	150	AVAPRO (irbesartan)	125
atorvastatin calcium tab 10 mg (base equivalent)	151	AVAR LS CLEANSER (sulfacetamide sodium w/ sulfur)	186
atorvastatin calcium tab 20 mg (base equivalent)	151	AVAR-E LS (sulfacetamide sodium w/ sulfur)	186
atorvastatin calcium tab 40 mg (base equivalent)	151	AVODART (dutasteride)	225
atorvastatin calcium tab 80 mg (base equivalent)	151	AVONEX PEN (interferon beta-1a)	171
atovaquone susp 750 mg/5ml	78	AVONEX PREFILLED (interferon beta-1a)	171
atovaquone-proguanil hcl tab 250-100 mg	79	AYGESTIN (norethindrone acetate)	254
atovaquone-proguanil hcl tab 62.5-25 mg	79	AYVAKIT (avapritinib)	69
ATRALIN (tretinoin)	175	AZASITE (azithromycin (ophth))	333
ATRIPLA (efavirenz-emtricitabine-tenofovir disoproxil fumarate)	94	azathioprine tab 100 mg	268
ATROPINE SULFATE (atropine sulfate ophthalmic)	329	azathioprine tab 100 mg (Azasan)	268
atropine sulfate ophth soln 1%	329	azathioprine tab 50 mg	268
ATROVENT HFA (ipratropium bromide hfa)	343	azathioprine tab 75 mg	268
AUBAGIO (teriflunomide)	171	azathioprine tab 75 mg (Azasan)	268
AUGMENTIN (amoxicillin & pot clavulanate)	27	azelaic acid gel 15%	175
AUGMENTIN ES-600 (amoxicillin & pot clavulanate)	27	azelastine hcl nasal spray 0.1% (137 mcg/spray)	341
AUGTYRO (repotrectinib)	67	azelastine hcl ophth soln 0.05%	332
AUM INSULIN SAFETY PEN NEEDLE	282	azelastine hcl-fluticasone prop nasal spray 137- 50 mcg/act (AZELASTINE-FLUTICASONE)	350
AUM MINI INSULIN PEN NEEDLE	282	AZELEX (azelaic acid (acne))	175
AUM PEN NEEDLE	282	AZESCHEW PRENATAL/POSTNATAL (prenatal without a vit w/ fe fumarate-folic acid)	194
AUM READYGARD DUO PEN NEEDLE	282	AZESCO (prenatal vit w/ ferrous gluconate-folic acid)	194
AUM SAFETY PEN NEEDLE	282	AZILECT (rasagiline mesylate)	85
AURORA LANCET SUPER THIN 30G	282	AZITHROMYCIN	28
AURORA LANCET THIN 23G	282	azithromycin for susp 100 mg/5ml	28
AURORA PEN NEEDLES	282	azithromycin for susp 200 mg/5ml	28
AURORA UNIFINE PENTIPS	282	azithromycin tab 250 mg	28
AURYXIA (ferric citrate)	206	azithromycin tab 500 mg	28
AUSTEDO (deutetrabenazine)	167	azithromycin tab 600 mg	28
AUSTEDO XR (deutetrabenazine)	167,168	AZOPT (brinzolamide)	337
AUSTEDO XR PATIENT TITRATION (deutetrabenazine)	168	AZOR (amlodipine besylate-olmesartan medoxomil)	141

AZSTARYS (serdexmethylphenidate chloride-dexmethylphenidate hcl) 159
 AZULFIDINE (sulfasalazine) 275
 AZULFIDINE EN-TABS (sulfasalazine) 275

B

BACITRACIN (bacitracin (ophthalmic)) 333
 bacitracin-polymyxin b ophth oint 329
 bacitracin-polymyxin b ophth oint (Ak-Poly-Bac) 329
 bacitracin-polymyxin b ophth oint (Polycin) 329
 bacitracin-polymyxin-neomycin-hc ophth oint 1% (BACITRA-NEOMYCIN-POLYMYXIN-HC) 329
 bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc) 329
 BACLOFEN 91
 baclofen susp 25 mg/5ml 91
 baclofen tab 10 mg 91
 baclofen tab 15 mg 91
 baclofen tab 20 mg 91
 baclofen tab 5 mg 91
 BACTRIM (sulfamethoxazole-trimethoprim) 30
 BACTRIM DS (sulfamethoxazole-trimethoprim) 30
 BAFIERTAM (monomethyl fumarate) 171
 BALCOLTRA (levonorgestrel-ethinyl estradiol-ferrous bisglycinate) 237
 balsalazide disodium cap 750 mg 275
 BALVERSA (erdafitinib) 69
 BANZEL (rufinamide) 41
 BAQSIMI ONE PACK (glucagon) 111
 BAQSIMI TWO PACK (glucagon) 111
 BARACLUDE (entecavir) 92
 BASAGLAR KWIKPEN (insulin glargine) 112
 BASAGLAR TEMPO PEN (insulin glargine) 112
 BAXDELA (delafloxacin meglumine) 29
 BD AUTOSHIELD 283
 BD AUTOSHIELD DUO 283
 BD DISP NEEDLE 283
 BD DISP NEEDLES 283
 BD HYPODERMIC NEEDLE 283

BD INSULIN SYR ULTRAFINE II 283
 BD INSULIN SYRINGE 283
 BD INSULIN SYRINGE HALF-UNIT 283
 BD INSULIN SYRINGE MICROFINE 283
 BD INSULIN SYRINGE U-500 283
 BD INSULIN SYRINGE U/F 283
 BD INSULIN SYRINGE U/F 1/2UNIT 283
 BD INSULIN SYRINGE ULTRAFINE 283
 BD INTEGRA SYRINGE 283
 BD LANCET ULTRAFINE 30G 283
 BD LANCET ULTRAFINE 33G 283
 BD LUER-LOK SYRINGE 284
 BD MICROTAINER LANCETS 284
 BD PEN NEEDLE MICRO U/F 284
 BD PEN NEEDLE MINI U/F 284
 BD PEN NEEDLE NANO 2ND GEN 284
 BD PEN NEEDLE NANO U/F 284
 BD PEN NEEDLE ORIGINAL U/F 284
 BD PEN NEEDLE SHORT U/F 284
 BD PLASTIPAK SYRINGE 284
 BD PRECISIONGLIDE NEEDLE 284
 BD SAFETY-LOK INSULIN SYRINGE 284
 BD SAFETYGLIDE INSULIN SYRINGE 284
 BD SAFETYGLIDE NEEDLE 284
 BD SYRINGE LUER-LOK 284
 BD VEO INSULIN SYR U/F 1/2UNIT 284
 BD VEO INSULIN SYRINGE U/F 284
 BECONASE AQ (beclomethasone diprop monohyd) 340
 BELBUCA (buprenorphine hcl) 20
 BELSOMRA (suvorexant) 356
 benazepril & hydrochlorothiazide tab 10-12.5 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE) 141
 benazepril & hydrochlorothiazide tab 20-12.5 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE) 141
 benazepril & hydrochlorothiazide tab 20-25 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE) 141
 benazepril & hydrochlorothiazide tab 5-6.25 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE) 141
 benazepril hcl tab 10 mg 126

benazepril hcl tab 20 mg	126	betamethasone valerate cream 0.1% (base equivalent)	179
benazepril hcl tab 40 mg	126	betamethasone valerate lotion 0.1% (base equivalent)	179
benazepril hcl tab 5 mg	127	betamethasone valerate oint 0.1% (base equivalent)	179
BENICAR (olmesartan medoxomil)	125	BETAPACE (sotalol hcl)	128
BENICAR HCT (olmesartan medoxomil-hydrochlorothiazide)	141	BETAPACE AF (sotalol hcl (afib/af))	128
BENLYSTA (belimumab)	262	BETASERON (interferon beta-1b)	172
BENZACLIN (clindamycin phosphate-benzoyl peroxide)	175	BETAXOLOL HCL (betaxolol hcl (ophth))	336
BENZACLIN WITH PUMP (clindamycin phosphate-benzoyl peroxide)	175	betaxolol hcl ophth soln 0.5%	336
BENZAMYCIN (benzoyl peroxide-erythromycin)	175	betaxolol hcl tab 10 mg	130
BENZHYDROCODONE-ACETAMINOPHEN (benzhydrocodone hcl-acetaminophen)	12	betaxolol hcl tab 20 mg	130
BENZNIDAZOLE	79	bethanechol chloride tab 10 mg	225
benzonatate cap 100 mg	350	bethanechol chloride tab 25 mg	226
benzonatate cap 150 mg	350	bethanechol chloride tab 5 mg	226
benzonatate cap 200 mg	350	bethanechol chloride tab 50 mg	226
benzoyl peroxide-erythromycin gel 5-3%	175	BETHKIS (tobramycin)	345
BENZPHETAMINE HCL	168	BETIMOL (timolol)	336
benzphetamine hcl tab 50 mg	168	BETOPTIC-S (betaxolol hcl (ophth))	336
benztropine mesylate tab 0.5 mg	80	BEVESPI AEROSPHERE (glycopyrrolate-formoterol fumarate)	350
benztropine mesylate tab 1 mg	80	BEVYXXA (betrixaban maleate)	117
benztropine mesylate tab 2 mg	80	BEXAGLIFLOZIN	105
bepotastine besilate ophth soln 1.5%	332	bexarotene cap 75 mg	78
BEPREVE (bepotastine besilate)	332	bexarotene gel 1%	78
BESIVANCE (besifloxacin hcl)	29	BEYAZ (drospirenone-ethinyl estradiol-levomefolate calcium)	237
BESREMI (ropeginterferon alfa-2b-njft)	266	bicalutamide tab 50 mg	65
BETAMETHASONE DIPROPIONATE AUG (betamethasone dipropionate augmented)	179	BIDIL (isosorbide dinitrate-hydralazine hcl)	141
betamethasone dipropionate augmented cream 0.05%	179	BIJUVA (estradiol-progesterone)	237,253
betamethasone dipropionate augmented lotion 0.05%	179	BIKTARVY (bictegravir-emtricitabine-tenofovir alafenamide fumarate)	94
betamethasone dipropionate augmented oint 0.05%	179	BILTRICIDE (praziquantel)	78
betamethasone dipropionate cream 0.05%	179	bimatoprost ophth soln 0.03%	338
betamethasone dipropionate lotion 0.05%	179	BIMZELX (bimekizumab-bkzx)	262
betamethasone dipropionate oint 0.05%	179	BINOSTO (alendronate sodium)	277
betamethasone valerate aerosol foam 0.12%	179	BIOSCANNER GLUCOSE TEST (glucose blood)	285
		BIOTEL CARE TEST STRIPS (glucose blood)	285

bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (BIS SUBCIT-METRONID- TETRACYC).....	214	BREATHERITE SPACER SMALL CHILD.....	285
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (BISMUTH/METRONIDAZ/TETRACYCLIN)...	214	BREATHERITE VALVED MDI CHAMBER.....	285
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE)...	141	BREATHERITE/LARGE MASK.....	285
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (BISOPROLOL- HYDROCHLOROTHIAZIDE).....	142	BREATHERITE/MEDIUM MASK.....	285
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE)...	142	BREATHERITE/SMALL MASK.....	285
bisoprolol fumarate tab 10 mg.....	130	BRENZAVVY (bexagliflozin).....	105
bisoprolol fumarate tab 5 mg.....	130	BREO ELLIPTA (fluticasone furoate- vilanterol).....	350
BLEPH-10 (sulfacetamide sodium (ophth))...	333	BREXAFEMME (ibrexafungerp citrate).....	56
BLEPHAMIDE (sulfacetamide sod- prednisolone).....	329	BREZTRI AEROSPHERE (budesonide- glycopyrrolate-formoterol fumarate).....	350
BLEPHAMIDE S.O.P. (sulfacetamide sod- prednisolone).....	329	BRILINTA (ticagrelor).....	123
BLOOD GLUCOSE TEST (glucose blood).....	285	brimonidine tartrate gel 0.33% (base equivalent).....	175
BLOOD GLUCOSE TEST STRIPS 333 (glucose blood).....	285	brimonidine tartrate ophth soln 0.1%.....	337
BLULINK GLUCOSE TEST (glucose blood)...	285	brimonidine tartrate ophth soln 0.15%.....	337
BONIVA (ibandronate sodium).....	277	brimonidine tartrate ophth soln 0.2%.....	337
BONJESTA (doxylamine-pyridoxine).....	53	brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%.....	330
bosentan tab 125 mg.....	347	brinzolamide ophth susp 1%.....	337
bosentan tab 62.5 mg.....	347	BRISDELLE (paroxetine mesylate (vasomotor)).....	48
BOSULIF (bosutinib).....	69	BRIVIACT (brivaracetam).....	33,34
BRAFTOVI (encorafenib).....	69	bromfenac sodium ophth soln 0.07% (base equivalent).....	334
BREATHE COMFORT CHAMBER/ADULT... ..	285	bromfenac sodium ophth soln 0.075% (base equivalent).....	334
BREATHE COMFORT CHAMBER/CHILD... ..	285	bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) (BROMFENAC SODIUM (ONCE-DAILY)).....	334
BREATHE EASE LARGE.....	285	bromocriptine mesylate cap 5 mg (base equivalent).....	81
BREATHE EASE MEDIUM.....	285	bromocriptine mesylate tab 2.5 mg (base equivalent).....	82
BREATHE EASE SMALL.....	285	BROMSITE (bromfenac sodium (ophth)).....	334
BREATHERITE.....	285	BRONCHITOL (mannitol (cystic fibrosis))... ..	345
BREATHERITE COLL SPACER ADULT.....	285	BRONCHITOL TOLERANCE TEST (mannitol (cystic fibrosis)).....	346
BREATHERITE COLL SPACER CHILD.....	285	BROVANA (arformoterol tartrate).....	344
BREATHERITE COLL SPACER INFANT.....	285	BRUKINSA (zanubrutinib).....	69
BREATHERITE RIGID SPACER/MASK.....	285	BRYHALI (halobetasol propionate).....	179
BREATHERITE SPACER NEONATE.....	285		

BUDESONIDE.....	276	buprenorphine td patch weekly 15 mcg/hr.....	6
budesonide delayed release particles cap 3 mg.....	276	buprenorphine td patch weekly 20 mcg/hr.....	6
budesonide inhalation susp 0.25 mg/2ml....	340	buprenorphine td patch weekly 5 mcg/hr.....	6
budesonide inhalation susp 0.5 mg/2ml.....	340	buprenorphine td patch weekly 7.5 mcg/hr....	6
budesonide inhalation susp 1 mg/2ml.....	340	bupropion hcl (smoking deterrent) tab er 12hr 150 mg (BUPROPION HCL ER (SMOKING DET)).....	21
budesonide rectal foam 2 mg/act.....	276	BUPROPION HCL ER (XL).....	46
budesonide tab er 24hr 9 mg (BUDESONIDE ER).....	276	bupropion hcl tab 100 mg.....	46
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act.....	350	bupropion hcl tab 75 mg.....	46
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breyna).....	350	bupropion hcl tab er 12hr 100 mg (BUPROPION HCL ER (SR)).....	46
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act.....	350	bupropion hcl tab er 12hr 150 mg (BUPROPION HCL ER (SR)).....	46
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breyna).....	351	bupropion hcl tab er 12hr 200 mg (BUPROPION HCL ER (SR)).....	46
BULLSEYE MINI SAFETY LANCETS.....	285	bupropion hcl tab er 24hr 150 mg (BUPROPION HCL ER (XL)).....	46
BULLSEYE SAFETY LANCETS.....	285	bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)).....	46
bumetanide tab 0.5 mg.....	148	bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)).....	46
bumetanide tab 1 mg.....	148	bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)).....	46
bumetanide tab 2 mg.....	148	bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)).....	46
BUMEX (bumetanide).....	148	bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)).....	46
BUNAVAIL (buprenorphine hcl-naloxone hcl dihydrate).....	20	bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)).....	46
BUPHENYL (sodium phenylbutyrate)....	218,219	bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)).....	46
buprenorphine hcl sl tab 2 mg (base equiv)...	20	bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)).....	46
buprenorphine hcl sl tab 8 mg (base equiv)...	20	bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)).....	46
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv).....	20	bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)).....	46
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv).....	20	bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)).....	46
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv).....	20	bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)).....	46
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv).....	20	bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)).....	46
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....	20	bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)).....	46
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....	20	bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)).....	46
buprenorphine td patch weekly 10 mcg/hr.....	6	bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL)).....	46
		bupropion hcl tab 10 mg.....	101
		bupropion hcl tab 15 mg.....	101
		bupropion hcl tab 30 mg.....	101
		bupropion hcl tab 5 mg.....	101
		bupropion hcl tab 7.5 mg.....	101
		BUTALBITAL-ACETAMINOPHEN.....	168
		butalbital-acetaminophen cap 50-300 mg..	168
		butalbital-acetaminophen tab 50-300 mg..	168
		butalbital-acetaminophen tab 50-300 mg (Bupap).....	168
		butalbital-acetaminophen tab 50-325 mg...168	
		butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (BUTALBITAL-APAP-CAFF-COD).....	12
		butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg (BUTALBITAL-APAP-CAFF-COD).....	12
		butalbital-acetaminophen-caffeine cap 50-300-40 mg (BUTALBITAL-APAP-CAFFEINE) 168	
		butalbital-acetaminophen-caffeine cap 50-325-40 mg (BUTALBITAL-APAP-CAFFEINE) 168	

butalbital-acetaminophen-caffeine cap 50-325-40 mg (Esgic).....	168
butalbital-acetaminophen-caffeine cap 50-325-40 mg (Zebutal).....	168
butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml (Vanatol Lq).....	168
butalbital-acetaminophen-caffeine tab 50-325-40 mg (BAC).....	168
butalbital-acetaminophen-caffeine tab 50-325-40 mg (BUTALBITAL-APAP-CAFFEINE).....	168
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine).....	12
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (BUTALBITAL-ASA-CAFF-CODEINE).....	12
BUTALBITAL-ASPIRIN-CAFFEINE.....	1
butalbital-aspirin-caffeine cap 50-325-40 mg .	1
butorphanol tartrate nasal soln 10 mg/ml.....	12
BUTRANS (buprenorphine).....	6
BYDUREON (exenatide).....	105
BYDUREON BCISE (exenatide).....	105
BYETTA 10 MCG PEN (exenatide).....	105
BYETTA 5 MCG PEN (exenatide).....	105
BYLVAY (odevixibat).....	179
BYLVAY (PELLETS) (odevixibat).....	179
BYNFEZIA PEN (octreotide acetate).....	259
BYSTOLIC (nebivolol hcl).....	131

C

C-NATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids).....	194
cabergoline tab 0.5 mg.....	260
CABLIVI (caplacizumab-yhdp).....	123
CABOMETYX (cabozantinib s-malate).....	69
CABTREO (adapalene-benzoyl peroxide-clindamycin phosphate).....	175
CADUET (amlodipine besylate-atorvastatin calcium).....	142
CAFERGOT (ergotamine w/ caffeine).....	60
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).....	208,346

CALAN SR (verapamil hcl).....	135
CALCIPOTRIENE.....	186
calcipotriene cream 0.005%.....	186
calcipotriene oint 0.005%.....	186
calcipotriene oint 0.005% (Calcitrene).....	186
calcipotriene soln 0.005% (50 mcg/ml).....	186
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (CALCIPOTRIENE-BETAMETH DIPROP).....	186
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (CALCIPOTRIENE-BETAMETH DIPROP).....	186
calcitonin (salmon) inj 200 unit/ml.....	277
calcitonin (salmon) nasal soln 200 unit/act.....	277
CALCITRIOL (calcitriol (topical)).....	186
calcitriol cap 0.25 mcg.....	277
calcitriol cap 0.5 mcg.....	277
calcitriol oral soln 1 mcg/ml.....	277
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (CALCIUM ACETATE (PHOS BINDER)).....	206
CALQUENCE (acalabrutinib maleate).....	69
CALQUENCE (acalabrutinib).....	69
CAMBIA (diclofenac potassium (migraine)).....	1
CAMZYOS (mavacamten).....	142
CANASA (mesalamine).....	275
candesartan cilexetil tab 16 mg.....	125
candesartan cilexetil tab 32 mg.....	125
candesartan cilexetil tab 4 mg.....	125
candesartan cilexetil tab 8 mg.....	125
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (CANDESARTAN CILEXETIL-HCTZ).....	142
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (CANDESARTAN CILEXETIL-HCTZ).....	142
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (CANDESARTAN CILEXETIL-HCTZ).....	142
capecitabine tab 150 mg.....	67
capecitabine tab 500 mg.....	67
CAPEX (fluocinolone acetonide).....	180

CAPLYTA (lumateperone tosylate).....	87	carbidopa & levodopa tab er 25-100 mg (CARBIDOPA-LEVODOPA ER).....	84
CAPRELSA (vandetanib).....	69	carbidopa & levodopa tab er 50-200 mg (CARBIDOPA-LEVODOPA ER).....	84
captopril tab 100 mg.....	127	carbidopa tab 25 mg.....	84
captopril tab 12.5 mg.....	127	CARBIDOPA-LEVODOPA.....	84
captopril tab 25 mg.....	127	CARBIDOPA-LEVODOPA-ENTACAPONE . . .	80
captopril tab 50 mg.....	127	carbidopa-levodopa-entacapone tabs 12.5-50- 200 mg.....	80
CAPTOPRIL-HYDROCHLOROTHIAZIDE (captopril & hydrochlorothiazide).....	142	carbidopa-levodopa-entacapone tabs 18.75- 75-200 mg.....	80
CARAC (fluorouracil (topical)).....	186	carbidopa-levodopa-entacapone tabs 25-100- 200 mg.....	80
CARAFATE (sucralfate).....	216	carbidopa-levodopa-entacapone tabs 31.25- 125-200 mg.....	80
CARBAGLU (carglumic acid).....	219	carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg.....	80
CARBAMAZEPINE.....	41	carbidopa-levodopa-entacapone tabs 50-200- 200 mg.....	81
carbamazepine cap er 12hr 100 mg (CARBAMAZEPINE ER).....	41	CARBINOXAMINE MALEATE.....	341
carbamazepine cap er 12hr 200 mg (CARBAMAZEPINE ER).....	41	CARBINOXAMINE MALEATE ER.....	341
carbamazepine cap er 12hr 300 mg (CARBAMAZEPINE ER).....	41	carbinoxamine maleate tab 4 mg.....	341
carbamazepine chew tab 100 mg.....	41	CARDIZEM (diltiazem hcl).....	135
carbamazepine susp 100 mg/5ml.....	41	CARDIZEM CD (diltiazem hcl coated beads) .	135
carbamazepine tab 200 mg.....	41	CARDIZEM LA (diltiazem hcl).....	135
carbamazepine tab 200 mg (Epitol).....	41	CARDURA (doxazosin mesylate).....	124
carbamazepine tab er 12hr 100 mg (CARBAMAZEPINE ER).....	41	CARDURA XL (doxazosin mesylate (bph)) . . .	225
carbamazepine tab er 12hr 200 mg (CARBAMAZEPINE ER).....	41	CAREFINE PEN NEEDLES.....	285
carbamazepine tab er 12hr 400 mg (CARBAMAZEPINE ER).....	41	CAREONE BLOOD GLUCOSE TEST (glucose blood).....	286
CARBATROL (carbamazepine).....	41	CAREONE INSULIN SYRINGE.....	286
carbidopa & levodopa orally disintegrating tab 10-100 mg (CARBIDOPA-LEVODOPA).....	83	CAREONE LANCET SUPER THIN 30G.....	286
carbidopa & levodopa orally disintegrating tab 25-100 mg (CARBIDOPA-LEVODOPA).....	84	CAREONE LANCET THIN 23G.....	286
carbidopa & levodopa orally disintegrating tab 25-250 mg (CARBIDOPA-LEVODOPA).....	84	CAREONE UNIFINE PENTIPS.....	286
carbidopa & levodopa tab 10-100 mg (CARBIDOPA-LEVODOPA).....	84	CAREONE UNIFINE PENTIPS PLUS.....	286
carbidopa & levodopa tab 25-100 mg (CARBIDOPA-LEVODOPA).....	84	CARESENS LANCETS.....	286
carbidopa & levodopa tab 25-250 mg (CARBIDOPA-LEVODOPA).....	84	CARESENS LANCETS 30G.....	286
		CARESENS N GLUCOSE TEST (glucose blood).....	286
		CARETOUCH INSULIN SYRINGE.....	286
		CARETOUCH PEN NEEDLES.....	286

CARETOUCH SAFETY LANCETS	286	CEFACLOR	25
CARETOUCH SAFETY LANCETS 26G	286	CEFACLOR ER (cefaclor monohydrate)	25
CARETOUCH TEST (glucose blood)	286	CEFADROXIL	25
CARETOUCH TWIST LANCETS 28G	286	cefadroxil cap 500 mg	25
CARETOUCH TWIST LANCETS 30G	286	cefadroxil for susp 250 mg/5ml	25
CARETOUCH TWIST LANCETS 33G	286	cefadroxil for susp 500 mg/5ml	25
CARETOUCH TWIST MC LANCETS 30G	286	cefdinir cap 300 mg	25
carglumic acid soluble tab 200 mg	219	cefdinir for susp 125 mg/5ml	25
carisoprodol tab 250 mg	354	cefdinir for susp 250 mg/5ml	25
carisoprodol tab 350 mg	355	cefixime cap 400 mg	25
carisoprodol tab 350 mg (Vanadom)	355	cefixime for susp 100 mg/5ml	25
CARISOPRODOL-ASPIRIN-CODEINE (carisoprodol w/ aspirin & codeine)	12	cefixime for susp 200 mg/5ml	25
CARNITOR (levocarnitine (metabolic modifiers))	208	cefpodoxime proxetil for susp 100 mg/5ml	25
CARNITOR SF (levocarnitine (metabolic modifiers))	208	cefpodoxime proxetil for susp 50 mg/5ml	26
CAROSPIR (spironolactone)	154	cefpodoxime proxetil tab 100 mg	26
CARTEOLOL HCL (carteolol hcl (ophth))	336	cefpodoxime proxetil tab 200 mg	26
carvedilol phosphate cap er 24hr 10 mg (CARVEDILOL PHOSPHATE ER)	131	cefprozil for susp 125 mg/5ml	26
carvedilol phosphate cap er 24hr 20 mg (CARVEDILOL PHOSPHATE ER)	131	cefprozil for susp 250 mg/5ml	26
carvedilol phosphate cap er 24hr 40 mg (CARVEDILOL PHOSPHATE ER)	131	cefprozil tab 250 mg	26
carvedilol phosphate cap er 24hr 80 mg (CARVEDILOL PHOSPHATE ER)	131	cefprozil tab 500 mg	26
carvedilol tab 12.5 mg	131	cefuroxime axetil tab 250 mg	26
carvedilol tab 25 mg	131	cefuroxime axetil tab 500 mg	26
carvedilol tab 3.125 mg	131	CELEBREX (celecoxib)	1
carvedilol tab 6.25 mg	131	celecoxib cap 100 mg	1
CASODEX (bicalutamide)	65	celecoxib cap 200 mg	1
CATAPRES (clonidine hcl)	123	celecoxib cap 400 mg	1
CATAPRES-TTS-1 (clonidine)	123	celecoxib cap 50 mg	1
CATAPRES-TTS-2 (clonidine)	124	CELEXA (citalopram hydrobromide)	48
CATAPRES-TTS-3 (clonidine)	124	CELLCEPT (mycophenolate mofetil)	268
CAVERJECT (alprostadil (vasodilator))	234	CELONTIN (methsuximide)	39
CAVERJECT IMPULSE (alprostadil (vasodilator))	234	CENTANY (mupirocin)	192
CAYA (diaphragm arc-spring)	286	cephalexin cap 250 mg	26
CAYSTON (aztreonam lysine)	22	cephalexin cap 500 mg	26
		cephalexin cap 750 mg	26
		cephalexin for susp 125 mg/5ml	26
		cephalexin for susp 250 mg/5ml	26
		cephalexin tab 250 mg	26
		cephalexin tab 500 mg	26
		CEQUA (cyclosporine (ophth))	330
		CEQUR SIMPLICITY 2U	286
		CERDELGA (eliglustat tartrate)	219

CETRAXAL (ciprofloxacin hcl (otic)).....	338	cholestyramine light powder packets 4 gm (Prevalite).....	152
cetorelix acetate for inj kit 0.25 mg.....	260	cholestyramine powder 4 gm/dose.....	152
CETROTIDE (cetorelix acetate).....	260	cholestyramine powder packets 4 gm.....	152
cevimeline hcl cap 30 mg.....	174	choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....	149
CHANTIX (varenicline tartrate).....	22	choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....	149
CHANTIX CONTINUING MONTH PAK (varenicline tartrate).....	22	CHORIONIC GONADOTROPIN.....	231
CHANTIX STARTING MONTH PAK (varenicline tartrate).....	22	CHOSEN LANCETS 30G.....	287
CHEMET (succimer).....	205	CHOSEN SAFETY LANCETS 28G.....	287
CHEMSTRIP K (acetone (urine) test).....	287	CIALIS (tadalafil).....	225
CHEMSTRIP UGK (urine glucose-ketones test).....	287	CIBINQO (abrocitinib).....	186
CHENODAL (chenodiol).....	214	ciclopirox gel 0.77%.....	192
chlordiazepoxide hcl cap 10 mg.....	102	ciclopirox olamine cream 0.77% (base equiv).....	192
chlordiazepoxide hcl cap 25 mg.....	102	ciclopirox olamine susp 0.77% (base equiv).....	192
chlordiazepoxide hcl cap 5 mg.....	102	ciclopirox shampoo 1%.....	192
chlordiazepoxide hcl-clidinium bromide cap 5- 2.5 mg (CHLORDIAZEPOXIDE-CLIDINIUM).....	212	ciclopirox solution 8%.....	192
CHLORDIAZEPOXIDE-AMITRIPTYLINE.....	46	ciclopirox solution 8% (Ciclodan).....	192
chloroquine phosphate tab 250 mg.....	79	cilostazol tab 100 mg.....	123
chloroquine phosphate tab 500 mg.....	79	cilostazol tab 50 mg.....	123
CHLORPROMAZINE HCL.....	85	CILOXAN (ciprofloxacin hcl (ophth)).....	29
chlorpromazine hcl tab 10 mg.....	85	CIMDUO (lamivudine-tenofovir disoproxil fumarate).....	96
chlorpromazine hcl tab 100 mg.....	85	CIMETIDINE HCL.....	216
chlorpromazine hcl tab 200 mg.....	85	cimetidine hcl soln 300 mg/5ml.....	216
chlorpromazine hcl tab 25 mg.....	85	cimetidine tab 300 mg.....	216
chlorpromazine hcl tab 50 mg.....	85	cimetidine tab 400 mg.....	216
chlorthalidone tab 25 mg.....	149	cimetidine tab 800 mg.....	216
chlorthalidone tab 50 mg.....	149	CIMZIA (2 SYRINGE) (certolizumab pegol).....	268
chlorzoxazone tab 250 mg.....	355	CIMZIA-STARTER (certolizumab pegol).....	268
chlorzoxazone tab 375 mg.....	355	cinacalcet hcl tab 30 mg (base equiv).....	277
chlorzoxazone tab 375 mg (Lorzone).....	355	cinacalcet hcl tab 60 mg (base equiv).....	277
chlorzoxazone tab 500 mg.....	355	cinacalcet hcl tab 90 mg (base equiv).....	277
chlorzoxazone tab 750 mg.....	355	CIPRO (ciprofloxacin hcl).....	29
chlorzoxazone tab 750 mg (Lorzone).....	355	CIPRO (ciprofloxacin).....	29,30
CHOLBAM (cholic acid).....	219	CIPRO HC (ciprofloxacin-hydrocortisone).....	338
cholestyramine light powder 4 gm/dose.....	152	CIPRODEX (ciprofloxacin-dexamethasone).....	338
cholestyramine light powder 4 gm/dose (Prevalite).....	152	ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml).....	30
cholestyramine light powder packets 4 gm.....	152		

ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml).....	30	CLENPIQ (sodium picosulfate-magnesium oxide-anhydrous citric acid).....	209
CIPROFLOXACIN HCL.....	30	CLEOCIN (clindamycin hcl).....	22
ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	30	CLEOCIN (clindamycin palmitate hydrochloride).....	22
ciprofloxacin hcl otic soln 0.2% (base equivalent).....	338	CLEOCIN (clindamycin phosphate vaginal)...	23
ciprofloxacin hcl tab 250 mg (base equiv)....	30	CLEOCIN-T (clindamycin phosphate (topical)).....	192
ciprofloxacin hcl tab 500 mg (base equiv)....	30	CLEVER CHEK AUTO-CODE TEST (glucose blood).....	287
ciprofloxacin hcl tab 750 mg (base equiv)....	30	CLEVER CHEK AUTO-CODE VOICE (glucose blood).....	287
ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	338	CLEVER CHEK LANCETS.....	287
CIPROFLOXACIN-FLUOCINOLONE PF (ciprofloxacin-fluocinolone acetonide).....	339	CLEVER CHEK TEST (glucose blood).....	287
CITALOPRAM HYDROBROMIDE.....	48	CLEVER CHOICE AUTO-CODE TEST (glucose blood).....	287
citalopram hydrobromide oral soln 10 mg/5ml.....	48	CLEVER CHOICE COMFORT EZ.....	287
citalopram hydrobromide tab 10 mg (base equiv).....	48	CLEVER CHOICE HOLDING CHAMBER.....	287
citalopram hydrobromide tab 20 mg (base equiv).....	48	CLEVER CHOICE LANCETS 21G.....	287
citalopram hydrobromide tab 40 mg (base equiv).....	48	CLEVER CHOICE LANCETS 23G.....	287
CITRANATAL HARMONY (prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha).....	194	CLEVER CHOICE LANCETS 28G.....	287
CITRANATAL MEDLEY (prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha).....	194	CLEVER CHOICE MICRO TEST (glucose blood).....	287
CITRANATAL RX (prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa).....	194	CLEVER CHOICE NO CODING (glucose blood).....	287
CLARINEX (desloratadine).....	341	CLEVER CHOICE TALK SYSTEM (glucose blood).....	287
CLARINEX-D 12 HOUR (desloratadine-pseudoephedrine).....	351	CLICKFINE PEN NEEDLES.....	287
CLARITHROMYCIN.....	28	CLIMARA (estradiol).....	237
clarithromycin tab 250 mg.....	28	CLIMARA PRO (estradiol-levonorgestrel)....	237
clarithromycin tab 500 mg.....	28	CLINDAGEL (clindamycin phosphate (topical)).....	192
clarithromycin tab er 24hr 500 mg (CLARITHROMYCIN ER).....	28	clindamycin hcl cap 150 mg.....	23
CLEANLET LANCETS 28G.....	287	clindamycin hcl cap 300 mg.....	23
CLEMASTINE FUMARATE.....	341	clindamycin hcl cap 75 mg.....	23
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq).....	341	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....	23
		clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (CLINDAMYCIN PHOS-BENZOYL PEROX).....	175

clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Neuac)	175	clobetasol propionate gel 0.05%	180
clindamycin phosphate foam 1%	192	clobetasol propionate lotion 0.05%	180
clindamycin phosphate foam 1% (Clindacin)	192	clobetasol propionate oint 0.05%	180
clindamycin phosphate gel 1%	192	clobetasol propionate shampoo 0.05%	180
clindamycin phosphate lotion 1%	192	clobetasol propionate shampoo 0.05% (Clodan)	180
clindamycin phosphate soln 1%	192	clobetasol propionate soln 0.05%	180
clindamycin phosphate swab 1%	193	clobetasol propionate spray 0.05%	180
clindamycin phosphate swab 1% (Clindacin Etz)	193	CLOBEX (clobetasol propionate)	180
clindamycin phosphate swab 1% (Clindacin- P)	193	CLOBEX SPRAY (clobetasol propionate)	180
clindamycin phosphate vaginal cream 2%	23	clocortolone pivalate cream 0.1%	180
clindamycin phosphate-benzoyl peroxide gel 1- 5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	175	CLODERM (clocortolone pivalate)	180
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	175	CLOMIPHENE CITRATE	256
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (CLINDAMYCIN PHOS-BENZOYL PEROX)	176	clomiphene citrate tab 50 mg (Clomid)	256
clindamycin phosphate-tretinoin gel 1.2-0.025% (CLINDAMYCIN-TRETINOIN)	176	clomipramine hcl cap 25 mg	52
CLINDESSE (clindamycin phosphate (one dose))	23	clomipramine hcl cap 50 mg	52
clobazam suspension 2.5 mg/ml	39	clomipramine hcl cap 75 mg	52
clobazam tab 10 mg	39	clonazepam orally disintegrating tab 0.125 mg	102
clobazam tab 20 mg	39	clonazepam orally disintegrating tab 0.25 mg	103
CLOBETASOL PROPIONATE (clobetasol propionate (ophth))	334	clonazepam orally disintegrating tab 0.5 mg	103
clobetasol propionate cream 0.05%	180	clonazepam orally disintegrating tab 1 mg	103
clobetasol propionate emollient base cream 0.05%	180	clonazepam orally disintegrating tab 2 mg	103
clobetasol propionate emollient base cream 0.05% (CLOBETASOL PROP EMOLLIENT BASE)	180	clonazepam tab 0.5 mg	103
clobetasol propionate emulsion foam 0.05%	180	clonazepam tab 1 mg	103
clobetasol propionate emulsion foam 0.05% (Tovet)	180	clonazepam tab 2 mg	103
clobetasol propionate foam 0.05%	180	CLONIDINE ER	124
		clonidine hcl tab 0.1 mg	124
		clonidine hcl tab 0.2 mg	124
		clonidine hcl tab 0.3 mg	124
		clonidine hcl tab er 12hr 0.1 mg (CLONIDINE HCL ER)	162
		clonidine td patch weekly 0.1 mg/24hr	124
		clonidine td patch weekly 0.2 mg/24hr	124
		clonidine td patch weekly 0.3 mg/24hr	124
		clopidogrel bisulfate tab 75 mg (base equiv)	123
		clorazepate dipotassium tab 15 mg	103
		clorazepate dipotassium tab 3.75 mg	103
		clorazepate dipotassium tab 7.5 mg	103
		clotrimazole troche 10 mg	56

clotrimazole w/ betamethasone cream 1-0.05% (CLOTRIMAZOLE-BETAMETHASONE)	186	COMBIPATCH (estradiol & norethindrone acetate)	254
clotrimazole w/ betamethasone lotion 1-0.05% (CLOTRIMAZOLE-BETAMETHASONE)	187	COMBIVENT RESPIMAT (ipratropium- albuterol)	351
CLOTRIMAZOLE-BETAMETHASONE (clotrimazole w/ betamethasone)	187	COMBIVIR (lamivudine-zidovudine)	96
CLOZAPINE	90	COMETRIQ (100 MG DAILY DOSE) (cabozantinib s-malate)	70
clozapine orally disintegrating tab 100 mg . . .	90	COMETRIQ (140 MG DAILY DOSE) (cabozantinib s-malate)	70
clozapine orally disintegrating tab 150 mg . . .	90	COMETRIQ (60 MG DAILY DOSE) (cabozantinib s-malate)	70
clozapine orally disintegrating tab 200 mg . . .	90	COMFORT ASSIST INSULIN SYRINGE	287
clozapine orally disintegrating tab 25 mg	90	COMFORT ASSURED LANCETS 28G	287
clozapine tab 100 mg	91	COMFORT ASSURED LANCETS 33G	287
clozapine tab 200 mg	91	COMFORT EZ INSULIN SYRINGE	288
clozapine tab 25 mg	91	COMFORT EZ MICRO PEN NEEDLES	288
clozapine tab 50 mg	91	COMFORT EZ PEN NEEDLES	288
CLOZARIL (clozapine)	91	COMFORT EZ PRO PEN NEEDLES	288
CO-NATAL FA (prenatal vit w/ ferrous fumarate-folic acid)	194	COMFORT EZ SHORT PEN NEEDLES	288
COAGUCHEK LANCETS	287	COMFORT LANCETS	288
COARTEM (artemether-lumefantrine)	79	COMFORT TOUCH INSULIN PEN NEED	288
COBENFY (xanomeline tartrate-tropium chloride)	90	COMFORT TOUCH LANCETS 31G	288
COBENFY STARTER PACK (xanomeline tartrate-tropium chloride)	90	COMFORT TOUCH PLUS LANCETS 28G	288
CODEINE SULFATE	12	COMFORT TOUCH PLUS LANCETS 30G	288
codeine sulfate tab 30 mg	12	COMFORT TOUCH TWIST LANCET 30G	288
COLAZAL (balsalazide disodium)	275	COMPACT SPACE CHAMBER	288
colchicine cap 0.6 mg	59	COMPACT SPACE CHAMBER/LG MASK	288
colchicine tab 0.6 mg	59	COMPACT SPACE CHAMBER/MED MASK	288
colchicine w/ probenecid tab 0.5-500 mg (COLCHICINE-PROBENECID)	59	COMPACT SPACE CHAMBER/SM MASK	288
COLCRYS (colchicine)	59	COMPLERA (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	94
colesevelam hcl packet for susp 3.75 gm	152	COMPLETENATE (prenatal vit w/ ferrous fumarate-folic acid)	194
colesevelam hcl tab 625 mg	152	COMTAN (entacapone)	81
COLESTID (colestipol hcl)	153	CONCEPT DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3)	195
COLESTID FLAVORED (colestipol hcl)	153	CONCEPT OB (prenatal without a vit w/ fe fum- iron polysacch complex -fa)	195
colestipol hcl granule packets 5 gm	153	CONCERTA (methylphenidate hcl)	162
colestipol hcl granules 5 gm	153	CONDYLOX (podofilox)	187
colestipol hcl tab 1 gm	153	CONJUPRI (levamlodipine maleate)	133
COMBIGAN (brimonidine tartrate-timolol maleate)	330		

CONSENSI (amlodipine besylate-celecoxib) .	142	CRESTOR (rosuvastatin calcium)	151
CONTOUR NEXT TEST (glucose blood)	289	CREXONT (carbidopa-levodopa)	84
CONTOUR PLUS TEST (glucose blood)	289	CRINONE (progesterone (vaginal))	254
CONTOUR TEST (glucose blood)	289	CRIXIVAN (indinavir sulfate)	98
CONTRAVE (naltrexone hcl-bupropion hcl) .	168	CROMOLYN SODIUM (cromolyn sodium (ophth))	332
CONZIP (tramadol hcl)	6	cromolyn sodium ophth soln 4%	332
COOL BLOOD GLUCOSE TEST STRIPS (glucose blood)	289	cromolyn sodium oral conc 100 mg/5ml	214
COPAXONE (glatiramer acetate)	172	cromolyn sodium soln nebu 20 mg/2ml	346
COPIKTRA (duvelisib)	70	CROTAN (crotamiton)	191
CORDRAN (flurandrenolide)	180	CUPRIMINE (penicillamine)	205
COREG (carvedilol)	131	CUTIVATE (fluticasone propionate)	180
COREG CR (carvedilol phosphate)	131	CUVPOSA (glycopyrrolate)	212
CORGARD (nadolol)	131	CUVRIOR (trientine tetrahydrochloride)	205
CORLANOR (ivabradine hcl)	142	CVS ADVANCED GLUCOSE TEST (glucose blood)	289
CORTEF (hydrocortisone)	276	CVS GLUCOSE METER TEST STRIPS (glucose blood)	289
CORTENEMA (hydrocortisone (intrarectal)) .	276	CVS KETONE CARE (urine glucose-ketones test)	289
CORTIFOAM (hydrocortisone acetate (intrarectal))	276	CVS LANCETS 21G	289
CORTISONE ACETATE	228	CVS LANCETS MICRO THIN 33G	289
CORTISPORIN-TC (neomycin-colistin-hc- thonzonium)	339	CVS LANCETS ORIGINAL	289
CORTROPHIN (corticotropin)	228	CVS LANCETS THIN 26G	289
COSENTYX (300 MG DOSE) (secukinumab) .	262	CVS LANCETS ULTRA THIN 30G	289
COSENTYX (secukinumab)	262	CVS LANCETS ULTRA-THIN 30G	289
COSENTYX SENSOREADY (300 MG) (secukinumab)	262	CVS TRUE METRIX GLUCOSE TEST (glucose blood)	289
COSENTYX SENSOREADY PEN (secukinumab)	262	CVS ULTRA THIN LANCETS	289
COSENTYX UNOREADY (secukinumab)	262	cyanocobalamin inj 1000 mcg/ml	208
COSOPT (dorzolamide hcl-timolol maleate) .	330	cyanocobalamin inj 1000 mcg/ml (Dodex) .	208
COSOPT PF (dorzolamide hcl-timolol maleate)	330	cyanocobalamin nasal spray 500 mcg/0.1ml	208
COTELLIC (cobimetinib fumarate)	70	cyclobenzaprine hcl cap er 24hr 15 mg (CYCLOBENZAPRINE HCL ER)	355
COTEMPLA XR-ODT (methylphenidate)	162	cyclobenzaprine hcl cap er 24hr 30 mg (CYCLOBENZAPRINE HCL ER)	355
COUMADIN (warfarin sodium)	117	cyclobenzaprine hcl tab 10 mg	355
COXANTO (oxaprozin)	1	cyclobenzaprine hcl tab 5 mg	355
COZAAR (losartan potassium)	125	cyclobenzaprine hcl tab 7.5 mg	355
CREON (pancrelipase (lipase-protease- amylase))	219	cyclobenzaprine hcl tab 7.5 mg (Fexmid)	355
CRESEMBA (isavuconazonium sulfate)	56		

CYCLOGYL (cyclopentolate hcl).....330
 CYCLOMYDRIL (cyclopentolate w/
 phenylephrine)..... 330
 cyclopentolate hcl ophth soln 0.5%..... 330
 cyclopentolate hcl ophth soln 1%.....330
 cyclopentolate hcl ophth soln 2%..... 330
 CYCLOPHOSPHAMIDE..... 65
 cyclophosphamide cap 25 mg.....65
 cyclophosphamide cap 50 mg..... 65
 cycloserine cap 250 mg..... 64
 CYCLOSET (bromocriptine mesylate
 (diabetes)).....105
 cyclosporine (ophth) emulsion 0.05%.....330
 cyclosporine cap 100 mg.....268
 cyclosporine cap 25 mg.....268
 cyclosporine modified cap 100 mg..... 268
 cyclosporine modified cap 100 mg (Gengraf) 268
 cyclosporine modified cap 25 mg..... 268
 cyclosporine modified cap 25 mg (Gengraf). 268
 cyclosporine modified cap 50 mg..... 268
 cyclosporine modified oral soln 100 mg/ml . 268
 cyclosporine modified oral soln 100 mg/ml
 (Gengraf).....268
 CYLTEZO (2 PEN) (adalimumab-adbm).....269
 CYLTEZO (2 SYRINGE) (adalimumab-adbm) 269
 CYLTEZO (adalimumab-adbm).....269
 CYLTEZO-CD/UC/HS STARTER (adalimumab-
 adbm).....269
 CYLTEZO-PSORIASIS STARTER (adalimumab-
 adbm).....269
 CYLTEZO-PSORIASIS/UV STARTER
 (adalimumab-adbm).....269
 CYMBALTA (duloxetine hcl).....170
 cyproheptadine hcl syrup 2 mg/5ml..... 341
 cyproheptadine hcl tab 4 mg..... 341
 CYSTADANE (betaine).....219
 CYSTADROPS (cysteamine hcl)..... 219
 CYSTAGON (cysteamine bitartrate).....219
 CYSTARAN (cysteamine hcl)..... 219
 CYTOMEL (liothyronine sodium).....256
 CYTOTEC (misoprostol)..... 234

CYTRA K CRYSTALS (potassium citrate-citric
 acid)..... 226

D

D-CARE BLOOD GLUCOSE (glucose blood). 289
 D.H.E. 45 (dihydroergotamine mesylate).....60
 dabigatran etexilate mesylate cap 110 mg
 (etexilate base eq)..... 117
 dabigatran etexilate mesylate cap 150 mg
 (etexilate base eq)..... 117
 dabigatran etexilate mesylate cap 75 mg
 (etexilate base eq)..... 117
 dalfampridine tab er 12hr 10 mg
 (DALFAMPRIDINE ER).....172
 DALIRESP (roflumilast).....347
 danazol cap 100 mg..... 235
 danazol cap 200 mg.....235
 danazol cap 50 mg..... 235
 DANTRIUM (dantrolene sodium).....91
 dantrolene sodium cap 100 mg.....91
 dantrolene sodium cap 25 mg..... 91
 dantrolene sodium cap 50 mg.....91
 DAPAGLIFLOZIN PRO-METFORMIN ER
 (dapagliflozin propanediol-metformin hcl) . 106
 DAPAGLIFLOZIN PROPANEDIOL.....155
 dapsone gel 5%.....193
 dapsone gel 7.5%..... 193
 dapsone tab 100 mg.....64
 dapsone tab 25 mg..... 64
 DARAPRIM (pyrimethamine)..... 79
 darifenacin hydrobromide tab er 24hr 15 mg
 (base equiv) (DARIFENACIN HYDROBROMIDE
 ER)..... 223
 darifenacin hydrobromide tab er 24hr 7.5 mg
 (base equiv) (DARIFENACIN HYDROBROMIDE
 ER)..... 223
 DARTISLA ODT (glycopyrrolate)..... 212
 darunavir tab 600 mg..... 98
 darunavir tab 800 mg..... 98
 dasatinib tab 100 mg..... 70
 dasatinib tab 140 mg..... 70

dasatinib tab 20 mg	70	DEPO-ESTRADIOL (estradiol cypionate)	237
dasatinib tab 50 mg	70	DERMA-SMOOTHIE/FS BODY (fluocinolone acetonide)	180
dasatinib tab 70 mg	70	DERMA-SMOOTHIE/FS SCALP (fluocinolone acetonide)	180
dasatinib tab 80 mg	70	DERMACINRX PRETRATE (prenatal multivitamin w/fe-fa)	195
DAURISMO (glasdegib maleate)	70	DERMOTIC (fluocinolone acetonide (otic))	339
DAYBUE (trofinetide)	219	DESCOVY (emtricitabine-tenofovir alafenamide fumarate)	96
DAYPRO (oxaprozin)	1	desipramine hcl tab 10 mg	52
DAYTRANA (methylphenidate)	162	desipramine hcl tab 100 mg	52
DAYVIGO (lemborexant)	356	desipramine hcl tab 150 mg	52
DDAVP (desmopressin acetate spray)	232	desipramine hcl tab 25 mg	52
DDAVP (desmopressin acetate)	232	desipramine hcl tab 50 mg	52
DDAVP RHINAL TUBE (desmopressin acetate refrigerated)	232	desipramine hcl tab 75 mg	52
deferasirox granules packet 180 mg	205	DES Loratadine	341
deferasirox granules packet 360 mg	205	desloratadine tab 5 mg	341
deferasirox granules packet 90 mg	205	DESMOPRESSIN ACETATE	232
deferasirox tab 180 mg	205	desmopressin acetate nasal spray soln 0.01% (DESMOPRESSIN ACETATE SPRAY)	232
deferasirox tab 360 mg	205	desmopressin acetate nasal spray soln 0.01% (refrigerated) (DESMOPRESSIN ACE SPRAY REFRIG)	232
deferasirox tab 90 mg	205	desmopressin acetate tab 0.1 mg	232
deferasirox tab for oral susp 125 mg	205	desmopressin acetate tab 0.2 mg	232
deferasirox tab for oral susp 250 mg	205	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)	237
deferasirox tab for oral susp 500 mg	205	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Bekyree)	237
deferiprone tab 1000 mg	205	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (DESOGESTREL-ETHINYL ESTRADIOL)	237
deferiprone tab 500 mg	205	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	237
deflazacort susp 22.75 mg/ml	228	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtrea)	237
deflazacort tab 18 mg	228	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya)	237
deflazacort tab 30 mg	228	desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	238
deflazacort tab 36 mg	228		
deflazacort tab 6 mg	228		
DELESTROGEN (estradiol valerate)	237		
DELSTRIGO (doravirine-lamivudine-tenofovir disoproxil fumarate)	94		
DELZICOL (mesalamine)	275		
demeclocycline hcl tab 150 mg	31		
demeclocycline hcl tab 300 mg	31		
DEM SER (metyrosine)	142		
DENAVIR (penciclovir)	193		
DEPAKOTE (divalproex sodium)	34		
DEPAKOTE ER (divalproex sodium)	34		
DEPAKOTE SPRINKLES (divalproex sodium)	34		
DEPEN TITRATABS (penicillamine)	205		

desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea).....	238	desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER).....	48
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant).....	238	desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER).....	49
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri).....	238	desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER).....	49
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq).....	238	DETROL (tolterodine tartrate).....	223
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred).....	238	DETROL LA (tolterodine tartrate).....	223
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (DESOGESTREL-ETHINYL ESTRADIOL).....	238	DEXABLISS (dexamethasone).....	228
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette).....	238	DEXAMETHASONE.....	228,229
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce).....	238	dexamethasone elixir 0.5 mg/5ml.....	229
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom).....	238	DEXAMETHASONE INTENSOL.....	229
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber).....	238	DEXAMETHASONE SODIUM PHOSPHATE (dexamethasone sodium phosphate (ophth)).....	334
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga).....	238	dexamethasone tab 0.5 mg.....	229
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen).....	238	dexamethasone tab 0.5 mg (Decadron).....	229
DESONATE (desonide).....	181	dexamethasone tab 0.75 mg.....	229
DESONIDE.....	181	dexamethasone tab 0.75 mg (Decadron).....	229
desonide cream 0.05%.....	181	dexamethasone tab 1 mg.....	229
desonide gel 0.05%.....	181	dexamethasone tab 1.5 mg.....	229
desonide gel 0.05% (Desrx).....	181	dexamethasone tab 2 mg.....	229
desonide lotion 0.05%.....	181	dexamethasone tab 4 mg.....	229
desonide oint 0.05%.....	181	dexamethasone tab 4 mg (Decadron).....	229
DESOWEN (desonide).....	181	dexamethasone tab 6 mg.....	229
desoximetasone cream 0.05%.....	181	dexamethasone tab 6 mg (Decadron).....	229
desoximetasone cream 0.25%.....	181	dexamethasone tab therapy pack 1.5 mg (21).....	229
desoximetasone gel 0.05%.....	181	dexamethasone tab therapy pack 1.5 mg (21) (Hidex 6-Day).....	229
desoximetasone oint 0.05%.....	181	dexamethasone tab therapy pack 1.5 mg (21) (Taperdex 6-Day).....	229
desoximetasone oint 0.25%.....	181	DEXCHLORPHENIRAMINE MALEATE.....	341
desoximetasone spray 0.25%.....	181	DEXCOM G5 MOB/G4 PLAT SENSOR.....	289
DESOXYN (methamphetamine hcl).....	159	DEXCOM G5 MOBILE RECEIVER.....	289
DESVENLAFAXINE ER.....	48	DEXCOM G5 MOBILE TRANSMITTER.....	289
		DEXCOM G5 RECEIVER KIT.....	289
		DEXCOM G6 RECEIVER.....	289
		DEXCOM G6 SENSOR.....	289
		DEXCOM G6 TRANSMITTER.....	289

DEXCOM G7 RECEIVER.....	289	dextroamphetamine sulfate tab 2.5 mg.....	160
DEXCOM G7 SENSOR.....	290	dextroamphetamine sulfate tab 2.5 mg	
DEXEDRINE (dextroamphetamine sulfate)...	159	(Zenzedi).....	160
DEXILANT (dexlansoprazole).....	217	dextroamphetamine sulfate tab 20 mg.....	160
dexlansoprazole cap delayed release 30 mg.	217	dextroamphetamine sulfate tab 20 mg	
dexlansoprazole cap delayed release 60 mg.	217	(Zenzedi).....	160
dexmethylphenidate hcl cap er 24 hr 10 mg		dextroamphetamine sulfate tab 30 mg.....	160
(DEXMETHYLPHENIDATE HCL ER).....	162	dextroamphetamine sulfate tab 30 mg	
dexmethylphenidate hcl cap er 24 hr 15 mg		(Zenzedi).....	160
(DEXMETHYLPHENIDATE HCL ER).....	163	dextroamphetamine sulfate tab 5 mg.....	160
dexmethylphenidate hcl cap er 24 hr 20 mg		dextroamphetamine sulfate tab 5 mg	
(DEXMETHYLPHENIDATE HCL ER).....	163	(Zenzedi).....	160
dexmethylphenidate hcl cap er 24 hr 25 mg		dextroamphetamine sulfate tab 7.5 mg.....	160
(DEXMETHYLPHENIDATE HCL ER).....	163	dextroamphetamine sulfate tab 7.5 mg	
dexmethylphenidate hcl cap er 24 hr 30 mg		(Zenzedi).....	160
(DEXMETHYLPHENIDATE HCL ER).....	163	DHIVY (carbidopa-levodopa).....	84
dexmethylphenidate hcl cap er 24 hr 35 mg		DIACOMIT (stiripentol).....	34
(DEXMETHYLPHENIDATE HCL ER).....	163	DIASTAT ACUDIAL (diazepam	
dexmethylphenidate hcl cap er 24 hr 40 mg		(anticonvulsant)).....	39
(DEXMETHYLPHENIDATE HCL ER).....	163	DIASTAT PEDIATRIC (diazepam	
dexmethylphenidate hcl cap er 24 hr 5 mg		(anticonvulsant)).....	39
(DEXMETHYLPHENIDATE HCL ER).....	163	DIATHRIVE BLOOD GLUCOSE TEST (glucose	
dexmethylphenidate hcl tab 10 mg.....	163	blood).....	290
dexmethylphenidate hcl tab 2.5 mg.....	163	DIATHRIVE GLUCOSE TEST (glucose blood).	290
dexmethylphenidate hcl tab 5 mg.....	163	DIATHRIVE LANCET ULTRA THIN 30.....	290
dextroamphetamine sulfate cap er 24hr 10 mg		DIATHRIVE LANCETS.....	290
(DEXTROAMPHETAMINE SULFATE ER).....	159	DIATHRIVE PEN NEEDLE.....	290
dextroamphetamine sulfate cap er 24hr 15 mg		DIATHRIVE+ GLUCOSE TEST (glucose	
(DEXTROAMPHETAMINE SULFATE ER).....	159	blood).....	290
dextroamphetamine sulfate cap er 24hr 5 mg		DIATRUE PLUS TEST (glucose blood).....	290
(DEXTROAMPHETAMINE SULFATE ER).....	159	DIAZEPAM (diazepam (anticonvulsant)).....	39
dextroamphetamine sulfate oral solution 5		diazepam conc 5 mg/ml.....	103
mg/5ml.....	160	diazepam conc 5 mg/ml (DIAZEPAM	
dextroamphetamine sulfate oral solution 5		INTENSOL).....	103
mg/5ml (Procentra).....	159	diazepam oral soln 1 mg/ml.....	103
dextroamphetamine sulfate tab 10 mg.....	160	diazepam rectal gel delivery system 10 mg...	39
dextroamphetamine sulfate tab 10 mg		diazepam rectal gel delivery system 20 mg...	39
(Zenzedi).....	160	diazepam tab 10 mg.....	103
dextroamphetamine sulfate tab 15 mg.....	160	diazepam tab 2 mg.....	103
dextroamphetamine sulfate tab 15 mg		diazepam tab 5 mg.....	103
(Zenzedi).....	160	diazoxide susp 50 mg/ml.....	111

DIBENZYLINE (phenoxybenzamine hcl)	124	digoxin oral soln 0.05 mg/ml	128
dichlorphenamide tab 50 mg	219	digoxin tab 125 mcg (0.125 mg)	128
dichlorphenamide tab 50 mg (Ormalvi)	219	digoxin tab 125 mcg (0.125 mg) (Digitek)	128
DICLEGIS (doxylamine-pyridoxine)	54	digoxin tab 250 mcg (0.25 mg)	129
DICLOFENAC	1	digoxin tab 250 mcg (0.25 mg) (Digitek)	129
DICLOFENAC EPOLAMINE	1	digoxin tab 62.5 mcg (0.0625 mg)	129
diclofenac potassium (migraine) packet 50 mg (DICLOFENAC POTASSIUM(MIGRAINE))	1	dihydroergotamine mesylate inj 1 mg/ml	60
diclofenac potassium cap 25 mg	1	dihydroergotamine mesylate nasal spray 4 mg/ml	60
diclofenac potassium tab 25 mg	1	DILANTIN (phenytoin sodium extended)	42
diclofenac potassium tab 50 mg	1	DILANTIN (phenytoin)	42
diclofenac potassium tab 50 mg (Cataflam)	1	DILANTIN INFATABS (phenytoin)	42
diclofenac sodium (actinic keratoses) gel 3%	1	DILANTIN-125 (phenytoin)	42
diclofenac sodium ophth soln 0.1%	334	DILATRATE-SR (isosorbide dinitrate)	155
diclofenac sodium soln 1.5%	1	DILAUDID (hydromorphone hcl)	12,13
diclofenac sodium soln 2%	2	diltiazem hcl cap er 12hr 120 mg (DILTIAZEM HCL ER)	135
diclofenac sodium tab delayed release 25 mg	2	diltiazem hcl cap er 12hr 60 mg (DILTIAZEM HCL ER)	135
diclofenac sodium tab delayed release 50 mg	2	diltiazem hcl cap er 12hr 90 mg (DILTIAZEM HCL ER)	135
diclofenac sodium tab delayed release 75 mg	2	diltiazem hcl cap er 24hr 120 mg (Dilt-Xr)	135
diclofenac sodium tab er 24hr 100 mg (DICLOFENAC SODIUM ER)	2	diltiazem hcl cap er 24hr 120 mg (DILTIAZEM HCL ER)	135
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (DICLOFENAC-MISOPROSTOL)	2	diltiazem hcl cap er 24hr 180 mg (Dilt-Xr)	135
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (DICLOFENAC-MISOPROSTOL)	2	diltiazem hcl cap er 24hr 180 mg (DILTIAZEM HCL ER)	135
dicloxacillin sodium cap 250 mg	27	diltiazem hcl cap er 24hr 240 mg (Dilt-Xr)	135
dicloxacillin sodium cap 500 mg	27	diltiazem hcl cap er 24hr 240 mg (DILTIAZEM HCL ER)	135
dicyclomine hcl cap 10 mg	212	diltiazem hcl coated beads cap er 24hr 120 mg (Cartia Xt)	135
dicyclomine hcl oral soln 10 mg/5ml	212	diltiazem hcl coated beads cap er 24hr 120 mg (DILTIAZEM HCL ER COATED BEADS)	135
dicyclomine hcl tab 20 mg	212	diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt)	135
DIDANOSINE	96	diltiazem hcl coated beads cap er 24hr 180 mg (DILTIAZEM HCL ER COATED BEADS)	136
DIETHYLPROPION HCL ER	169	diltiazem hcl coated beads cap er 24hr 240 mg (Cartia Xt)	136
diethylpropion hcl tab 25 mg	169		
DIFFERIN (adapalene)	176		
DIFICID (fidaxomicin)	28		
DIFLORASONE DIACETATE	181		
diflorasone diacetate oint 0.05%	181		
DIFLUCAN (fluconazole)	56		
diflunisal tab 500 mg	2		
difluprednate ophth emulsion 0.05%	334		
DIGOXIN	128		

diltiazem hcl coated beads cap er 24hr 240 mg (DILTIAZEM HCL ER COATED BEADS).....	136	diltiazem hcl extended release beads cap er 24hr 420 mg (Tiadylyt Er).....	137
diltiazem hcl coated beads cap er 24hr 300 mg (Cartia Xt).....	136	diltiazem hcl tab 120 mg.....	137
diltiazem hcl coated beads cap er 24hr 300 mg (DILTIAZEM HCL ER COATED BEADS).....	136	diltiazem hcl tab 30 mg.....	137
diltiazem hcl coated beads cap er 24hr 360 mg (DILTIAZEM HCL ER COATED BEADS).....	136	diltiazem hcl tab 60 mg.....	137
diltiazem hcl extended release beads cap er 24hr 120 mg (DILTIAZEM HCL ER BEADS)....	136	diltiazem hcl tab 90 mg.....	137
diltiazem hcl extended release beads cap er 24hr 120 mg (Taztia Xt).....	136	diltiazem hcl tab er 24hr 120 mg (DILTIAZEM HCL ER).....	137
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiadylyt Er).....	136	diltiazem hcl tab er 24hr 180 mg (DILTIAZEM HCL ER).....	137
diltiazem hcl extended release beads cap er 24hr 180 mg (DILTIAZEM HCL ER BEADS)....	136	diltiazem hcl tab er 24hr 180 mg (Matzim La).....	137
diltiazem hcl extended release beads cap er 24hr 180 mg (Taztia Xt).....	136	diltiazem hcl tab er 24hr 240 mg (DILTIAZEM HCL ER).....	137
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiadylyt Er).....	136	diltiazem hcl tab er 24hr 240 mg (Matzim La).....	137
diltiazem hcl extended release beads cap er 24hr 240 mg (DILTIAZEM HCL ER BEADS)....	136	diltiazem hcl tab er 24hr 300 mg (DILTIAZEM HCL ER).....	137
diltiazem hcl extended release beads cap er 24hr 240 mg (Taztia Xt).....	136	diltiazem hcl tab er 24hr 300 mg (Matzim La).....	137
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiadylyt Er).....	136	diltiazem hcl tab er 24hr 360 mg (DILTIAZEM HCL ER).....	137
diltiazem hcl extended release beads cap er 24hr 300 mg (DILTIAZEM HCL ER BEADS)....	136	diltiazem hcl tab er 24hr 360 mg (Matzim La).....	137
diltiazem hcl extended release beads cap er 24hr 300 mg (Taztia Xt).....	136	diltiazem hcl tab er 24hr 420 mg (DILTIAZEM HCL ER).....	137
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiadylyt Er).....	136	diltiazem hcl tab er 24hr 420 mg (Matzim La).....	137
diltiazem hcl extended release beads cap er 24hr 360 mg (DILTIAZEM HCL ER BEADS)....	136	dimethyl fumarate capsule delayed release 120 mg.....	172
diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt).....	136	dimethyl fumarate capsule delayed release 240 mg.....	172
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiadylyt Er).....	137	dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (DIMETHYL FUMARATE STARTER PACK).....	172
diltiazem hcl extended release beads cap er 24hr 420 mg (DILTIAZEM HCL ER BEADS)....	137	DIOVAN (valsartan).....	125,126
		DIOVAN HCT (valsartan- hydrochlorothiazide).....	142
		DIPENTUM (olsalazine sodium).....	275
		diphenoxylate w/ atropine tab 2.5-0.025 mg (DIPHENOXYLATE-ATROPINE).....	211
		DIPHENOXYLATE-ATROPINE (diphenoxylate w/ atropine).....	211
		DIPROLENE (betamethasone dipropionate augmented).....	181

DIPROLENE AF (betamethasone dipropionate augmented).....	181	DORAL (quazepam).....	356
dipyridamole tab 25 mg.....	123	DORYX (doxycycline hyclate).....	31
dipyridamole tab 50 mg.....	123	DORYX MPC (doxycycline hyclate).....	31
dipyridamole tab 75 mg.....	123	DORZOLAMIDE HCL.....	337
disopyramide phosphate cap 100 mg.....	129	dorzolamide hcl ophth soln 2%.....	337
disopyramide phosphate cap 150 mg.....	129	DORZOLAMIDE HCL-TIMOLOL MAL (dorzolamide hcl-timolol maleate).....	330
disulfiram tab 250 mg.....	20	dorzolamide hcl-timolol maleate ophth sol 22.3- 6.8 mg/ml pf (DORZOLAMIDE HCL-TIMOLOL MAL PF).....	330
disulfiram tab 500 mg.....	20	dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml.....	330
DITROPAN XL (oxybutynin chloride).....	223	dorzolamide hcl-timolol maleate pf ophth soln 2-0.5% (DORZOLAMIDE HCL-TIMOLOL MAL PF).....	330
DIURIL (chlorothiazide).....	149	DOVATO (dolutegravir sodium-lamivudine).....	94
divalproex sodium cap delayed release sprinkle 125 mg.....	34	DOVONEX (calcipotriene).....	187
divalproex sodium tab delayed release 125 mg.....	34	doxazosin mesylate tab 1 mg.....	124
divalproex sodium tab delayed release 250 mg.....	34	doxazosin mesylate tab 2 mg.....	125
divalproex sodium tab delayed release 500 mg.....	34	doxazosin mesylate tab 4 mg.....	125
divalproex sodium tab er 24 hr 250 mg (DIVALPROEX SODIUM ER).....	34	doxazosin mesylate tab 8 mg.....	125
divalproex sodium tab er 24 hr 500 mg (DIVALPROEX SODIUM ER).....	34	doxepin hcl (sleep) tab 3 mg (base equiv).....	356
DIVIGEL (estradiol).....	238	doxepin hcl (sleep) tab 6 mg (base equiv).....	356
dofetilide cap 125 mcg (0.125 mg).....	129	doxepin hcl cap 10 mg.....	53
dofetilide cap 250 mcg (0.25 mg).....	129	doxepin hcl cap 100 mg.....	53
dofetilide cap 500 mcg (0.5 mg).....	129	doxepin hcl cap 150 mg.....	53
DOJOLVI (triheptanoin).....	208	doxepin hcl cap 25 mg.....	53
donepezil hydrochloride orally disintegrating tab 10 mg (DONEPEZIL HCL).....	44	doxepin hcl cap 50 mg.....	53
donepezil hydrochloride orally disintegrating tab 5 mg (DONEPEZIL HCL).....	44	doxepin hcl cap 75 mg.....	53
donepezil hydrochloride tab 10 mg (DONEPEZIL HCL).....	44	doxepin hcl conc 10 mg/ml.....	53
donepezil hydrochloride tab 23 mg (DONEPEZIL HCL).....	44	doxepin hcl cream 5%.....	181
donepezil hydrochloride tab 5 mg (DONEPEZIL HCL).....	44	doxercalciferol cap 0.5 mcg.....	277
DONNATAL (phenobarbital-hyoscyamine- atropine-scopolamine).....	212	doxercalciferol cap 1 mcg.....	277
DOPTELET (avatrombopag maleate).....	123	doxercalciferol cap 2.5 mcg.....	277
		doxycycline (rosacea) cap delayed release 40 mg.....	31
		DOXYCYCLINE HYCLATE.....	31
		doxycycline hyclate cap 100 mg.....	31
		doxycycline hyclate cap 100 mg (Morgidox).....	31
		doxycycline hyclate cap 50 mg.....	31
		doxycycline hyclate tab 100 mg.....	31

doxycycline hyclate tab 100 mg (Lymepak)	31	DROPLET PEN NEEDLES	290
doxycycline hyclate tab 150 mg	31	DROPLET PERSONAL LANCETS 30G	290
doxycycline hyclate tab 20 mg	31	DROPSAFE SAFETY PEN NEEDLES	290
doxycycline hyclate tab 50 mg	31	DROPSAFE SAFETY SYRINGE/NEEDLE	290
doxycycline hyclate tab 50 mg (Targadox)	31	drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (DROSPIREN-ETH ESTRAD- LEVOMEFOL)	238
doxycycline hyclate tab 75 mg	31	drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (DROSPIREN-ETH ESTRAD- LEVOMEFOL)	238
doxycycline hyclate tab delayed release 100 mg	31	drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)	238
doxycycline hyclate tab delayed release 150 mg	31	drospirenone-ethinyl estradiol tab 3-0.02 mg	239
doxycycline hyclate tab delayed release 200 mg	31	drospirenone-ethinyl estradiol tab 3-0.02 mg (Gianvi)	239
doxycycline hyclate tab delayed release 50 mg	31	drospirenone-ethinyl estradiol tab 3-0.02 mg (Jasmiel)	239
doxycycline hyclate tab delayed release 75 mg	31	drospirenone-ethinyl estradiol tab 3-0.02 mg (Lo-Zumandimine)	239
doxycycline monohydrate cap 100 mg	31	drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna)	239
doxycycline monohydrate cap 100 mg (Mondoxyne NI)	32	drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki)	239
doxycycline monohydrate cap 150 mg	32	drospirenone-ethinyl estradiol tab 3-0.02 mg (Vestura)	239
doxycycline monohydrate cap 50 mg	32	drospirenone-ethinyl estradiol tab 3-0.03 mg	239
doxycycline monohydrate cap 75 mg	32	drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella)	239
doxycycline monohydrate cap 75 mg (Mondoxyne NI)	32	drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda)	239
doxycycline monohydrate for susp 25 mg/5ml	32	drospirenone-ethinyl estradiol tab 3-0.03 mg (Zarah)	239
doxycycline monohydrate tab 100 mg	32	drospirenone-ethinyl estradiol tab 3-0.03 mg (Zumandimine)	239
doxycycline monohydrate tab 100 mg (Avidoxy)	32	DROXIA (hydroxyurea (sickle cell disease))	219
doxycycline monohydrate tab 150 mg	32	droxidopa cap 100 mg	124
doxycycline monohydrate tab 50 mg	32	droxidopa cap 200 mg	124
doxycycline monohydrate tab 75 mg	32	droxidopa cap 300 mg	124
doxylamine-pyridoxine tab delayed release 10- 10 mg	54	DRUG MART LANCETS THIN 26G	290
DRISDOL (ergocalciferol)	277		
DRIZALMA SPRINKLE (duloxetine hcl)	170		
dronabinol cap 10 mg	55		
dronabinol cap 2.5 mg	55		
dronabinol cap 5 mg	55		

DRUG MART ON-THE-GO LANCET 30G	291	DYAZIDE (triamterene &	
DRUG MART UNIFINE PENTIPS	291	hydrochlorothiazide)	143
DRUG MART UNIFINE PENTIPS PLUS	291	DYMISTA (azelastine hcl-fluticasone	
DRUG MART UNILET LANCETS 28G	291	propionate)	351
DRUG MART UNILET LANCETS 30G	291	DYRENIUM (triamterene)	148
DRUG MART UNILET LANCETS 33G	291	E	
DUAKLIR PRESSAIR (aclidinium bromide-		E-Z JECT LANCET MICRO-THIN 33G	291
formoterol fumarate)	351	E-Z JECT LANCET SUPER THIN 30G	291
DUAVEE (conjugated estrogens-		E-Z JECT LANCETS	291
bazedoxifene)	256	E-Z JECT LANCETS 21G	291
DUETACT (pioglitazone hcl-glimepiride)	106	E-Z JECT LANCETS THIN 26G	291
DUEXIS (ibuprofen-famotidine)	2	E.E.S. 400 (erythromycin ethylsuccinate)	28
DULERA (mometasone furoate-formoterol		E.E.S. GRANULES (erythromycin	
fumarate dihydrate)	351	ethylsuccinate)	28
duloxetine hcl enteric coated pellets cap 20 mg		EASIVENT	291
(base eq)	170	EASIVENT MASK LARGE	291
duloxetine hcl enteric coated pellets cap 30 mg		EASIVENT MASK MEDIUM	291
(base eq)	170	EASIVENT MASK SMALL	291
duloxetine hcl enteric coated pellets cap 40 mg		EASY COMFORT INSULIN SYRINGE	291
(base eq)	170	EASY COMFORT LANCETS	291
duloxetine hcl enteric coated pellets cap 60 mg		EASY COMFORT LANCETS TWIST TOP	291
(base eq)	170	EASY COMFORT PEN NEEDLES	291
DUO-CARE TEST (glucose blood)	291	EASY GLIDE PEN NEEDLES	291
DUOBRII (halobetasol propionate-		EASY MAX BLOOD GLUCOSE TEST (glucose	
tazarotene)	187	blood)	292
DUPIXENT (dupilumab)	262	EASY PLUS II GLUCOSE TEST (glucose	
DURAGESIC-100 (fentanyl)	6	blood)	292
DURAGESIC-12 (fentanyl)	6	EASY STEP TEST (glucose blood)	292
DURAGESIC-25 (fentanyl)	6	EASY TALK BLOOD GLUCOSE TEST (glucose	
DURAGESIC-50 (fentanyl)	6	blood)	292
DURAGESIC-75 (fentanyl)	6	EASY TALK PLUS II TEST STRIPS (glucose	
DUREZOL (difluprednate)	334	blood)	292
DURLAZA (aspirin (platelet aggregation		EASY TOUCH FLIPLOCK INSULIN SY	292
inhibitor))	123	EASY TOUCH FLIPLOCK NEEDLES	292
dutasteride cap 0.5 mg	225	EASY TOUCH HEALTHPRO GLUCOSE (glucose	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	225	blood)	292
DUTOPROL (metoprolol &		EASY TOUCH HYPODERMIC NEEDLE	292
hydrochlorothiazide)	142,143	EASY TOUCH INSULIN SAFETY SYR	292
DUVYZAT (givinostat hcl)	219	EASY TOUCH INSULIN SYRINGE	292
DXEVO 11-DAY (dexamethasone)	229	EASY TOUCH LANCETS 21G	292
DYANAVEL XR (amphetamine)	160		

EASY TOUCH LANCETS 23G.....	292	EFAVIRENZ.....	94,95
EASY TOUCH LANCETS 26G.....	292	efavirenz tab 600 mg.....	95
EASY TOUCH LANCETS 28G.....	292	efavirenz-emtricitabine-tenofovir df tab 600- 200-300 mg (EFAVIRENZ-EMTRICITAB- TENOFODF).....	95
EASY TOUCH LANCETS 28G/TWIST.....	292	efavirenz-lamivudine-tenofovir df tab 400- 300-300 mg.....	95
EASY TOUCH LANCETS 30G.....	292	efavirenz-lamivudine-tenofovir df tab 600- 300-300 mg.....	95
EASY TOUCH LANCETS 30G/TWIST.....	292	EFFER-K (potassium bicarbonate-citric acid)	195
EASY TOUCH LANCETS 32G.....	292	EFFEXOR XR (venlafaxine hcl).....	49
EASY TOUCH LANCETS 32G/TWIST.....	293	EFFIENT (prasugrel hcl).....	123
EASY TOUCH LANCETS 33G/TWIST.....	293	EFUDEX (fluorouracil (topical)).....	187
EASY TOUCH PEN NEEDLES.....	293	EGRIFTA SV (tesamorelin acetate).....	232
EASY TOUCH SAFETY LANCETS 21G.....	293	ELEMENT COMPACT TEST (glucose blood).....	293
EASY TOUCH SAFETY LANCETS 23G.....	293	ELEMENT TEST (glucose blood).....	293
EASY TOUCH SAFETY LANCETS 26G.....	293	ELEPSIA XR (levetiracetam).....	34
EASY TOUCH SAFETY LANCETS 28G.....	293	ELESTRIN (estradiol).....	239
EASY TOUCH SAFETY PEN NEEDLES.....	293	eletriptan hydrobromide tab 20 mg (base equivalent).....	61
EASY TOUCH SHEATHLOCK SYRINGE.....	293	eletriptan hydrobromide tab 40 mg (base equivalent).....	61
EASY TOUCH TEST (glucose blood).....	293	ELIDEL (pimecrolimus).....	181
EASY TRAK BLOOD GLUCOSE TEST (glucose blood).....	293	ELIMITE (permethrin).....	191
EASY TRAK II GLUCOSE TEST (glucose blood).....	293	ELIQUIS (apixaban).....	117
EASY TWIST & CAP LANCETS.....	293	ELIQUIS DVT/PE STARTER PACK (apixaban).....	117
EASYGLUCO (glucose blood).....	293	ELITE-OB (prenatal vit w/ iron carbonyl-folic acid).....	195
EASYGLUCO PLUS (glucose blood).....	293	ELLA (ulipristal acetate).....	254
EASYMAX 15 TEST (glucose blood).....	293	ELMIRON (pentosan polysulfate sodium).....	226
EASYMAX TEST (glucose blood).....	293	ELYXYB (celecoxib (migraine)).....	2
EASYPOINT NEEDLE.....	293	EMBRACE BLOOD GLUCOSE TEST (glucose blood).....	293
EASYPRO BLOOD GLUCOSE TEST (glucose blood).....	293	EMBRACE EVO BLOOD GLUCOSE TEST (glucose blood).....	294
EASYPRO PLUS (glucose blood).....	293	EMBRACE LANCETS ULTRA THIN 30G.....	294
EBGLYSS (lebrikizumab-lbkz).....	181	EMBRACE PEN NEEDLES.....	294
EC-NAPROSYN (naproxen).....	2	EMBRACE PRESSURE ACTIVATED 21G.....	294
econazole nitrate cream 1%.....	56	EMBRACE PRESSURE ACTIVATED 28G.....	294
ECOZA (econazole nitrate).....	56	EMBRACE PRO GLUCOSE TEST (glucose blood).....	294
EDARBI (azilsartan medoxomil).....	126		
EDARBYCLOR (azilsartan medoxomil- chlorthalidone).....	143		
EDECIN (ethacrynic acid).....	148		
EDEX (alprostadil (vasodilator)).....	234		
EDLUAR (zolpidem tartrate).....	356		
EDURANT (rilpivirine hcl).....	94		

EMBRACE TALK GLUCOSE TEST (glucose blood).....	294	ENBRACE HR (prenatal vit w/ fe glycine cysteinate-fa-omega 3 fatty acids).....	208
EMBRACE WAVE BLOOD GLUCOSE (glucose blood).....	294	ENBREL (etanercept).....	269
EMCYT (estramustine phosphate sodium)....	66	ENBREL MINI (etanercept).....	269
EMEND (aprepitant).....	55	ENBREL SURECLICK (etanercept).....	269
EMEND TRI-PACK (aprepitant).....	55	ENDARI (glutamine (sickle cell)).....	219
EMFLAZA (deflazacort).....	229	ENDOMETRIN (progesterone (vaginal))....	254
EMGALITY (300 MG DOSE) (galcanezumab-gnlm).....	60	enoxaparin sodium inj 300 mg/3ml.....	117
EMGALITY (galcanezumab-gnlm).....	60	enoxaparin sodium inj soln pref syr 100 mg/ml.....	117
EMPAVELI (pegcetacoplan).....	262	enoxaparin sodium inj soln pref syr 120 mg/0.8ml.....	117
EMSAM (selegiline).....	48	enoxaparin sodium inj soln pref syr 150 mg/ml.....	117
emtricitabine caps 200 mg.....	96	enoxaparin sodium inj soln pref syr 30 mg/0.3ml.....	117
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (EMTRICITABINE-TENOFOVIR DF).....	96	enoxaparin sodium inj soln pref syr 40 mg/0.4ml.....	117
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (EMTRICITABINE-TENOFOVIR DF).....	96	enoxaparin sodium inj soln pref syr 60 mg/0.6ml.....	117
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (EMTRICITABINE-TENOFOVIR DF).....	96	enoxaparin sodium inj soln pref syr 80 mg/0.8ml.....	118
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (EMTRICITABINE-TENOFOVIR DF).....	96	ENSPRYNG (satralizumab-mwge).....	262
EMTRIVA (emtricitabine).....	96	ENSTILAR (calcipotriene-betamethasone dipropionate).....	187
EMVERM (mebendazole).....	78	entacapone tab 200 mg.....	81
ENABLEX (darifenacin hydrobromide).....	223	ENTADFI (finasteride-tadalafil).....	225
enalapril maleate & hydrochlorothiazide tab 10-25 mg (ENALAPRIL-HYDROCHLOROTHIAZIDE).....	143	entecavir tab 0.5 mg.....	92
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg (ENALAPRIL-HYDROCHLOROTHIAZIDE).....	143	entecavir tab 1 mg.....	92
enalapril maleate oral soln 1 mg/ml.....	127	ENTOCORT EC (budesonide).....	276
enalapril maleate tab 10 mg.....	127	ENTRESTO (sacubitril-valsartan).....	143
enalapril maleate tab 2.5 mg.....	127	ENTYVIO (vedolizumab).....	262
enalapril maleate tab 20 mg.....	127	ENVARUSUS XR (tacrolimus).....	269
enalapril maleate tab 5 mg.....	127	EOHILIA (budesonide).....	276
		EPANED (enalapril maleate).....	127
		EPCLUSA (sofosbuvir-velpatasvir).....	93
		EPIDIOLEX (cannabidiol).....	34
		EPIDUO (adapalene-benzoyl peroxide).....	176
		EPIDUO FORTE (adapalene-benzoyl peroxide).....	176
		EPIFOAM (pramoxine-hc).....	187

epinastine hcl ophth soln 0.05%	332	ERMEZA (levothyroxine sodium)	256
EPINEPHRINE (epinephrine (anaphylaxis)) . . .	344	ERTACZO (sertaconazole nitrate)	56
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	344	ERY (erythromycin (acne aid))	193
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	344	ERYGEL (erythromycin (acne aid))	193
EPIPEN 2-PAK (epinephrine (anaphylaxis)) . .	344	ERYPED 200 (erythromycin ethylsuccinate) . .	28
EPIPEN JR 2-PAK (epinephrine (anaphylaxis))	344	ERYPED 400 (erythromycin ethylsuccinate) . .	28
EPIVIR (lamivudine)	96,97	ERYTHROCIN STEARATE (erythromycin stearate)	28
EPIVIR HBV (lamivudine (hbv))	92	ERYTHROMYCIN (erythromycin (ophth))	333
eplerenone tab 25 mg	149	ERYTHROMYCIN BASE	28
eplerenone tab 50 mg	149	ERYTHROMYCIN ETHYLSUCCINATE	28
EPOGEN (epoetin alfa)	120	erythromycin ethylsuccinate for susp 200 mg/5ml	28
EPRONTIA (topiramate)	34	erythromycin ethylsuccinate for susp 400 mg/5ml	28
EPROSARTAN MESYLATE	126	erythromycin gel 2%	193
EPSOLAY (benzoyl peroxide)	176	erythromycin ophth oint 5 mg/gm	333
EPZICOM (abacavir sulfate-lamivudine)	97	erythromycin soln 2%	193
EQ BLOOD GLUCOSE TEST (glucose blood) .	294	erythromycin tab 250 mg (ERYTHROMYCIN BASE)	28
EQ SPACE CHAMBER ANTI-STATIC	294	erythromycin tab 500 mg (ERYTHROMYCIN BASE)	29
EQ SPACE CHAMBER ANTI-STATIC L	294	erythromycin tab delayed release 250 mg . . .	29
EQ SPACE CHAMBER ANTI-STATIC M	294	erythromycin tab delayed release 250 mg (Ery- Tab)	29
EQ SPACE CHAMBER ANTI-STATIC S	294	erythromycin tab delayed release 250 mg (ERYTHROMYCIN BASE)	29
EQL COLOR LANCETS 21G	294	erythromycin tab delayed release 333 mg . . .	29
EQL COLOR LANCETS MICRO 33G	294	erythromycin tab delayed release 333 mg (Ery- Tab)	29
EQL INSULIN SYRINGE	294	erythromycin tab delayed release 333 mg (ERYTHROMYCIN BASE)	29
EQL SUPER THIN LANCETS 30G	294	erythromycin tab delayed release 500 mg . . .	29
EQL THIN LANCETS 26G	294	erythromycin tab delayed release 500 mg (Ery- Tab)	29
EQUETRO (carbamazepine (antipsychotic)) .	104	erythromycin tab delayed release 500 mg (ERYTHROMYCIN BASE)	29
ergocalciferol cap 1.25 mg (50000 unit)	277	ESBRIET (pirfenidone)	349
ergocalciferol cap 1.25 mg (50000 unit) (VITAMIN D (ERGOCALCIFEROL))	277	escitalopram oxalate soln 5 mg/5ml (base equiv)	49
ERGOLOID MESYLATES	44	escitalopram oxalate tab 10 mg (base equiv) .	49
ERGOMAR (ergotamine tartrate)	60		
ERGOTAMINE-CAFFEINE (ergotamine w/ caffeine)	60		
ERIVEDGE (vismodegib)	70		
ERLEADA (apalutamide)	65		
erlotinib hcl tab 100 mg (base equivalent) . . .	70		
erlotinib hcl tab 150 mg (base equivalent) . . .	70		
erlotinib hcl tab 25 mg (base equivalent) . . .	70		

escitalopram oxalate tab 20 mg (base equiv) .49	estradiol & norethindrone acetate tab 0.5-0.1 mg (Amabelz) 254
escitalopram oxalate tab 5 mg (base equiv) . . 49	estradiol & norethindrone acetate tab 0.5-0.1 mg (ESTRADIOL-NORETHINDRONE ACET) . 254
ESGIC (butalbital-acetaminophen-caffeine) .169	estradiol & norethindrone acetate tab 1-0.5 mg (Amabelz) 254
esomeprazole magnesium cap delayed release 40 mg (base eq) 217	estradiol & norethindrone acetate tab 1-0.5 mg (ESTRADIOL-NORETHINDRONE ACET) 254
esomeprazole magnesium for delayed release susp packet 10 mg 217	estradiol & norethindrone acetate tab 1-0.5 mg (Lopreeza) 254
esomeprazole magnesium for delayed release susp packet 20 mg 217	estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey) 254
esomeprazole magnesium for delayed release susp packet 40 mg 217	estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) 240
ESOMEPRAZOLE STRONTIUM 217	estradiol tab 0.5 mg 240
estazolam tab 1 mg 356	estradiol tab 1 mg 240
estazolam tab 2 mg 356	estradiol tab 2 mg 240
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Covaryx Hs) 239	estradiol td gel 0.25 mg/0.25gm (0.1%) 240
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Eemt Hs) 239	estradiol td gel 0.5 mg/0.5gm (0.1%) 240
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST HS) 239	estradiol td gel 0.75 mg/0.75gm (0.1%) 240
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST) 239	estradiol td gel 1 mg/gm (0.1%) 240
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Estratest H.s.) 239	estradiol td gel 1.25 mg/1.25gm (0.1%) 240
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Covaryx) 239	estradiol td patch twice weekly 0.025 mg/24hr 240
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Eemt) 240	estradiol td patch twice weekly 0.025 mg/24hr (Dotti) 240
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST DS) 240	estradiol td patch twice weekly 0.025 mg/24hr (Lyllana) 240
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST) 240	estradiol td patch twice weekly 0.0375 mg/24hr 240
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.s.) 240	estradiol td patch twice weekly 0.0375 mg/24hr (Dotti) 240
ESTRACE (estradiol vaginal) 240	estradiol td patch twice weekly 0.0375 mg/24hr (Lyllana) 240
ESTRACE (estradiol) 240	estradiol td patch twice weekly 0.05 mg/24hr 241
	estradiol td patch twice weekly 0.05 mg/24hr (Dotti) 241
	estradiol td patch twice weekly 0.05 mg/24hr (Lyllana) 241

estradiol td patch twice weekly 0.075 mg/24hr	241	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28))	242
estradiol td patch twice weekly 0.075 mg/24hr (Dotti)	241	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e (28))	242
estradiol td patch twice weekly 0.075 mg/24hr (Lyllana)	241	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (ETHYNODIOL DIAC-ETH ESTRADIOL)	242
estradiol td patch twice weekly 0.1 mg/24hr	241	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	242
estradiol td patch twice weekly 0.1 mg/24hr (Dotti)	241	etodolac cap 200 mg	2
estradiol td patch twice weekly 0.1 mg/24hr (Lyllana)	241	etodolac cap 300 mg	2
estradiol td patch weekly 0.025 mg/24hr	241	etodolac tab 400 mg	2
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	241	etodolac tab 500 mg	2
estradiol td patch weekly 0.05 mg/24hr	241	etodolac tab er 24hr 400 mg (ETODOLAC ER)	2
estradiol td patch weekly 0.06 mg/24hr	241	etodolac tab er 24hr 500 mg (ETODOLAC ER)	2
estradiol td patch weekly 0.075 mg/24hr	241	etodolac tab er 24hr 600 mg (ETODOLAC ER)	2
estradiol td patch weekly 0.1 mg/24hr	241	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring)	242
estradiol vaginal cream 0.1 mg/gm	241	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette)	242
estradiol vaginal tab 10 mcg	241	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	242
estradiol vaginal tab 10 mcg (Yuvafem)	241	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Eluryng)	242
estradiol valerate im in oil 10 mg/ml	241	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring)	242
estradiol valerate im in oil 20 mg/ml	241	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Haloette)	242
estradiol valerate im in oil 40 mg/ml	241	ETOPOSIDE	68
ESTRING (estradiol vaginal)	241	etravirine tab 100 mg	95
ESTROGEL (estradiol)	241	etravirine tab 200 mg	95
ESTROSTEP FE (norethindrone acetate-ethinyl estradiol-fe)	241	EUCRISA (crisaborole)	181
eszopiclone tab 1 mg	356	EULEXIN (flutamide)	65
eszopiclone tab 2 mg	357	EVAMIST (estradiol)	242
eszopiclone tab 3 mg	357	EVEKEO (amphetamine sulfate)	160
ethacrynic acid tab 25 mg	148	EVEKEO ODT (amphetamine sulfate)	161
ethambutol hcl tab 100 mg	64	EVENCARE + BLOOD GLUCOSE TEST (glucose blood)	294
ethambutol hcl tab 400 mg	64	EVENCARE BLOOD GLUCOSE TEST (glucose blood)	295
ethosuximide cap 250 mg	39	EVENCARE G2 TEST (glucose blood)	295
ethosuximide soln 250 mg/5ml	39		
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (ETHYNODIOL DIAC-ETH ESTRADIOL)	242		
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35)	242		

EVENCARE G3 TEST (glucose blood).....	295	EYSUVIS (loteprednol etabonate).....	334
EVENCARE MINI GLUCOSE TEST (glucose blood).....	295	EZ-LETS LANCETS 21G.....	295
EVENCARE PROVIEW GLUCOSE TEST (glucose blood).....	295	EZ-LETS LANCETS 26G.....	295
everolimus tab 0.25 mg.....	269	EZ-LETS LANCETS 28G.....	295
everolimus tab 0.5 mg.....	270	EZ-LETS LANCETS 30G.....	295
everolimus tab 0.75 mg.....	270	EZALLOR SPRINKLE (rosuvastatin calcium)..	151
everolimus tab 1 mg.....	270	ezetimibe tab 10 mg.....	153
everolimus tab 10 mg.....	70	EZETIMIBE-ROSUVASTATIN (ezetimibe- rosuvastatin calcium).....	153
everolimus tab 10 mg (Torpenz).....	70	ezetimibe-simvastatin tab 10-10 mg.....	153
everolimus tab 2.5 mg.....	70	ezetimibe-simvastatin tab 10-20 mg.....	153
everolimus tab 2.5 mg (Torpenz).....	70	ezetimibe-simvastatin tab 10-40 mg.....	153
everolimus tab 5 mg.....	70	ezetimibe-simvastatin tab 10-80 mg.....	153
everolimus tab 5 mg (Torpenz).....	70		
everolimus tab 7.5 mg.....	70	F	
everolimus tab 7.5 mg (Torpenz).....	70	FABHALTA (iptacopan hcl).....	120
everolimus tab for oral susp 2 mg.....	70	FABIOR (tazarotene (acne)).....	176
everolimus tab for oral susp 3 mg.....	70	famciclovir tab 125 mg.....	101
everolimus tab for oral susp 5 mg.....	71	famciclovir tab 250 mg.....	101
EVISTA (raloxifene hcl).....	256	famciclovir tab 500 mg.....	101
EVOCLIN (clindamycin phosphate (topical))..	193	famotidine for susp 40 mg/5ml.....	216
EVOLUTION AUTOCODE (glucose blood)....	295	famotidine tab 40 mg.....	216
EVOTAZ (atazanavir sulfate-cobicistat).....	99	FANAPT (iloperidone).....	87
EVOXAC (cevimeline hcl).....	174	FANAPT TITRATION PACK (iloperidone).....	87
EVRYSDI (risdiplam).....	219	FARESTON (toremifene citrate).....	67
EXACTECH R-S-G TEST (glucose blood).....	295	FARXIGA (dapagliflozin propanediol).....	155
EXACTECH TEST (glucose blood).....	295	FARYDAK (panobinostat lactate).....	71
EXEL COMFORT POINT INSULIN SYR.....	295	FASENRA PEN (benralizumab).....	351
EXEL COMFORT POINT PEN NEEDLE.....	295	febuxostat tab 40 mg.....	59
EXELDERM (sulconazole nitrate).....	56	febuxostat tab 80 mg.....	59
EXELON (rivastigmine).....	44	felbamate susp 600 mg/5ml.....	34
exemestane tab 25 mg.....	68	felbamate tab 400 mg.....	34
EXFORGE (amlodipine besylate-valsartan)..	143	felbamate tab 600 mg.....	34
EXFORGE HCT (amlodipine-valsartan- hydrochlorothiazide).....	143	FELBATOL (felbamate).....	34
EXJADE (deferasirox).....	205	FELDENE (piroxicam).....	2
EXKIVITY (mobocertinib succinate).....	71	felodipine tab er 24hr 10 mg (FELODIPINE ER).....	133
EXSERVAN (riluzole).....	157	felodipine tab er 24hr 2.5 mg (FELODIPINE ER).....	133
EXTAVIA (interferon beta-1b).....	172	felodipine tab er 24hr 5 mg (FELODIPINE ER)	133
EXTINA (ketoconazole (topical)).....	56	FEMARA (letrozole).....	68

FEMCAP (cervical caps).....	295	FENTORA (fentanyl citrate).....	13
FEMHRT (norethindrone acetate-ethinyl estradiol).....	242	FERRIPROX (deferiprone).....	206
FEMLYV (norethindrone acet & eth estra)....	242	FERRIPROX TWICE-A-DAY (deferiprone)....	206
FEMRING (estradiol acetate vaginal).....	242	fesoterodine fumarate tab er 24hr 4 mg (FESOTERODINE FUMARATE ER).....	223
FENOFIBRATE.....	149	fesoterodine fumarate tab er 24hr 8 mg (FESOTERODINE FUMARATE ER).....	223
FENOFIBRATE MICRONIZED.....	150	FETZIMA (levomilnacipran hcl).....	49
fenofibrate micronized cap 130 mg.....	150	FETZIMA TITRATION (levomilnacipran hcl)....	49
fenofibrate micronized cap 134 mg.....	150	FIASP (insulin aspart (with niacinamide))....	112
fenofibrate micronized cap 200 mg.....	150	FIASP FLEXTOUCH (insulin aspart (with niacinamide)).....	112
fenofibrate micronized cap 43 mg.....	150	FIASP PENFILL (insulin aspart (with niacinamide)).....	113
fenofibrate micronized cap 67 mg.....	150	FIASP PUMPCART (insulin aspart (with niacinamide)).....	113
fenofibrate tab 120 mg.....	150	FIBRICOR (fenofibric acid).....	150
fenofibrate tab 145 mg.....	150	FIFTY50 GLUCOSE TEST 2.0 (glucose blood).....	295
fenofibrate tab 40 mg.....	150	FIFTY50 PEN NEEDLES.....	295
fenofibrate tab 48 mg.....	150	FIFTY50 SAFETY SEAL LANCETS.....	295
fenofibrate tab 54 mg.....	150	FIFTY50 SUPERIOR COMFORT SYR.....	295
FENOFIBRIC ACID.....	150	FIFTY50 UNILET LANCETS 33G.....	295
FENOGLIDE (fenofibrate).....	150	FILSPARI (sparsentan).....	226
FENOPROFEN CALCIUM.....	2	FILSUVEZ (birch triterpenes).....	296
fenopropfen calcium cap 400 mg.....	2	FINACEA (azelaic acid).....	176
fenopropfen calcium tab 600 mg.....	2	finasteride tab 5 mg.....	225
FENORTHO (fenopropfen calcium).....	3	FINE 30.....	296
FENTANYL CITRATE.....	13	FINGERSTIX LANCETS.....	296
FENTANYL CITRATE.....	13	ingolimod hcl cap 0.5 mg (base equiv).....	172
fentanyl citrate lozenge on a handle 1200 mcg	13	FINTEPLA (fenfluramine hcl (anticonvulsant)).....	34
fentanyl citrate lozenge on a handle 1600 mcg.....	13	FIORICET (butalbital-acetaminophen-caffeine).....	169
fentanyl citrate lozenge on a handle 200 mcg.....	13	FIORICET/CODEINE (butalbital-acetaminophen-caffeine w/ codeine).....	13
fentanyl citrate lozenge on a handle 400 mcg.....	13	FIORINAL (butalbital-aspirin-caffeine).....	3
fentanyl citrate lozenge on a handle 600 mcg.....	13	FIORINAL/CODEINE #3 (butalbital-aspirin-caffeine w/cod).....	14
fentanyl citrate lozenge on a handle 800 mcg.....	13	FIRAZYR (icatibant acetate).....	261
fentanyl td patch 72hr 100 mcg/hr.....	6	FIRDAPSE (amifampridine phosphate).....	169
fentanyl td patch 72hr 12 mcg/hr.....	6	FIRVANQ (vancomycin hcl).....	23
fentanyl td patch 72hr 25 mcg/hr.....	6	FLAGYL (metronidazole).....	23
fentanyl td patch 72hr 37.5 mcg/hr.....	6		
fentanyl td patch 72hr 50 mcg/hr.....	6		
fentanyl td patch 72hr 62.5 mcg/hr.....	6		
fentanyl td patch 72hr 75 mcg/hr.....	6		
fentanyl td patch 72hr 87.5 mcg/hr.....	6		
FENTORA (fentanyl citrate).....	13		

FLAREX (fluorometholone acetate).....	335	fluocinolone acetonide soln 0.01%.....	182
flavoxate hcl tab 100 mg.....	223	FLUOCINONIDE.....	182
flecainide acetate tab 100 mg.....	129	fluocinonide cream 0.05%.....	182
flecainide acetate tab 150 mg.....	129	fluocinonide cream 0.1%.....	182
flecainide acetate tab 50 mg.....	129	fluocinonide emulsified base cream 0.05%...	182
FLECTOR (diclofenac epolamine).....	3	fluocinonide gel 0.05%.....	182
FLEQSUVY (baclofen).....	91	fluocinonide oint 0.05%.....	182
FLEXICHAMBER.....	296	fluocinonide soln 0.05%.....	182
FLEXICHAMBER ADULT MASK/SMALL.....	296	fluorometholone ophth susp 0.1%.....	335
FLEXICHAMBER CHILD MASK/LARGE.....	296	FLUOROPLEX (fluorouracil (topical)).....	187
FLEXICHAMBER CHILD MASK/SMALL.....	296	FLUOROURACIL (fluorouracil (topical)).....	187
FLOLIPID (simvastatin).....	151	fluorouracil cream 5%.....	187
FLOMAX (tamsulosin hcl).....	225	fluorouracil soln 5%.....	187
FLORAFOL PEDIATRIC (pediatric multivitamins w/f).....	195	FLUOXETINE HCL.....	49
FLORIVA (pediatric multiple vitamins & minerals w/ fluoride).....	195	FLUOXETINE HCL (PMDD).....	49
FLORIVA (sodium fluoride-vitamin d).....	195	fluoxetine hcl cap 10 mg.....	49
FLORIVA PLUS (pediatric multivitamins w/f).....	195	fluoxetine hcl cap 20 mg.....	49
FLOVENT DISKUS (fluticasone propionate (inhalation)).....	340	fluoxetine hcl cap 40 mg.....	49
FLOVENT HFA (fluticasone propionate hfa).....	340	fluoxetine hcl solution 20 mg/5ml.....	49
fluconazole for susp 10 mg/ml.....	56	fluoxetine hcl tab 10 mg.....	49
fluconazole for susp 40 mg/ml.....	56	fluoxetine hcl tab 20 mg.....	49
fluconazole tab 100 mg.....	56	fluoxetine hcl tab 60 mg.....	49
fluconazole tab 150 mg.....	56	FLUPHENAZINE HCL.....	85
fluconazole tab 200 mg.....	57	fluphenazine hcl tab 1 mg.....	85
fluconazole tab 50 mg.....	57	fluphenazine hcl tab 10 mg.....	85
flucytosine cap 250 mg.....	57	fluphenazine hcl tab 2.5 mg.....	85
flucytosine cap 500 mg.....	57	fluphenazine hcl tab 5 mg.....	85
fludrocortisone acetate tab 0.1 mg.....	229	FLURANDRENOLIDE.....	182
flunisolide nasal soln 25 mcg/act (0.025%)...	351	flurandrenolide cream 0.05%.....	182
fluocinolone acetonide (otic) oil 0.01%.....	339	flurandrenolide cream 0.05% (Nolix).....	182
fluocinolone acetonide (otic) oil 0.01% (Flac).....	339	flurandrenolide lotion 0.05%.....	182
fluocinolone acetonide cream 0.01%.....	181	flurandrenolide lotion 0.05% (Nolix).....	182
fluocinolone acetonide cream 0.025%.....	181	flurandrenolide oint 0.05%.....	182
fluocinolone acetonide oil 0.01% (body oil) (FLUOCINOLONE ACETONIDE BODY).....	181	FLURAZEPAM HCL.....	357
fluocinolone acetonide oil 0.01% (scalp oil) (FLUOCINOLONE ACETONIDE SCALP).....	181	FLURBIPROFEN.....	3
fluocinolone acetonide oint 0.025%.....	182	FLURBIPROFEN SODIUM.....	335
		flurbiprofen tab 100 mg.....	3
		FLUTAMIDE.....	65
		flutamide cap 125 mg.....	66
		FLUTICASONE FUROATE-VILANTEROL.....	351
		FLUTICASONE PROPIONATE.....	182

fluticasone propionate cream 0.05%	182	folic acid tab 1 mg (KP FOLIC ACID)	208
FLUTICASONE PROPIONATE DISKUS (fluticasone propionate (inhalation))	340	folic acid tab 1 mg (TRUE FOLIC ACID)	208
FLUTICASONE PROPIONATE HFA	340	FOLIVANE-OB (prenatal without a vit w/ fe fum-iron polysacch complex -fa)	195
fluticasone propionate lotion 0.05%	182	FOLLISTIM AQ (follitropin beta)	232
fluticasone propionate lotion 0.05% (Beser)	182	fondaparinux sodium subcutaneous inj 10 mg/0.8ml	118
fluticasone propionate nasal susp 50 mcg/act	351	fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	118
fluticasone propionate oint 0.005%	182	fondaparinux sodium subcutaneous inj 5 mg/0.4ml	118
FLUTICASONE-SALMETEROL	351	fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	118
fluticasone-salmeterol aer powder ba 100-50 mcg/act	351	FORA 6 CONNECT (glucose blood)	296
fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)	351	FORA 6 CONNECT/GTEL TEST (glucose blood)	296
fluticasone-salmeterol aer powder ba 250-50 mcg/act	351	FORA BLOOD GLUCOSE TEST (glucose blood)	296
fluticasone-salmeterol aer powder ba 250-50 mcg/act (Wixela Inhub)	351	FORA D15G BLOOD GLUCOSE TEST (glucose blood)	296
fluticasone-salmeterol aer powder ba 500-50 mcg/act	351	FORA D20 BLOOD GLUCOSE TEST (glucose blood)	296
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)	352	FORA D40/G31 BLOOD GLUCOSE (glucose blood)	296
fluvastatin sodium cap 20 mg (base equivalent)	151	FORA G20 BLOOD GLUCOSE TEST (glucose blood)	296
fluvastatin sodium cap 40 mg (base equivalent)	151	FORA G30/PREM V10 GLUCOSE TEST (glucose blood)	296
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (FLUVASTATIN SODIUM ER)	151	FORA GD20 TEST (glucose blood)	296
fluvoxamine maleate cap er 24hr 100 mg (FLUVOXAMINE MALEATE ER)	49	FORA GD50 BLOOD GLUCOSE TEST (glucose blood)	296
fluvoxamine maleate cap er 24hr 150 mg (FLUVOXAMINE MALEATE ER)	49	FORA GTEL BLOOD GLUCOSE TEST (glucose blood)	296
fluvoxamine maleate tab 100 mg	49	FORA GTEL BLOOD KETONE TEST (ketone blood test)	296
fluvoxamine maleate tab 25 mg	50	FORA LANCETS	296
fluvoxamine maleate tab 50 mg	50	FORA TEST N'GO ADV-VOICE-6 CON (ketone blood test)	296
FML (fluorometholone (ophth))	335	FORA TN'G ADVANCE PRO (glucose blood)	296
FML FORTE (fluorometholone (ophth))	335	FORA TN'G/TN'G VOICE (glucose blood)	296
FML LIQUIFILM (fluorometholone (ophth))	335		
FOCALIN (dexmethylphenidate hcl)	163		
FOCALIN XR (dexmethylphenidate hcl)	163		
folic acid tab 1 mg	208		

FORA V10 BLOOD GLUCOSE TEST (glucose blood).....	297	FREESTYLE LANCETS.....	297
FORA V12 BLOOD GLUCOSE TEST (glucose blood).....	297	FREESTYLE LIBRE 14 DAY READER.....	297
FORA V20 BLOOD GLUCOSE TEST (glucose blood).....	297	FREESTYLE LIBRE 14 DAY SENSOR.....	297
FORA V30A BLOOD GLUCOSE TEST (glucose blood).....	297	FREESTYLE LIBRE 2 PLUS SENSOR.....	297
FORACARE GD40 TEST (glucose blood).....	297	FREESTYLE LIBRE 2 READER.....	297
FORACARE PREMIUM V10 TEST (glucose blood).....	297	FREESTYLE LIBRE 2 SENSOR.....	297
FORACARE TEST N GO TEST (glucose blood)	297	FREESTYLE LIBRE 3 PLUS SENSOR.....	297
FORFIVO XL (bupropion hcl).....	46	FREESTYLE LIBRE 3 READER.....	297
formoterol fumarate soln nebu 20 mcg/2ml	344	FREESTYLE LIBRE 3 SENSOR.....	298
FORTAMET (metformin hcl).....	106	FREESTYLE LIBRE READER.....	298
FORTEO (teriparatide (recombinant)).....	277	FREESTYLE LIBRE SENSOR SYSTEM.....	298
FORTESTA (testosterone).....	235	FREESTYLE LITE TEST (glucose blood).....	298
FORTISCARE G1 TEST STRIP (glucose blood)	297	FREESTYLE PRECISION INS SYR.....	298
FORTISCARE TEST (glucose blood).....	297	FREESTYLE PRECISION NEO TEST (glucose blood).....	298
FOSAMAX (alendronate sodium).....	277	FREESTYLE TEST (glucose blood).....	298
FOSAMAX PLUS D (alendronate sodium-cholecalciferol).....	277	FREESTYLE UNISTICK II LANCETS.....	298
fosamprenavir calcium tab 700 mg (base equiv).....	99	FROVA (frovatriptan succinate).....	61
fosfomycin tromethamine powd pack 3 gm (base equivalent).....	23	frovatriptan succinate tab 2.5 mg (base equivalent).....	61
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg (FOSINOPRIL SODIUM-HCTZ).....	143	FRUZAQLA (fruquintinib).....	67
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg (FOSINOPRIL SODIUM-HCTZ).....	143	FULPHILA (pegfilgrastim-jmdb).....	120
fosinopril sodium tab 10 mg.....	127	FUROSCIX (furosemide).....	148
fosinopril sodium tab 20 mg.....	127	FUROSEMIDE.....	148
fosinopril sodium tab 40 mg.....	127	furosemide oral soln 10 mg/ml.....	148
FOSRENOL (lanthanum carbonate).....	206	furosemide tab 20 mg.....	148
FOTIVDA (tivozanib hcl).....	71	furosemide tab 40 mg.....	148
FRAGMIN (dalteparin sodium).....	118	furosemide tab 80 mg.....	148
FREDS PHARMACY UNIFINE PENTIP+.....	297	FUZEON (enfuvirtide).....	98
FREDS PHARMACY UNIFINE PENTIPS.....	297	FYCOMPA (perampanel).....	35
FREDS PHARMACY UNILET LANC 28G.....	297	FYLNETRA (pegfilgrastim-pbbk).....	120
FREDS PHARMACY UNILET LANC 30G.....	297		
FREESTYLE INSULINX TEST (glucose blood)	297	G	
		gabapentin (once-daily) tab 300 mg.....	169
		gabapentin (once-daily) tab 600 mg.....	169
		gabapentin cap 100 mg.....	39
		gabapentin cap 300 mg.....	39
		gabapentin cap 400 mg.....	39
		gabapentin oral soln 250 mg/5ml.....	39
		gabapentin tab 600 mg.....	39
		gabapentin tab 800 mg.....	39

GABITRIL (tiagabine hcl).....	39	GENTLE-LET LANCETS.....	298
GALAFOLD (migalastat hcl).....	219	GENULTIMATE TEST (glucose blood).....	298
GALANTAMINE HYDROBROMIDE.....	44	GENVOYA (elvitegravir-cobicistat-	
galantamine hydrobromide cap er 24hr 16 mg		emtricitabine-tenofovir alafenamide).....	94
(GALANTAMINE HYDROBROMIDE ER).....	44	GEODON (ziprasidone hcl).....	87
galantamine hydrobromide cap er 24hr 24 mg		GHT TEST (glucose blood).....	298
(GALANTAMINE HYDROBROMIDE ER).....	44	GILENYA (fingolimod hcl).....	172
galantamine hydrobromide cap er 24hr 8 mg		GILOTRIF (afatinib dimaleate).....	71
(GALANTAMINE HYDROBROMIDE ER).....	45	GIMOTI (metoclopramide hcl).....	54
galantamine hydrobromide tab 12 mg.....	45	glatiramer acetate soln prefilled syringe 20	
galantamine hydrobromide tab 4 mg.....	45	mg/ml.....	172
galantamine hydrobromide tab 8 mg.....	45	glatiramer acetate soln prefilled syringe 20	
GALZIN (zinc acetate (oral)).....	195	mg/ml (Glatopa).....	172
GANIRELIX ACETATE.....	260	glatiramer acetate soln prefilled syringe 40	
ganirelix acetate soln prefilled syringe 250		mg/ml.....	172
mcg/0.5ml.....	260	glatiramer acetate soln prefilled syringe 40	
ganirelix acetate soln prefilled syringe 250		mg/ml (Glatopa).....	172
mcg/0.5ml (Fyremadel).....	260	GLEEVEC (imatinib mesylate).....	71
GASTROCROM (cromolyn sodium		GLEOSTINE (lomustine).....	65
(mastocytosis)).....	214	GLIMEPIRIDE.....	106
gatifloxacin ophth soln 0.5%.....	333	glimepiride tab 1 mg.....	106
GATTEX (teduglutide (rdna)).....	214	glimepiride tab 2 mg.....	106
GAVILYTE-C (peg 3350-kcl-sod bicarb-sod		glimepiride tab 4 mg.....	106
chloride-sod sulfate).....	214	GLIPIZIDE.....	106
GAVRETO (pralsetinib).....	71	glipizide tab 10 mg.....	106
GE100 BLOOD GLUCOSE TEST (glucose		glipizide tab 5 mg.....	106
blood).....	298	glipizide tab er 24hr 10 mg (GLIPIZIDE ER).....	106
gefitinib tab 250 mg.....	71	glipizide tab er 24hr 10 mg (GLIPIZIDE XL).....	106
GELNIQUE (oxybutynin chloride).....	223	glipizide tab er 24hr 2.5 mg (GLIPIZIDE ER).....	106
gemfibrozil tab 600 mg.....	150	glipizide tab er 24hr 2.5 mg (GLIPIZIDE XL).....	106
GEMTESA (vibegron).....	224	glipizide tab er 24hr 5 mg (GLIPIZIDE ER).....	106
GENERESS FE (norethindrone & ethinyl		glipizide tab er 24hr 5 mg (GLIPIZIDE XL).....	106
estradiol-fe).....	242	glipizide-metformin hcl tab 2.5-250 mg.....	106
GENOTROPIN (somatropin).....	232	glipizide-metformin hcl tab 2.5-500 mg.....	106
GENOTROPIN MINIQUICK (somatropin).....	232	glipizide-metformin hcl tab 5-500 mg.....	106
GENTAK (gentamicin sulfate (ophth)).....	333	GLOBAL EASE INJECT PEN NEEDLES.....	298
gentamicin sulfate cream 0.1%.....	22	GLOBAL EASY GLIDE INSULIN SYR.....	298
gentamicin sulfate oint 0.1%.....	22	GLOBAL EASY GLIDE PEN NEEDLES.....	298
gentamicin sulfate ophth soln 0.3%.....	333	GLOBAL INJECT EASE INSULIN SYR.....	299
GENTEEL BUTTERFLY TOUCH LANCET.....	298	GLOBAL INJECT EASE LANCETS 28G.....	299
GENTLE-LET GP LANCETS.....	298	GLOBAL INJECT EASE LANCETS 30G.....	299

GLOBAL INSULIN SYRINGES.....	299	GNP CLICKFINE PEN NEEDLES.....	299
GLOPERBA (colchicine).....	59	GNP EASY TOUCH GLUCOSE TEST (glucose blood).....	300
GLUCAGEN HYPOKIT (glucagon hcl (rdna))... 111		GNP INSULIN SYRINGE.....	300
GLUCAGON EMERGENCY (glucagon (rdna)).. 111		GNP INSULIN SYRINGES.....	300
GLUCAGON EMERGENCY (glucagon hcl)... 112		GNP INSULIN SYRINGES 28GX1/2".....	300
GLUCO PERFECT 3 TEST (glucose blood)... 299		GNP INSULIN SYRINGES 29GX1/2".....	300
GLUCOCARD 01 SENSOR PLUS (glucose blood).....	299	GNP INSULIN SYRINGES 30GX5/16".....	300
GLUCOCARD EXPRESSION TEST (glucose blood).....	299	GNP INSULIN SYRINGES 31GX5/16".....	300
GLUCOCARD SHINE TEST (glucose blood).. 299		GNP LANCETS 21G.....	300
GLUCOCARD VITAL TEST (glucose blood)... 299		GNP LANCETS THIN.....	300
GLUCOCARD X-SENSOR (glucose blood)... 299		GNP LANCETS THIN 26G.....	300
GLUCOCOM LANCETS 28G.....	299	GNP STERILE LANCETS 28G.....	300
GLUCOCOM LANCETS 30G.....	299	GNP STERILE LANCETS 30G.....	300
GLUCOCOM LANCETS 33G.....	299	GNP STERILE LANCETS 33G.....	300
GLUCOCOM TEST (glucose blood).....	299	GNP TRUE METRIX GLUCOSE STRIPS (glucose blood).....	300
GLUCONAVII BLOOD GLUCOSE TEST (glucose blood).....	299	GNP TRUETRACK SMART SYSTEM (glucose blood).....	300
GLUCOPRO INSULIN SYRINGE.....	299	GNP TRUETRACK TEST STRIPS (glucose blood).....	300
GLUCOSE METER TEST (glucose blood)... 299		GNP ULTICARE PEN NEEDLES.....	300
GLUCOTROL (glipizide).....	106	GNP ULTIGUARD SAFEPAK NEEDLE.....	300
GLUCOTROL XL (glipizide).....	106	GNP ULTRA COM INSULIN SYRINGE.....	301
GLUMETZA (metformin hcl).....	106	GOCOVRI (amantadine hcl).....	81
glutamine (sickle cell) powd pack 5 gm (L- GLUTAMINE).....	219	GOJJI BLOOD GLUCOSE TEST (glucose blood).....	301
GLYBURIDE MICRONIZED.....	106	GOJJI BLOOD KETONE TEST (ketone blood test).....	301
glyburide tab 1.25 mg.....	106	GOJJI BLOOD TEST STRIP/LANCETS (glucose blood).....	301
glyburide tab 2.5 mg.....	107	GOJJI STERILE LANCETS.....	301
glyburide tab 5 mg.....	107	GOLYTELY (peg 3350-kcl-sod bicarb-sod chloride-sod sulfat).....	214
glyburide-metformin tab 1.25-250 mg.....	107	GONAL-F (follitropin alfa).....	232
glyburide-metformin tab 2.5-500 mg.....	107	GONAL-F RFF (follitropin alfa).....	232
glyburide-metformin tab 5-500 mg.....	107	GONAL-F RFF REDIJECT (follitropin alfa)... 232	
GLYCATE (glycopyrrolate).....	212	GONITRO (nitroglycerin).....	155
GLYCOPYRROLATE.....	212	GOODSENSE BLOOD GLUCOSE (glucose blood).....	301
glycopyrrolate oral soln 1 mg/5ml.....	212	GOODSENSE CLICKFINE PEN NEEDLE.....	301
glycopyrrolate tab 1 mg.....	212		
glycopyrrolate tab 2 mg.....	212		
GLYNASE (glyburide micronized).....	107		
GLYSET (miglitol).....	107		
GLYXAMBI (empagliflozin-linagliptin).....	107		

GOODSENSE COLOR LANCETS 33G.....	301	GUARDIAN 4 TRANSMITTER.....	301
GOODSENSE LANCETS 26G UNIV.....	301	GUARDIAN CONNECT TRANSMITTER.....	301
GOODSENSE LANCETS 30G.....	301	GUARDIAN REAL-TIME REPLACE PED.....	301
GOODSENSE LANCETS 30G UNIV.....	301	GUARDIAN SENSOR (3).....	301
GOODSENSE LANCETS 33G.....	301	GUARDIAN SENSOR 3.....	301
GOODSENSE LANCETS 33G UNIV.....	301	GVOKE HYPOPEN 1-PACK (glucagon).....	112
GOODSENSE PEN NEEDLE PENFINE.....	301	GVOKE HYPOPEN 2-PACK (glucagon).....	112
GRALISE (gabapentin (once-daily)).....	169	GVOKE KIT (glucagon).....	112
granisetron hcl tab 1 mg.....	55	GVOKE PFS (glucagon).....	112
GRANIX (tbo-filgrastim).....	120	GYNAZOLE-1 (butoconazole nitrate (one dose)).....	57
GRASTEK (timothy grass pollen allergen extract).....	263		
griseofulvin microsize susp 125 mg/5ml.....	57	H	
griseofulvin microsize tab 500 mg.....	57	H-E-B INCONTROL LANCETS 28G.....	301
griseofulvin ultramicrosize tab 125 mg.....	57	H-E-B INCONTROL LANCETS 30G.....	301
griseofulvin ultramicrosize tab 250 mg.....	57	H-E-B INCONTROL LANCETS 33G.....	301
guaifenesin-codeine soln 100-10 mg/5ml...	352	H-E-B INCONTROL PEN NEEDLES.....	302
guaifenesin-codeine soln 100-10 mg/5ml (G Tussin Ac).....	352	H-E-B INCONTROL UNIFINE PENTIP.....	302
guaifenesin-codeine soln 100-10 mg/5ml (GuaiaTussin Ac).....	352	HADLIMA (adalimumab-bwvd).....	270
guaifenesin-codeine soln 100-10 mg/5ml (Guaifenesin Ac).....	352	HADLIMA PUSHTOUCH (adalimumab- bwvd).....	270
guaifenesin-codeine soln 100-10 mg/5ml (Maxi- Tuss Ac).....	352	HAEGARDA (c1 esterase inhibitor (human))...	261
guaifenesin-codeine soln 100-10 mg/5ml (Virtussin A/c).....	352	HAEMOLANCE.....	302
guaifenesin-codeine soln 100-10 mg/5ml (Virtussin Ac W/alc).....	352	HAEMOLANCE LOW FLOW LANCETS.....	302
guanfacine hcl tab 1 mg.....	124	HAEMOLANCE PLUS.....	302
guanfacine hcl tab 2 mg.....	124	HAEMOLANCE PLUS HIGH FLOW.....	302
guanfacine hcl tab er 24hr 1 mg (base equiv) (GUANFACINE HCL ER).....	163	HAEMOLANCE PLUS LOW FLOW.....	302
guanfacine hcl tab er 24hr 2 mg (base equiv) (GUANFACINE HCL ER).....	163	HAEMOLANCE PLUS MAX FLOW.....	302
guanfacine hcl tab er 24hr 3 mg (base equiv) (GUANFACINE HCL ER).....	163	HAEMOLANCE PLUS PEDIATRIC FLOW...	302
guanfacine hcl tab er 24hr 4 mg (base equiv) (GUANFACINE HCL ER).....	163	halcinonide cream 0.1%.....	182
GUANIDINE HCL.....	63	HALCION (triazolam).....	357
GUARDIAN 4 GLUCOSE SENSOR.....	301	halobetasol propionate cream 0.05%.....	182
		halobetasol propionate foam 0.05%.....	182
		halobetasol propionate oint 0.05%.....	182
		HALOG (halcinonide).....	182
		haloperidol lactate oral conc 2 mg/ml.....	85
		haloperidol tab 0.5 mg.....	85
		haloperidol tab 1 mg.....	85
		haloperidol tab 10 mg.....	85
		haloperidol tab 2 mg.....	86
		haloperidol tab 20 mg.....	86

haloperidol tab 5 mg	86	HUMALOG MIX 50/50 (insulin lispro protamine & lispro)	113
HARMONY BLOOD GLUCOSE TEST (glucose blood)	302	HUMALOG MIX 50/50 KWIKPEN (insulin lispro protamine & lispro)	113
HARVONI (ledipasvir-sofosbuvir)	93	HUMALOG MIX 75/25 (insulin lispro protamine & lispro)	113
HEALTHWISE INSULIN SYR/NEEDLE	302	HUMALOG MIX 75/25 KWIKPEN (insulin lispro protamine & lispro)	113
HEALTHWISE MICRON PEN NEEDLES	302	HUMALOG TEMPO PEN (insulin lispro)	113
HEALTHWISE MINI PEN NEEDLES	302	HUMATIN (paromomycin sulfate)	22
HEALTHWISE PEN NEEDLES	302	HUMATROPE (somatropin)	215,232
HEALTHWISE SHORT PEN NEEDLES	302	HUMIRA (2 PEN) (adalimumab)	270
HEALTHWISE UNIFINE PENTIPS	302	HUMIRA (2 SYRINGE) (adalimumab)	270
HEALTHY ACCENTS UNIFINE PENTIP	302	HUMIRA (adalimumab)	270
HEALTHY ACCENTS UNILET LANCETS	302	HUMIRA-CD/UC/HS STARTER (adalimumab)	270
HELIDAC THERAPY (metronidazole-tetracycline w/ bismuth subsalicylate)	214	HUMIRA-PED<40KG CROHNS STARTER (adalimumab)	270
HEMADY (dexamethasone)	78	HUMIRA-PED>/=40KG CROHNS START (adalimumab)	271
HEMANGEOL (propranolol hcl)	131	HUMIRA-PED>/=40KG UC STARTER (adalimumab)	271
HEPARIN SODIUM (PORCINE)	118	HUMIRA-PS/UV/ADOL HS STARTER (adalimumab)	271
heparin sodium (porcine) inj 1000 unit/ml	118	HUMIRA-PSORIASIS/UEVIT STARTER (adalimumab)	271
heparin sodium (porcine) inj 10000 unit/ml	118	HUMULIN 70/30 (insulin nph isophane & reg (human))	113
heparin sodium (porcine) inj 20000 unit/ml	118	HUMULIN 70/30 KWIKPEN (insulin nph isophane & reg (human))	113
heparin sodium (porcine) inj 5000 unit/ml	118	HUMULIN N (insulin nph (human) (isophane))	113
HEPARIN SODIUM (PORCINE) PF	118	HUMULIN N KWIKPEN (insulin nph (human) (isophane))	113
heparin sodium (porcine) pf inj 1000 unit/ml	118	HUMULIN R (insulin regular (human))	113
heparin sodium (porcine) pf inj 5000 unit/0.5ml	118	HUMULIN R U-500 (CONCENTRATED) (insulin regular (human))	113
HEPSERA (adefovir dipivoxil)	92	HUMULIN R U-500 KWIKPEN (insulin regular (human))	114
HETLIOZ (tasimelteon)	357	HW EMBRACE PRO GLUCOSE TEST (glucose blood)	303
HETLIOZ LQ (tasimelteon)	357		
HIPREX (methenamine hippurate)	23		
HM ULTICARE INSULIN SYRINGE	302		
HM ULTICARE MINI PEN NEEDLES	303		
HM ULTICARE SHORT PEN NEEDLES	303		
HOMATROPAIRE (homatropine hbr)	330		
HORIZANT (gabapentin enacarbil)	169		
HULIO (2 PEN) (adalimumab-fkjp)	270		
HULIO (2 SYRINGE) (adalimumab-fkjp)	270		
HULIO (adalimumab-fkjp)	270		
HUMALOG (insulin lispro)	113		
HUMALOG JUNIOR KWIKPEN (insulin lispro)	113		
HUMALOG KWIKPEN (insulin lispro)	113		

HW EMBRACE TALK GLUCOSE TEST (glucose blood).....	303	HYDROCODONE BITARTRATE ER.....	7
HY-VEE LANCETS.....	303	hydrocodone bitartrate tab er 24hr deter 100 mg (HYDROCODONE BITARTRATE ER).....	7
HY-VEE THIN LANCETS.....	303	hydrocodone bitartrate tab er 24hr deter 120 mg (HYDROCODONE BITARTRATE ER).....	7
HYCAMTIN (topotecan hcl).....	68	hydrocodone bitartrate tab er 24hr deter 20 mg (HYDROCODONE BITARTRATE ER).....	7
HYCODAN (hydrocodone bitartrate-homatropine methylbromide).....	352	hydrocodone bitartrate tab er 24hr deter 30 mg (HYDROCODONE BITARTRATE ER).....	7
HYCODAN (hydrocodone w/ homatropine).....	352	hydrocodone bitartrate tab er 24hr deter 40 mg (HYDROCODONE BITARTRATE ER).....	7
hydralazine hcl tab 10 mg.....	155	hydrocodone bitartrate tab er 24hr deter 60 mg (HYDROCODONE BITARTRATE ER).....	7
hydralazine hcl tab 100 mg.....	155	hydrocodone bitartrate tab er 24hr deter 80 mg (HYDROCODONE BITARTRATE ER).....	7
hydralazine hcl tab 25 mg.....	155	HYDROCODONE-ACETAMINOPHEN.....	14
hydralazine hcl tab 50 mg.....	155	hydrocodone-acetaminophen soln 10-325 mg/15ml.....	14
HYDREA (hydroxyurea).....	67	hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....	14
hydrochlorothiazide cap 12.5 mg.....	149	hydrocodone-acetaminophen tab 10-300 mg.....	14
hydrochlorothiazide tab 12.5 mg.....	149	hydrocodone-acetaminophen tab 10-325 mg.....	14
hydrochlorothiazide tab 25 mg.....	149	hydrocodone-acetaminophen tab 5-300 mg.....	14
hydrochlorothiazide tab 50 mg.....	149	hydrocodone-acetaminophen tab 5-325 mg.....	14
HYDROCOD POLI-CHLORPHE POLI ER (hydrocodone polistirex-chlorpheniramine polistirex).....	352	hydrocodone-acetaminophen tab 7.5-300 mg.....	14
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml (HYDROCOD POLI-CHLORPHE POLI ER).....	352	hydrocodone-acetaminophen tab 7.5-325 mg.....	14
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (HYDROCODONE BIT-HOMATROP MBR).....	352	HYDROCODONE-IBUPROFEN.....	14
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hydromet).....	352	hydrocodone-ibuprofen tab 10-200 mg.....	14
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg (HYDROCODONE BIT-HOMATROP MBR).....	353	hydrocodone-ibuprofen tab 5-200 mg.....	14
hydrocodone bitartrate cap er 12hr 10 mg (HYDROCODONE BITARTRATE ER).....	6	hydrocodone-ibuprofen tab 7.5-200 mg.....	14
hydrocodone bitartrate cap er 12hr 15 mg (HYDROCODONE BITARTRATE ER).....	7	HYDROCORTISONE (hydrocortisone (topical)).....	182
hydrocodone bitartrate cap er 12hr 30 mg (HYDROCODONE BITARTRATE ER).....	7	HYDROCORTISONE ACE-PRAMOXINE (hydrocortisone acetate w/ pramoxine).....	187
hydrocodone bitartrate cap er 12hr 40 mg (HYDROCODONE BITARTRATE ER).....	7	hydrocortisone acetate suppos 25 mg.....	182
hydrocodone bitartrate cap er 12hr 50 mg (HYDROCODONE BITARTRATE ER).....	7	hydrocortisone acetate suppos 25 mg (Anucort-Hc).....	183
		hydrocortisone acetate suppos 25 mg (Anusol-Hc).....	183
		hydrocortisone acetate suppos 25 mg (Hemmorex-Hc).....	183

HYDROCORTISONE BUTYR LIPO BASE (hydrocortisone butyrate hydrophilic lipo base).....	183	hydromorphone hcl tab 8 mg.....	15
HYDROCORTISONE BUTYRATE.....	183	hydromorphone hcl tab er 24hr 12 mg (HYDROMORPHONE HCL ER).....	7
hydrocortisone butyrate cream 0.1%.....	183	hydromorphone hcl tab er 24hr 16 mg (HYDROMORPHONE HCL ER).....	7
hydrocortisone butyrate hydrophilic lipo base cream 0.1% (HYDROCORTISONE BUTYR LIPO BASE).....	183	hydromorphone hcl tab er 24hr 32 mg (HYDROMORPHONE HCL ER).....	7
hydrocortisone butyrate lotion 0.1%.....	183	hydromorphone hcl tab er 24hr 8 mg (HYDROMORPHONE HCL ER).....	7
hydrocortisone butyrate oint 0.1%.....	183	hydroxychloroquine sulfate tab 100 mg.....	79
hydrocortisone cream 2.5%.....	183	hydroxychloroquine sulfate tab 200 mg.....	79
hydrocortisone cream 2.5% (Ala-Cort).....	183	hydroxychloroquine sulfate tab 300 mg.....	79
hydrocortisone enema 100 mg/60ml.....	276	hydroxychloroquine sulfate tab 400 mg.....	79
hydrocortisone lotion 2% (Ala Scalp).....	183	hydroxyprogesterone caproate im in oil 250 mg/ml.....	254
hydrocortisone lotion 2.5%.....	183	hydroxyurea cap 500 mg.....	67
hydrocortisone oint 2.5%.....	183	hydroxyzine hcl syrup 10 mg/5ml.....	341
hydrocortisone perianal cream 1% (HYDROCORTISONE (PERIANAL)).....	183	hydroxyzine hcl tab 10 mg.....	341
hydrocortisone perianal cream 1% (Procto- Pak).....	183	hydroxyzine hcl tab 25 mg.....	342
hydrocortisone perianal cream 1% (Proctocort).....	183	hydroxyzine hcl tab 50 mg.....	342
hydrocortisone perianal cream 2.5% (HYDROCORTISONE (PERIANAL)).....	183	HYDROXYZINE PAMOATE.....	342
hydrocortisone perianal cream 2.5% (Procto- Med Hc).....	183	hydroxyzine pamoate cap 25 mg.....	342
hydrocortisone perianal cream 2.5% (Proctosol Hc).....	183	hydroxyzine pamoate cap 50 mg.....	342
hydrocortisone perianal cream 2.5% (Proctozone-Hc).....	183	HYFTOR (sirolimus (topical)).....	187
hydrocortisone tab 10 mg.....	276	hyoscyamine sulfate elixir 0.125 mg/5ml.....	212
hydrocortisone tab 20 mg.....	276	hyoscyamine sulfate elixir 0.125 mg/5ml (Hyosyne).....	212
hydrocortisone tab 5 mg.....	276	hyoscyamine sulfate sl tab 0.125 mg.....	212
hydrocortisone valerate cream 0.2%.....	184	hyoscyamine sulfate sl tab 0.125 mg (Oscimin).....	212
hydrocortisone valerate oint 0.2%.....	184	hyoscyamine sulfate sl tab 0.125 mg (Symax- Sl).....	213
hydrocortisone w/ acetic acid otic soln 1-2% (HYDROCORTISONE-ACETIC ACID).....	339	hyoscyamine sulfate soln 0.125 mg/ml.....	213
HYDROMORPHONE HCL.....	14	hyoscyamine sulfate soln 0.125 mg/ml (Hyosyne).....	213
hydromorphone hcl liqd 1 mg/ml.....	14	hyoscyamine sulfate tab 0.125 mg.....	213
hydromorphone hcl tab 2 mg.....	14	hyoscyamine sulfate tab 0.125 mg (Oscimin).....	213
hydromorphone hcl tab 4 mg.....	14	hyoscyamine sulfate tab disint 0.125 mg.....	213
		hyoscyamine sulfate tab disint 0.125 mg (Ed- Spaz).....	213

hyoscyamine sulfate tab disint 0.125 mg (Nulev).....	213	IDACIO FOR CROHNS DISEASE/UC (adalimumab-aacf).....	272
hyoscyamine sulfate tab er 12hr 0.375 mg (HYOSCYAMINE SULFATE ER).....	213	IDACIO FOR PLAQUE PSORIASIS (adalimumab-aacf).....	272
hyoscyamine sulfate tab er 12hr 0.375 mg (Oscimin Sr).....	213	IDHIFA (enasidenib mesylate).....	71
hyoscyamine sulfate tab er 12hr 0.375 mg (Symax-Sr).....	213	IGLUCOSE TEST STRIPS (glucose blood).....	303
HYPERSAL (sodium chloride (inhalant)).....	353	IHEALTH BLOOD GLUCOSE TEST STR (glucose blood).....	303
HYRIMOZ (adalimumab-adaz).....	271	ILEVRO (nepafenac).....	335
HYRIMOZ-CROHNS/UC STARTER (adalimumab-adaz).....	271	imatinib mesylate tab 100 mg (base equivalent).....	71
HYRIMOZ-CROHNS/UC STARTER PACK (adalimumab-adaz).....	271	imatinib mesylate tab 400 mg (base equivalent).....	71
HYRIMOZ-PED CROHNS STARTER (adalimumab-adaz).....	271	IMBRUVICA (ibrutinib).....	71
HYRIMOZ-PLAQ PSOR/UEVIT START (adalimumab-adaz).....	271	IMCIVREE (setmelanotide acetate).....	215
HYRIMOZ-PLAQUE PSORIASIS START (adalimumab-adaz).....	271	imipramine hcl tab 10 mg.....	53
HYSINGLA ER (hydrocodone bitartrate).....	7,8	imipramine hcl tab 25 mg.....	53
HYZAAR (losartan potassium & hydrochlorothiazide).....	143	imipramine hcl tab 50 mg.....	53
I		imipramine pamoate cap 100 mg.....	53
ibandronate sodium tab 150 mg (base equivalent).....	277	imipramine pamoate cap 125 mg.....	53
IBRANCE (palbociclib).....	71	imipramine pamoate cap 150 mg.....	53
IBSRELA (tenapanor hcl).....	209	imipramine pamoate cap 75 mg.....	53
ibuprofen tab 400 mg.....	3	imiquimod cream 3.75%.....	187
ibuprofen tab 600 mg.....	3	imiquimod cream 3.75% (IMIQUIMOD PUMP).....	187
ibuprofen tab 800 mg.....	3	imiquimod cream 5%.....	187
ibuprofen-famotidine tab 800-26.6 mg.....	3	IMITREX (sumatriptan succinate).....	61
icatibant acetate subcutaneous soln pref syr 30 mg/3ml.....	261	IMITREX (sumatriptan).....	61
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir).....	261	IMITREX STATDOSE REFILL (sumatriptan succinate).....	61
ICLUSIG (ponatinib hcl).....	71	IMITREX STATDOSE SYSTEM (sumatriptan succinate).....	61
icosapent ethyl cap 0.5 gm.....	153	IMPAVIDO (miltefosine).....	79
icosapent ethyl cap 1 gm.....	153	IMPEKLO (clobetasol propionate).....	184
IDACIO (adalimumab-aacf).....	271,272	IMPOYZ (clobetasol propionate).....	184
		IMURAN (azathioprine).....	272
		IMVEXXY MAINTENANCE PACK (estradiol vaginal).....	242
		IMVEXXY STARTER PACK (estradiol vaginal).....	243
		IN TOUCH BLOOD GLUCOSE TEST (glucose blood).....	303
		IN TOUCH STERILE LANCETS 30G.....	303

INATAL GT (prenatal vit w/ docusate-iron carbonyl-folic acid).....	195	INSPIRA (eplerenone).....	149
INBRIJA (levodopa).....	84	INSULIN ASP PROT & ASP FLEXPEN (insulin aspart protamine & aspart (human)).....	114
INCONTROL ULTICARE PEN NEEDLES.....	303	INSULIN ASPART.....	114
INCRELEX (mecasermin).....	232	INSULIN ASPART FLEXPEN.....	114
INCRUSE ELLIPTA (umeclidinium bromide).....	343	INSULIN ASPART PENFILL.....	114
indapamide tab 1.25 mg.....	149	INSULIN ASPART PROT & ASPART (insulin aspart protamine & aspart (human)).....	114
indapamide tab 2.5 mg.....	149	INSULIN DEGLUDEC.....	114
INDERAL LA (propranolol hcl).....	131	INSULIN DEGLUDEC FLEXTOUCH.....	114
INDERAL XL (propranolol hcl sustained-release beads).....	131	INSULIN GLARGINE.....	114
INDOCIN (indomethacin).....	3	INSULIN GLARGINE MAX SOLOSTAR.....	114
INDOMETHACIN.....	3	INSULIN GLARGINE SOLOSTAR.....	114
indomethacin cap 25 mg.....	3	INSULIN GLARGINE-YFGN.....	114
indomethacin cap 50 mg.....	3	INSULIN LISPRO.....	114
indomethacin cap er 75 mg (INDOMETHACIN ER).....	3	INSULIN LISPRO (1 UNIT DIAL).....	114
indomethacin suppos 50 mg.....	3	INSULIN LISPRO JUNIOR KWIKPEN.....	114
indomethacin suppos 50 mg (Indocin).....	3	INSULIN LISPRO PROT & LISPRO (insulin lispro protamine & lispro).....	114
indomethacin susp 25 mg/5ml.....	3	INSULIN SYRINGE.....	304
INFINITY BLOOD GLUCOSE TEST (glucose blood).....	303	INSULIN SYRINGE-NEEDLE U-100.....	304
INFINITY VOICE (glucose blood).....	303	INSULIN SYRINGE/NEEDLE.....	304
INGREZZA (valbenazine tosylate).....	169	INSUPEN PEN NEEDLES.....	304
INLYTA (axitinib).....	71	INSUPEN SENSITIVE.....	304
INNOPRAN XL (propranolol hcl sustained- release beads).....	131	INSUPEN ULTRAFIN.....	304
INPEFA (sotagliflozin).....	155	INTELENCE (etravirine).....	95
INPEN 100-BLUE-LILLY-HUMALOG.....	303	INTERMEZZO (zolpidem tartrate).....	357
INPEN 100-BLUE-NOVOLOG-FIASP.....	303	INTRAROSA (prasterone vaginal).....	226
INPEN 100-GREY-LILLY-HUMALOG.....	303	INTRON A (interferon alfa-2b).....	266
INPEN 100-GREY-NOVOLOG-FIASP.....	303	INTUNIV (guanfacine hcl (adhd)).....	163
INPEN 100-PINK-LILLY-HUMALOG.....	303	INVEGA (paliperidone).....	87
INPEN 100-PINK-NOVOLOG-FIASP.....	303	INVELTYS (loteprednol etabonate).....	335
INQOVI (decitabine-cedazuridine).....	67	INVIRASE (saquinavir mesylate).....	99
INREBIC (fedratinib hcl).....	71	INVOKAMET (canagliflozin-metformin hcl).....	107
INSPIRACHAMBER/LARGE.....	303	INVOKAMET XR (canagliflozin-metformin hcl).....	107
INSPIRACHAMBER/MEDIUM.....	303	INVOKANA (canagliflozin).....	155
INSPIRACHAMBER/MOUTHPIECE.....	303	IOPIDINE (apraclonidine hcl).....	337
INSPIRACHAMBER/SMALL.....	304	ipratropium bromide inhal soln 0.02%.....	343
INSPIREASE.....	304	ipratropium bromide nasal soln 0.03% (21 mcg/spray).....	343

ipratropium bromide nasal soln 0.06% (42 mcg/spray).....	343	isotretinoin cap 10 mg (Myorisan).....	176
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....	353	isotretinoin cap 10 mg (Zenatane).....	176
IQIRVO (elafibranor).....	304	isotretinoin cap 20 mg.....	176
irbesartan tab 150 mg.....	126	isotretinoin cap 20 mg (Accutane).....	176
irbesartan tab 300 mg.....	126	isotretinoin cap 20 mg (Amnesteem).....	176
irbesartan tab 75 mg.....	126	isotretinoin cap 20 mg (Claravis).....	176
irbesartan-hydrochlorothiazide tab 150-12.5 mg.....	143	isotretinoin cap 20 mg (Myorisan).....	176
irbesartan-hydrochlorothiazide tab 300-12.5 mg.....	143	isotretinoin cap 20 mg (Zenatane).....	176
IRESSA (gefitinib).....	72	isotretinoin cap 25 mg.....	176
ISENTRESS (raltegravir potassium).....	94	isotretinoin cap 30 mg.....	176
ISENTRESS HD (raltegravir potassium).....	94	isotretinoin cap 30 mg (Accutane).....	176
isoniazid syrup 50 mg/5ml.....	64	isotretinoin cap 30 mg (Claravis).....	176
isoniazid tab 100 mg.....	64	isotretinoin cap 30 mg (Myorisan).....	176
isoniazid tab 300 mg.....	64	isotretinoin cap 30 mg (Zenatane).....	176
ISOPTO ATROPINE (atropine sulfate (ophthalmic)).....	330	isotretinoin cap 35 mg.....	177
ISOPTO CARPINE (pilocarpine hcl).....	337	isotretinoin cap 40 mg.....	177
ISORDIL TITRADOSE (isosorbide dinitrate).....	155	isotretinoin cap 40 mg (Accutane).....	177
isosorbide dinitrate tab 10 mg.....	155	isotretinoin cap 40 mg (Amnesteem).....	177
isosorbide dinitrate tab 20 mg.....	155	isotretinoin cap 40 mg (Claravis).....	177
isosorbide dinitrate tab 30 mg.....	156	isotretinoin cap 40 mg (Myorisan).....	177
isosorbide dinitrate tab 40 mg.....	156	isotretinoin cap 40 mg (Zenatane).....	177
isosorbide dinitrate tab 5 mg.....	156	isradipine cap 2.5 mg.....	133
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (ISOSORB DINITRATE-HYDRALAZINE).....	143	isradipine cap 5 mg.....	133
isosorbide mononitrate tab 10 mg.....	156	ISTALOL (timolol maleate (ophth)).....	336
isosorbide mononitrate tab 20 mg.....	156	ISTURISA (osilodrostat phosphate).....	233
isosorbide mononitrate tab er 24hr 120 mg (ISOSORBIDE MONONITRATE ER).....	156	ITOVEBI (inavolisib).....	72
isosorbide mononitrate tab er 24hr 30 mg (ISOSORBIDE MONONITRATE ER).....	156	itraconazole cap 100 mg.....	57
isosorbide mononitrate tab er 24hr 60 mg (ISOSORBIDE MONONITRATE ER).....	156	itraconazole oral soln 10 mg/ml.....	57
isotretinoin cap 10 mg.....	176	ivabradine hcl tab 5 mg (base equiv).....	144
isotretinoin cap 10 mg (Accutane).....	176	ivabradine hcl tab 7.5 mg (base equiv).....	144
isotretinoin cap 10 mg (Amnesteem).....	176	ivermectin cream 1%.....	192
isotretinoin cap 10 mg (Claravis).....	176	ivermectin tab 3 mg.....	78
		IWILFIN (eflornithine hydrochloride).....	67
		IYUZEH (latanoprost).....	338
		J	
		JADENU (deferasirox).....	206
		JADENU SPRINKLE (deferasirox).....	206
		JAKAFI (ruxolitinib phosphate).....	72
		JALYN (dutasteride-tamsulosin hcl).....	225
		JANUMET (sitagliptin-metformin hcl).....	107

JANUMET XR (sitagliptin-metformin hcl)	107
JANUVIA (sitagliptin phosphate)	107
JARDIANCE (empagliflozin)	155
JATENZO (testosterone undecanoate)	235
JAYPIRCA (pirtobrutinib)	72
JENLIVA PRENATAL/POSTNATAL (prenatal multivit-min w/fe-fa)	195
JENTADUETO (linagliptin-metformin hcl)	107
JENTADUETO XR (linagliptin-metformin hcl)	107
JOENJA (leniolisib phosphate)	219
JORNAY PM (methylphenidate hcl)	164
JUBLIA (efinaconazole)	57
JULUCA (dolutegravir sodium-rilpivirine hcl)	94
JUXTAPID (lomitapide mesylate)	153
JYLAMVO (methotrexate)	272
JYNARQUE (tolvaptan)	206

K

K-PHOS (potassium phosphate monobasic)	226
K-PHOS NO 2 (potassium & sodium acid phosphates)	226
K-PHOS-NEUTRAL (pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	226
K-TAB (potassium chloride)	195
KADIAN (morphine sulfate)	8
KALETRA (lopinavir-ritonavir)	99
KALYDECO (ivacaftor)	346
KAPSPARGO SPRINKLE (metoprolol succinate)	131
KAPVAY (clonidine hcl (adhd))	164
KARBINAL ER (carbinoxamine maleate)	342
KATERZIA (amlodipine benzoate)	133
KAZANO (alogliptin-metformin hcl)	107
KEFLEX (cephalexin)	26
KENALOG (triamcinolone acetonide (topical))	184
KEPPRA (levetiracetam)	35
KEPPRA XR (levetiracetam)	35
KERENDIA (finerenone)	154
KERYDIN (tavaborole)	57
KESIMPTA (ofatumumab (ms))	172

KETO-DIASTIX (urine glucose-ketones test)	304
ketoconazole cream 2%	57
ketoconazole foam 2%	57
ketoconazole foam 2% (Ketodan)	57
ketoconazole shampoo 2%	57
ketoconazole tab 200 mg	57
KETONE TEST (acetone (urine) test)	304
KETOPROFEN	3
KETOPROFEN ER	3
KETOROLAC TROMETHAMINE	3
ketorolac tromethamine ophth soln 0.4%	335
ketorolac tromethamine ophth soln 0.5%	335
ketorolac tromethamine tab 10 mg	3
KETOSTIX (acetone (urine) test)	304
KEVEYIS (dichlorphenamide)	220
KEVZARA (sarilumab)	263
KINERET (anakinra)	263
KINNEY LANCETS	304
KINNEY THIN LANCETS	304
KINRAY INSULIN SYRINGE	304
KIPROFEN (ketoprofen)	3
KISQALI (200 MG DOSE) (ribociclib succinate)	72
KISQALI (400 MG DOSE) (ribociclib succinate)	72
KISQALI (600 MG DOSE) (ribociclib succinate)	72
KISQALI FEMARA (200 MG DOSE) (ribociclib succinate-letrozole)	72
KISQALI FEMARA (400 MG DOSE) (ribociclib succinate-letrozole)	72
KISQALI FEMARA (600 MG DOSE) (ribociclib succinate-letrozole)	72
KITABIS PAK (tobramycin)	346
KLARON (sulfacetamide sodium (acne))	177
KLISYRI (250 MG) (tirbanibulin)	187
KLISYRI (350 MG) (tirbanibulin)	187
KLONOPIN (clonazepam)	103
KLOXXADO (naloxone hcl)	21
KMART VALU INSULIN SYRINGE 29G	304
KMART VALU INSULIN SYRINGE 30G	305
KOMBIGLYZE XR (saxagliptin-metformin hcl)	107,108

KONVOMEF (omeprazole-sodium bicarbonate).....	217	lactulose (encephalopathy) solution 10 gm/15ml (Enulose).....	210
KORLYM (mifepristone (hyperglycemia))....	260	lactulose (encephalopathy) solution 10 gm/15ml (Generlac).....	210
KOSELUGO (selumetinib sulfate).....	72	lactulose (encephalopathy) solution 10 gm/15ml (LACTULOSE ENCEPHALOPATHY).....	210
KOSHER PRENATAL PLUS IRON (prenatal vit w/ iron carbonyl-folic acid).....	195	lactulose solution 10 gm/15ml.....	210
KRAZATI (adagrasib).....	72	lactulose solution 10 gm/15ml (Constulose)....	210
KRINTAFEL (tafenoquine succinate).....	79	LAGEVRIO (molnupiravir).....	101
KRISTALOSE (lactulose).....	209	LAMICTAL (lamotrigine).....	35
KROGER BLOOD GLUCOSE TEST (glucose blood).....	305	LAMICTAL ODT (lamotrigine).....	35
KROGER HEALTHPRO GLUCOSE TEST (glucose blood).....	305	LAMICTAL STARTER (lamotrigine).....	35
KROGER HEALTHPRO LANCET 26G.....	305	LAMICTAL XR (lamotrigine).....	35
KROGER INSULIN SYRINGE.....	305	lamivudine oral soln 10 mg/ml.....	97
KROGER LANCETS.....	305	lamivudine tab 100 mg (hbv).....	92
KROGER LANCETS 21G.....	305	lamivudine tab 150 mg.....	97
KROGER LANCETS MICRO THIN 33G.....	305	lamivudine tab 300 mg.....	97
KROGER LANCETS SUPER THIN.....	305	lamivudine-zidovudine tab 150-300 mg.....	97
KROGER LANCETS THIN.....	305	lamotrigine orally disintegrating tab 100 mg..	35
KROGER LANCETS THIN 26G.....	305	lamotrigine orally disintegrating tab 200 mg..	35
KROGER LANCETS ULTRATHIN 30G.....	305	lamotrigine orally disintegrating tab 25 mg..	35
KROGER PEN NEEDLES.....	305	lamotrigine orally disintegrating tab 50 mg..	35
KROGER PREMIUM GLUCOSE TEST (glucose blood).....	305	lamotrigine tab 100 mg.....	36
KROGER TEST (glucose blood).....	305	lamotrigine tab 100 mg (Subvenite).....	36
KUVAN (sapropterin dihydrochloride).....	220	lamotrigine tab 150 mg.....	36
KYNMOBI (apomorphine hydrochloride).....	82	lamotrigine tab 150 mg (Subvenite).....	36
KYZATREX (testosterone undecanoate).....	235	lamotrigine tab 200 mg.....	36
L		lamotrigine tab 200 mg (Subvenite).....	36
labetalol hcl tab 100 mg.....	131	lamotrigine tab 25 mg.....	36
labetalol hcl tab 200 mg.....	131	lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (LAMOTRIGINE STARTER KIT-ORANGE)....	36
labetalol hcl tab 300 mg.....	132	lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Subvenite Starter Kit-Orange).....	36
lacosamide oral solution 10 mg/ml.....	42	lamotrigine tab 25 mg (Subvenite).....	36
lacosamide tab 100 mg.....	42	lamotrigine tab 35 x 25 mg starter kit (LAMOTRIGINE STARTER KIT-BLUE).....	36
lacosamide tab 150 mg.....	42	lamotrigine tab 35 x 25 mg starter kit (Subvenite Starter Kit-Blue).....	36
lacosamide tab 200 mg.....	42	lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (LAMOTRIGINE STARTER KIT-GREEN)....	36
lacosamide tab 50 mg.....	42		
LACRISERT (artificial tear insert).....	330		
LACTULOSE.....	210		

lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Subvenite Starter Kit-Green).....	36	lanthanum carbonate chew tab 500 mg (elemental).....	207
lamotrigine tab chewable dispersible 25 mg ..	36	lanthanum carbonate chew tab 750 mg (elemental).....	207
lamotrigine tab chewable dispersible 5 mg ...	36	LANTUS (insulin glargine).....	115
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit.....	36	LANTUS SOLOSTAR (insulin glargine).....	115
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit.....	36	lapatinib ditosylate tab 250 mg (base equiv) ..	72
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit.....	36	LASIX (furosemide).....	148
lamotrigine tab er 24hr 100 mg (LAMOTRIGINE ER).....	36	LATANOPROST.....	338
lamotrigine tab er 24hr 200 mg (LAMOTRIGINE ER).....	36	latanoprost ophth soln 0.005%.....	338
lamotrigine tab er 24hr 25 mg (LAMOTRIGINE ER).....	36	LATUDA (lurasidone hcl).....	88
lamotrigine tab er 24hr 250 mg (LAMOTRIGINE ER).....	36	LAZANDA (fentanyl citrate).....	15
lamotrigine tab er 24hr 300 mg (LAMOTRIGINE ER).....	37	LAZCLUZE (lazertinib mesylate).....	68
lamotrigine tab er 24hr 50 mg (LAMOTRIGINE ER).....	37	LEADER INSULIN SYRINGE.....	306
LAMPIT (nifurtimox).....	79	LEADER UNIFINE PENTIPS.....	306
LANCETS.....	305	LEADER UNIFINE PENTIPS PLUS.....	306
LANCETS 28G.....	305	LEDIPASVIR-SOFOSBUVIR.....	93
LANCETS 30G.....	305	leflunomide tab 10 mg.....	272
LANCETS 33G.....	305	leflunomide tab 20 mg.....	272
LANCETS MICRO THIN 33G.....	305	lenalidomide cap 10 mg.....	66
LANCETS SUPER THIN.....	305	lenalidomide cap 15 mg.....	66
LANCETS SUPER THIN 28G.....	305	lenalidomide cap 20 mg.....	66
LANCETS THIN.....	305	lenalidomide cap 25 mg.....	66
LANCETS ULTRA FINE.....	306	lenalidomide cap 5 mg.....	66
LANCETS ULTRA THIN.....	306	lenalidomide caps 2.5 mg.....	66
LANCETS ULTRA THIN 30G.....	306	LENVIMA (10 MG DAILY DOSE) (lenvatinib mesylate).....	72
LANOXIN (digoxin).....	129	LENVIMA (12 MG DAILY DOSE) (lenvatinib mesylate).....	72
lansoprazole cap delayed release 30 mg	217	LENVIMA (14 MG DAILY DOSE) (lenvatinib mesylate).....	72
lansoprazole tab delayed release orally disintegrating 30 mg.....	217	LENVIMA (18 MG DAILY DOSE) (lenvatinib mesylate).....	72
lanthanum carbonate chew tab 1000 mg (elemental).....	207	LENVIMA (20 MG DAILY DOSE) (lenvatinib mesylate).....	72
		LENVIMA (24 MG DAILY DOSE) (lenvatinib mesylate).....	72
		LENVIMA (4 MG DAILY DOSE) (lenvatinib mesylate).....	73
		LENVIMA (8 MG DAILY DOSE) (lenvatinib mesylate).....	73

LESCOL XL (fluvastatin sodium).....	151	levetiracetam tab er 24hr 750 mg (Roweepra Xr).....	37
LETAIRIS (ambrisentan).....	347	LEVITRA (vardenafil hcl).....	226
letrozole tab 2.5 mg.....	68	LEVOBUNOLOL HCL.....	336
leucovorin calcium tab 10 mg.....	67	levocarnitine oral soln 1 gm/10ml (10%).....	208
leucovorin calcium tab 15 mg.....	68	levocarnitine oral soln 1 gm/10ml (10%) (LEVOCARNITINE SF).....	208
leucovorin calcium tab 25 mg.....	68	levocarnitine tab 330 mg.....	208
leucovorin calcium tab 5 mg.....	68	LEVOFLOXACIN (levofloxacin (ophth)).....	333
LEUKERAN (chlorambucil).....	65	levofloxacin ophth soln 0.5%.....	333
LEUKINE (sargramostim).....	121	levofloxacin oral soln 25 mg/ml.....	30
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml).....	260	levofloxacin tab 250 mg.....	30
leuprolide acetate inj kit 5 mg/ml.....	260	levofloxacin tab 500 mg.....	30
levabuterol hcl soln nebu 0.31 mg/3ml (base equiv).....	344	levofloxacin tab 750 mg.....	30
levabuterol hcl soln nebu 0.63 mg/3ml (base equiv).....	344	levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (Fayosim).....	243
levabuterol hcl soln nebu 1.25 mg/3ml (base equiv).....	344	levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (LEVONORGEST-ETH EST & ETH EST).....	243
levabuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....	345	levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg (Rivelsa).....	243
LEVALBUTEROL TARTRATE.....	345	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Amethia Lo).....	243
LEVAMLODIPINE MALEATE.....	134	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Camrese Lo).....	243
LEVBID (hyoscyamine sulfate).....	213	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (LEVONORGEST-ETH ESTRAD 91-DAY).....	243
LEVEMIR (insulin detemir).....	115	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (Lojaimiess).....	243
LEVEMIR FLEXPEN (insulin detemir).....	115	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Amethia).....	243
LEVEMIR FLEXTOUCH (insulin detemir).....	115	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Ashlyna).....	243
levetiracetam oral soln 100 mg/ml.....	37	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Camrese).....	243
levetiracetam tab 1000 mg.....	37	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Daysee).....	243
levetiracetam tab 1000 mg (Roweepra).....	37	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Jaimiess).....	243
levetiracetam tab 250 mg.....	37		
levetiracetam tab 500 mg.....	37		
levetiracetam tab 500 mg (Roweepra).....	37		
levetiracetam tab 750 mg.....	37		
levetiracetam tab 750 mg (Roweepra).....	37		
levetiracetam tab er 24hr 500 mg (LEVETIRACETAM ER).....	37		
levetiracetam tab er 24hr 500 mg (Roweepra Xr).....	37		
levetiracetam tab er 24hr 750 mg (LEVETIRACETAM ER).....	37		

levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (LEVONORGEST-ETH ESTRAD 91-DAY).....	243	levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienva).....	244
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Simpesse).....	243	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera).....	244
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Iclevia).....	243	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Ayuna).....	244
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale).....	243	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq).....	244
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolessa).....	243	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal).....	244
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (LEVONORGEST-ETH ESTRAD 91-DAY).....	244	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo).....	245
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin).....	244	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (LEVONORGESTREL-ETHINYL ESTRAD).....	245
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle).....	244	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30 (28)).....	245
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq).....	244	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Lillow).....	245
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra).....	244	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa).....	245
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane).....	244	levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28).....	245
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla).....	244	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28).....	245
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina).....	244	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest).....	245
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Larissia).....	244	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (LEVONORG-ETH ESTRAD TRIPHASIC).....	245
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina).....	244	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora (28)).....	245
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LEVONORGESTREL-ETHINYL ESTRAD).....	244	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	245
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera).....	244	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst).....	245
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Orsythia).....	244	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale).....	245
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx).....	244	levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Joyeaux).....	245

levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (LEVONORGEST-ETH ESTRADIOL-IRON).....	245	levothyroxine sodium tab 200 mcg (Euthyrox).....	257
levorphanol tartrate tab 2 mg.....	8	levothyroxine sodium tab 200 mcg (Levo-T).....	258
levorphanol tartrate tab 3 mg.....	8	levothyroxine sodium tab 200 mcg (Levoxyl).....	258
LEVOTHYROXINE SODIUM.....	256	levothyroxine sodium tab 200 mcg (Unithroid).....	258
levothyroxine sodium tab 100 mcg.....	256	levothyroxine sodium tab 25 mcg.....	258
levothyroxine sodium tab 100 mcg (Euthyrox).....	256	levothyroxine sodium tab 25 mcg (Euthyrox).....	258
levothyroxine sodium tab 100 mcg (Levo-T).....	256	levothyroxine sodium tab 25 mcg (Levo-T).....	258
levothyroxine sodium tab 100 mcg (Levoxyl).....	256	levothyroxine sodium tab 25 mcg (Levoxyl).....	258
levothyroxine sodium tab 100 mcg (Unithroid).....	256	levothyroxine sodium tab 25 mcg (Unithroid).....	258
levothyroxine sodium tab 112 mcg.....	256	levothyroxine sodium tab 300 mcg.....	258
levothyroxine sodium tab 112 mcg (Euthyrox).....	256	levothyroxine sodium tab 300 mcg (Levo-T).....	258
levothyroxine sodium tab 112 mcg (Levo-T).....	257	levothyroxine sodium tab 300 mcg (Unithroid).....	258
levothyroxine sodium tab 112 mcg (Levoxyl).....	257	levothyroxine sodium tab 50 mcg.....	258
levothyroxine sodium tab 112 mcg (Unithroid).....	257	levothyroxine sodium tab 50 mcg (Euthyrox).....	258
levothyroxine sodium tab 125 mcg.....	257	levothyroxine sodium tab 50 mcg (Levo-T).....	258
levothyroxine sodium tab 125 mcg (Euthyrox).....	257	levothyroxine sodium tab 50 mcg (Levoxyl).....	258
levothyroxine sodium tab 125 mcg (Levo-T).....	257	levothyroxine sodium tab 50 mcg (Unithroid).....	258
levothyroxine sodium tab 125 mcg (Levoxyl).....	257	levothyroxine sodium tab 75 mcg.....	258
levothyroxine sodium tab 125 mcg (Unithroid).....	257	levothyroxine sodium tab 75 mcg (Euthyrox).....	258
levothyroxine sodium tab 137 mcg.....	257	levothyroxine sodium tab 75 mcg (Levo-T).....	258
levothyroxine sodium tab 137 mcg (Euthyrox).....	257	levothyroxine sodium tab 75 mcg (Levoxyl).....	258
levothyroxine sodium tab 137 mcg (Levo-T).....	257	levothyroxine sodium tab 75 mcg (Unithroid).....	258
levothyroxine sodium tab 137 mcg (Levoxyl).....	257	levothyroxine sodium tab 88 mcg.....	258
levothyroxine sodium tab 137 mcg (Unithroid).....	257	levothyroxine sodium tab 88 mcg (Euthyrox).....	258
levothyroxine sodium tab 150 mcg.....	257	levothyroxine sodium tab 88 mcg (Levo-T).....	258
levothyroxine sodium tab 150 mcg (Euthyrox).....	257	levothyroxine sodium tab 88 mcg (Levoxyl).....	258
levothyroxine sodium tab 150 mcg (Levo-T).....	257	levothyroxine sodium tab 88 mcg (Unithroid).....	258
levothyroxine sodium tab 150 mcg (Levoxyl).....	257	LEVSIN (hyoscyamine sulfate).....	213
levothyroxine sodium tab 150 mcg (Unithroid).....	257	LEVSIN/SL (hyoscyamine sulfate).....	213
levothyroxine sodium tab 175 mcg.....	257	LEXAPRO (escitalopram oxalate).....	50
levothyroxine sodium tab 175 mcg (Euthyrox).....	257	LEXETTE (halobetasol propionate).....	184
levothyroxine sodium tab 175 mcg (Levo-T).....	257	LEXIVA (fosamprenavir calcium).....	99
levothyroxine sodium tab 175 mcg (Levoxyl).....	257	LIALDA (mesalamine).....	275
levothyroxine sodium tab 175 mcg (Unithroid).....	257	LIBERTY MEDICAL LANCETS.....	306
levothyroxine sodium tab 200 mcg.....	257	LIBERTY NEXT GENERATION TEST (glucose blood).....	306
		LIBERTY TEST (glucose blood).....	306
		LIBERVANT (diazepam (anticonvulsant)).....	39

LIBRAX (chlordiazepoxide hcl-clidinium bromide).....	213	lisdexamfetamine dimesylate cap 70 mg.....	161
LICART (diclofenac epolamine).....	3	lisdexamfetamine dimesylate chew tab 10 mg.....	161
lidocaine hcl soln 4%.....	19	lisdexamfetamine dimesylate chew tab 20 mg.....	161
LIDOCAINE HCL URETHRAL/MUCOSAL.....	19	lisdexamfetamine dimesylate chew tab 30 mg.....	161
lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....	19	lisdexamfetamine dimesylate chew tab 40 mg.....	161
lidocaine hcl urethral/mucosal gel prefilled syringe 2% (Glydo).....	19	lisdexamfetamine dimesylate chew tab 50 mg.....	161
lidocaine hcl viscous soln 2% (LIDOCAINE VISCOUS HCL).....	19	lisdexamfetamine dimesylate chew tab 60 mg.....	161
lidocaine oint 5%.....	19	lisinopril & hydrochlorothiazide tab 10-12.5 mg (LISINOPRIL-HYDROCHLOROTHIAZIDE)....	144
lidocaine oint 5% (PREMIUM LIDOCAINE).....	19	lisinopril & hydrochlorothiazide tab 20-12.5 mg (LISINOPRIL-HYDROCHLOROTHIAZIDE)....	144
lidocaine patch 5%.....	19	lisinopril & hydrochlorothiazide tab 20-25 mg (LISINOPRIL-HYDROCHLOROTHIAZIDE)....	144
lidocaine patch 5% (LIDOCAN).....	19	lisinopril tab 10 mg.....	127
lidocaine patch 5% (Lidocan).....	19	lisinopril tab 2.5 mg.....	127
lidocaine patch 5% (Tridacaine li).....	19	lisinopril tab 20 mg.....	127
lidocaine patch 5% (Tridacaine lii).....	19	lisinopril tab 30 mg.....	127
lidocaine-prilocaine cream 2.5-2.5%.....	19	lisinopril tab 40 mg.....	127
LIDODERM (lidocaine).....	19	lisinopril tab 5 mg.....	127
LIFESCAN UNISTIK 2.....	306	LITE TOUCH LANCETS.....	306
LIFESCAN UNISTIK II LANCETS.....	306	LITETOUCH INSULIN SYRINGE.....	306
LIKMEZ (metronidazole).....	79	LITETOUCH LANCETS.....	306
LINDANE.....	192	LITETOUCH PEN NEEDLES.....	306
linezolid for susp 100 mg/5ml.....	23	LITFULO (ritlecitinib tosylate).....	187
linezolid tab 600 mg.....	23	LITHIUM CARBONATE.....	104
LINZESS (linaclotide).....	210	lithium carbonate cap 150 mg.....	104
liothyronine sodium tab 25 mcg.....	258	lithium carbonate cap 300 mg.....	104
liothyronine sodium tab 5 mcg.....	258	lithium carbonate cap 600 mg.....	104
liothyronine sodium tab 50 mcg.....	259	lithium carbonate tab 300 mg.....	104
LIPITOR (atorvastatin calcium).....	151	lithium carbonate tab er 300 mg (LITHIUM CARBONATE ER).....	104
LIPOFEN (fenofibrate).....	150	lithium carbonate tab er 450 mg (LITHIUM CARBONATE ER).....	104
LIQREV (sildenafil citrate (pulmonary hypertension)).....	348	lithium oral solution 8 meq/5ml.....	104
LIRAGLUTIDE.....	108	LITHOBID (lithium carbonate).....	104
lisdexamfetamine dimesylate cap 10 mg.....	161		
lisdexamfetamine dimesylate cap 20 mg.....	161		
lisdexamfetamine dimesylate cap 30 mg.....	161		
lisdexamfetamine dimesylate cap 40 mg.....	161		
lisdexamfetamine dimesylate cap 50 mg.....	161		
lisdexamfetamine dimesylate cap 60 mg.....	161		

LITHOSTAT (acetohydroxamic acid).....	226	lorazepam tab 0.5 mg.....	103
LIVALO (pitavastatin calcium).....	151	lorazepam tab 1 mg.....	103
LIVDELZI (seladelpar lysine).....	306	lorazepam tab 2 mg.....	103
LIVE BETTER LANCET SUPER THIN.....	306	LORBRENA (lorlatinib).....	73
LIVE BETTER LANCET ULTRA THIN.....	306	LOREEV XR (lorazepam).....	103
LIVMARLI (maralixibat chloride).....	215	LORTAB (hydrocodone-acetaminophen).....	15
LIVTENCITY (maribavir).....	92	losartan potassium & hydrochlorothiazide tab	
LO LOESTRIN FE (norethindrone acetate- ethinyl estradiol-fe fum (biphasic)).....	245	100-12.5 mg (LOSARTAN POTASSIUM-HCTZ)	144
LOCOID (hydrocortisone butyrate).....	184	losartan potassium & hydrochlorothiazide tab	
LOCOID LIPOCREAM (hydrocortisone butyrate hydrophilic lipo base).....	184	100-25 mg (LOSARTAN POTASSIUM-HCTZ) .	144
LODINE (etodolac).....	3	losartan potassium & hydrochlorothiazide tab	
LODOCO (colchicine (cardiovascular)).....	144	50-12.5 mg (LOSARTAN POTASSIUM-HCTZ) .	144
LODOSYN (carbidopa).....	84	losartan potassium tab 100 mg.....	126
lofexidine hcl tab 0.18 mg (base equivalent) . .	20	losartan potassium tab 25 mg.....	126
LOKELMA (sodium zirconium cyclosilicate) . .	207	losartan potassium tab 50 mg.....	126
LOMAIRA (phentermine hcl).....	169	LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day)).....	245
LOMOTIL (diphenoxylate w/ atropine).....	211	LOTEMAX (loteprednol etabonate).....	335
LONGS INSULIN SYRINGE.....	306	LOTEMAX SM (loteprednol etabonate).....	335
LONGS LANCETS STANDARD.....	306	LOTENSIN (benazepril hcl).....	127
LONGS LANCETS THIN.....	307	LOTENSIN HCT (benazepril & hydrochlorothiazide).....	144
LONGS LANCETS ULTRA THIN.....	307	loteprednol etabonate ophth gel 0.5%.....	335
LONHALA MAGNAIR REFILL KIT (glycopyrrolate (inhalation)).....	343	loteprednol etabonate ophth susp 0.2%.....	335
LONHALA MAGNAIR STARTER KIT (glycopyrrolate (inhalation)).....	343	loteprednol etabonate ophth susp 0.5%.....	335
LONSURF (trifluridine-tipiracil).....	68	LOTREL (amlodipine besylate-benazepril hcl).....	144
LOPID (gemfibrozil).....	150	LOTRONEX (alosetron hcl).....	211
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml).....	99	lovastatin tab 10 mg.....	151
lopinavir-ritonavir tab 100-25 mg.....	99	lovastatin tab 20 mg.....	151
lopinavir-ritonavir tab 200-50 mg.....	99	lovastatin tab 40 mg.....	151
LOPRESSOR (metoprolol tartrate).....	132	LOVAZA (omega-3-acid ethyl esters).....	153
LOPRESSOR HCT (metoprolol & hydrochlorothiazide).....	144	LOVENOX (enoxaparin sodium).....	118,119
LOPROX (ciclopirox olamine).....	193	loxapine succinate cap 10 mg.....	86
LOPROX (ciclopirox).....	193	loxapine succinate cap 25 mg.....	86
lorazepam conc 2 mg/ml.....	103	loxapine succinate cap 5 mg.....	86
lorazepam conc 2 mg/ml (Lorazepam Intensol).....	103	loxapine succinate cap 50 mg.....	86
		lubiprostone cap 24 mcg.....	210
		lubiprostone cap 8 mcg.....	210
		LUCEMYRA (lofexidine hcl).....	21
		LUER LOCK SAFETY SYRINGES.....	307

LULICONAZOLE	57	MARATHON MEDICAL PENTIPS	307
LUMAKRAS (sotorasib)	73	maraviroc tab 150 mg	98
LUMIGAN (bimatoprost)	338	maraviroc tab 300 mg	98
LUMRYZ (sodium oxybate)	358	MARINOL (dronabinol)	55
LUMRYZ STARTER PACK (sodium oxybate)	358	MARPLAN (isocarboxazid)	48
LUNESTA (eszopiclone)	357	MATULANE (procarbazine hcl)	65
LUPKYNIS (voclosporin)	272	MAVENCLAD (10 TABS) (cladribine (multiple sclerosis))	172
lurasidone hcl tab 120 mg	88	MAVENCLAD (4 TABS) (cladribine (multiple sclerosis))	172
lurasidone hcl tab 20 mg	88	MAVENCLAD (5 TABS) (cladribine (multiple sclerosis))	172
lurasidone hcl tab 40 mg	88	MAVENCLAD (6 TABS) (cladribine (multiple sclerosis))	172
lurasidone hcl tab 60 mg	88	MAVENCLAD (7 TABS) (cladribine (multiple sclerosis))	172
lurasidone hcl tab 80 mg	88	MAVENCLAD (8 TABS) (cladribine (multiple sclerosis))	173
LUXIQ (betamethasone valerate)	184	MAVENCLAD (9 TABS) (cladribine (multiple sclerosis))	173
LUZU (luliconazole)	57	MAVYRET (glecaprevir-pibrentasvir)	93
LYBALVI (olanzapine-samidorpham l-malate)	46	MAXALT (rizatriptan benzoate)	61
LYNPARZA (olaparib)	73	MAXALT-MLT (rizatriptan benzoate)	61
LYRICA (pregabalin)	170,171	MAXI-COMFORT INSULIN SYRINGE	307
LYRICA CR (pregabalin (once-daily))	171	MAXI-COMFORT SAFETY PEN NEEDLE	307
LYSODREN (mitotane)	68	MAXICOMFORT II PEN NEEDLE	307
LYSTEDA (tranexamic acid)	122	MAXICOMFORT SYR 27G X 1/2"	307
LYTGOBI (12 MG DAILY DOSE) (futibatinib)	73	MAXIDEX (dexamethasone (ophth))	335
LYTGOBI (16 MG DAILY DOSE) (futibatinib)	73	MAXITROL (neomycin-polymy-dexameth)	330
LYTGOBI (20 MG DAILY DOSE) (futibatinib)	73	MAXZIDE (triamterene & hydrochlorothiazide)	144
LYUMJEV (insulin lispro-aabc)	115	MAXZIDE-25 (triamterene & hydrochlorothiazide)	144
LYUMJEV KWIKPEN (insulin lispro-aabc)	115	MAYZENT (siponimod fumarate)	173
LYUMJEV TEMPO PEN (insulin lispro-aabc)	115	MAYZENT STARTER PACK (siponimod fumarate)	173
LYVISPAH (baclofen)	91	MECLOFENAMATE SODIUM	4
M		MEDIC INSULIN SYRINGE	307
M-NATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid)	195	MEDICHOICE SAFETY LANCET	307
MACROBID (nitrofurantoin monohyd macro)	23	MEDICHOICE SAFETY LANCET EXTRA	307
MACRODANTIN (nitrofurantoin macrocrystal)	23	MEDICHOICE SAFETY LANCET NORM	307
MAFENIDE ACETATE	193		
mafenide acetate packet for topical soln 5% (50 gm)	193		
MAGELLAN INSULIN SAFETY SYR	307		
MAKENA (hydroxyprogesterone caproate)	254		
MALARONE (atovaquone-proguanil hcl)	79		
malathion lotion 0.5%	192		
MAPROTILINE HCL	46		

MEDICINE SHOPPE PEN NEEDLES.....	307	meloxicam tab 15 mg.....	4
MEDISENSE THIN LANCETS.....	307	meloxicam tab 7.5 mg.....	4
MEDLANCE EXTRA 21G.....	307	MELPHALAN.....	65
MEDLANCE LITE 25G.....	307	memantine hcl cap er 24hr 14 mg (MEMANTINE HCL ER).....	45
MEDLANCE PLUS EXTRA 21G.....	307	memantine hcl cap er 24hr 21 mg (MEMANTINE HCL ER).....	45
MEDLANCE PLUS LANCETS.....	307	memantine hcl cap er 24hr 28 mg (MEMANTINE HCL ER).....	45
MEDLANCE PLUS LITE 25G.....	307	memantine hcl cap er 24hr 7 mg (MEMANTINE HCL ER).....	45
MEDLANCE PLUS SPECIAL 0.8MM.....	307	memantine hcl oral solution 2 mg/ml.....	45
MEDLANCE PLUS SUPERLITE 30G.....	307	memantine hcl tab 10 mg.....	45
MEDLANCE PLUS UNIVERSAL 21G.....	308	memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....	45
MEDLANCE UNIVERSAL 21G.....	308	memantine hcl tab 5 mg.....	45
MEDROL (methylprednisolone).....	229	MENEST (esterified estrogens).....	245
medroxyprogesterone acetate tab 10 mg...	254	MENOPUR (menotropins).....	233
medroxyprogesterone acetate tab 2.5 mg...	254	MENOSTAR (estradiol).....	246
medroxyprogesterone acetate tab 5 mg...	254	MEPERIDINE HCL.....	15
mefenamic acid cap 250 mg.....	4	meperidine hcl tab 50 mg.....	15
mefloquine hcl tab 250 mg.....	79	MEPHYTON (phytonadione).....	122
MEGESTROL ACETATE (megestrol acetate (appetite)).....	254	meprobamate tab 200 mg.....	101
megestrol acetate susp 40 mg/ml.....	255	meprobamate tab 400 mg.....	101
megestrol acetate susp 625 mg/5ml.....	255	MEPRON (atovaquone).....	79
megestrol acetate tab 20 mg.....	255	mercaptopurine tab 50 mg.....	67
megestrol acetate tab 40 mg.....	255	mesalamine cap dr 400 mg.....	275
MEIJER BLOOD GLUCOSE TEST (glucose blood).....	308	mesalamine cap er 24hr 0.375 gm (MESALAMINE ER).....	275
MEIJER ESSENTIAL GLUCOSE TEST (glucose blood).....	308	mesalamine cap er 500 mg (MESALAMINE ER).....	275
MEIJER LANCETS.....	308	mesalamine enema 4 gm.....	275
MEIJER LANCETS THIN.....	308	mesalamine suppos 1000 mg.....	275
MEIJER LANCETS UNIVERSAL 21G.....	308	mesalamine tab delayed release 1.2 gm.....	275
MEIJER LANCETS UNIVERSAL 30G.....	308	mesalamine tab delayed release 800 mg...	275
MEIJER LANCETS UNIVERSAL 33G.....	308	MESNEX (mesna).....	78
MEIJER PEN NEEDLES.....	308	MESTINON (pyridostigmine bromide).....	63
MEIJER SUPER THIN LANCETS.....	308	METADATE CD (methylphenidate hcl).....	164
MEIJER TRUETEST TEST (glucose blood)....	308	metaxalone tab 400 mg.....	355
MEIJER TRUETRACK TEST (glucose blood)..	308	metaxalone tab 800 mg.....	355
MEKINIST (trametinib dimethyl sulfoxide)....	73	METFORMIN HCL.....	108
MEKTOVI (binimetinib).....	73		
MELOXICAM.....	4		
meloxicam cap 10 mg.....	4		
meloxicam cap 5 mg.....	4		

metformin hcl oral soln 500 mg/5ml.....	108	methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) (METHOTREXATE SODIUM (PF))....	272
metformin hcl tab 1000 mg.....	108	methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) (METHOTREXATE SODIUM (PF))....	272
metformin hcl tab 500 mg.....	108	methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) (METHOTREXATE SODIUM (PF))....	272
metformin hcl tab 850 mg.....	108	methotrexate sodium tab 2.5 mg (base equiv).....	272
metformin hcl tab er 24hr 500 mg (METFORMIN HCL ER).....	108	METHOXSALEN RAPID.....	187
metformin hcl tab er 24hr 750 mg (METFORMIN HCL ER).....	108	methoxsalen rapid cap 10 mg.....	188
metformin hcl tab er 24hr modified release 1000 mg (METFORMIN HCL ER (MOD)).....	108	methscopolamine bromide tab 2.5 mg.....	213
metformin hcl tab er 24hr modified release 500 mg (METFORMIN HCL ER (MOD)).....	108	methscopolamine bromide tab 5 mg.....	213
metformin hcl tab er 24hr osmotic 1000 mg (METFORMIN HCL ER (OSM)).....	108	methsuximide cap 300 mg.....	39
metformin hcl tab er 24hr osmotic 500 mg (METFORMIN HCL ER (OSM)).....	108	METHYLDOPA.....	124
METHADONE HCL.....	8	methyl dopa tab 250 mg.....	124
methadone hcl conc 10 mg/ml.....	8	methyl dopa tab 500 mg.....	124
methadone hcl conc 10 mg/ml (Methadone Hcl Intensol).....	8	METHYLDOPA-HYDROCHLOROTHIAZIDE (methyl dopa & hydrochlorothiazide).....	144
methadone hcl soln 10 mg/5ml.....	8	methylergonovine maleate tab 0.2 mg.....	308
methadone hcl soln 5 mg/5ml.....	8	methylergonovine maleate tab 0.2 mg (Methergine).....	308
methadone hcl tab 10 mg.....	8	METHYLIN (methylphenidate hcl).....	164
methadone hcl tab 5 mg.....	8	methylphenidate hcl cap er 10 mg (cd) (METHYLPHENIDATE HCL ER (CD)).....	164
methadone hcl tab for oral susp 40 mg.....	8	methylphenidate hcl cap er 20 mg (cd) (METHYLPHENIDATE HCL ER (CD)).....	164
methadone hcl tab for oral susp 40 mg (Methadose).....	8	methylphenidate hcl cap er 24hr 10 mg (la) (METHYLPHENIDATE HCL ER (LA)).....	164
METHADOSE (methadone hcl).....	8	methylphenidate hcl cap er 24hr 10 mg (xr) (METHYLPHENIDATE HCL ER (XR)).....	164
METHADOSE SUGAR-FREE (methadone hcl)..	8	methylphenidate hcl cap er 24hr 15 mg (xr) (METHYLPHENIDATE HCL ER (XR)).....	164
methamphetamine hcl tab 5 mg.....	161	methylphenidate hcl cap er 24hr 20 mg (la) (METHYLPHENIDATE HCL ER (LA)).....	164
methazolamide tab 25 mg.....	337	methylphenidate hcl cap er 24hr 20 mg (xr) (METHYLPHENIDATE HCL ER (XR)).....	164
methazolamide tab 50 mg.....	337	methylphenidate hcl cap er 24hr 30 mg (la) (METHYLPHENIDATE HCL ER (LA)).....	164
methenamine hippurate tab 1 gm.....	23	methylphenidate hcl cap er 24hr 30 mg (xr) (METHYLPHENIDATE HCL ER (XR)).....	164
methimazole tab 10 mg.....	261		
methimazole tab 5 mg.....	261		
METHITEST (methyltestosterone).....	236		
METHOCARBAMOL.....	355		
methocarbamol tab 500 mg.....	355		
methocarbamol tab 750 mg.....	355		
METHOTREXATE SODIUM.....	272		

methylphenidate hcl cap er 24hr 40 mg (la) (METHYLPHENIDATE HCL ER (LA)).....	164	methylphenidate hcl tab er osmotic release (osm) 27 mg (METHYLPHENIDATE HCL ER) ..	166
methylphenidate hcl cap er 24hr 40 mg (xr) (METHYLPHENIDATE HCL ER (XR)).....	164	methylphenidate hcl tab er osmotic release (osm) 36 mg (METHYLPHENIDATE HCL ER (OSM)).....	166
methylphenidate hcl cap er 24hr 50 mg (xr) (METHYLPHENIDATE HCL ER (XR)).....	164	methylphenidate hcl tab er osmotic release (osm) 36 mg (METHYLPHENIDATE HCL ER) .	166
methylphenidate hcl cap er 24hr 60 mg (la) (METHYLPHENIDATE HCL ER (LA)).....	164	methylphenidate hcl tab er osmotic release (osm) 54 mg (METHYLPHENIDATE HCL ER (OSM)).....	166
methylphenidate hcl cap er 24hr 60 mg (xr) (METHYLPHENIDATE HCL ER (XR)).....	165	methylphenidate hcl tab er osmotic release (osm) 54 mg (METHYLPHENIDATE HCL ER) .	166
methylphenidate hcl cap er 30 mg (cd) (METHYLPHENIDATE HCL ER (CD)).....	165	methylphenidate td patch 10 mg/9hr.....	166
methylphenidate hcl cap er 40 mg (cd) (METHYLPHENIDATE HCL ER (CD)).....	165	methylphenidate td patch 15 mg/9hr.....	166
methylphenidate hcl cap er 50 mg (cd) (METHYLPHENIDATE HCL ER (CD)).....	165	methylphenidate td patch 20 mg/9hr.....	166
methylphenidate hcl cap er 60 mg (cd) (METHYLPHENIDATE HCL ER (CD)).....	165	methylphenidate td patch 30 mg/9hr.....	166
methylphenidate hcl chew tab 10 mg.....	165	methylprednisolone tab 16 mg.....	229
methylphenidate hcl chew tab 2.5 mg.....	165	methylprednisolone tab 32 mg.....	230
methylphenidate hcl chew tab 5 mg.....	165	methylprednisolone tab 4 mg.....	230
METHYLPHENIDATE HCL ER.....	165	methylprednisolone tab 8 mg.....	230
METHYLPHENIDATE HCL ER (OSM).....	165	methylprednisolone tab therapy pack 4 mg (21).....	230
methylphenidate hcl soln 10 mg/5ml.....	165	methyltestosterone cap 10 mg.....	236
methylphenidate hcl soln 5 mg/5ml.....	165	METOCLOPRAMIDE HCL.....	54
methylphenidate hcl tab 10 mg.....	165	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	54
methylphenidate hcl tab 20 mg.....	165	metoclopramide hcl tab 10 mg (base equivalent).....	54
methylphenidate hcl tab 5 mg.....	165	metoclopramide hcl tab 5 mg (base equivalent).....	54
methylphenidate hcl tab er 10 mg (METHYLPHENIDATE HCL ER).....	165	metolazone tab 10 mg.....	149
methylphenidate hcl tab er 20 mg (METHYLPHENIDATE HCL ER).....	165	metolazone tab 2.5 mg.....	149
methylphenidate hcl tab er osmotic release (osm) 18 mg (METHYLPHENIDATE HCL ER (OSM)).....	166	metolazone tab 5 mg.....	149
methylphenidate hcl tab er osmotic release (osm) 18 mg (METHYLPHENIDATE HCL ER) ..	166	metoprolol & hydrochlorothiazide tab 100-25 mg (METOPROLOL- HYDROCHLOROTHIAZIDE).....	144
methylphenidate hcl tab er osmotic release (osm) 27 mg (METHYLPHENIDATE HCL ER (OSM)).....	166	metoprolol & hydrochlorothiazide tab 100-50 mg (METOPROLOL- HYDROCHLOROTHIAZIDE).....	145
		metoprolol & hydrochlorothiazide tab 50-25 mg (METOPROLOL-HYDROCHLOROTHIAZIDE) ..	145

metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (METOPROLOL SUCCINATE ER).....	132	MICROCHAMBER.....	308
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (METOPROLOL SUCCINATE ER).....	132	MICRODOT PEN NEEDLE.....	308
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (METOPROLOL SUCCINATE ER).....	132	MICRODOT TEST (glucose blood).....	308
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (METOPROLOL SUCCINATE ER).....	132	MICROLET LANCETS.....	308
metoprolol tartrate tab 100 mg.....	132	MICROSPACER.....	308
metoprolol tartrate tab 25 mg.....	132	midodrine hcl tab 10 mg.....	124
metoprolol tartrate tab 37.5 mg.....	132	midodrine hcl tab 2.5 mg.....	124
metoprolol tartrate tab 50 mg.....	132	midodrine hcl tab 5 mg.....	124
metoprolol tartrate tab 75 mg.....	132	MIEBO (perfluorohexyloctane).....	330
METROCREAM (metronidazole (topical)).....	23	MIFEPREX (mifepristone).....	230
METROGEL (metronidazole (topical)).....	23	mifepristone tab 200 mg.....	230
METROLOTION (metronidazole (topical)).....	23	mifepristone tab 300 mg.....	260
metronidazole cap 375 mg.....	23	MIGERGOT (ergotamine w/ caffeine).....	60
metronidazole cream 0.75%.....	23	MIGLITOL.....	108
metronidazole cream 0.75% (Rosadan).....	24	miglitol tab 100 mg.....	108
metronidazole gel 0.75%.....	24	miglitol tab 25 mg.....	108
metronidazole gel 0.75% (Rosadan).....	24	miglitol tab 50 mg.....	108
metronidazole gel 1%.....	24	miglustat cap 100 mg.....	220
metronidazole lotion 0.75%.....	24	miglustat cap 100 mg (Yargesa).....	220
metronidazole tab 250 mg.....	24	MIGRANAL (dihydroergotamine mesylate)...	60
metronidazole tab 500 mg.....	24	MILLIPRED (prednisolone).....	230
metronidazole vaginal gel 0.75%.....	24	MILLIPRED DP (prednisolone).....	230
metyrosine cap 250 mg.....	145	MILLIPRED DP 12-DAY (prednisolone).....	230
mexiletine hcl cap 150 mg.....	129	MINASTRIN 24 FE (norethin acet & estrad- fe).....	246
mexiletine hcl cap 200 mg.....	129	MINIPRESS (prazosin hcl).....	125
mexiletine hcl cap 250 mg.....	129	MINIVELLE (estradiol).....	246
MIACALCIN (calcitonin (salmon)).....	277	minocycline hcl cap 100 mg.....	32
MICARDIS (telmisartan).....	126	minocycline hcl cap 50 mg.....	32
MICARDIS HCT (telmisartan- hydrochlorothiazide).....	145	minocycline hcl cap 75 mg.....	32
MICONAZOLE 3 (miconazole nitrate vaginal).....	57	MINOCYCLINE HCL ER.....	32
MICONAZOLE-ZINC OXIDE-PETROLAT (miconazole-zinc oxide-white petrolatum)....	57	minocycline hcl tab 100 mg.....	32
		minocycline hcl tab 50 mg.....	32
		minocycline hcl tab 75 mg.....	32
		minocycline hcl tab er 24hr 105 mg (MINOCYCLINE HCL ER).....	32
		minocycline hcl tab er 24hr 115 mg (MINOCYCLINE HCL ER).....	32
		minocycline hcl tab er 24hr 135 mg (Coremino)	32
		minocycline hcl tab er 24hr 135 mg (MINOCYCLINE HCL ER).....	32

minocycline hcl tab er 24hr 45 mg (Coremino)	32	MM INSULIN SYRINGE/NEEDLE	308
minocycline hcl tab er 24hr 45 mg (MINOCYCLINE HCL ER)	32	MM PEN NEEDLES	309
minocycline hcl tab er 24hr 55 mg (MINOCYCLINE HCL ER)	33	MM TWIST LANCETS	309
minocycline hcl tab er 24hr 65 mg (MINOCYCLINE HCL ER)	33	MOBIC (meloxicam)	4
minocycline hcl tab er 24hr 80 mg (MINOCYCLINE HCL ER)	33	modafinil tab 100 mg	358
minocycline hcl tab er 24hr 90 mg (Coremino)	33	modafinil tab 200 mg	358
minocycline hcl tab er 24hr 90 mg (MINOCYCLINE HCL ER)	33	moexipril hcl tab 15 mg	127
MINOLIRA (minocycline hcl)	33	moexipril hcl tab 7.5 mg	127
minoxidil tab 10 mg	155	MOLINDONE HCL	86
minoxidil tab 2.5 mg	155	mometasone furoate cream 0.1%	184
MIPLYFFA (arimoclomol citrate)	220	mometasone furoate oint 0.1%	184
mirabegron tab er 24 hr 25 mg (MIRABEGRON ER)	224	mometasone furoate solution 0.1% (lotion)	184
mirabegron tab er 24 hr 50 mg (MIRABEGRON ER)	224	MONOJECT INSULIN SYRINGE	309
MIRAPEX (pramipexole dihydrochloride)	82	MONOJECT ULTRA COMFORT SYRINGE	309
MIRAPEX ER (pramipexole dihydrochloride)	82	MONOLET LANCETS	309
MIRCERA (methoxy polyethylene glycol-epoetin beta)	121	MONOLET OPD LANCETS	309
MIRCETTE (desogestrel-ethinyl estradiol (biphasic))	246	MONOLETTOR SAFETY LANCETS	309
mirtazapine orally disintegrating tab 15 mg	47	montelukast sodium chew tab 4 mg (base equiv)	342
mirtazapine orally disintegrating tab 30 mg	47	montelukast sodium chew tab 5 mg (base equiv)	342
mirtazapine orally disintegrating tab 45 mg	47	montelukast sodium oral granules packet 4 mg (base equiv)	342
mirtazapine tab 15 mg	47	montelukast sodium tab 10 mg (base equiv)	342
mirtazapine tab 30 mg	47	MONUROL (fosfomycin tromethamine)	24
mirtazapine tab 45 mg	47	MORPHINE SULFATE	15
mirtazapine tab 7.5 mg	47	MORPHINE SULFATE (CONCENTRATE)	15
MIRVASO (brimonidine tartrate (topical))	177	morphine sulfate cap er 24hr 10 mg (MORPHINE SULFATE ER)	8
misoprostol tab 100 mcg	234	morphine sulfate cap er 24hr 100 mg (MORPHINE SULFATE ER)	8
misoprostol tab 200 mcg	234	morphine sulfate cap er 24hr 20 mg (MORPHINE SULFATE ER)	8
MITIGARE (colchicine)	59	morphine sulfate cap er 24hr 30 mg (MORPHINE SULFATE ER)	8
MM BLULINK GLUCOSE TEST (glucose blood)	308	morphine sulfate cap er 24hr 50 mg (MORPHINE SULFATE ER)	9
MM EASY TOUCH GLUCOSE (glucose blood)	308	morphine sulfate cap er 24hr 60 mg (MORPHINE SULFATE ER)	9
		morphine sulfate cap er 24hr 80 mg (MORPHINE SULFATE ER)	9

MORPHINE SULFATE ER.....	9	MULTAQ (dronedarone hcl).....	129
MORPHINE SULFATE ER BEADS (morphine sulfate beads).....	9	MULTI-MAC (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid).....	196
morphine sulfate oral soln 10 mg/5ml.....	15	MULTI-VIT-FLOR (pediatric multivitamins w/fl).....	196
morphine sulfate oral soln 100 mg/5ml (20 mg/ml) (MORPHINE SULFATE (CONCENTRATE)).....	15	MULTI-VITAMIN/FLUORIDE (pediatric multivitamins w/fl).....	196
morphine sulfate oral soln 20 mg/5ml.....	15	MULTIVITAMIN W/FLUORIDE (pediatric multivitamins w/fl).....	196
morphine sulfate tab 15 mg.....	15	MULTIVITAMIN/FLUORIDE (pediatric multivitamins w/fl).....	196
morphine sulfate tab 30 mg.....	15	mupirocin calcium cream 2%.....	193
morphine sulfate tab er 100 mg (MORPHINE SULFATE ER).....	9	mupirocin oint 2%.....	193
morphine sulfate tab er 15 mg (MORPHINE SULFATE ER).....	9	MUSE (alprostadil (vasodilator)).....	234
morphine sulfate tab er 200 mg (MORPHINE SULFATE ER).....	9	MYALEPT (metreleptin).....	220
morphine sulfate tab er 30 mg (MORPHINE SULFATE ER).....	9	MYAMBUTOL (ethambutol hcl).....	64
morphine sulfate tab er 60 mg (MORPHINE SULFATE ER).....	9	MYCAPSSA (octreotide acetate).....	260
MOTEGRITY (prucalopride succinate).....	210	MYCOBUTIN (rifabutin).....	64
MOTOFEN (difenoxylin w/ atropine).....	212	mycophenolate mofetil cap 250 mg.....	272
MOTPOLY XR (lacosamide).....	37	mycophenolate mofetil for oral susp 200 mg/ml.....	272
MOUNJARO (tirzepatide).....	108	mycophenolate mofetil tab 500 mg.....	272
MOVANTIK (naloxegol oxalate).....	210	mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv).....	272
MOVIPREP (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid).....	210	mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv).....	272
MOXEZA (moxifloxacin hcl (ophth)).....	333	MYDAYIS (amphetamine-dextroamphetamine).....	161
MOXIFLOXACIN HCL (2X DAY) (moxifloxacin hcl (ophth)).....	333	MYDRIACYL (tropicamide).....	331
moxifloxacin hcl ophth soln 0.5% (base equiv).....	333	MYFEMBREE (relugolix-estradiol-norethindrone acetate).....	233
moxifloxacin hcl tab 400 mg (base equiv).....	30	MYFORTIC (mycophenolate sodium).....	272
MOZOBIL (plerixafor).....	121	MYGLUCOHEALTH LANCETS 30G.....	309
MPD SAFETY LANCET 21G.....	309	MYGLUCOHEALTH TEST (glucose blood).....	309
MPD SAFETY LANCET 23G.....	309	MYHIBBIN (mycophenolate mofetil).....	272
MPD SAFETY LANCET 28G.....	309	MYLERAN (busulfan).....	65
MPD SAFETY LANCET 30G.....	309	MYRBETRIQ (mirabegron).....	224
MS CONTIN (morphine sulfate).....	9	MYSOLINE (primidone).....	39
MS INSULIN SYRINGE.....	309	MYTESI (crofelemer).....	212
MULPLETA (lusutrombopag).....	121		

N

nabumetone tab 500 mg	4	naproxen tab 375 mg	4
nabumetone tab 500 mg (Relafen)	4	naproxen tab 500 mg	4
nabumetone tab 750 mg	4	naproxen tab ec 375 mg	5
nabumetone tab 750 mg (Relafen)	4	naproxen tab ec 375 mg (EC-NAPROXEN)	5
nadolol tab 20 mg	132	naproxen tab ec 500 mg	5
nadolol tab 40 mg	132	naproxen tab ec 500 mg (EC-NAPROXEN)	5
nadolol tab 80 mg	132	naproxen tab ec 500 mg (NAPROXEN DR)	5
NAFRINSE DROPS (sodium fluoride)	196	naproxen-esomeprazole magnesium tab dr 375-20 mg (NAPROXEN-ESOMEPRAZOLE MG)	5
NAFTIFINE HCL	57	naproxen-esomeprazole magnesium tab dr 500-20 mg (NAPROXEN-ESOMEPRAZOLE MG)	5
naftifine hcl cream 2%	57	naratriptan hcl tab 1 mg (base equiv)	61
naftifine hcl gel 1%	57	naratriptan hcl tab 2.5 mg (base equiv)	61
naftifine hcl gel 2%	57	NARCAN (naloxone hcl)	21
NAFTIN (naftifine hcl)	57	NARDIL (phenelzine sulfate)	48
NALFON (fenoprofen calcium)	4	NASCOBAL (cyanocobalamin)	208
NALOCET (oxycodone w/ acetaminophen)	16	NATACHEW (prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid)	196
NALOXONE HCL	21	NATACYN (natamycin)	333
naloxone hcl inj 0.4 mg/ml	21	NATAL PNV (prenatal vit w/ ferrous gluconate- folic acid)	196
naloxone hcl inj 4 mg/10ml	21	NATALVIT (prenatal vit w/ ferrous fumarate- folic acid)	196
naloxone hcl nasal spray 4 mg/0.1ml	21	NATAZIA (estradiol valerate-dienogest)	246
naloxone hcl soln prefilled syringe 2 mg/2ml	21	nateglinide tab 120 mg	108
naltrexone hcl tab 50 mg	21	nateglinide tab 60 mg	108
NAMENDA (memantine hcl)	45	NATESTO (testosterone)	236
NAMENDA TITRATION PAK (memantine hcl)	46	NATPARA (parathyroid hormone (recombinant))	278
NAMENDA XR (memantine hcl)	46	NATROBA (spinosad)	192
NAMENDA XR TITRATION PACK (memantine hcl)	46	NAYZILAM (midazolam (anticonvulsant))	19
NAMZARIC (memantine hcl-donepezil hcl)	44	nebivolol hcl tab 10 mg (base equivalent)	132
NAPRELAN (naproxen sodium)	4	nebivolol hcl tab 2.5 mg (base equivalent)	132
NAPROSYN (naproxen)	4	nebivolol hcl tab 20 mg (base equivalent)	132
naproxen sodium tab 275 mg	4	nebivolol hcl tab 5 mg (base equivalent)	132
naproxen sodium tab 550 mg	4	NEBUSAL (sodium chloride (inhalant))	353
naproxen sodium tab er 24hr 375 mg (base equiv) (NAPROXEN SODIUM ER)	4	NEEVO DHA (prenatal without vit a w/ fe fumarate-l methylfolate-omegas)	196
naproxen sodium tab er 24hr 500 mg (base equiv) (NAPROXEN SODIUM ER)	4	NEFAZODONE HCL	50
naproxen sodium tab er 24hr 750 mg (base equiv) (NAPROXEN SODIUM ER)	4		
naproxen susp 125 mg/5ml	4		
naproxen tab 250 mg	4		

NEFFY (epinephrine (anaphylaxis))	345	NEUPRO (rotigotine)	82
NEMLUVIO (nemolizumab-ilto)	263	NEURONTIN (gabapentin)	39
NEO-SYNALAR (neomycin sulfate-fluocinolone acetate)	188	NEUTEK 2TEK TEST (glucose blood)	309
NEO-VITAL RX (prenatal multivit-min w/fe-fa)	196	NEVANAC (nepafenac)	335
neomycin sulfate tab 500 mg	22	NEVIRAPINE	95
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (Neo-Polycin)	331	NEVIRAPINE ER	95
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (NEOMYCIN-BACITRACIN ZN-POLYMYX)	331	nevirapine tab 200 mg	95
NEOMYCIN-POLYMYXIN B GU (neomycin/polymyxin b gu)	24	nevirapine tab er 24hr 400 mg (NEVIRAPINE ER)	95
neomycin-polymyxin-dexamethasone ophth oint 0.1%	331	NEXAVAR (sorafenib tosylate)	73
neomycin-polymyxin-dexamethasone ophth susp 0.1%	331	NEXICLON XR (clonidine hcl)	124
NEOMYCIN-POLYMYXIN-GRAMICIDIN	331	NEXIUM (esomeprazole magnesium)	217
NEOMYCIN-POLYMYXIN-HC (neomycin-polymyxin-hc (ophth))	331	NEXLETOL (bempedoic acid)	145
neomycin-polymyxin-hc otic soln 1%	339	NEXLIZET (bempedoic acid-ezetimibe)	153
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	339	NEXTSTELLIS (drospirenone-estetrol)	246
NEONATAL 19 (prenatal vitamin-folic acid)	208	NGENLA (somatrogon-ghla)	233
NEONATAL COMPLETE (prenatal vit w/ ferrous fumarate-folic acid)	196	NIACIN (ANTIHYPERSLIPIDEMIC)	153
NEONATAL FE (prenatal multivitamins w/ iron-folic acid)	196	niacin tab er 1000 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERSLIPIDEMIC))	153
NEONATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid)	197	niacin tab er 500 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERSLIPIDEMIC))	153
NEORAL (cyclosporine modified (for microemulsion))	272	niacin tab er 750 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERSLIPIDEMIC))	153
NERLYNX (neratinib maleate)	73	NIACOR (niacin (antihyperlipidemic))	153
NESINA (alogliptin benzoate)	108	NIASPAN (niacin (antihyperlipidemic))	153,154
NESTABS (prenatal vit without vit a w/ fe bisglycinate-folic acid)	197	nicardipine hcl cap 20 mg	134
NESTABS ONE (prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha)	197	nicardipine hcl cap 30 mg	134
NEULASTA (pegfilgrastim)	121	NICOTROL (nicotine)	22
NEUPOGEN (filgrastim)	121	NICOTROL NS (nicotine)	22
		nifedipine cap 10 mg	134
		nifedipine cap 20 mg	134
		nifedipine tab er 24hr 30 mg (NIFEDIPINE ER)	134
		nifedipine tab er 24hr 60 mg (NIFEDIPINE ER)	134
		nifedipine tab er 24hr 90 mg (NIFEDIPINE ER)	134
		nifedipine tab er 24hr osmotic release 30 mg (NIFEDIPINE ER OSMOTIC RELEASE)	134
		nifedipine tab er 24hr osmotic release 60 mg (NIFEDIPINE ER OSMOTIC RELEASE)	134

nifedipine tab er 24hr osmotic release 90 mg (NIFEDIPINE ER OSMOTIC RELEASE).....	134	nitroglycerin td patch 24hr 0.4 mg/hr (Minitran).....	156
NILANDRON (nilutamide).....	66	nitroglycerin td patch 24hr 0.6 mg/hr.....	156
nilutamide tab 150 mg.....	66	nitroglycerin td patch 24hr 0.6 mg/hr (Minitran).....	156
nimodipine cap 30 mg.....	134	nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....	157
NINLARO (ixazomib citrate).....	73	NITROLINGUAL (nitroglycerin).....	157
NISOLDIPINE ER.....	134	NITROMIST (nitroglycerin).....	157
nisoldipine tab er 24hr 17 mg (NISOLDIPINE ER).....	134	NITROSTAT (nitroglycerin).....	157
nisoldipine tab er 24hr 34 mg (NISOLDIPINE ER).....	134	NITYR (nitisinone).....	220
nisoldipine tab er 24hr 8.5 mg (NISOLDIPINE ER).....	134	NIVA THYROID.....	259
NITAZOXANIDE.....	79	NIVA-PLUS (prenatal vit w/ ferrous fumarate-folic acid).....	197
nitazoxanide tab 500 mg.....	79	NIVESTYM (filgrastim-aafi).....	121
nitisinone cap 10 mg.....	220	NIZATIDINE.....	216
nitisinone cap 2 mg.....	220	NIZORAL (ketoconazole (topical)).....	57
nitisinone cap 20 mg.....	220	NOCDURNA (desmopressin acetate).....	233
nitisinone cap 5 mg.....	220	NOCTIVA (desmopressin acetate).....	233
NITRO-BID (nitroglycerin).....	156	NORCO (hydrocodone-acetaminophen).....	16
NITRO-DUR (nitroglycerin).....	156	NORDITROPIN FLEXPRO (somatropin).....	233
NITRO-TIME (nitroglycerin).....	156	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (NORELGESTROMIN-ETH ESTRADIOL).....	246
NITROFURANTOIN.....	24	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane).....	246
nitrofurantoin macrocrystalline cap 100 mg...	24	norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy).....	246
nitrofurantoin macrocrystalline cap 25 mg...	24	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva).....	246
nitrofurantoin macrocrystalline cap 50 mg...	24	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (BRIELLYN).....	246
nitrofurantoin monohydrate macrocrystalline cap 100 mg (NITROFURANTOIN MONOHYD MACRO).....	24	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn).....	246
nitrofurantoin susp 25 mg/5ml.....	24	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith).....	246
nitroglycerin oint 0.4%.....	156	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla).....	246
nitroglycerin sl tab 0.3 mg.....	156	norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35 (28)).....	246
nitroglycerin sl tab 0.4 mg.....	156		
nitroglycerin sl tab 0.6 mg.....	156		
nitroglycerin td patch 24hr 0.1 mg/hr.....	156		
nitroglycerin td patch 24hr 0.1 mg/hr (Minitran).....	156		
nitroglycerin td patch 24hr 0.2 mg/hr.....	156		
nitroglycerin td patch 24hr 0.2 mg/hr (Minitran).....	156		
nitroglycerin td patch 24hr 0.4 mg/hr.....	156		

norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28)).....	246	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Larin 1/20).....	247
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera).....	246	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20 (21)).....	247
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35).....	246	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Microgestin 1/20).....	247
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Cyclafem 1/35).....	246	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (NORETHINDRONE ACET-ETHINYL EST).....	248
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35).....	247	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Aurovela 1.5/30).....	248
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (21)).....	247	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Hailey 1.5/30).....	248
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35 (28)).....	247	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30).....	248
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nylia 1/35).....	247	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Larin 1.5/30).....	248
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Pirmella 1/35).....	247	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30 (21)).....	248
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (NORETHIN-ETH ESTRADIOL-FE).....	247	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Microgestin 1.5/30).....	248
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Wymzya Fe).....	247	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (NORETHINDRONE ACET-ETHINYL EST).....	248
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Kaitlib Fe).....	247	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Aurovela Fe 1/20).....	248
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Layolis Fe).....	247	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Blisovi Fe 1/20).....	248
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (NORETHIN-ETH ESTRADIOL-FE).....	247	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Hailey Fe 1/20).....	248
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (NORETHINDRON-ETHINYL ESTRAD-FE).....	247	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Junel Fe 1/20).....	248
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe).....	247	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Larin Fe 1/20).....	248
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tri-Legest Fe).....	247	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20).....	248
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Aurovela 1/20).....	247	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Microgestin Fe 1/20).....	248
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Junel 1/20).....	247	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (NORETHIN ACE-ETH ESTRAD-FE).....	248

norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20 Eq)	248	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Aurovela 24 Fe)	249
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20)	248	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Blisovi 24 Fe)	250
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Aurovela Fe 1.5/30)	249	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Hailey 24 Fe)	250
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Blisovi Fe 1.5/30)	249	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Junel Fe 24)	250
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Hailey Fe 1.5/30)	249	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	250
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)	249	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Microgestin 24 Fe)	250
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Larin Fe 1.5/30)	249	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD-FE)	250
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin Fe 1.5/30)	249	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Tarina 24 Fe)	250
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Microgestin Fe 1.5/30)	249	norethindrone acetate tab 5 mg	255
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (NORETHIN ACE-ETH ESTRAD-FE)	249	norethindrone acetate tab 5 mg (Gallifrey)	255
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Charlotte 24 Fe)	249	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (Fyavolv)	250
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Finzala)	249	norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (NORETHINDRONE-ETH ESTRADIOL)	250
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe)	249	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Fyavolv)	250
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Mibelas 24 Fe)	249	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)	250
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD-FE)	249	norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (NORETHINDRONE-ETH ESTRADIOL)	250
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Gemmily)	249	norethindrone tab 0.35 mg	255
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Merzee)	249	norethindrone tab 0.35 mg (Camila)	255
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD-FE)	249	norethindrone tab 0.35 mg (Deblitane)	255
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taysofy)	249	norethindrone tab 0.35 mg (Emzahh)	255
		norethindrone tab 0.35 mg (Errin)	255
		norethindrone tab 0.35 mg (Heather)	255
		norethindrone tab 0.35 mg (Incassia)	255
		norethindrone tab 0.35 mg (Jencycla)	255
		norethindrone tab 0.35 mg (Lyleq)	255
		norethindrone tab 0.35 mg (Lyza)	255

norethindrone tab 0.35 mg (Nora-Be)	255	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (NORGESTIM-ETH ESTRAD TRIPHASIC)	251
norethindrone tab 0.35 mg (Norlyda)	255	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Estarylla)	251
norethindrone tab 0.35 mg (Norlyroc)	255	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Marzia)	251
norethindrone tab 0.35 mg (Sharobel)	255	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Mili)	251
norethindrone tab 0.35 mg (Tulana)	255	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Sprintec)	251
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7)	250	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Vylibra Lo)	252
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Cyclafem 7/7/7)	250	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (NORGESTIM-ETH ESTRAD TRIPHASIC)	252
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7)	250	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri Femynor)	252
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)	250	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Estarylla)	252
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nylia 7/7/7)	250	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Linyah)	252
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Pirmella 7/7/7)	251	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Mili)	252
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Aranelle)	251	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Nymyo)	252
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)	251	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Previfem)	252
NORGESIC FORTE (orphenadrine w/ aspirin & caff)	355	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Sprintec)	252
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Estarylla)	251	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Tri-Vylibra)	252
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Femynor)	251	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Cryselle-28)	252
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mili)	251	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Elinest)	252
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Mono-Linyah)	251	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-Ogestrel)	252
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (NORGESTIMATE-ETH ESTRADIOL)	251	norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Turqoz)	252
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Nymyo)	251	NORITATE (metronidazole (topical))	24
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Previfem)	251		
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Sprintec 28)	251		
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Vylibra)	251		

NORLIQVA (amlodipine besylate)	134	NOVOLIN R FLEXPEN RELION (insulin regular (human))	116
NORPACE (disopyramide phosphate)	129	NOVOLIN R RELION (insulin regular (human))	116
NORPACE CR (disopyramide phosphate)	129	NOVOLOG (insulin aspart)	116
NORPRAMIN (desipramine hcl)	53	NOVOLOG 70/30 FLEXPEN RELION (insulin aspart protamine & aspart (human))	116
NORTHERA (droxidopa)	124	NOVOLOG FLEXPEN (insulin aspart)	116
nortriptyline hcl cap 10 mg	53	NOVOLOG FLEXPEN RELION (insulin aspart)	116
nortriptyline hcl cap 25 mg	53	NOVOLOG MIX 70/30 (insulin aspart protamine & aspart (human))	116
nortriptyline hcl cap 50 mg	53	NOVOLOG MIX 70/30 FLEXPEN (insulin aspart protamine & aspart (human))	116
nortriptyline hcl cap 75 mg	53	NOVOLOG MIX 70/30 RELION (insulin aspart protamine & aspart (human))	116
nortriptyline hcl soln 10 mg/5ml	53	NOVOLOG PENFILL (insulin aspart)	116
NORVASC (amlodipine besylate)	134	NOVOLOG RELION (insulin aspart)	116
NORVIR (ritonavir)	99	NOVOPEN ECHO	310
NOURIANZ (istradefylline)	81	NOVOTWIST PEN NEEDLE	310
NOVA MAX GLUCOSE TEST (glucose blood test)	309	NOXAFIL (posaconazole)	58
NOVA MAX PLUS KETONE TEST (ketone blood test)	309	NP THYROID	259
NOVA SAFETY LANCETS 23G	309	NUBEQA (darolutamide)	66
NOVA SAFETY LANCETS 28G	309	NUCALA (mepolizumab)	353
NOVA SUREFLEX LANCETS	309	NUCYNTA (tapentadol hcl)	16
NOVAREL (chorionic gonadotropin)	233	NUCYNTA ER (tapentadol hcl)	9
NOVOFINE AUTOCOVER PEN NEEDLE	309	NUEDEXTA (dextromethorphan hbr-quinidine sulfate)	169
NOVOFINE PEN NEEDLE	310	NULYTELY LEMON-LIME (peg 3350-potassium chloride-sod bicarbonate-sod chloride)	210
NOVOFINE PLUS PEN NEEDLE	310	NULYTELY WITH FLAVOR PACKS (peg 3350-potassium chloride-sod bicarbonate-sod chloride)	210
NOVOLIN 70/30 (insulin nph isophane & reg (human))	115	NUPLAZID (pimavanserin tartrate)	88
NOVOLIN 70/30 FLEXPEN (insulin nph isophane & reg (human))	115	NURTEC (rimegepant sulfate)	60
NOVOLIN 70/30 FLEXPEN RELION (insulin nph isophane & reg (human))	115	NUTROPIN AQ NUSPIN 10 (somatropin)	233
NOVOLIN 70/30 RELION (insulin nph isophane & reg (human))	115	NUTROPIN AQ NUSPIN 20 (somatropin)	233
NOVOLIN N (insulin nph (human) (isophane))	115	NUTROPIN AQ NUSPIN 5 (somatropin)	233
NOVOLIN N FLEXPEN (insulin nph (human) (isophane))	115	NUVARING (etonogestrel-ethinyl estradiol)	252
NOVOLIN N FLEXPEN RELION (insulin nph (human) (isophane))	115	NUVESSA (metronidazole vaginal)	24
NOVOLIN N RELION (insulin nph (human) (isophane))	115	NUVIGIL (armodafinil)	358
NOVOLIN R (insulin regular (human))	115	NUZYRA (omadacycline tosylate)	33
NOVOLIN R FLEXPEN (insulin regular (human))	115		

NYMALIZE (nimodipine).....	134
nystatin cream 100000 unit/gm.....	58
nystatin oint 100000 unit/gm.....	58
nystatin susp 100000 unit/ml.....	58
nystatin tab 500000 unit.....	58
nystatin topical powder 100000 unit/gm.....	58
nystatin topical powder 100000 unit/gm (Klayesta).....	58
nystatin topical powder 100000 unit/gm (Nyamyc).....	58
nystatin topical powder 100000 unit/gm (Nystop).....	58
nystatin-triamcinolone cream 100000-0.1 unit/gm-%.....	188
nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....	188
NYVEPRIA (pegfilgrastim-apgf).....	121

O

OB COMPLETE (prenatal vit w/ iron carbonyl- folic acid).....	197
OB COMPLETE ONE (prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil).....	197
OB COMPLETE PETITE (prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3).....	197
OB COMPLETE PREMIER (prenatal vit w/ iron carbonyl-fe aspart glycinate-fa).....	197
OB COMPLETE/DHA (prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid).....	197
OBSTETRIX EC (WITH DOCUSATE) (prenatal vit w/ docusate-iron carbonyl-folic acid).....	197
OBSTETRIX ONE (WITH DOCUSATE) (prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss- dha).....	197
OALIVA (obeticholic acid).....	215
OCTREOTIDE ACETATE.....	260
octreotide acetate inj 100 mcg/ml (0.1 mg/ml).....	260
octreotide acetate inj 1000 mcg/ml (1 mg/ml).....	260
octreotide acetate inj 200 mcg/ml (0.2 mg/ml).....	260
octreotide acetate inj 50 mcg/ml (0.05 mg/ml).....	260
octreotide acetate inj 500 mcg/ml (0.5 mg/ml).....	260
OCUFLOX (ofloxacin (ophth)).....	333
ODACTRA (dust mite mixed allergen extract).....	263
ODEFSEY (emtricitabine-rilpivirine-tenofovir alafenamide fumarate).....	95
ODOMZO (sonidegib phosphate).....	73
OFEV (nintedanib esylate).....	349
OFLOXACIN.....	30
ofloxacin ophth soln 0.3%.....	333
ofloxacin otic soln 0.3%.....	339
ofloxacin tab 400 mg.....	30
OGSIVEO (nirogacestat hydrobromide).....	73
OHTUVAYRE (ensifentrine).....	347
OJEMDA (tovorafenib).....	68
OJJAARA (mometinib dihydrochloride).....	68
olanzapine orally disintegrating tab 10 mg... ..	88
olanzapine orally disintegrating tab 15 mg... ..	88
olanzapine orally disintegrating tab 20 mg... ..	88
olanzapine orally disintegrating tab 5 mg... ..	88
olanzapine tab 10 mg.....	88
olanzapine tab 15 mg.....	88
olanzapine tab 2.5 mg.....	88
olanzapine tab 20 mg.....	88
olanzapine tab 5 mg.....	88
olanzapine tab 7.5 mg.....	88
olanzapine-fluoxetine hcl cap 12-25 mg.....	47
olanzapine-fluoxetine hcl cap 12-50 mg.....	47
olanzapine-fluoxetine hcl cap 3-25 mg.....	47
olanzapine-fluoxetine hcl cap 6-25 mg.....	47
olanzapine-fluoxetine hcl cap 6-50 mg.....	47
olmesartan medoxomil tab 20 mg.....	126
olmesartan medoxomil tab 40 mg.....	126
olmesartan medoxomil tab 5 mg.....	126
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (OLMESARTAN MEDOXOMIL- HCTZ).....	145

olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (OLMESARTAN MEDOXOMIL- HCTZ).....	145	omeprazole cap delayed release 20 mg.....	217
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (OLMESARTAN MEDOXOMIL- HCTZ).....	145	omeprazole cap delayed release 40 mg.....	217
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (OLMESARTAN- AMLODIPINE-HCTZ).....	145	omeprazole-sodium bicarbonate cap 40-1100 mg.....	217
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (OLMESARTAN- AMLODIPINE-HCTZ).....	145	omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg.....	217
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (OLMESARTAN- AMLODIPINE-HCTZ).....	145	omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg.....	217
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (OLMESARTAN- AMLODIPINE-HCTZ).....	145	OMNARIS (ciclesonide (nasal)).....	353
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (OLMESARTAN-AMLODIPINE- HCTZ).....	145	OMNIFLEX DIAPHRAGM (diaphragms).....	310
olopatadine hcl nasal soln 0.6%.....	342	OMNIPOD 5 DEXG7G6 PODS GEN 5.....	310
OLPRUVA (2 GM DOSE) (sodium phenylbutyrate).....	220	OMNIPOD 5 G6 INTRO (GEN 5).....	310
OLPRUVA (3 GM DOSE) (sodium phenylbutyrate).....	220	OMNIPOD 5 G6 PODS (GEN 5).....	310
OLPRUVA (4 GM DOSE) (sodium phenylbutyrate).....	220	OMNIPOD 5 G7 INTRO (GEN 5).....	310
OLPRUVA (5 GM DOSE) (sodium phenylbutyrate).....	220	OMNIPOD 5 G7 PODS (GEN 5).....	310
OLPRUVA (6 GM DOSE) (sodium phenylbutyrate).....	220	OMNIPOD 5 LIBRE2 PLUS G6.....	310
OLPRUVA (6.67 GM DOSE) (sodium phenylbutyrate).....	220	OMNIPOD 5 LIBRE2 PLUS G6 PODS.....	310
OLUMIANT (baricitinib).....	263	OMNIPOD 5 PACK.....	310
OLUX (clobetasol propionate).....	184	OMNIPOD DASH INTRO (GEN 4).....	310
OLUX-E (clobetasol propionate emulsion)...	184	OMNIPOD DASH PODS (GEN 4).....	310
OMECLAMOX-PAK (amoxicillin-clarithromycin w/ omeprazole).....	215	OMNIPOD GO.....	310
omega-3-acid ethyl esters cap 1 gm.....	154	OMNITROPE (somatropin).....	215,233
omeprazole cap delayed release 10 mg.....	217	OMVOH (mirikizumab-mrkz).....	215
		ON CALL EXPRESS BLOOD GLUCOSE (glucose blood).....	310
		ONDANSETRON.....	55
		ONDANSETRON HCL.....	55
		ondansetron hcl oral soln 4 mg/5ml.....	55
		ondansetron hcl tab 4 mg.....	55
		ondansetron hcl tab 8 mg.....	55
		ondansetron orally disintegrating tab 4 mg..	56
		ondansetron orally disintegrating tab 8 mg..	56
		ONE DROP TEST (glucose blood).....	310
		ONE VITE WOMENS PLUS (prenatal vit w/ ferrous fumarate-folic acid).....	197
		ONETOUCH CLUB LANCETS FINE PT.....	310
		ONETOUCH DELICA LANCETS 30G.....	310
		ONETOUCH DELICA LANCETS 33G.....	310
		ONETOUCH DELICA PLUS LANCET30G.....	310
		ONETOUCH DELICA PLUS LANCET33G.....	310
		ONETOUCH FINEPOINT LANCETS.....	310

ONETOUCH ULTRA (glucose blood)	310	ORALAIR ADULT STARTER PACK (grass mixed pollens allergen extract)	263
ONETOUCH ULTRA BLUE TEST (glucose blood)	311	ORAPRED ODT (prednisolone sodium phosphate)	230
ONETOUCH ULTRA TEST (glucose blood)	311	ORAVIG (miconazole (mouth-throat))	58
ONETOUCH ULTRASOFT 2 LANCETS	311	ORENCIA (abatacept)	263
ONETOUCH ULTRASOFT LANCETS	311	ORENCIA CLICKJECT (abatacept)	263
ONETOUCH VERIO (glucose blood)	311	ORENITRAM (treprostinil diolamine)	348
ONEXTON (clindamycin phosphate-benzoyl peroxide)	177	ORENITRAM MONTH 1 (treprostinil diolamine)	348
ONFI (clobazam)	40	ORENITRAM MONTH 2 (treprostinil diolamine)	348
ONGENTYS (opicapone)	81	ORENITRAM MONTH 3 (treprostinil diolamine)	348
ONGLYZA (saxagliptin hcl)	108	ORFADIN (nitisinone)	220,221
ONUREG (azacitidine)	67	ORGOVYX (relugolix)	260
ONYDA XR (clonidine hcl (adhd))	166	ORIAHNN (elagolix sodium-estradiol- norethindrone acetate)	260
ONZETRA XSAIL (sumatriptan succinate)	61	ORLISSA (elagolix sodium)	260
OPFOLDA (miglustat (gaa deficiency))	220	ORKAMBI (lumacaftor-ivacaftor)	346
OPSUMIT (macitentan)	348	ORLADEYO (berotralstat hcl)	261
OPSYNVI (macitentan-tadalafil)	348	ORLISTAT	215
OPTICHAMBER ADVANTAGE-LG MASK	311	orphenadrine citrate tab er 12hr 100 mg (ORPHENADRINE CITRATE ER)	355
OPTICHAMBER ADVANTAGE-MED MASK	311	orphenadrine w/ aspirin & caffeine tab 25-385- 30 mg (Norgesic)	355
OPTICHAMBER ADVANTAGE-SM MASK	311	orphenadrine w/ aspirin & caffeine tab 25-385- 30 mg (ORPHENADRINE-ASPIRIN- CAFFEINE)	355
OPTICHAMBER DIAMOND	311	orphenadrine w/ aspirin & caffeine tab 50-770- 60 mg (ORPHENADRINE-ASA-CAFFEINE)	356
OPTICHAMBER DIAMOND-LG MASK	311	orphenadrine w/ aspirin & caffeine tab 50-770- 60 mg (Orphengesic Forte)	356
OPTICHAMBER DIAMOND-MD MASK	311	ORSERDU (elacestrant hydrochloride)	66
OPTICHAMBER DIAMOND-SM MASK	311	ORTHO MICRONOR (norethindrone (contraceptive))	255
OPTICHAMBER FACE MASK-LARGE	311	ORTIKOS (budesonide)	276
OPTICHAMBER FACE MASK-MEDIUM	311	oseltamivir phosphate cap 30 mg (base equiv)	100
OPTICHAMBER FACE MASK-SMALL	311	oseltamivir phosphate cap 45 mg (base equiv)	100
OPTIHALER	311		
OPTIUM TEST (glucose blood)	311		
OPTIUMEZ TEST (glucose blood)	311		
OPVEE (nalmefene hcl (antidote))	311		
OPZELURA (ruxolitinib phosphate (topical))	188		
ORACEA (doxycycline (rosacea))	33		
ORACIT (sodium citrate & citric acid)	226		
ORAL CITRATE (sodium citrate & citric acid)	226		
ORALAIR (grass mixed pollens allergen extract)	263		
ORALAIR ADULT SAMPLE KIT (grass mixed pollens allergen extract)	263		

oseltamivir phosphate cap 75 mg (base equiv).....	100	OXTELLAR XR (oxcarbazepine).....	42
oseltamivir phosphate for susp 6 mg/ml (base equiv).....	100	OXYBUTYNIN CHLORIDE.....	224
OSENI (alogliptin-pioglitazone).....	109	oxybutynin chloride solution 5 mg/5ml.....	224
OSMOLEX ER (amantadine hcl).....	81	oxybutynin chloride tab 5 mg.....	224
OSMOPREP (sodium phosphate monobasic-sodium phosphate dibasic).....	210	oxybutynin chloride tab er 24hr 10 mg (OXYBUTYNIN CHLORIDE ER).....	224
OSPHENA (ospemifene).....	256	oxybutynin chloride tab er 24hr 15 mg (OXYBUTYNIN CHLORIDE ER).....	224
OTEZLA (apremilast).....	188,263	oxybutynin chloride tab er 24hr 5 mg (OXYBUTYNIN CHLORIDE ER).....	224
OTOVEL (ciprofloxacin-fluocinolone acetamide).....	339	OXYCODONE HCL.....	16
OTREXUP (methotrexate (antirheumatic))... ..	273	oxycodone hcl cap 5 mg.....	16
OVACE PLUS (sulfacetamide sodium).....	188	oxycodone hcl conc 100 mg/5ml (20 mg/ml) ..	16
OVACE PLUS WASH (sulfacetamide sodium).....	188	OXYCODONE HCL ER.....	10
OVACE WASH (sulfacetamide sodium).....	188	oxycodone hcl soln 5 mg/5ml.....	16
OVIDE (malathion).....	192	oxycodone hcl tab 10 mg.....	16
OVIDREL (choriogonadotropin alfa).....	233	oxycodone hcl tab 15 mg.....	16
OXANDROLONE.....	235	oxycodone hcl tab 20 mg.....	16
oxandrolone tab 10 mg.....	235	oxycodone hcl tab 30 mg.....	16
oxandrolone tab 2.5 mg.....	235	oxycodone hcl tab 5 mg.....	16
OXAPROZIN.....	5	oxycodone w/ acetaminophen tab 10-325 mg (Endocet).....	16
oxaprozin tab 600 mg.....	5	oxycodone w/ acetaminophen tab 10-325 mg (OXYCODONE-ACETAMINOPHEN).....	16
OXAYDO (oxycodone hcl).....	16	oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet).....	16
oxazepam cap 10 mg.....	104	oxycodone w/ acetaminophen tab 2.5-325 mg (OXYCODONE-ACETAMINOPHEN).....	17
oxazepam cap 15 mg.....	104	oxycodone w/ acetaminophen tab 5-325 mg (Endocet).....	17
oxazepam cap 30 mg.....	104	oxycodone w/ acetaminophen tab 5-325 mg (OXYCODONE-ACETAMINOPHEN).....	17
oxcarbazepine susp 300 mg/5ml (60 mg/ml).....	42	oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet).....	17
oxcarbazepine tab 150 mg.....	42	oxycodone w/ acetaminophen tab 7.5-325 mg (OXYCODONE-ACETAMINOPHEN).....	17
oxcarbazepine tab 300 mg.....	42	OXYCODONE-ACETAMINOPHEN (oxycodone w/ acetaminophen).....	17
oxcarbazepine tab 600 mg.....	42	OXYCODONE-ASPIRIN.....	17
oxcarbazepine tab er 24hr 150 mg (OXCARBAZEPINE ER).....	42	OXYCONTIN (oxycodone hcl).....	10
oxcarbazepine tab er 24hr 300 mg (OXCARBAZEPINE ER).....	42	OXYMORPHONE HCL ER.....	10
oxcarbazepine tab er 24hr 600 mg (OXCARBAZEPINE ER).....	42		
OXERVATE (cenegermin-bkbj).....	331		
oxiconazole nitrate cream 1%.....	58		
OXISTAT (oxiconazole nitrate).....	58		
OXSORALEN ULTRA (methoxsalen rapid)....	188		

oxymorphone hcl tab 10 mg17
 oxymorphone hcl tab 5 mg17
 OXYTROL (oxybutynin)224
 OZEMPIC (0.25 OR 0.5 MG/DOSE)
 (semaglutide)109
 OZEMPIC (1 MG/DOSE) (semaglutide)109
 OZEMPIC (2 MG/DOSE) (semaglutide)109
 OZOBAX (baclofen)91
 OZOBAX DS (baclofen)91

P

PALFORZIA (12 MG DAILY DOSE) (peanut
 (arachis hypogaea) allergen powder-dnfp) . . .263
 PALFORZIA (120 MG DAILY DOSE) (peanut
 (arachis hypogaea) allergen powder-dnfp) . . .263
 PALFORZIA (160 MG DAILY DOSE) (peanut
 (arachis hypogaea) allergen powder-dnfp) . . .263
 PALFORZIA (20 MG DAILY DOSE) (peanut
 (arachis hypogaea) allergen powder-dnfp) . . .264
 PALFORZIA (200 MG DAILY DOSE) (peanut
 (arachis hypogaea) allergen powder-dnfp) . . .264
 PALFORZIA (240 MG DAILY DOSE) (peanut
 (arachis hypogaea) allergen powder-dnfp) . . .264
 PALFORZIA (3 MG DAILY DOSE) (peanut
 (arachis hypogaea) allergen powder-dnfp) . . .264
 PALFORZIA (300 MG MAINTENANCE) (peanut
 (arachis hypogaea) allergen powder-dnfp) . . .264
 PALFORZIA (300 MG TITRATION) (peanut
 (arachis hypogaea) allergen powder-dnfp) . . .264
 PALFORZIA (40 MG DAILY DOSE) (peanut
 (arachis hypogaea) allergen powder-dnfp) . . .264
 PALFORZIA (6 MG DAILY DOSE) (peanut
 (arachis hypogaea) allergen powder-dnfp) . . .264
 PALFORZIA (80 MG DAILY DOSE) (peanut
 (arachis hypogaea) allergen powder-dnfp) . . .264
 paliperidone tab er 24hr 1.5 mg (PALIPERIDONE
 ER)88
 paliperidone tab er 24hr 3 mg (PALIPERIDONE
 ER)88
 paliperidone tab er 24hr 6 mg (PALIPERIDONE
 ER)88

paliperidone tab er 24hr 9 mg (PALIPERIDONE
 ER)88
 PALYNZIQ (pegvaliase-pqpz)221
 PAMELOR (nortriptyline hcl)53
 PANCREAZE (pancrelipase (lipase-protease-
 amylase))221
 PANDEL (hydrocortisone probutate)184
 PANRETIN (alitretinoin)78
 pantoprazole sodium ec tab 20 mg (base
 equiv)218
 pantoprazole sodium ec tab 40 mg (base
 equiv)218
 pantoprazole sodium for delayed release susp
 packet 40 mg218
 paricalcitol cap 1 mcg278
 paricalcitol cap 2 mcg278
 paricalcitol cap 4 mcg278
 PARLODEL (bromocriptine mesylate)82
 PARNATE (tranylcypromine sulfate)48
 paromomycin sulfate cap 250 mg22
 paroxetine hcl oral susp 10 mg/5ml (base
 equiv)50
 paroxetine hcl tab 10 mg50
 paroxetine hcl tab 20 mg50
 paroxetine hcl tab 30 mg50
 paroxetine hcl tab 40 mg50
 paroxetine hcl tab er 24hr 12.5 mg
 (PAROXETINE HCL ER)50
 paroxetine hcl tab er 24hr 25 mg (PAROXETINE
 HCL ER)50
 paroxetine hcl tab er 24hr 37.5 mg
 (PAROXETINE HCL ER)50
 paroxetine mesylate cap 7.5 mg (base equiv) . . .50
 PASER (aminosalicylic acid)64
 PATANASE (olopatadine hcl (nasal))342
 PAXIL (paroxetine hcl)50
 PAXIL CR (paroxetine hcl)50
 PAXLOVID (150/100) (nirmatrelvir-ritonavir) . .101
 PAXLOVID (300/100) (nirmatrelvir-ritonavir) .101
 PAZEO (olopatadine hcl)332
 pazopanib hcl tab 200 mg (base equiv)73

pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (PB-HYOSCY-ATROPINE-SCOPOLAMINE).....	213	PEN NEEDLE/5-BEVEL TIP.....	311
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (PHENOBARBITAL-BELLADONNA ALK).....	213	PEN NEEDLES.....	312
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (Phenohydro).....	213	PEN NEEDLES 3/16".....	311
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (PB-HYOSCY-ATROPINE-SCOPOLAMINE).....	213	PEN NEEDLES 5/16".....	312
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (PHENOBARBITAL-BELLADONNA ALK).....	214	penciclovir cream 1%.....	193
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (Phenohydro).....	214	penicillamine cap 250 mg.....	206
PC LANCETS SUPER THIN 30G.....	311	penicillamine tab 250 mg.....	206
PC UNIFINE PENTIPS.....	311	PENICILLIN V POTASSIUM.....	27
PEDIAPRED (prednisolone sodium phosphate).....	230	penicillin v potassium tab 250 mg.....	27
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Gavilyte-G).....	215	penicillin v potassium tab 500 mg.....	27
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (PEG-3350/ELECTROLYTES).....	215	PENNSAID (diclofenac sodium (topical)).....	5
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (PEG-3350/ELECTROLYTES/ASCORBAT).....	210	PENTASA (mesalamine).....	275
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (PEG-KCL-NACL-NASULF-NA ASC-C).....	210	pentazocine w/ naloxone tab 50-0.5 mg (PENTAZOCINE-NALOXONE HCL).....	17
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Gavilyte-N With Flavor Pack).....	210	PENTIPS.....	312
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (PEG 3350-KCL-NA BICARB-NACL).....	211	PENTIPS GENERIC PEN NEEDLES.....	312
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Trilyte).....	211	pentoxifylline tab er 400 mg (PENTOXIFYLLINE ER).....	145
PEG-PREP (bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride).....	211	PEPCID (famotidine).....	216
PEGASYS (peginterferon alfa-2a).....	266	PERCOCET (oxycodone w/ acetaminophen).....	17
PEGINTRON (peginterferon alfa-2b).....	93	PERFECT LANCETS 28G.....	312
PEMAZYRE (pemigatinib).....	73	PERFECT LANCETS 30G.....	312
		PERFECT POINT SAFETY LANCETS.....	312
		PERFOROMIST (formoterol fumarate).....	345
		PERINDOPRIL ERBUMINE.....	127
		perindopril erbumine tab 2 mg.....	127
		perindopril erbumine tab 4 mg.....	127
		perindopril erbumine tab 8 mg.....	127
		permethrin cream 5%.....	192
		perphenazine tab 16 mg.....	54
		perphenazine tab 2 mg.....	54
		perphenazine tab 4 mg.....	54
		perphenazine tab 8 mg.....	54
		PERPHENAZINE-AMITRIPTYLINE.....	47
		PERTZYE (pancrelipase (lipase-protease-amylase)).....	221
		PEXEVA (paroxetine mesylate).....	50
		PHARMACIST CHOICE AUTOCODE (glucose blood).....	312
		PHARMACIST CHOICE LANCETS.....	312

PHARMACIST CHOICE NO CODING (glucose blood).....	312	PHOSLYRA (calcium acetate (phosphate binder)).....	207
PHARMACY COUNTER LANCETS.....	312	PHOSPHOLINE IODIDE (echothiophate iodide).....	337
PHEBURANE (sodium phenylbutyrate).....	221	phytonadione tab 5 mg.....	122
phenazopyridine hcl tab 100 mg.....	226	PICATO (ingenol mebutate).....	188
phenazopyridine hcl tab 200 mg.....	226	PIFELTRO (doravirine).....	95
PHENDIMETRAZINE TARTRATE ER.....	169	pilocarpine hcl ophth soln 1%.....	337
phendimetrazine tartrate tab 35 mg.....	169	pilocarpine hcl ophth soln 2%.....	337
PHENELZINE SULFATE.....	48	pilocarpine hcl ophth soln 4%.....	337
phenelzine sulfate tab 15 mg.....	48	pilocarpine hcl tab 5 mg.....	174
phenobarbital elixir 20 mg/5ml.....	40	pilocarpine hcl tab 7.5 mg.....	174
phenobarbital tab 100 mg.....	40	pimecrolimus cream 1%.....	184
phenobarbital tab 15 mg.....	40	PIMOZIDE.....	86
phenobarbital tab 16.2 mg.....	40	pindolol tab 10 mg.....	132
phenobarbital tab 30 mg.....	40	pindolol tab 5 mg.....	132
phenobarbital tab 32.4 mg.....	40	pioglitazone hcl tab 15 mg (base equiv).....	109
phenobarbital tab 60 mg.....	40	pioglitazone hcl tab 30 mg (base equiv).....	109
phenobarbital tab 64.8 mg.....	40	pioglitazone hcl tab 45 mg (base equiv).....	109
phenobarbital tab 97.2 mg.....	40	pioglitazone hcl-glimepiride tab 30-2 mg... ..	109
phenoxybenzamine hcl cap 10 mg.....	125	pioglitazone hcl-glimepiride tab 30-4 mg... ..	109
phentermine hcl cap 15 mg.....	169	pioglitazone hcl-metformin hcl tab 15-500 mg.....	109
phentermine hcl cap 30 mg.....	169	pioglitazone hcl-metformin hcl tab 15-850 mg.....	109
phentermine hcl cap 37.5 mg.....	169	PIP BLOOD GLUCOSE TEST STRIP (glucose blood).....	312
phentermine hcl tab 37.5 mg.....	169	PIP LANCETS 28G.....	312
phenylephrine hcl ophth soln 10%.....	331	PIP LANCETS 30G.....	312
phenylephrine hcl ophth soln 10% (Altafrin) ..	331	PIP PEN NEEDLES 31G X 5MM.....	312
phenylephrine hcl ophth soln 2.5%.....	331	PIP PEN NEEDLES 32G X 4MM.....	312
phenylephrine hcl ophth soln 2.5% (Altafrin) ..	331	PIQRAY (200 MG DAILY DOSE) (alpelisib).....	74
phenytoin chew tab 50 mg.....	42	PIQRAY (250 MG DAILY DOSE) (alpelisib).....	74
phenytoin chew tab 50 mg (PHENYTOIN INFATABS).....	42	PIQRAY (300 MG DAILY DOSE) (alpelisib).....	74
phenytoin sodium extended cap 100 mg.....	42	PIRFENIDONE.....	349
phenytoin sodium extended cap 200 mg.....	42	pirfenidone cap 267 mg.....	349
phenytoin sodium extended cap 200 mg (Phenytek).....	42	pirfenidone tab 267 mg.....	349
phenytoin sodium extended cap 300 mg.....	42	pirfenidone tab 801 mg.....	349
phenytoin sodium extended cap 300 mg (Phenytek).....	43	piroxicam cap 10 mg.....	5
phenytoin susp 125 mg/5ml.....	43	piroxicam cap 20 mg.....	5
PHEXXI (lactic acid-citric acid-potassium bitartrate).....	226	pitavastatin calcium tab 1 mg.....	151

pitavastatin calcium tab 2 mg	151	POLY-VI-FLOR/IRON (ped multivitamins w/fl & iron)	198
pitavastatin calcium tab 4 mg	151	polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	333
PLAQUENIL (hydroxychloroquine sulfate)	79	POLYTRIM (polymyxin b-trimethoprim)	333
PLAVIX (clopidogrel bisulfate)	123	POMALYST (pomalidomide)	66
PLEGRIDY (peginterferon beta-1a)	173	PONVORY (ponesimod)	173
PLEGRIDY STARTER PACK (peginterferon beta-1a)	173	PONVORY STARTER PACK (ponesimod)	173
PLENVU (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	211	posaconazole susp 40 mg/ml	58
plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)	121	posaconazole tab delayed release 100 mg	58
PLEXION (sulfacetamide sodium w/ sulfur)	188	pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (POT & SOD CIT-CIT AC)	226
PLEXION CLEANSER (sulfacetamide sodium w/ sulfur)	188	pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (Tricitrates)	226
PLEXION CLEANSING CLOTH (sulfacetamide sodium w/ sulfur)	188	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospha 250 Neutral)	226
PNV TABS 20-1 (prenatal vit w/ fe bisglycinate chelate-folic acid)	197	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phospho-Trin 250 Neutral)	227
PNV TABS 29-1 (prenatal vit w/ iron carbonyl-folic acid)	197	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Phosphorous)	227
PNV-DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha)	197	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-Phos 250 Neutral)	227
PNV-DHA+DOCUSATE (prenatal w/o vit a w/ fe fumarate-dss-fa-dha)	197	pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Wes-Phos 250 Neutral)	227
PNV-OMEGA (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3)	198	potassium bicarbonate effer tab 25 meq (Effer-K)	198
PNV-SELECT (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid)	198	potassium bicarbonate effer tab 25 meq (K-PRIME)	198
POCKET CHAMBER	312	potassium bicarbonate effer tab 25 meq (Klor-Con/ef)	198
POCKET SPACER	312	potassium chloride cap er 10 meq (Klor-Con Sprinkle)	198
POCKETCHEM EZ TEST (glucose blood)	312	potassium chloride cap er 10 meq (POTASSIUM CHLORIDE ER)	198
PODOFILOX	188	potassium chloride cap er 8 meq (Klor-Con Sprinkle)	198
podofilox gel 0.5%	188	potassium chloride cap er 8 meq (POTASSIUM CHLORIDE ER)	198
podofilox soln 0.5%	188	POTASSIUM CHLORIDE ER	198
POGO AUTOMATIC TEST CARTRIDGES (glucose blood)	312		
POKONZA (potassium chloride)	198		
POLY-VI-FLOR (pediatric multivitamins w/fl)	198		
POLY-VI-FLOR FS (pediatric multivitamins w/fl)	198		

potassium chloride microencapsulated crys er tab 10 meq (Klor-Con M10).....	198	potassium citrate tab er 5 meq (540 mg) (POTASSIUM CITRATE ER).....	199
potassium chloride microencapsulated crys er tab 10 meq (POTASSIUM CHLORIDE CRY ER).....	199	potassium phosphate monobasic tab 500 mg (Phospho-Trin K500).....	227
potassium chloride microencapsulated crys er tab 15 meq (Klor-Con M15).....	199	PRADAXA (dabigatran etexilate mesylate)...	119
potassium chloride microencapsulated crys er tab 15 meq (POTASSIUM CHLORIDE CRY ER).....	199	PRALUENT (alirocumab).....	154
potassium chloride microencapsulated crys er tab 20 meq (Klor-Con M20).....	199	PRALUENT 150 MG/ML PEN (NDC 72733)...	154
potassium chloride microencapsulated crys er tab 20 meq (POTASSIUM CHLORIDE CRY ER).....	199	PRALUENT 75 MG/ML PEN (NDC 72733)....	154
potassium chloride oral soln 10% (20 meq/15ml).....	199	pramipexole dihydrochloride tab 0.125 mg...	82
potassium chloride oral soln 20% (40 meq/15ml).....	199	pramipexole dihydrochloride tab 0.25 mg....	82
potassium chloride powder packet 20 meq..	199	pramipexole dihydrochloride tab 0.5 mg....	82
potassium chloride powder packet 20 meq (Klor-Con).....	199	pramipexole dihydrochloride tab 0.75 mg....	82
potassium chloride tab er 10 meq (Klor-Con 10).....	199	pramipexole dihydrochloride tab 1 mg.....	82
potassium chloride tab er 10 meq (POTASSIUM CHLORIDE ER).....	199	pramipexole dihydrochloride tab 1.5 mg.....	82
potassium chloride tab er 20 meq (1500 mg) (POTASSIUM CHLORIDE ER).....	199	pramipexole dihydrochloride tab er 24hr 0.375 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	82
potassium chloride tab er 8 meq (600 mg) (Klor-Con).....	199	pramipexole dihydrochloride tab er 24hr 0.75 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	82
potassium chloride tab er 8 meq (600 mg) (POTASSIUM CHLORIDE ER).....	199	pramipexole dihydrochloride tab er 24hr 1.5 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)....	82
potassium citrate & citric acid powder pack 3300-1002 mg (Taron-Crystals).....	227	pramipexole dihydrochloride tab er 24hr 2.25 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	82
potassium citrate & citric acid soln 1100-334 mg/5ml (POTASSIUM CITRATE-CITRIC ACID)	227	pramipexole dihydrochloride tab er 24hr 3 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)....	82
potassium citrate tab er 10 meq (1080 mg) (POTASSIUM CITRATE ER).....	199	pramipexole dihydrochloride tab er 24hr 3.75 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	83
potassium citrate tab er 15 meq (1620 mg) (POTASSIUM CITRATE ER).....	199	PRAMOSONE (pramoxine-hc).....	188
		prasugrel hcl tab 10 mg (base equiv).....	123
		prasugrel hcl tab 5 mg (base equiv).....	123
		PRAVACHOL (pravastatin sodium).....	152
		pravastatin sodium tab 10 mg.....	152
		pravastatin sodium tab 20 mg.....	152
		pravastatin sodium tab 40 mg.....	152
		pravastatin sodium tab 80 mg.....	152
		praziquantel tab 600 mg.....	78
		prazosin hcl cap 1 mg.....	125
		prazosin hcl cap 2 mg.....	125
		prazosin hcl cap 5 mg.....	125
		PRECISION PCX (glucose blood).....	312

PRECISION PCX PLUS TEST (glucose blood)	312	prednisolone sod phosphate oral soln 20 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE)	230
PRECISION POINT OF CARE TEST (glucose blood)	313	PREDNISOLONE SODIUM PHOSPHATE .230,231	
PRECISION QID TEST (glucose blood)	313	PREDNISOLONE SODIUM PHOSPHATE (prednisolone sodium phosphate (ophth))	335
PRECISION SOF-TACT TEST (glucose blood)	313	prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	231
PRECISION SURE-DOSE SYRINGE	313	prednisolone soln 15 mg/5ml	231
PRECISION SUREDOSE PLUS SYR	313	prednisolone tab 5 mg	231
PRECISION THINS GP LANCETS	313	prednisolone tab 5 mg (Millipred)	231
PRECISION XTRA BLOOD GLUCOSE (glucose blood)	313	PREDNISONE	231
PRECISION XTRA KETONE (ketone blood test)	313	PREDNISONE INTENSOL	231
PRECOSE (acarbose)	109	prednisone tab 1 mg	231
PRED FORTE (prednisolone acetate (ophth))	335	prednisone tab 10 mg	231
PRED MILD (prednisolone acetate (ophth))	335	prednisone tab 2.5 mg	231
PRED-G (gentamicin-prednisolone acetate)	331	prednisone tab 20 mg	231
PRED-G S.O.P. (gentamicin-prednisolone acetate)	331	prednisone tab 5 mg	231
PREDNICARBATE	184	prednisone tab 50 mg	231
prednisolone acetate ophth susp 1%	335	prednisone tab therapy pack 10 mg (21)	231
PREDNISOLONE ACETATE P-F (prednisolone acetate (ophth))	335	prednisone tab therapy pack 10 mg (48)	231
prednisolone sod phos orally disintegr tab 10 mg (base eq) (PREDNISOLONE SODIUM PHOSPHATE)	230	prednisone tab therapy pack 5 mg (21)	231
prednisolone sod phos orally disintegr tab 15 mg (base eq) (PREDNISOLONE SODIUM PHOSPHATE)	230	prednisone tab therapy pack 5 mg (48)	231
prednisolone sod phos orally disintegr tab 30 mg (base eq) (PREDNISOLONE SODIUM PHOSPHATE)	230	PREFERRED PLUS INSULIN SYRINGE	313
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (PREDNISOLONE SODIUM PHOSPHATE)	230	PREFERRED PLUS LANCETS COLORED	313
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE)	230	PREFERRED PLUS LANCETS THIN	313
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE)	230	PREFERRED PLUS UNIFINE PENTIPS	313
		PREFEST (estradiol-norgestimate)	254
		pregabalin cap 100 mg	171
		pregabalin cap 150 mg	171
		pregabalin cap 200 mg	171
		pregabalin cap 225 mg	171
		pregabalin cap 25 mg	171
		pregabalin cap 300 mg	171
		pregabalin cap 50 mg	171
		pregabalin cap 75 mg	171
		pregabalin soln 20 mg/ml	171
		pregabalin tab er 24hr 165 mg (PREGABALIN ER)	171
		pregabalin tab er 24hr 330 mg (PREGABALIN ER)	171

pregabalin tab er 24hr 82.5 mg (PREGABALIN ER).....	171	PRENATAL PLUS VITAMIN/MINERAL (prenatal vit w/ ferrous fumarate-folic acid).....	200
PREGEN DHA (prenatal mv & min w/fe carbonyl-fa-dha).....	199	PRENATAL VITAMIN PLUS LOW IRON (prenatal vit w/ ferrous fumarate-folic acid).200	
PREGENNA (prenatal vit w/ fe bisglycinate chelate-folic acid).....	199	PRENATAL-U (prenatal without a vit w/ fe fumarate-folic acid).....	200
PREGNYL (chorionic gonadotropin).....	233	PRENATE (prenatal multivitamins & minerals w/ l-methylfolate-fa).....	209
PREMARIN (estrogens, conjugated vaginal). 252		PRENATE AM (prenatal w/ calcium-vit b6-vit b12-folic acid-ginger).....	209
PREMARIN (estrogens, conjugated).....	253	PRENATE DHA (prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha).....	200
PREMESISRX (prenatal w/ calcium-vit b6-vit b12-folic acid-ginger).....	208	PRENATE ELITE (prenatal w/ fe asparto glycinate-l methylfolate-folic acid).....	200
PREMIUM BLOOD GLUCOSE TEST (glucose blood).....	313	PRENATE ENHANCE (prenatal without a w/ fe fumarate-l methylfolate-fa-dha).....	200
PREMPHASE (conjugated estrogens-medroxyprogesterone acetate).....	253	PRENATE ESSENTIAL (prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha).....	201
PREMPRO (conjugated estrogens-medroxyprogesterone acetate).....	253	PRENATE MINI (prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha).....	201
PRENA1 (prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid).....	208	PRENATE PIXIE (prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha).....	201
PRENA1 PEARL (prenatal without a w/ fe fumarate-sod feredetate-fa-dha).....	200	PRENATE RESTORE (prenatal without a w/ fe fumarate-l methylfolate-fa-dha).....	201
PRENAISSANCE (prenatal w/o vit a w/ fe fumarate-dss-fa-dha).....	200	PRENATOL-M (prenatal vit w/ ferrous fumarate-folic acid).....	201
PRENAISSANCE PLUS (prenatal w/o vit a w/ fe carbonyl-dss-fa-dha).....	200	PRENATRIX (prenatal vit w/ ferrous fumarate-folic acid).....	201
PRENARA (prenatal vit w/ ferrous fumarate-folic acid).....	200	PRENATRYL (prenatal vit w/ ferrous fumarate-folic acid).....	201
PRENATABS FA (prenatal vit w/ ferrous fumarate-folic acid).....	200	PRENATVITE COMPLETE (prenatal multivit-min w/fe-fa).....	201
PRENATABS RX (prenatal vit w/ iron carbonyl-folic acid).....	200	PRENATVITE PLUS (prenatal multivit-min w/fe-fa).....	201
PRENATAL (prenatal vit w/ ferrous fumarate-folic acid).....	200	PREPLUS (prenatal vit w/ ferrous fumarate-folic acid).....	201
PRENATAL 19 (prenatal vit w/ docusate-fe fumarate-folic acid).....	200	PRESSURE ACTIVAT SAFETY LANCET.....	313
PRENATAL 19 (prenatal vit w/ ferrous fumarate-folic acid).....	200	PRESTALIA (perindopril arginine-amlodipine besylate).....	145
PRENATAL PLUS (prenatal vit w/ ferrous fumarate-folic acid).....	200	PRETAB (prenatal vit w/ ferrous fumarate-folic acid).....	201
PRENATAL PLUS IRON (prenatal vit w/ iron carbonyl-folic acid).....	200		

PRETOMANID	64	PROCARE SPACER/CHILD MASK	314
PREVACID (lansoprazole)	218	PROCHAMBER VHC	314
PREVACID SOLUTAB (lansoprazole)	218	prochlorperazine maleate tab 10 mg (base equivalent)	54
PREVENT DROPSAFE PEN NEEDLES	313	prochlorperazine maleate tab 5 mg (base equivalent)	54
PREVENT SAFETY PEN NEEDLES	313	prochlorperazine suppos 25 mg	54
PREVYMIS (Ietermovir)	92	prochlorperazine suppos 25 mg (Compro)	54
PREZCOBIX (darunavir-cobicistat)	99	PROCRIT (epoetin alfa)	121
PREZISTA (darunavir ethanolate)	99	PROCTOFOAM HC (hydrocortisone acetate w/ pramoxine)	189
PREZISTA (darunavir)	99	PROCYSBI (cysteamine bitartrate)	221
PRIFTIN (rifapentine)	64	PRODIGY INSULIN SYRINGE	314
PRILOSEC (omeprazole magnesium)	218	PRODIGY LANCETS 28G	314
PRIMACARE (prenatal without a w/ fe asp glyc-I methylfolate-fa-omega 3)	201	PRODIGY NO CODING BLOOD GLUC (glucose blood)	314
PRIMAQUINE PHOSPHATE	79	PRODIGY SAFETY LANCETS 26G	314
primaquine phosphate tab 26.3 mg (15 mg base)	80	PRODIGY TWIST TOP LANCETS 28G	314
PRIMIDONE	40	progesterone cap 100 mg	255
primidone tab 250 mg	40	progesterone cap 200 mg	255
primidone tab 50 mg	40	progesterone im in oil 50 mg/ml	255
PRIMLEV (oxycodone w/ acetaminophen)	18	PROGLYCEM (diazoxide)	112
PRIMSOL (trimethoprim hcl)	24	PROGRAF (tacrolimus)	273
PRINIVIL (lisinopril)	128	PROLATE (oxycodone w/ acetaminophen)	18
PRISTIQ (desvenlafaxine succinate)	50	PROLENSA (bromfenac sodium (ophth))	336
PRO COMFORT INSULIN SYRINGE	313	PROMACTA (eltrombopag olamine)	121
PRO COMFORT LANCETS 30G	313	promethazine & phenylephrine syrup 6.25-5 mg/5ml (PROMETHAZINE VC)	353
PRO COMFORT LANCETS 31G	313	promethazine & phenylephrine syrup 6.25-5 mg/5ml (PROMETHAZINE-PHENYLEPHRINE)	353
PRO COMFORT PEN NEEDLES	314	promethazine hcl oral soln 6.25 mg/5ml	342
PRO COMFORT SAFETY LANCETS 30G	314	promethazine hcl suppos 12.5 mg	54
PRO COMFORT SPACER ADULT	314	promethazine hcl suppos 12.5 mg (Promethegan)	54
PRO COMFORT SPACER CHILD	314	promethazine hcl suppos 25 mg	54
PRO COMFORT SPACER INFANT	314	promethazine hcl suppos 25 mg (Promethegan)	54
PRO VOICE V8/V9 GLUCOSE (glucose blood)	314	promethazine hcl tab 12.5 mg	54
PROAIR DIGIHALER (albuterol sulfate with sensor)	345	promethazine hcl tab 25 mg	54
PROAIR HFA (albuterol sulfate)	345	promethazine hcl tab 50 mg	54
PROAIR RESPICLICK (albuterol sulfate)	345		
probenecid tab 500 mg	59		
PROCARDIA (nifedipine)	135		
PROCARDIA XL (nifedipine)	135		
PROCARE SPACER/ADULT MASK	314		

PROMETHAZINE VC/CODEINE (promethazine-phenylephrine-codeine)	353	PROTOPIC (tacrolimus (topical))	184
promethazine w/ codeine syrup 6.25-10 mg/5ml (PROMETHAZINE-CODEINE)	353	protriptyline hcl tab 10 mg	53
promethazine-dm syrup 6.25-15 mg/5ml	353	protriptyline hcl tab 5 mg	53
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (PROMETHAZINE-PHENYLEPH-CODEINE)	353	PROVENTIL HFA (albuterol sulfate)	345
PROMETHEGAN (promethazine hcl)	54	PROVERA (medroxyprogesterone acetate)	255
PROMETRIUM (progesterone)	255	PROVIDA OB (prenatal without a vit w/ fe fum-iron polysacch complex -fa)	201
propafenone hcl cap er 12hr 225 mg (PROPAFENONE HCL ER)	129	PROVIGIL (modafinil)	358,359
propafenone hcl cap er 12hr 325 mg (PROPAFENONE HCL ER)	129	PROZAC (fluoxetine hcl)	50
propafenone hcl cap er 12hr 425 mg (PROPAFENONE HCL ER)	129	PRUDOXIN (doxepin hcl (antipruritic))	184
propafenone hcl tab 150 mg	129	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm)	353
propafenone hcl tab 225 mg	129	pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (PSEUDOEPH-BROMPHEN-DM)	353
propafenone hcl tab 300 mg	129	PSORCON (diflorasone diacetate)	184
PROPANTHELINE BROMIDE	214	PSS SELECT GP LANCETS	314
proparacaine hcl ophth soln 0.5%	331	PSS SELECT SAFETY LANCETS	314
PROPRANOLOL HCL	132	PTS PANELS GLUCOSE TEST (glucose blood)	314
propranolol hcl cap er 24hr 120 mg (PROPRANOLOL HCL ER)	132	PTS PANELS KETONE TEST (ketone blood test)	314
propranolol hcl cap er 24hr 160 mg (PROPRANOLOL HCL ER)	132	PTS PANELSEGLU TEST (glucose blood)	314
propranolol hcl cap er 24hr 60 mg (PROPRANOLOL HCL ER)	132	PULMICORT (budesonide (inhalation))	340
propranolol hcl cap er 24hr 80 mg (PROPRANOLOL HCL ER)	133	PULMICORT FLEXHALER (budesonide (inhalation))	341
propranolol hcl oral soln 20 mg/5ml	133	PULMOZYME (dornase alfa)	346
propranolol hcl tab 10 mg	133	PURE COMFORT LANCETS 30G	314
propranolol hcl tab 20 mg	133	PURE COMFORT PEN NEEDLE	314
propranolol hcl tab 40 mg	133	PURE COMFORT SAFETY PEN NEEDLE	314
propranolol hcl tab 60 mg	133	PURE COMFORT SPACER CHAMBER	314
propranolol hcl tab 80 mg	133	PURIXAN (mercaptopurine)	67
PROPRANOLOL-HCTZ (propranolol & hydrochlorothiazide)	146	PUSH BUTTON SAFETY LANCETS	315
propylthiouracil tab 50 mg	261	PUSH BUTTON SAFETY LANCETS 28G	315
PROSCAR (finasteride)	225	PX EXTRA SHORT PEN NEEDLES	315
PROTONIX (pantoprazole sodium)	218	PX INSULIN SYRINGE	315
		PX LANCETS MICROTHIN 33G	315
		PX LANCETS ULTRA THIN	315
		PX LANCETS ULTRA THIN 28G	315
		PX MINI PEN NEEDLES	315
		PX PEN NEEDLE	315
		PX SHORTLENGTH PEN NEEDLES	315

PYLERA (bismuth subcitrate potassium-metronidazole-tetracycline) 215
 pyrazinamide tab 500 mg 64
 PYRIDIDIUM (phenazopyridine hcl) 227
 PYRIDOSTIGMINE BROMIDE 63
 pyridostigmine bromide oral soln 60 mg/5ml . 63
 pyridostigmine bromide tab 60 mg 63
 pyridostigmine bromide tab er 180 mg
 (PYRIDOSTIGMINE BROMIDE ER) 63
 primethamine tab 25 mg 80
 PYRUKYND (mitapivat sulfate) 221
 PYRUKYND TAPER PACK (mitapivat sulfate) . 122

Q

QBRELIS (lisinopril) 128
 QBREXZA (glycopyrronium tosylate) 315
 QC LANCETS SUPER THIN 30G 315
 QC LANCETS ULTRA THIN 315
 QC PEN NEEDLES 315
 QC UNIFINE PENTIPS 315
 QC UNILET LANCETS 28G 315
 QC UNILET LANCETS MICRO THIN 315
 QDOLO (tramadol hcl) 18
 QELBREE (viloxazine hcl (adhd)) 166
 QINLOCK (ripretinib) 68
 QMIIZ ODT (meloxicam) 5
 QNASL (beclomethasone dipropionate
 (nasal)) 341
 QNASL CHILDRENS (beclomethasone
 dipropionate (nasal)) 341
 QSYMIA (phentermine hcl-topiramate) 170
 QTERN (dapagliflozin-saxagliptin) 109
 QUALAQUIN (quinine sulfate) 80
 QUARTETTE (levonorgestrel-ethinyl estradiol
 (91-day)) 253
 QUAZEPAM 357
 QUDEXY XR (topiramate) 37
 QUESTRAN (cholestyramine) 154
 QUESTRAN LIGHT (cholestyramine light) . . . 154
 QUETIAPINE FUMARATE 88
 quetiapine fumarate tab 100 mg 88

quetiapine fumarate tab 200 mg 88
 quetiapine fumarate tab 25 mg 88
 quetiapine fumarate tab 300 mg 89
 quetiapine fumarate tab 400 mg 89
 quetiapine fumarate tab 50 mg 89
 quetiapine fumarate tab er 24hr 150 mg
 (QUETIAPINE FUMARATE ER) 89
 quetiapine fumarate tab er 24hr 200 mg
 (QUETIAPINE FUMARATE ER) 89
 quetiapine fumarate tab er 24hr 300 mg
 (QUETIAPINE FUMARATE ER) 89
 quetiapine fumarate tab er 24hr 400 mg
 (QUETIAPINE FUMARATE ER) 89
 quetiapine fumarate tab er 24hr 50 mg
 (QUETIAPINE FUMARATE ER) 89
 QUFLORA FE (multiple vitamins w/minerals &
 fluoride-iron-folic acid) 209
 QUFLORA FE PEDIATRIC (ped multivitamins
 w/fl & iron) 201
 QUFLORA GUMMIES (pediatric multivitamins
 w/fl) 201
 QUFLORA PEDIATRIC (pediatric multivitamins
 w/fl) 201,202
 QUICKTEK TEST (glucose blood) 315
 QUILLICHEW ER (methylphenidate hcl) 166
 QUILLIVANT XR (methylphenidate hcl) 167
 quinapril hcl tab 10 mg 128
 quinapril hcl tab 20 mg 128
 quinapril hcl tab 40 mg 128
 quinapril hcl tab 5 mg 128
 QUINAPRIL-HYDROCHLOROTHIAZIDE 146
 quinapril-hydrochlorothiazide tab 10-12.5 mg 146
 quinapril-hydrochlorothiazide tab 20-12.5
 mg 146
 quinapril-hydrochlorothiazide tab 20-25 mg . 146
 quinidine gluconate tab er 324 mg (QUINIDINE
 GLUCONATE ER) 129
 QUINIDINE SULFATE 130
 quinidine sulfate tab 200 mg 130
 quinidine sulfate tab 300 mg 130
 quinine sulfate cap 324 mg 80

QUINTET AC BLOOD GLUCOSE TEST (glucose blood).....	315
QUINTET BLOOD GLUCOSE TEST (glucose blood).....	315
QULIPTA (atogepant).....	60
QUVIVIQ (daridorexant hcl).....	357
QVAR REDHALER (beclomethasone dipropionate hfa).....	341

R

RA E-ZJECT LANCETS 28G.....	315
RA E-ZJECT LANCETS THIN 26G.....	315
RA E-ZJECT LANCETS THIN 28G.....	315
RA E-ZJECT LANCETS ULTRA THIN.....	315
RA INSULIN SYRINGE.....	316
RA PEN NEEDLES.....	316
RABEPRAZOLE SODIUM.....	218
rabeprazole sodium ec tab 20 mg.....	218
RADICAVA ORS (edaravone).....	157
RADICAVA ORS STARTER KIT (edaravone).....	157
RADIOGARDASE (prussian blue insoluble (ferric hexacyanoferrate ii)).....	316
RAGWITEK (short ragweed pollen allergen extract).....	264
raloxifene hcl tab 60 mg.....	256
ramelteon tab 8 mg.....	357
ramipril cap 1.25 mg.....	128
ramipril cap 10 mg.....	128
ramipril cap 2.5 mg.....	128
ramipril cap 5 mg.....	128
RANEXA (ranolazine).....	146
ranolazine tab er 12hr 1000 mg (RANOLAZINE ER).....	146
ranolazine tab er 12hr 500 mg (RANOLAZINE ER).....	146
RAPAFLO (silodosin).....	225
RAPAMUNE (sirolimus).....	273
rasagiline mesylate tab 0.5 mg (base equiv).....	85
rasagiline mesylate tab 1 mg (base equiv).....	85
RASUVO (methotrexate (antirheumatic)).....	273
RAVICTI (glycerol phenylbutyrate).....	221
RAYA SURE PEN NEEDLE.....	316
RAYALDEE (calcifediol).....	278
RAYOS (prednisone).....	231
RAZADYNE (galantamine hydrobromide).....	45
RAZADYNE ER (galantamine hydrobromide).....	45
READYLANCE SAFETY LANCETS.....	316
REALITY INSULIN SYRINGE.....	316
REALITY LANCETS.....	316
REALITY TRIGGER LANCETS.....	316
REBIF (interferon beta-1a).....	173
REBIF REBIDOSE (interferon beta-1a).....	173
REBIF REBIDOSE TITRATION PACK (interferon beta-1a).....	173
REBIF TITRATION PACK (interferon beta-1a).....	173
RECORLEV (levoketoconazole).....	260
RECTIV (nitroglycerin (intra-anal)).....	157
REDITREX (methotrexate (antirheumatic)).....	273
REFUAH PLUS BLOOD GLUCOSE TEST (glucose blood).....	316
REGLAN (metoclopramide hcl).....	54
REGRANEX (becaplermin).....	189
RELAFEN DS (nabumetone).....	5
RELENZA DISKHALER (zanamivir).....	100
RELEUKO (filgrastim-ayow).....	122
RELEXII (methylphenidate hcl).....	167
RELION BLOOD GLUCOSE TEST (glucose blood).....	316
RELION CONFIRM/MICRO TEST (glucose blood).....	316
RELION GLUCOSE TEST STRIPS (glucose blood).....	316
RELION INSULIN SYRINGE.....	316
RELION KETONE TEST (acetone (urine) test).....	316
RELION LANCET DEVICES 30G.....	316
RELION LANCETS.....	316
RELION LANCETS MICRO-THIN 33G.....	316
RELION LANCETS THIN 26G.....	316
RELION LANCETS ULTRA-THIN 30G.....	316
RELION MINI PEN NEEDLES.....	317
RELION PEN NEEDLES.....	317
RELION PREMIER TEST (glucose blood).....	317

RELION PRIME TEST (glucose blood).....	317	REXALL BLOOD GLUCOSE TEST (glucose	blood).....	317
RELION SHORT PEN NEEDLES.....	317	REXALL LANCETS ULTRA THIN 30G.....		317
RELION TRUE METRIX TEST STRIPS (glucose	blood).....	REXTOVY (naloxone hcl).....		21
	317	REXULTI (brexpiprazole).....		89
RELION ULTIMA TEST (glucose blood).....	317	REYATAZ (atazanavir sulfate).....		99
RELION ULTRA THIN LANCETS 30G.....	317	REYVOW (lasmiditan succinate).....		61
RELION ULTRA THIN PLUS LANCETS.....	317	REZDIFFRA (resmetirom).....		259
RELISTOR (methylnaltrexone bromide).....	211	REZLIDHIA (olutasidenib).....		74
RELNATE DHA (prenatal vit w/ ferrous	fumarate-fa-omega 3 fatty acids).....	REZUROCK (belumosudil mesylate).....		264
	202	REZVOGLAR KWIKPEN (insulin glargine-	aglr).....	116
RELPAK (eletriptan hydrobromide).....	61	RHOFADE (oxymetazoline hcl (topical)).....		177
RELTONE (ursodiol).....	215	RHOPRESSA (netarsudil dimesylate).....		337
RELYVRIO (sodium phenylbutyrate-	taurursodiol).....	RIBAVIRIN (ribavirin (hepatitis c)).....		93
	157	ribavirin cap 200 mg.....		93
REMERON (mirtazapine).....	47	ribavirin tab 200 mg.....		93
REMERON SOLTAB (mirtazapine).....	47	RIDAURA (auranofin).....		264
RENACIDIN (citric acid-gluconolactone-	magnesium carbonate).....	rifabutin cap 150 mg.....		64
	227	RIFADIN (rifampin).....		64
RENAGEL (sevelamer hcl).....	207	rifampin cap 150 mg.....		64
REVELA (sevelamer carbonate).....	207	rifampin cap 300 mg.....		64
repaglinide tab 0.5 mg.....	109	RIFATER (isoniazid-rifampin w/	pyrazinamide).....	64
repaglinide tab 1 mg.....	109	RIGHTEST GL300 LANCETS.....		317
repaglinide tab 2 mg.....	109	RIGHTEST GS100 BLOOD GLUCOSE (glucose	blood).....	317
REPATHA (evolocumab).....	154	RIGHTEST GS300 BLOOD GLUCOSE (glucose	blood).....	317
REPATHA PUSHTRONEX SYSTEM	(evolocumab).....	RIGHTEST GS550 BLOOD GLUCOSE (glucose	blood).....	317
	154	RIGHTEST GT333 BLOOD GLUCOSE (glucose	blood).....	317
REPATHA SURECLICK (evolocumab).....	154	RIGHTEST GT333 GLUCOSE TEST (glucose	blood).....	317
REQUIP XL (ropinirole hydrochloride).....	83	RILUTEK (riluzole).....		157
RESTASIS (cyclosporine (ophth)).....	331	riluzole tab 50 mg.....		157
RESTASIS MULTIDOSE (cyclosporine (ophth))	331	RIMANTADINE HCL (rimantadine	hydrochloride).....	100
RESTORIL (temazepam).....	357	RINVOQ (upadacitinib).....		264
RETACRIT (epoetin alfa-epbx).....	122	RINVOQ LQ (upadacitinib).....		264
RETEVMO (selpercatinib).....	74			
RETIN-A (tretinoin).....	177			
RETIN-A MICRO (tretinoin microsphere).....	177			
RETIN-A MICRO PUMP (tretinoin	microsphere).....			
	177			
RETROVIR (zidovudine).....	97			
REVATIO (sildenafil citrate (pulmonary	hypertension)).....			
	348			
REVLIMID (lenalidomide).....	66			

RIOMET (metformin hcl)	109	rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	62
RIOMET ER (metformin hcl)	109	rizatriptan benzoate tab 10 mg (base equivalent)	62
risedronate sodium tab 150 mg	278	rizatriptan benzoate tab 5 mg (base equivalent)	62
risedronate sodium tab 30 mg	278	ROBAXIN-750 (methocarbamol)	356
risedronate sodium tab 35 mg	278	ROBINUL (glycopyrrolate)	214
risedronate sodium tab 5 mg	278	ROBINUL-FORTE (glycopyrrolate)	214
risedronate sodium tab delayed release 35 mg	278	ROCALTROL (calcitriol)	278
RISPERDAL (risperidone)	89	ROCKLATAN (netarsudil dimesylate-latanoprost)	331
RISPERIDONE	89	roflumilast tab 250 mcg	347
risperidone orally disintegrating tab 0.5 mg	89	roflumilast tab 500 mcg	347
risperidone orally disintegrating tab 1 mg	89	ROLVEDON (eflapegrastim-xnst)	122
risperidone orally disintegrating tab 2 mg	89	ropinirole hydrochloride tab 0.25 mg (ROPINIROLE HCL)	83
risperidone orally disintegrating tab 3 mg	89	ropinirole hydrochloride tab 0.5 mg (ROPINIROLE HCL)	83
risperidone orally disintegrating tab 4 mg	89	ropinirole hydrochloride tab 1 mg (ROPINIROLE HCL)	83
risperidone soln 1 mg/ml	89	ropinirole hydrochloride tab 2 mg (ROPINIROLE HCL)	83
risperidone tab 0.25 mg	89	ropinirole hydrochloride tab 3 mg (ROPINIROLE HCL)	83
risperidone tab 0.5 mg	89	ropinirole hydrochloride tab 4 mg (ROPINIROLE HCL)	83
risperidone tab 1 mg	89	ropinirole hydrochloride tab 5 mg (ROPINIROLE HCL)	83
risperidone tab 2 mg	89	ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (ROPINIROLE HCL ER)	83
risperidone tab 3 mg	89	ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (ROPINIROLE HCL ER)	83
risperidone tab 4 mg	89	ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (ROPINIROLE HCL ER)	83
RITALIN (methylphenidate hcl)	167	ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (ROPINIROLE HCL ER)	83
RITALIN LA (methylphenidate hcl)	167	ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (ROPINIROLE HCL ER)	83
RITEFLO	317	rosuvastatin calcium tab 10 mg	152
ritonavir tab 100 mg	100	rosuvastatin calcium tab 20 mg	152
rivastigmine tartrate cap 1.5 mg (base equivalent)	45		
rivastigmine tartrate cap 3 mg (base equivalent)	45		
rivastigmine tartrate cap 4.5 mg (base equivalent)	45		
rivastigmine tartrate cap 6 mg (base equivalent)	45		
rivastigmine td patch 24hr 13.3 mg/24hr	45		
rivastigmine td patch 24hr 4.6 mg/24hr	45		
rivastigmine td patch 24hr 9.5 mg/24hr	45		
RIVFLOZA (nedosiran sodium)	221		
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	61		

rosuvastatin calcium tab 40 mg	152	SAIZENPREP (somatropin (non- refrigerated))	233
rosuvastatin calcium tab 5 mg	152	SALAGEN (pilocarpine hcl (oral))	174
ROSZET (ezetimibe-rosuvastatin calcium)	154	SALEX (salicylic acid)	189
ROXICODONE (oxycodone hcl)	18	SALICYLIC ACID	189
ROXYBOND (oxycodone hcl)	18	salicylic acid film forming liquid 27.5%	189
ROZEREM (ramelteon)	357	salicylic acid film forming liquid 27.5% (SALICYLIC ACID WART REMOVER)	189
ROZLYTREK (entrectinib)	74	salicylic acid foam 6%	189
RUBRACA (rucaparib camsylate)	74	salicylic acid shampoo 6%	189
rufinamide susp 40 mg/ml	43	salicylic acid shampoo 6% (Keralyt)	189
rufinamide tab 200 mg	43	salsalate tab 500 mg	5
rufinamide tab 400 mg	43	salsalate tab 750 mg	5
RUKOBIA (fostemsavir tromethamine)	98	SALVAX (salicylic acid)	189
RUZURGI (amifampridine)	170	SAMSCA (tolvaptan)	206
RYALTRIS (olopatadine hcl-mometasone furoate)	353	SANCUSO (granisetron)	56
RYBELSUS (semaglutide)	109	SANDIMMUNE (cyclosporine)	273
RYCLORA (dexchlorpheniramine maleate)	342	SANDOSTATIN (octreotide acetate)	261
RYDAPT (midostaurin)	74	SANTYL (collagenase)	189
RYTARY (carbidopa-levodopa)	84	SAPHRIS (asenapine maleate)	89
RYTHMOL SR (propafenone hcl)	130	sapropterin dihydrochloride powder packet 100 mg	222
RYVENT (carbinoxamine maleate)	342	sapropterin dihydrochloride powder packet 100 mg (Javygtor)	222
S		sapropterin dihydrochloride powder packet 500 mg	222
SABRIL (vigabatrin)	40	sapropterin dihydrochloride powder packet 500 mg (Javygtor)	222
SAFE-T-LANCE	317	sapropterin dihydrochloride tab 100 mg	222
SAFE-T-LANCE PLUS	317	sapropterin dihydrochloride tab 100 mg (Javygtor)	222
SAFETY INSULIN SYRINGES	317	SAPS HEALTH PLUS LANCETS	318
SAFETY LANCET 21G/PRESSURE ACT	317	SAPS HEALTH TWIST TOP LANCETS	318
SAFETY LANCET 23G/PRESSURE ACT	318	SAPS TWIST TOP LANCETS	318
SAFETY LANCET 28G/PRESSURE ACT	318	SAPSCARE TWIST TOP LANCETS	318
SAFETY LANCET 30G/PRESSURE ACT	318	SARAFEM (fluoxetine hcl (pmdd))	51
SAFETY LANCETS	318	SAVAYSA (edoxaban tosylate)	119
SAFETY LANCETS 21G	318	SAVELLA (milnacipran hcl)	171
SAFETY LANCETS 23G	318	SAVELLA TITRATION PACK (milnacipran hcl)	171
SAFETY LANCETS 28G	318	saxagliptin hcl tab 2.5 mg (base equiv)	109
SAFETY LANCETS LET	318	saxagliptin hcl tab 5 mg (base equiv)	109
SAFETY PEN NEEDLES	318		
SAFETY SEAL LANCETS	318		
SAFYRAL (drospirenone-ethinyl estradiol- levomefolate calcium)	253		

saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg (SAXAGLIPTIN-METFORMIN ER).....	110	SERTRALINE HCL.....	51
saxagliptin-metformin hcl tab er 24hr 5-1000 mg (SAXAGLIPTIN-METFORMIN ER).....	110	sertraline hcl oral concentrate for solution 20 mg/ml.....	51
saxagliptin-metformin hcl tab er 24hr 5-500 mg (SAXAGLIPTIN-METFORMIN ER).....	110	sertraline hcl tab 100 mg.....	51
SAXENDA (liraglutide (weight management)).....	359	sertraline hcl tab 25 mg.....	51
SB INSULIN SYRINGE.....	318	sertraline hcl tab 50 mg.....	51
SB LANCETS THIN.....	318	sevelamer carbonate packet 0.8 gm.....	207
SB LANCETS ULTRA THIN.....	318	sevelamer carbonate packet 2.4 gm.....	207
SCEMBLIX (asciminib hcl).....	74	sevelamer carbonate tab 800 mg.....	207
scopolamine td patch 72hr 1 mg/3days.....	55	sevelamer hcl tab 400 mg.....	207
SE-NATAL 19 (prenatal vit w/ docusate-fe fumarate-folic acid).....	202	sevelamer hcl tab 800 mg.....	207
SE-NATAL 19 (prenatal vit w/ ferrous fumarate-folic acid).....	202	SEYSARA (sarecycline hcl).....	33
SEASONIQUE (levonorgestrel-ethinyl estradiol (91-day)).....	253	SFROWASA (mesalamine).....	275
SECUADO (asenapine).....	90	SHOPKO ON-THE-GO LANCETS 30G.....	318
SECURESAFE INSULIN SYRINGE.....	318	SHOPKO UNIFINE PENTIPS.....	318
SECURESAFE SAFETY PEN NEEDLES.....	318	SHOPKO UNIFINE PENTIPS PLUS.....	318
SEGLENTIS (celecoxib-tramadol hcl).....	18	SHOPKO UNILET LANCETS 28G.....	318
SEGLUROMET (ertugliflozin-metformin hcl).....	110	SHOPKO UNILET LANCETS 30G.....	318
SELECT-OB (prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa).....	202	SIDE BUTTON SAFETY LANCET.....	318
SELECT-OB (prenatal vit w/ iron polysaccharide complex-folic acid).....	202	SIGNIFOR (pasireotide diaspertate).....	261
selegiline hcl cap 5 mg.....	85	SIKLOS (hydroxyurea (sickle cell anemia)).....	222
selegiline hcl tab 5 mg.....	85	sildenafil citrate for suspension 10 mg/ml... ..	348
selenium sulfide lotion 2.5%.....	184	sildenafil citrate tab 100 mg.....	227
SELZENTRY (maraviroc).....	98	sildenafil citrate tab 20 mg.....	348
SEMGLEE (insulin glargine).....	116	sildenafil citrate tab 25 mg.....	227
SEMGLEE (YFGN) (insulin glargine-yfgn).....	116	sildenafil citrate tab 50 mg.....	227
SENSIPAR (cinacalcet hcl).....	278	SILENOR (doxepin hcl (sleep)).....	357
SEREVENT DISKUS (salmeterol xinafoate).....	345	SILIQ (brodalumab).....	264
SERNIVO (betamethasone dipropionate (topical)).....	184	silodosin cap 4 mg.....	225
SEROQUEL (quetiapine fumarate).....	90	silodosin cap 8 mg.....	225
SEROQUEL XR (quetiapine fumarate).....	90	SILVADENE (silver sulfadiazine).....	189
SEROSTIM (somatropin (non-refrigerated)).....	234	silver sulfadiazine cream 1%.....	189
		silver sulfadiazine cream 1% (Ssd).....	189
		SIMBRINZA (brinzolamide-brimonidine tartrate).....	337
		SIMLANDI (1 PEN) (adalimumab-ryvk).....	273
		SIMLANDI (2 PEN) (adalimumab-ryvk).....	273
		SIMLANDI (2 SYRINGE) (adalimumab-ryvk).....	273
		SIMPONI (golimumab).....	273
		simvastatin tab 10 mg.....	152
		simvastatin tab 20 mg.....	152

simvastatin tab 40 mg	152	sodium chloride soln nebu 3%	354
simvastatin tab 5 mg	152	sodium chloride soln nebu 3% (Nebusal)	354
simvastatin tab 80 mg	152	sodium chloride soln nebu 7%	354
SINEMET (carbidopa-levodopa)	84	sodium chloride soln nebu 7% (Pulmosal)	354
SINGLE-LET	319	sodium citrate & citric acid soln 500-334 mg/5ml (SOD CITRATE-CITRIC ACID)	227
SINGULAIR (montelukast sodium)	342	SODIUM FLUORIDE	202
sirolimus oral soln 1 mg/ml	273	sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	202
sirolimus tab 0.5 mg	274	sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	202
sirolimus tab 1 mg	274	sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	202
sirolimus tab 2 mg	274	sodium fluoride chew tab 1 mg f (from 2.2 mg naf) (NAFRINSE)	202
SIRTURO (bedaquiline fumarate)	64	sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab)	202
SITAGLIPTIN	110	SODIUM OXYBATE	359
SITAGLIPTIN BASE-METFORMIN HCL (sitagliptin free base-metformin hcl)	110	sodium phenylbutyrate oral powder 3 gm/teaspoonful	222
SITAVIG (acyclovir)	101	sodium phenylbutyrate tab 500 mg	222
SIVEXTRO (tedizolid phosphate)	24	sodium polystyrene sulfonate oral susp 15 gm/60ml	207
SKELAXIN (metaxalone)	356	sodium polystyrene sulfonate oral susp 15 gm/60ml (Kionex)	207
SKYCLARYS (omaveloxolone)	222	sodium polystyrene sulfonate susp 15 gm/60ml (Kionex)	207
SKYRIZI (150 MG DOSE) (risankizumab-rzaa)	264	sodium polystyrene sulfonate susp 15 gm/60ml (Sps (sodium Polystyrene Sulf))	207
SKYRIZI (risankizumab-rzaa (crohn's))	265	SODIUM SULFACETAMIDE-BAKUCHIOL (sulfacetamide sodium in bakuchiol vehicle)	189
SKYRIZI (risankizumab-rzaa)	265	SOFDRA (sofpironium bromide)	319
SKYRIZI PEN (risankizumab-rzaa)	265	SOFOSBUVIR-VELPATASVIR	93
SKYTROFA (lonapegsomatropin-tcgd)	234	SOGROYA (somapacitan-beco)	234
SLYND (drospirenone)	255	SOHONOS (palovarotene)	222
SM LANCETS 33G	319	solifenacin succinate tab 10 mg	224
SMART SENSE COLOR LANCETS 33G	319	solifenacin succinate tab 5 mg	224
SMART SENSE PREMIUM TEST (glucose blood)	319	SOLQUA (insulin glargine-lixisenatide)	110
SMART SENSE STANDARD LANCETS	319	SOLODYN (minocycline hcl)	33
SMART SENSE SUPER THIN LANCETS	319	SOLOSEC (secnidazole)	24
SMART SENSE THIN LANCETS 26G	319	SOLTAMOX (tamoxifen citrate)	67
SMART SENSE VALUE TEST (glucose blood)	319		
SMARTEST BLOOD GLUCOSE TEST (glucose blood)	319		
SMARTEST LANCETS 28G	319		
SOAANZ (torsemide)	148		
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml (NA SULFATE-K SULFATE-MG SULF)	211		
sodium chloride soln nebu 0.9%	353		
sodium chloride soln nebu 10%	353		

SOLUS V2 LANCETS 28G	319	SPORANOX PULSEPAK (itraconazole)	58
SOLUS V2 TEST (glucose blood)	319	SPRITAM (levetiracetam)	37
SOLUS V2 TWIST LANCETS 30G	319	SPRIX (ketorolac tromethamine)	5
SOMA (carisoprodol)	356	SPRYCEL (dasatinib)	74
SOMAVERT (pegvisomant)	261	SPS (SODIUM POLYSTYRENE SULF) (sodium polystyrene sulfonate)	207
SOOLANTRA (ivermectin (rosacea))	192	SSS 10-5 (sulfacetamide sodium w/ sulfur)	189
sorafenib tosylate tab 200 mg (base equivalent)	74	STALEVO 100 (carbidopa-levodopa-entacapone)	81
SORIATANE (acitretin)	177	STALEVO 125 (carbidopa-levodopa-entacapone)	81
SORILUX (calcipotriene)	189	STALEVO 150 (carbidopa-levodopa-entacapone)	81
sotalol hcl (afib/af) tab 120 mg (Sotalol Hcl (af))	130	STALEVO 200 (carbidopa-levodopa-entacapone)	81
sotalol hcl (afib/af) tab 160 mg (Sotalol Hcl (af))	130	STALEVO 50 (carbidopa-levodopa-entacapone)	81
sotalol hcl (afib/af) tab 80 mg (Sotalol Hcl (af))	130	STALEVO 75 (carbidopa-levodopa-entacapone)	81
sotalol hcl tab 120 mg	130	STARLIX (nateglinide)	110
sotalol hcl tab 120 mg (Sorine)	130	STAVUDINE	97
sotalol hcl tab 160 mg	130	stavudine cap 15 mg	97
sotalol hcl tab 160 mg (Sorine)	130	stavudine cap 20 mg	97
sotalol hcl tab 240 mg	130	stavudine cap 30 mg	97
sotalol hcl tab 240 mg (Sorine)	130	stavudine cap 40 mg	97
sotalol hcl tab 80 mg	130	STAXYN (vardenafil hcl)	227
sotalol hcl tab 80 mg (Sorine)	130	STEGLATRO (ertugliflozin l-pyroglutamic acid)	155
SOTYKTU (deucravacitinib)	265	STEGLUJAN (ertugliflozin-sitagliptin)	110
SOTYLIZE (sotalol hcl)	130	STELARA (ustekinumab)	265
SOVALDI (sofosbuvir)	93	STENDRA (avanafil)	227
SOVUNA (hydroxychloroquine sulfate)	80	STERILANCE TL	319
SPEVIGO (spesolimab-sbzo)	274	STIMATE (desmopressin acetate)	234
SPINOSAD	192	STIMUFEND (pegfilgrastim-fpgk)	122
SPIRIVA HANDIHALER (tiotropium bromide monohydrate)	343	STIOLTO RESPIMAT (tiotropium bromide-olodaterol hcl)	354
SPIRIVA RESPIMAT (tiotropium bromide monohydrate)	343	STIVARGA (regorafenib)	74
spironolactone & hydrochlorothiazide tab 25-25 mg (SPIRONOLACTONE-HCTZ)	146	STRATTERA (atomoxetine hcl)	167
spironolactone susp 25 mg/5ml	154	STRENSIQ (asfotase alfa)	222
spironolactone tab 100 mg	155	STRIBILD (elvitegravir-cobicistat-emtricitabine-tenofovir df)	94
spironolactone tab 25 mg	155		
spironolactone tab 50 mg	155		
SPORANOX (itraconazole)	58		

STRIVERDI RESPIMAT (olodaterol hcl).....	345	sulfacetamide sodium w/ sulfur cream 10-5% (Avar-E Green).....	190
STROMEKTOL (ivermectin).....	78	sulfacetamide sodium w/ sulfur cream 10-5% (Sss 10-5).....	190
SUBOXONE (buprenorphine hcl-naloxone hcl dihydrate).....	21	sulfacetamide sodium w/ sulfur cream 10-5% (SULFACETAMIDE SODIUM-SULFUR).....	190
SUBSYS (fentanyl).....	18	sulfacetamide sodium w/ sulfur cream 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR).....	190
SUCRAID (sacrosidase).....	222	sulfacetamide sodium w/ sulfur emulsion 10-1% (Bp 10-1).....	190
sucralfate susp 1 gm/10ml.....	216	sulfacetamide sodium w/ sulfur emulsion 10-1% (SULFAMEZ WASH).....	190
sucralfate tab 1 gm.....	216	sulfacetamide sodium w/ sulfur lotion 10-5% (SULFACETAMIDE SODIUM-SULFUR).....	190
SUFLAVE (peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate).....	215	sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR).....	190
SULAR (nisoldipine).....	135	sulfacetamide sodium w/ sulfur susp 10-5% (SULFACETAMIDE SODIUM-SULFUR).....	190
SULCONAZOLE NITRATE.....	58	sulfacetamide sodium w/ sulfur susp 8-4% (SULFACETAMIDE SODIUM-SULFUR).....	190
SULFACETAMIDE SODIUM (sulfacetamide sodium (ophth)).....	333	sulfacetamide sodium w/ sulfur susp 8-4% (Sulfacleanse 8/4).....	190
sulfacetamide sodium cleansing gel 10%....	189	sulfacetamide sodium w/ sulfur wash 9-4% (SULFACETAMIDE SOD-SULFUR WASH)....	190
sulfacetamide sodium cleansing gel 10% (SULFACETAMIDE SODIUM (CLEANS)).....	189	sulfacetamide sodium w/ sulfur wash 9-4% (SULFACETAMIDE SODIUM-SULFUR).....	190
sulfacetamide sodium liquid 10%.....	189	SULFACETAMIDE SODIUM-SULFUR (sulfacetamide sodium w/ sulfur).....	191
sulfacetamide sodium liquid 10% (SODIUM SULFACETAMIDE WASH).....	189	SULFACETAMIDE-PREDNISOLONE (sulfacetamide sod-prednisolone).....	331
sulfacetamide sodium lotion 10% (acne) (SULFACETAMIDE SODIUM (ACNE)).....	177	sulfadiazine tab 500 mg.....	30
sulfacetamide sodium ophth soln 10%.....	333	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	30
sulfacetamide sodium shampoo 10% (SODIUM SULFACETAMIDE).....	189	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml (Sulfatrim Pediatric).....	30
sulfacetamide sodium w/ sulfur cleanser 10-2% (SULFACETAMIDE SODIUM-SULFUR).....	189	sulfamethoxazole-trimethoprim tab 400-80 mg.....	30
sulfacetamide sodium w/ sulfur cleanser 10-5% (Avar Cleanser).....	189	sulfamethoxazole-trimethoprim tab 800-160 mg.....	30
sulfacetamide sodium w/ sulfur cleanser 10-5% (SULFACETAMIDE SODIUM-SULFUR).....	190	SULFAMYLON (mafenide acetate).....	193
sulfacetamide sodium w/ sulfur cleanser 9-4% (SULFACETAMIDE SODIUM-SULFUR).....	190	sulfasalazine tab 500 mg.....	275
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR).....	190		
sulfacetamide sodium w/ sulfur cleansing pad 10-4% (SULFACETAMIDE SODIUM-SULFUR).....	190		
sulfacetamide sodium w/ sulfur cream 10-2% (SULFACETAMIDE SODIUM-SULFUR).....	190		
sulfacetamide sodium w/ sulfur cream 10-5% (Avar-E Emollient).....	190		

sulfasalazine tab delayed release 500 mg . . .	275	SURE COMFORT LANCETS 21G	319
sulindac tab 150 mg	5	SURE COMFORT LANCETS 23G	319
sulindac tab 200 mg	5	SURE COMFORT LANCETS 28G	319
sumatriptan nasal spray 20 mg/act	62	SURE COMFORT LANCETS 30G	319
sumatriptan nasal spray 5 mg/act	62	SURE COMFORT PEN NEEDLES	320
SUMATRIPTAN SUCCINATE	62	SURE EDGE TEST (glucose blood)	320
sumatriptan succinate inj 6 mg/0.5ml	62	SURE-FINE PEN NEEDLES	320
SUMATRIPTAN SUCCINATE REFILL	62	SURE-JECT INSULIN SYRINGE	320
sumatriptan succinate solution auto-injector 4 mg/0.5ml	62	SURE-LANCE FLAT LANCETS	320
sumatriptan succinate solution auto-injector 6 mg/0.5ml	62	SURE-LANCE LANCETS 26G	320
sumatriptan succinate solution cartridge 4 mg/0.5ml (SUMATRIPTAN SUCCINATE REFILL)	62	SURE-LANCE THIN LANCETS 28G	320
sumatriptan succinate solution cartridge 6 mg/0.5ml (SUMATRIPTAN SUCCINATE REFILL)	62	SURE-LANCE ULTRA THIN LANCETS	320
sumatriptan succinate tab 100 mg	62	SURE-TEST EASYPLUS MINI TEST (glucose blood)	320
sumatriptan succinate tab 25 mg	62	SURE-TOUCH LANCETS UNIVERSAL	320
sumatriptan succinate tab 50 mg	62	SURECHEK BLOOD GLUCOSE TEST (glucose blood)	320
sumatriptan-naproxen sodium tab 85-500 mg	62	SURELITE LANCETS	320
SUMAXIN (sulfacetamide sodium w/ sulfur) . .	191	SUSTIVA (efavirenz)	95
SUMAXIN WASH (sulfacetamide sodium w/ sulfur)	191	SUTAB (sodium sulfate-magnesium sulfate- potassium chloride)	211
sunitinib malate cap 12.5 mg (base equivalent)	74	SUTENT (sunitinib malate)	75
sunitinib malate cap 25 mg (base equivalent) .	74	SYMAX DUOTAB (hyoscyamine sulfate)	214
sunitinib malate cap 37.5 mg (base equivalent)	75	SYMBICORT (budesonide-formoterol fumarate dihydrate)	354
sunitinib malate cap 50 mg (base equivalent) .	75	SYMBYAX (olanzapine-fluoxetine hcl)	47
SUNLENCA (lenacapavir sodium)	98	SYMDEKO (tezacaftor-ivacaftor)	346
SUNOSI (solriamfetol hcl)	359	SYMFI (efavirenz-lamivudine-tenofovir disoproxil fumarate)	95
SUPER THIN LANCETS	319	SYMFI LO (efavirenz-lamivudine-tenofovir disoproxil fumarate)	95
SUPRAX (cefixime)	26	SYMJEPI (epinephrine (anaphylaxis))	345
SUPREME TEST (glucose blood)	319	SYMLINPEN 120 (pramlintide acetate)	110
SUPREP BOWEL PREP KIT (sodium sulfate- potassium sulfate-magnesium sulfate)	211	SYMLINPEN 60 (pramlintide acetate)	110
SURE COMFORT INSULIN SYRINGE	319	SYMPAZAN (clobazam)	40
SURE COMFORT LANCETS 18G	319	SYMPROIC (naldemedine tosylate)	211
		SYMTUZA (darunavir-cobicistat-emtricitabine- tenofovir alafenamide)	100
		SYNALAR (fluocinolone acetonide)	185
		SYNAREL (nafarelin acetate)	261
		SYNDROS (dronabinol)	56

SYNERA (lidocaine-tetracaine) 20
 SYNJARDY (empagliflozin-metformin hcl) 110
 SYNJARDY XR (empagliflozin-metformin hcl) 110
 SYNRIPO (omacetaxine mepesuccinate) 75
 SYNTHROID (levothyroxine sodium) 259
 SYPRINE (trientine hcl) 206

T

TABLOID (thioguanine) 67
 TABRECTA (capmatinib hcl) 75
 TACLONEX (calcipotriene-betamethasone dipropionate) 191
 tacrolimus cap 0.5 mg 274
 tacrolimus cap 1 mg 274
 tacrolimus cap 5 mg 274
 tacrolimus oint 0.03% 185
 tacrolimus oint 0.1% 185
 tadalafil tab 10 mg 225
 tadalafil tab 2.5 mg 225
 tadalafil tab 20 mg 225
 tadalafil tab 20 mg (pah) (Alyq) 348
 tadalafil tab 20 mg (pah) (TADALAFIL (PAH)) 348
 tadalafil tab 5 mg 225
 TADLIQ (tadalafil (pulmonary hypertension)) 348
 TAFINLAR (dabrafenib mesylate) 75
 tafluprost preservative free (pf) ophth soln 0.0015% (TAFLUPROST (PF)) 338
 TAGRISSO (osimertinib mesylate) 75
 TAKHZYRO (lanadelumab-flyo) 261,262
 TALICIA (amoxicillin-rifabutin-omeprazole) . . 215
 TALTZ (ixekizumab) 265
 TALZENNA (talazoparib tosylate) 75
 TAMIFLU (oseltamivir phosphate) 100
 tamoxifen citrate tab 10 mg (base equivalent) 67
 tamoxifen citrate tab 20 mg (base equivalent) 67
 tamsulosin hcl cap 0.4 mg 225
 TANLOR (methocarbamol) 356
 TAPAZOLE (methimazole) 261
 TAPERDEX 12-DAY (dexamethasone) 231

TAPERDEX 7-DAY (dexamethasone) 231
 TARCEVA (erlotinib hcl) 75
 TARGRETIN (bexarotene (topical)) 78
 TARGRETIN (bexarotene) 78
 TARKA (trandolapril-verapamil hcl) 146
 TARON-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3) 202
 TARON-PREX (prenatal w/o vit a w/ fe fumarate-dss-fa-dha) 202
 TARPEYO (budesonide) 231
 TASCENSO ODT (fingolimod lauryl sulfate) . . 173
 TASIGNA (nilotinib hcl) 75
 tasimelteon capsule 20 mg 357
 TASMAR (tolcapone) 81
 tavorole soln 5% 58
 TAVALISSE (fostamatinib disodium) 123
 TAVNEOS (avacopan) 265
 TAYTULLA (norethin acet & estrad-fe) 253
 TAZAROTENE (tazarotene (acne)) 177
 tazarotene cream 0.05% 177
 tazarotene cream 0.1% 177
 tazarotene gel 0.05% 177
 tazarotene gel 0.1% 177
 TAZORAC (tazarotene) 178
 TAZVERIK (tazemetostat hbr) 75
 TECFIDERA (dimethyl fumarate) 173
 TECHLITE AST LANCETS 320
 TECHLITE INSULIN SYRINGE 320
 TECHLITE LANCETS 320
 TECHLITE LANCETS 26G 320
 TECHLITE LANCETS 30G 320
 TECHLITE PEN NEEDLES 321
 TECHLITE PLUS PEN NEEDLES 321
 TEGLUTIK (riluzole) 157
 TEGRETOL (carbamazepine) 43
 TEGRETOL-XR (carbamazepine) 43
 TEGSEDI (inotersen sodium) 222
 TEKTRUNA (aliskiren fumarate) 146
 TEKTRUNA HCT (aliskiren-hydrochlorothiazide) 146
 telmisartan tab 20 mg 126

telmisartan tab 40 mg	126	terconazole vaginal cream 0.8%	58
telmisartan tab 80 mg	126	terconazole vaginal suppos 80 mg	58
TELMISARTAN-AMLODIPINE	146	teriflunomide tab 14 mg	173
telmisartan-amlodipine tab 40-10 mg	146	teriflunomide tab 7 mg	174
telmisartan-amlodipine tab 40-5 mg	146	TERIPARATIDE (RECOMBINANT)	278
telmisartan-amlodipine tab 80-10 mg	146	teriparatide (recombinant) soln pen-inj 600	
telmisartan-amlodipine tab 80-5 mg	146	mcg/2.4ml	278
telmisartan-hydrochlorothiazide tab 40-12.5 mg		teriparatide soln pen-inj 600 mcg/2.4ml	278
(TELMISARTAN-HCTZ)	146	TESSALON PERLES (benzonatate)	354
telmisartan-hydrochlorothiazide tab 80-12.5 mg		TESTIM (testosterone)	236
(TELMISARTAN-HCTZ)	146	TESTOSTERONE	236
telmisartan-hydrochlorothiazide tab 80-25 mg		testosterone cypionate im inj in oil 100	
(TELMISARTAN-HCTZ)	147	mg/ml	236
temazepam cap 15 mg	357	testosterone cypionate im inj in oil 100 mg/ml	
temazepam cap 22.5 mg	357	(Depo-Testosterone)	236
temazepam cap 30 mg	357	testosterone cypionate im inj in oil 200	
temazepam cap 7.5 mg	357	mg/ml	236
TEMIXYS (lamivudine-tenofovir disoproxil		testosterone cypionate im inj in oil 200 mg/ml	
fumarate)	97	(Depo-Testosterone)	236
TEMODAR (temozolomide)	65	TESTOSTERONE ENANTHATE	236
TEMOVATE (clobetasol propionate)	185	testosterone td gel 10mg/act (2%)	236
temozolomide cap 100 mg	65	testosterone td gel 12.5 mg/act (1%)	236
temozolomide cap 140 mg	65	testosterone td gel 20.25 mg/1.25gm (1.62%)	236
temozolomide cap 180 mg	65	testosterone td gel 20.25 mg/act (1.62%)	236
temozolomide cap 20 mg	65	testosterone td gel 25 mg/2.5gm (1%)	236
temozolomide cap 250 mg	65	testosterone td gel 40.5 mg/2.5gm (1.62%)	236
temozolomide cap 5 mg	65	testosterone td gel 50 mg/5gm (1%)	236
TENCON (butalbital-acetaminophen)	170	testosterone td soln 30 mg/act	236
tenofovir disoproxil fumarate tab 300 mg	97	tetrabenazine tab 12.5 mg	170
TENORETIC 100 (atenolol & chlorthalidone)	147	tetrabenazine tab 25 mg	170
TENORETIC 50 (atenolol & chlorthalidone)	147	tetracycline hcl cap 250 mg	33
TENORMIN (atenolol)	133	tetracycline hcl cap 500 mg	33
TEPMETKO (tepotinib hcl)	75	TEXACORT (hydrocortisone (topical))	185
terazosin hcl cap 1 mg (base equivalent)	125	TEZSPIRE (tezepelumab-ekko)	354
terazosin hcl cap 10 mg (base equivalent)	125	TGT BLOOD GLUCOSE TEST (glucose blood)	321
terazosin hcl cap 2 mg (base equivalent)	125	TGT LANCET MICRO THIN 33G	321
terazosin hcl cap 5 mg (base equivalent)	125	TGT LANCET THIN 26G	321
terbinafine hcl tab 250 mg	58	TGT LANCET ULTRA THIN 30G	321
terbutaline sulfate tab 2.5 mg	345	THALITONE (chlorthalidone)	149
terbutaline sulfate tab 5 mg	345	THALOMID (thalidomide)	66
terconazole vaginal cream 0.4%	58	THEO-24 (theophylline)	347

theophylline elixir 80 mg/15ml.....	347	timolol maleate ophth soln 0.5%.....	336
theophylline elixir 80 mg/15ml (Elixophyllin) .	347	timolol maleate ophth soln 0.5% (once-	
THEOPHYLLINE ER.....	347	daily).....	336
theophylline soln 80 mg/15ml.....	347	timolol maleate ophth soln 0.5% (once-daily)	
theophylline tab er 12hr 300 mg		(TIMOLOL MALEATE (ONCE-DAILY)).....	336
(THEOPHYLLINE ER).....	347	timolol maleate preservative free ophth soln	
theophylline tab er 12hr 450 mg		0.25% (TIMOLOL MALEATE PF).....	336
(THEOPHYLLINE ER).....	347	timolol maleate preservative free ophth soln	
theophylline tab er 24hr 400 mg		0.5% (TIMOLOL MALEATE OCUDOSE).....	336
(THEOPHYLLINE ER).....	347	timolol maleate preservative free ophth soln	
theophylline tab er 24hr 600 mg		0.5% (TIMOLOL MALEATE PF).....	336
(THEOPHYLLINE ER).....	347	timolol maleate tab 10 mg.....	133
THINLETS GP LANCETS.....	321	timolol maleate tab 20 mg.....	133
THIOLA (tiopronin).....	227	timolol maleate tab 5 mg.....	133
THIOLA EC (tiopronin).....	227	TIMOPTIC (timolol maleate (ophth)).....	336
thioridazine hcl tab 10 mg.....	86	TIMOPTIC OCUDOSE (timolol maleate	
thioridazine hcl tab 100 mg.....	86	(ophth)).....	336
thioridazine hcl tab 25 mg.....	86	TIMOPTIC-XE (timolol maleate (ophth)).....	337
thioridazine hcl tab 50 mg.....	86	tinidazole tab 250 mg.....	24
thiothixene cap 1 mg.....	86	tinidazole tab 500 mg.....	24
thiothixene cap 10 mg.....	86	tiopronin tab 100 mg.....	227
thiothixene cap 2 mg.....	86	tiopronin tab delayed release 100 mg.....	227
thiothixene cap 5 mg.....	86	tiopronin tab delayed release 300 mg.....	228
THRIVITE RX (prenatal vit w/ iron carbonyl-folic		tiotropium bromide monohydrate inhal cap 18	
acid).....	202	mcg (base equiv).....	343
THYQUIDITY (levothyroxine sodium).....	259	TIROSINT (levothyroxine sodium).....	259
THYROID.....	259	TIROSINT-SOL (levothyroxine sodium).....	259
tiagabine hcl tab 12 mg.....	40	TIVICAY (dolutegravir sodium).....	94
tiagabine hcl tab 16 mg.....	40	TIVICAY PD (dolutegravir sodium).....	94
tiagabine hcl tab 2 mg.....	40	TIVORBEX (indomethacin).....	5
tiagabine hcl tab 4 mg.....	40	tizanidine hcl cap 2 mg (base equivalent).....	91
TIAZAC (diltiazem hcl extended release		tizanidine hcl cap 4 mg (base equivalent).....	91
beads).....	137	tizanidine hcl cap 6 mg (base equivalent).....	91
TIBSOVO (ivosidenib).....	75	tizanidine hcl tab 2 mg (base equivalent).....	92
TIGAN (trimethobenzamide hcl).....	55	tizanidine hcl tab 4 mg (base equivalent).....	92
TIGLUTIK (riluzole).....	157	TLANDO (testosterone undecanoate).....	236
TIKOSYN (dofetilide).....	130	TOBI (tobramycin).....	346
timolol maleate ophth gel forming soln		TOBI PODHALER (tobramycin).....	346
0.25%.....	336	TOBRADEX (tobramycin-dexamethasone)...	331
timolol maleate ophth gel forming soln 0.5%	336	TOBRADEX ST (tobramycin-	
timolol maleate ophth soln 0.25%.....	336	dexamethasone).....	332

TOBRAMYCIN	346	topiramate cap er 24hr 50 mg (TOPIRAMATE ER)	38
tobramycin nebu soln 300 mg/4ml	346	topiramate cap er 24hr sprinkle 100 mg (TOPIRAMATE ER)	38
tobramycin nebu soln 300 mg/5ml	346	topiramate cap er 24hr sprinkle 150 mg (TOPIRAMATE ER)	38
tobramycin ophth soln 0.3%	333	topiramate cap er 24hr sprinkle 200 mg (TOPIRAMATE ER)	38
tobramycin-dexamethasone ophth susp 0.3-0.1%	332	topiramate cap er 24hr sprinkle 25 mg (TOPIRAMATE ER)	38
TOBREX (tobramycin (ophth))	333,334	topiramate cap er 24hr sprinkle 50 mg (TOPIRAMATE ER)	38
TODAYS HEALTH MINI PEN NEEDLES	321	topiramate sprinkle cap 15 mg	38
TODAYS HEALTH PEN NEEDLES	321	topiramate sprinkle cap 25 mg	38
TODAYS HEALTH SHORT PEN NEEDLE	321	topiramate tab 100 mg	38
TODAYS HEALTH THIN LANCETS 28G	321	topiramate tab 200 mg	38
TODAYS HEALTH THIN LANCETS 30G	321	topiramate tab 25 mg	38
TOLAK (fluorouracil (topical))	191	topiramate tab 50 mg	38
TOLBUTAMIDE	110	TOPROL XL (metoprolol succinate)	133
tolcapone tab 100 mg	81	toremifene citrate tab 60 mg (base equivalent)	67
TOLECTIN 600 (tolmetin sodium)	5	torsemide tab 10 mg	148
TOLMETIN SODIUM	5	torsemide tab 100 mg	148
TOLSURA (itraconazole)	58	torsemide tab 20 mg	148
tolterodine tartrate cap er 24hr 2 mg (TOLTERODINE TARTRATE ER)	224	torsemide tab 5 mg	148
tolterodine tartrate cap er 24hr 4 mg (TOLTERODINE TARTRATE ER)	224	TOSYMRA (sumatriptan)	62
tolterodine tartrate tab 1 mg	224	TOUJEO MAX SOLOSTAR (insulin glargine)	116
tolterodine tartrate tab 2 mg	224	TOUJEO SOLOSTAR (insulin glargine)	116
TOLVAPTAN	206	TOVIAZ (fesoterodine fumarate)	224
tolvaptan tab 15 mg	206	TRACLEER (bosentan)	348
tolvaptan tab 30 mg	206	TRADJENTA (linagliptin)	110
TOPAMAX (topiramate)	37	TRAMADOL HCL	19
TOPAMAX SPRINKLE (topiramate)	37	TRAMADOL HCL (ER BIPHASIC)	10
TOPCARE CLICKFINE PEN NEEDLES	321	TRAMADOL HCL ER	10
TOPCARE LANCETS MICRO-THIN 33G	321	tramadol hcl tab 100 mg	19
TOPCARE ULTRA COMFORT INS SYR	321	tramadol hcl tab 50 mg	19
TOPICORT (desoximetasone)	185	tramadol hcl tab er 24hr 100 mg (TRAMADOL HCL ER)	10
TOPICORT SPRAY (desoximetasone)	185	tramadol hcl tab er 24hr 200 mg (TRAMADOL HCL ER)	10
topiramate cap er 24hr 100 mg (TOPIRAMATE ER)	38		
topiramate cap er 24hr 200 mg (TOPIRAMATE ER)	38		
topiramate cap er 24hr 25 mg (TOPIRAMATE ER)	38		

tramadol hcl tab er 24hr 300 mg (TRAMADOL HCL ER).....	10	tretinoin gel 0.05%.....	178
tramadol hcl tab er 24hr biphasic release 100 mg (TRAMADOL HCL (ER BIPHASIC)).....	10	tretinoin microsphere gel 0.04%.....	178
tramadol hcl tab er 24hr biphasic release 200 mg (TRAMADOL HCL (ER BIPHASIC)).....	10	tretinoin microsphere gel 0.04% (TRETINOIN MICROSPHERE PUMP).....	178
tramadol hcl tab er 24hr biphasic release 300 mg (TRAMADOL HCL (ER BIPHASIC)).....	10	tretinoin microsphere gel 0.08%.....	178
tramadol-acetaminophen tab 37.5-325 mg.....	19	tretinoin microsphere gel 0.08% (TRETINOIN MICROSPHERE PUMP).....	178
trandolapril tab 1 mg.....	128	tretinoin microsphere gel 0.1%.....	178
trandolapril tab 2 mg.....	128	tretinoin microsphere gel 0.1% (TRETINOIN MICROSPHERE PUMP).....	178
trandolapril tab 4 mg.....	128	TREXALL (methotrexate sodium).....	274
TRANDOLAPRIL-VERAPAMIL HCL ER.....	147	TREXIMET (sumatriptan-naproxen sodium).....	62
tranexamic acid tab 650 mg.....	122	TREZIX (acetaminophen-caff-dihydrocod).....	19
TRANSDERM SCOP (1.5 MG) (scopolamine).....	55	TRI-VI-FLOR (pediatric vitamins acid & l-methylfolate w/ fluoride).....	209
TRANSDERM-SCOP (scopolamine).....	55	TRI-VI-FLORO (pediatric vitamins acid & l-methylfolate w/ fluoride).....	209
TRANXENE-T (clorazepate dipotassium).....	104	TRI-VITE/FLUORIDE (pediatric vitamins acid w/ fluoride).....	209
tranlycypromine sulfate tab 10 mg.....	48	triamcinolone acetonide aerosol soln 0.147 mg/gm.....	185
TRAVATAN Z (travoprost).....	338	triamcinolone acetonide cream 0.025%.....	185
TRAVEL LANCETS.....	321	triamcinolone acetonide cream 0.1%.....	185
TRAVEL LANCETS ADVANCED 28G.....	321	triamcinolone acetonide cream 0.1% (Triderm).....	185
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (TRAVOPROST (BAK FREE)).....	338	triamcinolone acetonide cream 0.5%.....	185
trazodone hcl tab 100 mg.....	51	triamcinolone acetonide cream 0.5% (Triderm).....	185
trazodone hcl tab 150 mg.....	51	triamcinolone acetonide dental paste 0.1%.....	174
trazodone hcl tab 300 mg.....	51	triamcinolone acetonide dental paste 0.1% (Kourzeq).....	174
trazodone hcl tab 50 mg.....	51	triamcinolone acetonide dental paste 0.1% (Oralone).....	174
TRECATOR (ethionamide).....	64	triamcinolone acetonide lotion 0.025%.....	185
TRELEGY ELLIPTA (fluticasone-umeclidinium-vilanterol).....	354	triamcinolone acetonide lotion 0.1%.....	185
TREMFYA (guselkumab).....	265	triamcinolone acetonide oint 0.025%.....	185
TRESIBA (insulin degludec).....	117	triamcinolone acetonide oint 0.05%.....	185
TRESIBA FLEXTOUCH (insulin degludec).....	117	triamcinolone acetonide oint 0.05% (TRIAMCINOLONE IN ABSORBASE).....	185
tretinoin cap 10 mg.....	78	triamcinolone acetonide oint 0.05% (Trianex).....	185
tretinoin cream 0.025%.....	178	triamcinolone acetonide oint 0.05% (Tritocin).....	185
tretinoin cream 0.025% (Avita).....	178		
tretinoin cream 0.05%.....	178		
tretinoin cream 0.1%.....	178		
tretinoin gel 0.01%.....	178		
tretinoin gel 0.025%.....	178		
tretinoin gel 0.025% (Avita).....	178		

triamcinolone acetonide oint 0.1%	185	trimethoprim tab 100 mg	24
triamcinolone acetonide oint 0.5%	185	trimipramine maleate cap 100 mg	53
triamterene & hydrochlorothiazide cap 37.5-25 mg (TRIAMTERENE-HCTZ)	147	trimipramine maleate cap 25 mg	53
triamterene & hydrochlorothiazide tab 37.5-25 mg (TRIAMTERENE-HCTZ)	147	trimipramine maleate cap 50 mg	53
triamterene & hydrochlorothiazide tab 75-50 mg (TRIAMTERENE-HCTZ)	147	TRINATAL RX 1 (prenatal vit w/ ferrous fumarate-folic acid)	203
triamterene cap 100 mg	149	TRINATE (prenatal vit w/ ferrous fumarate-folic acid)	203
triamterene cap 50 mg	149	TRINAZ (prenatal vit w/ ferrous gluconate-folic acid)	203
triazolam tab 0.125 mg	357	TRINTELLIX (vortioxetine hbr)	51
triazolam tab 0.25 mg	357	TRISTART DHA (prenatal without a w/ fe carbonyl-I methylfolate-fa-dha)	203
TRIBENZOR (olmesartan medoxomil- amlodipine-hydrochlorothiazide)	147	TRISTART FREE (prenatal without a w/ fe carbonyl-I methylfolate-fa-dha)	203
TRICARE (prenatal vit w/ ferrous fumarate-folic acid)	202	TRISTART ONE (prenatal without a w/ fe carbonyl-I methylfolate-fa-dha)	203
TRICARE PRENATAL DHA ONE (prenatal w/fe fumarate-fa-dss-fish oil)	202	TRIUMEQ (abacavir-dolutegravir- lamivudine)	97
TRICOR (fenofibrate)	150	TRIUMEQ PD (abacavir-dolutegravir- lamivudine)	97
TRIDESILON (desonide)	185	TRIZIVIR (abacavir sulfate-lamivudine- zidovudine)	97
TRIENTINE HCL	206	TROKENDI XR (topiramate)	38
trientine hcl cap 250 mg	206	tropicamide ophth soln 0.5%	332
trientine hcl cap 250 mg (Clovique)	206	tropicamide ophth soln 1%	332
trifluoperazine hcl tab 1 mg (base equivalent) .	86	trospium chloride cap er 24hr 60 mg (TROSPIUM CHLORIDE ER)	224
trifluoperazine hcl tab 10 mg (base equivalent)	86	trospium chloride tab 20 mg	224
trifluoperazine hcl tab 2 mg (base equivalent)	86	TRUDHESA (dihydroergotamine mesylate hfa)	60
trifluoperazine hcl tab 5 mg (base equivalent)	86	TRUE COMFORT INSULIN SYRINGE	321
TRIFLURIDINE	334	TRUE COMFORT PEN NEEDLES	322
TRIHEXYPHENIDYL HCL	80	TRUE COMFORT PRO INSULIN SYR	322
trihexyphenidyl hcl oral soln 0.4 mg/ml	80	TRUE COMFORT PRO PEN NEEDLES	322
trihexyphenidyl hcl tab 2 mg	80	TRUE COMFORT SAFETY LANCETS	322
trihexyphenidyl hcl tab 5 mg	80	TRUE COMFORT TWIST TOP LANCETS	322
TRIJARDY XR (empagliflozin-linagliptin- metformin)	110,111	TRUE FOCUS BLOOD GLUCOSE STRIP (glucose blood)	322
TRIKAFTA (elexacaftor-tezacaftor- ivacaftor)	346	TRUE METRIX BLOOD GLUCOSE TEST (glucose blood)	322
TRILEPTAL (oxcarbazepine)	43		
TRILIPIX (choline fenofibrate)	150		
trimethobenzamide hcl cap 300 mg	55		
TRIMETHOPRIM	24		

TRUE METRIX PRO BLOOD GLUCOSE (glucose blood).....	322	TYENNE (tocilizumab-aazg).....	265
TRUEPLUS 5-BEVEL PEN NEEDLES.....	322	TYKERB (lapatinib ditosylate).....	76
TRUEPLUS INSULIN SYRINGE.....	322	TYMLOS (abaloparatide).....	278
TRUEPLUS LANCETS 26G.....	322	TYRVAYA (varenicline tartrate (cholinergic agonist)).....	332
TRUEPLUS LANCETS 28G.....	322	TYVASO DPI INSTITUTIONAL KIT (treprostinil).....	348
TRUEPLUS LANCETS 30G.....	322	TYVASO DPI MAINTENANCE KIT (treprostinil).....	348,349
TRUEPLUS LANCETS 33G.....	322	TYVASO DPI TITRATION KIT (treprostinil).....	349
TRUEPLUS PEN NEEDLES.....	322	U	
TRUEPLUS SAFETY LANCETS 28G.....	322	UBRELVY (ubrogepant).....	60
TRUETEST TEST (glucose blood).....	323	UCERIS (budesonide (intrarectal)).....	276
TRUETRACK TEST (glucose blood).....	323	UCERIS (budesonide).....	276
TRULANCE (plecanatide).....	211	UDENYCA (pegfilgrastim-cbqv).....	122
TRULICITY (dulaglutide).....	111	UKONIQ (umbralisib tosylate).....	76
TRUQAP (capivasertib).....	68	ULORIC (febuxostat).....	59
TRUSELTIQ (100MG DAILY DOSE) (infigratinib phosphate).....	75	ULTICARE INSULIN SAFETY SYR.....	323
TRUSELTIQ (125MG DAILY DOSE) (infigratinib phosphate).....	75	ULTICARE INSULIN SYR 1/2 UNIT.....	323
TRUSELTIQ (50MG DAILY DOSE) (infigratinib phosphate).....	75	ULTICARE INSULIN SYRINGE.....	323
TRUSELTIQ (75MG DAILY DOSE) (infigratinib phosphate).....	76	ULTICARE MICRO PEN NEEDLES.....	323
TRUSOPT (dorzolamide hcl).....	337	ULTICARE MINI PEN NEEDLES.....	323
TRUVADA (emtricitabine-tenofovir disoproxil fumarate).....	97	ULTICARE PEN NEEDLES.....	323
TRYVIO (aprocitentan).....	147	ULTICARE SHORT PEN NEEDLES.....	323
TUDORZA PRESSAIR (aclidinium bromide).....	343	ULTICARE SYRINGE.....	323
TUKYSA (tucatinib).....	76	ULTIGUARD SAFEPACK PEN NEEDLE.....	323
TURALIO (pexidartinib hcl).....	76	ULTIGUARD SAFEPACK SYR/NEEDLE.....	323
TUSSICAPS (hydrocodone polistirex-chlorpheniramine polistirex).....	354	ULTILET CLASSIC LANCETS.....	323
TUXARIN ER (chlorpheniramine w/ codeine).....	354	ULTILET INSULIN SYRINGE.....	324
TUZISTRA XR (codeine polistirex-chlorpheniramine polistirex).....	354	ULTILET INSULIN SYRINGE SHORT.....	324
TWIRLA (levonorgestrel-ethinyl estradiol).....	253	ULTILET LANCETS.....	324
TWIST TOP LANCETS 30G.....	323	ULTILET PEN NEEDLE.....	324
TWYNEO (tretinoin-benzoyl peroxide).....	191	ULTILET SAFETY LANCETS.....	324
TWYNSTA (telmisartan-amlodipine).....	147	ULTILET SAFETY LANCETS 23G.....	324
TYBLUME (levonorgestrel & eth estradiol).....	253	ULTRA COMFORT INSULIN SYRINGE.....	324
TYBOST (cobicistat).....	98	ULTRA FLO INSULIN PEN NEEDLES.....	324
		ULTRA FLO INSULIN SYR 1/2 UNIT.....	324
		ULTRA FLO INSULIN SYRINGE.....	324
		ULTRA THIN LANCETS 31G.....	324
		ULTRA THIN PEN NEEDLES.....	324

ULTRA-CARE LANCETS 30G	324	UNISTIK TOUCH SAFETY LANC 30G	326
ULTRA-THIN II AUTO LANCET	324	UNISTRIP1 GENERIC (glucose blood)	326
ULTRA-THIN II INS SYR SHORT	325	UNIVERSAL 1 LANCETS THIN 26G	326
ULTRA-THIN II INSULIN SYRINGE	325	UNIVERSAL 1 LANCETS THIN 33G	326
ULTRA-THIN II LANCETS	325	UNIVERSAL 1 LANCETS ULTRA THIN	326
ULTRA-THIN II MINI PEN NEEDLE	325	UPNEEQ (oxymetazoline hcl (blepharoptosis))	332
ULTRA-THIN II PEN NEEDLE SHORT	325	UPTRAVI (selexipag)	349
ULTRA-THIN II PEN NEEDLES	325	UROCIT-K 10 (potassium citrate (alkalinizer))	203
ULTRACARE INSULIN SYRINGE	325	UROCIT-K 15 (potassium citrate (alkalinizer))	203
ULTRACARE PEN NEEDLES	325	UROCIT-K 5 (potassium citrate (alkalinizer))	203
ULTRACET (tramadol-acetaminophen)	19	UROXATRAL (alfuzosin hcl)	225
ULTRAM (tramadol hcl)	19	URSO 250 (ursodiol)	215
ULTRATRAK PRO TEST (glucose blood)	325	URSO FORTE (ursodiol)	215
ULTRATRAK ULTIMATE TEST (glucose blood)	325	URSODIOL	215
ULTRAVATE (halobetasol propionate)	186	ursodiol cap 300 mg	216
UNDECATREX (testosterone undecanoate)	236	ursodiol tab 250 mg	216
UNIFINE PEN NEEDLES	325	ursodiol tab 500 mg	216
UNIFINE PENTIPS	325	UTIBRON NEOHALER (indacaterol maleate- glycopyrrolate)	354
UNIFINE PENTIPS PLUS	325		
UNIFINE PROTECT PEN NEEDLE	325	V	
UNIFINE SAFECONTROL PEN NEEDLE	325	V-GO 20	326
UNIFINE ULTRA PEN NEEDLE	326	V-GO 30	326
UNILET COMFORTOUCH LANCET	326	V-GO 40	326
UNILET EXCELITE	326	VAGIFEM (estradiol vaginal)	253
UNILET EXCELITE II	326	valacyclovir hcl tab 1 gm	101
UNILET G.P. LANCET	326	valacyclovir hcl tab 500 mg	101
UNILET G.P. SUPERLITE LANCET	326	VALCHLOR (mechlorethamine hcl (topical))	191
UNILET GP 28 ULTRA THIN	326	VALCYTE (valganciclovir hcl)	92
UNILET LANCET	326	valganciclovir hcl for soln 50 mg/ml (base equiv)	92
UNILET MICRO-THIN 33G	326	valganciclovir hcl tab 450 mg (base equivalent)	92
UNILET SUPER-THIN 30G	326	VALIUM (diazepam)	104
UNILET SUPERLITE LANCET	326	valproate sodium oral soln 250 mg/5ml (base equiv) (VALPROIC ACID)	38
UNILET ULTRA-THIN 28G	326	valproic acid cap 250 mg	38
UNISTIK 3 GENTLE	326	VALSARTAN	126
UNISTIK PRO SAFETY LANCET	326	valsartan tab 160 mg	126
UNISTIK SAFETY LANCETS 28G	326	valsartan tab 320 mg	126
UNISTIK SAFETY LANCETS 30G	326		
UNISTIK TOUCH SAFETY LANC 21G	326		
UNISTIK TOUCH SAFETY LANC 23G	326		
UNISTIK TOUCH SAFETY LANC 28G	326		

valsartan tab 40 mg	126	vardenafil hcl tab 10 mg	228
valsartan tab 80 mg	126	vardenafil hcl tab 2.5 mg	228
valsartan-hydrochlorothiazide tab 160-12.5 mg	147	vardenafil hcl tab 20 mg	228
valsartan-hydrochlorothiazide tab 160-25 mg	147	vardenafil hcl tab 5 mg	228
valsartan-hydrochlorothiazide tab 320-12.5 mg	147	varenicline tartrate tab 0.5 mg (base equiv)	22
valsartan-hydrochlorothiazide tab 320-25 mg	147	varenicline tartrate tab 1 mg (base equiv)	22
VALTOCO 10 MG DOSE (diazepam (anticonvulsant))	40	varenicline tartrate tab 1 mg (base equiv) (VARENICLINE TARTRATE(CONTINUE))	22
VALTOCO 15 MG DOSE (diazepam (anticonvulsant))	40	varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack (VARENICLINE TARTRATE (STARTER))	22
VALTOCO 20 MG DOSE (diazepam (anticonvulsant))	40	VARUBI (180 MG DOSE) (rolapitant hcl)	56
VALTOCO 5 MG DOSE (diazepam (anticonvulsant))	40	VASCEPA (icosapent ethyl)	154
VALTREX (valacyclovir hcl)	101	VASERETIC (enalapril maleate & hydrochlorothiazide)	147
VALUE HEALTH INSULIN SYRINGE	326	VASOTEC (enalapril maleate)	128
VALUE PLUS LANCET STANDARD 21G	326	VECAMYL (mecamylamine hcl)	147
VALUE PLUS LANCETS SUPER THIN	327	VECTICAL (calcitriol (topical))	191
VALUE PLUS LANCETS THIN 26G	327	VELIVET (desogestrel-ethinyl estradiol (triphasic))	253
VALUMARK LANCET SUPER THIN 30G	327	VELPHORO (sucroferric oxyhydroxide)	207
VALUMARK LANCET ULTRA THIN 28G	327	VELSIPITY (etrasimod arginine)	265
VALUMARK PEN NEEDLES	327	VELTASSA (patiromer sorbitex calcium)	208
VANOCOCIN (vancomycin hcl)	25	VELTIN (clindamycin phosphate-tretinoin)	178
vancomycin hcl cap 125 mg (base equivalent)	25	VEMLIDY (tenofovir alafenamide fumarate)	92
vancomycin hcl cap 250 mg (base equivalent)	25	VENCLEXTA (venetoclax)	76
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	25	VENCLEXTA STARTING PACK (venetoclax)	76
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	25	VENLAFAXINE BESYLATE ER	51
VANDAZOLE (metronidazole vaginal)	25	venlafaxine hcl cap er 24hr 150 mg (base equivalent) (VENLAFAXINE HCL ER)	51
VANFLYTA (quizartinib dihydrochloride)	76	venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (VENLAFAXINE HCL ER)	51
VANISHPOINT INSULIN SYRINGE	327	venlafaxine hcl cap er 24hr 75 mg (base equivalent) (VENLAFAXINE HCL ER)	51
VANOS (fluocinonide)	186	venlafaxine hcl tab 100 mg (base equivalent)	51
vardenafil hcl orally disintegrating tab 10 mg	228	venlafaxine hcl tab 25 mg (base equivalent)	51
		venlafaxine hcl tab 37.5 mg (base equivalent)	51
		venlafaxine hcl tab 50 mg (base equivalent)	51
		venlafaxine hcl tab 75 mg (base equivalent)	51
		venlafaxine hcl tab er 24hr 150 mg (base equivalent) (VENLAFAXINE HCL ER)	51

venlafaxine hcl tab er 24hr 225 mg (base equivalent) (VENLAFAXINE HCL ER).....	51	VERQUOVO (vericiguat).....	147
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent) (VENLAFAXINE HCL ER).....	51	VERSACLOZ (clozapine).....	91
venlafaxine hcl tab er 24hr 75 mg (base equivalent) (VENLAFAXINE HCL ER).....	52	VERZENIO (abemaciclib).....	76
VENTOLIN HFA (albuterol sulfate).....	345	VESICARE (solifenacin succinate).....	224
VEOZAH (fezolinetant).....	170	VESICARE LS (solifenacin succinate).....	224
verapamil hcl cap er 24hr 120 mg (VERAPAMIL HCL ER).....	137	VEVYE (cyclosporine (ophth)).....	332
verapamil hcl cap er 24hr 180 mg (VERAPAMIL HCL ER).....	138	VFEND (voriconazole).....	59
verapamil hcl cap er 24hr 240 mg (VERAPAMIL HCL ER).....	138	VIAGRA (sildenafil citrate).....	228
VERAPAMIL HCL ER.....	138	VIBERZI (eluxadoline).....	212
verapamil hcl tab 120 mg.....	138	VIBRAMYCIN (doxycycline (monohydrate)).....	33
verapamil hcl tab 40 mg.....	138	VIBRAMYCIN (doxycycline calcium).....	33
verapamil hcl tab 80 mg.....	138	VIBRAMYCIN (doxycycline hyclate).....	33
verapamil hcl tab er 120 mg (VERAPAMIL HCL ER).....	138	VICTOZA (liraglutide).....	111
verapamil hcl tab er 180 mg (VERAPAMIL HCL ER).....	138	VIDA MIA UNIFINE PENTIPS.....	327
verapamil hcl tab er 240 mg (VERAPAMIL HCL ER).....	138	VIDA MIA UNILET LANCETS 28G.....	327
VERASENS BLOOD GLUCOSE TEST (glucose blood).....	327	VIDA MIA UNILET LANCETS 30G.....	327
VERDESO (desonide).....	186	VIEKIRA PAK (ombitasvir-paritaprevir-ritonavir-dasabuvir).....	93
VEREGEN (sinecatechins).....	191	vigabatrin powd pack 500 mg.....	40
VERELAN (verapamil hcl).....	138	vigabatrin powd pack 500 mg (Vigadrone).....	40
VERELAN PM (verapamil hcl).....	138	vigabatrin powd pack 500 mg (Vigpoder).....	41
VERIFINE INSULIN PEN NEEDLE.....	327	vigabatrin tab 500 mg.....	41
VERIFINE INSULIN SYRINGE.....	327	vigabatrin tab 500 mg (Vigadrone).....	41
VERIFINE PLUS PEN NEEDLE.....	327	VIGAFYDE (vigabatrin).....	41
VERIFINE SAFE LANCET MINI 21G.....	327	VIGAMOX (moxifloxacin hcl (ophth)).....	334
VERIFINE SAFE LANCET MINI 23G.....	327	VIIBRYD (vilazodone hcl).....	52
VERIFINE SAFE LANCET MINI 28G.....	327	VIIBRYD STARTER PACK (vilazodone hcl).....	52
VERIFINE SAFE LANCET MINI 30G.....	327	VIJOICE (alpelisib (pros agents)).....	76
VERIFINE UNIVERSAL LANCETS 28G.....	327	vilazodone hcl tab 10 mg.....	52
VERIFINE UNIVERSAL LANCETS 30G.....	327	vilazodone hcl tab 20 mg.....	52
VERIFINE UNIVERSAL LANCETS 33G.....	327	vilazodone hcl tab 40 mg.....	52
VERKAZIA (cyclosporine (ophth)).....	332	VIMOVO (naproxen-esomeprazole magnesium).....	5
		VIMPAT (lacosamide).....	43
		VINATE CARE (prenatal without a vit w/ fe fumarate-folic acid).....	203
		VINATE DHA RF (prenatal without vit a w/ fe fumarate-l methylfolate-omegas).....	203
		VINATE II (prenatal vit w/ fe bisglycinate chelate-folic acid).....	203

VINATE ONE (prenatal vit w/ ferrous fumarate-folic acid).....	203	VITATHELY WITH GINGER (prenatal vit w/ ferrous fumarate-folic acid).....	204
VIOKACE (pancrelipase (lipase-protease-amylase)).....	222	VITRAKVI (larotrectinib sulfate).....	76
VIRACEPT (nelfinavir mesylate).....	100	VIVA DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids).....	204
VIRAMUNE (nevirapine).....	95	VIVAGUARD INO TEST STRIPS (glucose blood).....	328
VIRAMUNE XR (nevirapine).....	95	VIVAGUARD LANCETS.....	328
VIRASAL (salicylic acid).....	191	VIVAGUARD LANCETS 30G.....	328
VIREAD (tenofovir disoproxil fumarate).....	97	VIVAGUARD SAFETY LANCETS 28G.....	328
VIRT-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3).....	203	VIVELLE-DOT (estradiol).....	253
VIRT-NATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids).....	203	VIVJOA (oteseconazole).....	59
VIRT-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha).....	203	VIVLODEX (meloxicam).....	5
VIRT-PN PLUS (prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3).....	203	VIZIMPRO (dacomitinib).....	76
VISTARIL (hydroxyzine pamoate).....	342	VOCAL POINT BLOOD GLUCOSE TEST (glucose blood).....	328
VISTOGARD (uridine triacetate (emergency treatment)).....	327	VOGELXO (testosterone).....	236
VITAFOL FE+ (prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha).....	204	VOGELXO PUMP (testosterone).....	236
VITAFOL GUMMIES (prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids).....	209	VOL-PLUS (prenatal vit w/ ferrous fumarate-folic acid).....	204
VITAFOL STRIPS (prenatal w/ vit b6-b12-cholecalciferol-folic acid).....	209	VOL-TAB RX (prenatal vit w/ iron carbonyl-folic acid).....	204
VITAFOL ULTRA (prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha).....	204	VONJO (pacritinib citrate).....	78
VITAFOL-NANO (prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid).....	204	VOQUEZNA (vonoprazan fumarate).....	216
VITAFOL-OB (prenatal vit w/ ferrous fumarate-folic acid).....	204	VOQUEZNA DUAL PAK (amoxicillin (trihydrate)-vonoprazan fumarate).....	216
VITAFOL-ONE (prenatal mv & min w/fe polysaccharide complex-fa-dha).....	204	VOQUEZNA TRIPLE PAK (amoxicillin (trihydrate)-clarithromycin-vonoprazan fumarate).....	216
VITAMEDMD ONE RX/QUATREFOLIC (prenatal without a w/ fe fumarate-l methylfolate-fa-dha).....	204	VORANIGO (vorasidenib).....	76
VITAMEDMD REDICHEW RX (prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid).....	209	voriconazole for susp 40 mg/ml.....	59
VITAPEARL (prenatal without a w/ fe fumarate-sod feredetate-fa-dha).....	204	voriconazole tab 200 mg.....	59
		voriconazole tab 50 mg.....	59
		VORTEX HOLD CHMBR/MASK/CHILD.....	328
		VORTEX HOLD CHMBR/MASK/TODDLER.....	328
		VORTEX VALVED HOLDING CHAMBER.....	328
		VOSEVI (sofosbuvir-velpatasvir-voxilaprevir).....	93
		VOTRIENT (pazopanib hcl).....	76
		VOWST (fecal microbiota spores, live-brpk).....	328
		VOXZOGO (vosoritide).....	222
		VOYDEYA (danicipan).....	265

VP INSULIN SYRINGE.....	328	warfarin sodium tab 5 mg (Jantoven).....	119
VP-PNV-DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids).....	204	warfarin sodium tab 6 mg.....	119
VRAYLAR (cariprazine hcl).....	90	warfarin sodium tab 6 mg (Jantoven).....	119
VTAMA (tapinarof).....	186	warfarin sodium tab 7.5 mg.....	119
VTOL LQ (butalbital-acetaminophen-caffeine).....	170	warfarin sodium tab 7.5 mg (Jantoven).....	119
VUITY (pilocarpine hcl).....	338	WATCHHALER.....	328
VUMERITY (diroximel fumarate).....	174	WEGMANS UNIFINE PENTIPS PLUS.....	328
VUSION (miconazole-zinc oxide-white petrolatum).....	59	WEGOVY (semaglutide (weight management)).....	359
VYALEV (foslevodopa-foscarbidopa).....	85	WELCHOL (colesevelam hcl).....	154
VYLEESI (bremelanotide acetate).....	170	WELIREG (belzutifan).....	68
VYNDAMAX (tafamidis).....	222	WELLBUTRIN SR (bupropion hcl).....	47
VYNDAQEL (tafamidis meglumine (cardiac))	222	WELLBUTRIN XL (bupropion hcl).....	47
VYTORIN (ezetimibe-simvastatin).....	154	WESCAP-C DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3).....	204
VYVANSE (lisdexamfetamine dimesylate)	161,162	WESCAP-PN DHA (prenatal without a w/ fe fumarate-l methylfolate-fa-dha).....	204
VYZULTA (latanoprostene bunod).....	338	WESNATE DHA (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids).....	204
W		WESTAB PLUS (prenatal vit w/ ferrous fumarate-folic acid).....	205
WAINUA (eplontersen sodium).....	328	WESTGEL DHA (prenatal without a w/ fe carbonyl-l methylfolate-fa-dha).....	205
WAKIX (pitolisant hcl).....	359	WIDE-SEAL DIAPHRAGM 60 (diaphragm wide seal).....	328
WALGREENS ADV TRAVEL LANCETS.....	328	WIDE-SEAL DIAPHRAGM 65 (diaphragm wide seal).....	328
WALGREENS LANCETS.....	328	WIDE-SEAL DIAPHRAGM 70 (diaphragm wide seal).....	328
WALGREENS LANCETS MICRO THIN.....	328	WIDE-SEAL DIAPHRAGM 75 (diaphragm wide seal).....	328
WALGREENS LANCETS SUPER THIN.....	328	WIDE-SEAL DIAPHRAGM 80 (diaphragm wide seal).....	329
WALGREENS THIN LANCETS.....	328	WIDE-SEAL DIAPHRAGM 85 (diaphragm wide seal).....	329
WALGREENS ULTRA THIN LANCETS.....	328	WIDE-SEAL DIAPHRAGM 90 (diaphragm wide seal).....	329
warfarin sodium tab 1 mg.....	119	WIDE-SEAL DIAPHRAGM 95 (diaphragm wide seal).....	329
warfarin sodium tab 1 mg (Jantoven).....	119	WILZIN (zinc acetate (oral)).....	205
warfarin sodium tab 10 mg.....	119	WINLEVI (clascoterone).....	178
warfarin sodium tab 10 mg (Jantoven).....	119		
warfarin sodium tab 2 mg.....	119		
warfarin sodium tab 2 mg (Jantoven).....	119		
warfarin sodium tab 2.5 mg.....	119		
warfarin sodium tab 2.5 mg (Jantoven).....	119		
warfarin sodium tab 3 mg.....	119		
warfarin sodium tab 3 mg (Jantoven).....	119		
warfarin sodium tab 4 mg.....	119		
warfarin sodium tab 4 mg (Jantoven).....	119		
warfarin sodium tab 5 mg.....	119		

WINREVAIR (sotatercept-csrk) 349
 WYNZORA (calcipotriene-betamethasone
 dipropionate) 191

X

XACIATO (clindamycin phosphate vaginal) 25
 XADAGO (safinamide mesylate) 85
 XALATAN (latanoprost) 338
 XALKORI (crizotinib) 76
 XANAX (alprazolam) 104
 XANAX XR (alprazolam) 104
 XARELTO (rivaroxaban) 119,120
 XARELTO STARTER PACK (rivaroxaban) 120
 XATMEP (methotrexate) 274
 XCOPRI (250 MG DAILY DOSE) (cenobamate) 43
 XCOPRI (350 MG DAILY DOSE) (cenobamate) 43
 XCOPRI (cenobamate) 38,43
 XDEMVI (lotilaner) 332
 XELJANZ (tofacitinib citrate) 265
 XELJANZ XR (tofacitinib citrate) 265
 XELODA (capecitabine) 67
 XELPROS (latanoprost) 338
 XELSTRYM (dextroamphetamine) 162
 XENAZINE (tetrabenazine) 170
 XENICAL (orlistat) 216
 XENLETA (lefamulin acetate) 100
 XEPI (ozenoxacin) 193
 XERESE (acyclovir-hydrocortisone) 191
 XERMELO (telotristat etiprate) 212
 XGEVA (denosumab) 77
 XHANCE (fluticasone propionate (nasal)) 341
 XIFAXAN (rifaximin) 25
 XIGDUO XR (dapagliflozin propanediol-
 metformin hcl) 111
 XIGDUO XR (dapagliflozin-metformin hcl) 111
 XIIDRA (lifitegrast) 332
 XIMINO (minocycline hcl) 33
 XOFLUZA (40 MG DOSE) (baloxavir
 marboxil) 100
 XOFLUZA (80 MG DOSE) (baloxavir
 marboxil) 100

XOLAIR (omalizumab) 265,266
 XOLEGEL (ketoconazole (topical)) 59
 XOLREMDI (mavorixafor) 223
 XOPENEX (levalbuterol hcl) 345
 XOPENEX CONCENTRATE (levalbuterol hcl) 345
 XOPENEX HFA (levalbuterol tartrate) 345
 XOSPATA (gilteritinib fumarate) 77
 XPHOZAH (tenapanor hcl (ckd)) 329
 XPOVIO (100 MG ONCE WEEKLY) (selinexor) . . 77
 XPOVIO (40 MG ONCE WEEKLY) (selinexor) . . 77
 XPOVIO (40 MG TWICE WEEKLY) (selinexor) . . 77
 XPOVIO (60 MG ONCE WEEKLY) (selinexor) . . 77
 XPOVIO (60 MG TWICE WEEKLY) (selinexor) . . 77
 XPOVIO (80 MG ONCE WEEKLY) (selinexor) . . 77
 XPOVIO (80 MG TWICE WEEKLY) (selinexor) . . 77
 XTAMPZA ER (oxycodone) 10
 XTANDI (enzalutamide) 66
 XULTOPHY (insulin degludec-liraglutide) 111
 XURIDEN (uridine triacetate) 223
 XYOSTED (testosterone enanthate) 236
 XYREM (sodium oxybate) 359
 XYWAV (calcium, magnesium, potassium, &
 sodium oxybates) 359

Y

YASMIN 28 (drospirenone-ethinyl estradiol) . 253
 YAZ (drospirenone-ethinyl estradiol) 253
 YONSA (abiraterone acetate) 66
 YORVIPATH (palopegteriparatide) 259
 YOSPRALA (aspirin-omeprazole) 123
 YUFLYMA (1 PEN) (adalimumab-aaty) 274
 YUFLYMA (2 PEN) (adalimumab-aaty) 274
 YUFLYMA (2 SYRINGE) (adalimumab-aaty) . 274
 YUFLYMA 2-SYRINGE KIT (adalimumab-
 aaty) 274
 YUFLYMA-CD/UC/HS STARTER (adalimumab-
 aaty) 274
 YUPELRI (revefenacin) 343
 YUSIMRY (adalimumab-aqvh) 274

Z

zafirlukast tab 10 mg	342	ZEVXRX INSULIN SYRINGE	329
zafirlukast tab 20 mg	342	ZEVXRX PEN NEEDLES	329
zaleplon cap 10 mg	357	ZEVXRX TWIST TOP LANCETS 30G	329
zaleplon cap 5 mg	358	ZIAC (bisoprolol & hydrochlorothiazide)	148
ZALVIT (prenatal vit w/ ferrous gluconate-folic acid)	205	ZIAGEN (abacavir sulfate)	97,98
ZANAFLEX (tizanidine hcl)	92	ZIANA (clindamycin phosphate-tretinoin)	178
ZARONTIN (ethosuximide)	39	zidovudine cap 100 mg	98
ZARXIO (filgrastim-sndz)	122	zidovudine syrup 10 mg/ml	98
ZATEAN-PN DHA (prenatal without a w/ fumarate-l methylfolate-fa-dha)	205	zidovudine tab 300 mg	98
ZATEAN-PN PLUS (prenatal without a w/ fumarate-l methylfolate-fa-omega 3)	205	ZIEXTENZO (pegfilgrastim-bmez)	122
ZAVESCA (miglustat)	223	ZILBRYSQ (zilucoplan sodium)	63
ZAVZPRET (zavegepant hcl)	60	zileuton tab er 12hr 600 mg (ZILEUTON ER)	342
ZCORT 7-DAY (dexamethasone)	231	ZILXI (minocycline hcl micronized (rosacea))	178
ZEGALOGUE (dasiglucagon hcl)	112	ZIMHI (naloxone hcl)	21
ZEGERID (omeprazole-sodium bicarbonate)	218	ZIOPTAN (tafluprost)	338
ZEJULA (niraparib tosylate)	77	ZIPHEX (prenatal vit w/ ferrous gluconate-folic acid)	205
ZELAPAR (selegiline hcl)	85	ziprasidone hcl cap 20 mg	90
ZELBORAF (vemurafenib)	77	ziprasidone hcl cap 40 mg	90
ZEMBRACE SYMTOUCH (sumatriptan succinate)	62	ziprasidone hcl cap 60 mg	90
ZEMPLAR (paricalcitol)	278	ziprasidone hcl cap 80 mg	90
ZENPEP (pancrelipase (lipase-protease-amylase))	223	ZIPSOR (diclofenac potassium)	5
ZEPATIER (elbasvir-grazoprevir)	93	ZIRGAN (ganciclovir ophthalmic)	334
ZEPBOUND (tirzepatide (weight management))	359	ZITHROMAX (azithromycin)	29
ZEPOSIA (ozanimod hcl)	174	ZITHROMAX TRI-PAK (azithromycin)	29
ZEPOSIA 7-DAY STARTER PACK (ozanimod hcl)	174	ZITHROMAX Z-PAK (azithromycin)	29
ZEPOSIA STARTER KIT (ozanimod hcl)	174	ZITUVIMET (sitagliptin free base-metformin hcl)	111
ZERVIATE (cetirizine hcl (ophth))	332	ZITUVIMET XR (sitagliptin free base-metformin hcl)	111
ZESTORETIC (lisinopril & hydrochlorothiazide)	148	ZITUVIO (sitagliptin)	111
ZESTRIL (lisinopril)	128	ZOCOR (simvastatin)	152
ZETIA (ezetimibe)	154	ZOFRAN (ondansetron hcl)	56
ZETONNA (ciclesonide (nasal))	354	ZOHYDRO ER (hydrocodone bitartrate)	11
		ZOKINVY (lonafarnib)	223
		ZOLINZA (vorinostat)	68
		ZOLMITRIPTAN	62
		zolmitriptan nasal spray 5 mg/spray unit	62
		zolmitriptan orally disintegrating tab 2.5 mg	63
		zolmitriptan orally disintegrating tab 5 mg	63
		zolmitriptan tab 2.5 mg	63

zolmitriptan tab 2.5 mg (Zomig).....	63	ZYCLARA (imiquimod).....	191
zolmitriptan tab 5 mg.....	63	ZYCLARA PUMP (imiquimod).....	191
zolmitriptan tab 5 mg (Zomig).....	63	ZYDELIG (idelalisib).....	77
ZOLOFT (sertraline hcl).....	52	ZYFLO (zileuton).....	342
ZOLPIDEM TARTRATE.....	358	ZYKADIA (ceritinib).....	77
zolpidem tartrate sl tab 1.75 mg.....	358	ZYLET (loteprednol etabonate-tobramycin) .	332
zolpidem tartrate sl tab 3.5 mg.....	358	ZYLOPRIM (allopurinol).....	59
zolpidem tartrate tab 10 mg.....	358	ZYMAXID (gatifloxacin (ophth)).....	334
zolpidem tartrate tab 5 mg.....	358	ZYMFENTRA (1 PEN) (infliximab-dyyb).....	274
zolpidem tartrate tab er 12.5 mg (ZOLPIDEM TARTRATE ER).....	358	ZYMFENTRA (2 PEN) (infliximab-dyyb).....	274
zolpidem tartrate tab er 6.25 mg (ZOLPIDEM TARTRATE ER).....	358	ZYMFENTRA (2 SYRINGE) (infliximab-dyyb) .	274
ZOLPIMIST (zolpidem tartrate).....	358	ZYPITAMAG (pitavastatin magnesium).....	152
ZOMACTON (FOR ZOMA-JET 10) (somatropin).....	234	ZYPREXA (olanzapine).....	90
ZOMACTON (somatropin).....	234	ZYPREXA ZYDIS (olanzapine).....	90
ZOMIG (zolmitriptan).....	63	ZYTIGA (abiraterone acetate).....	66
ZOMIG ZMT (zolmitriptan).....	63	ZYVOX (linezolid).....	25
ZONALON (doxepin hcl (antipruritic)).....	186		
ZONEGRAN (zonisamide).....	43		
ZONISADE (zonisamide).....	43		
zonisamide cap 100 mg.....	43		
zonisamide cap 25 mg.....	43		
zonisamide cap 50 mg.....	43		
ZONTIVITY (vorapaxar sulfate).....	120		
ZORBTIVE (somatropin (non-refrigerated)) .	234		
ZORTRESS (everolimus (immunosuppressant)).....	274		
ZORVOLEX (diclofenac).....	6		
ZORYVE (roflumilast (antiseborrheic)).....	191		
ZORYVE (roflumilast (dermatologic)).....	191		
ZORYVE (roflumilast (topical)).....	191		
ZOVIRAX (acyclovir topical).....	193		
ZOVIRAX (acyclovir).....	101		
ZTALMY (ganaxolone).....	41		
ZTLIDO (lidocaine).....	20		
ZUBSOLV (buprenorphine hcl-naloxone hcl dihydrate).....	21		
ZUPLENZ (ondansetron).....	56		
ZURZUVAE (zuranolone).....	47		



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

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