



Plus Drug Formulary

January 2025

Blue Shield of California

This formulary corresponds with the following plans:

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

This formulary was last updated on 01/01/2025 . This formulary is subject to change, and all previous versions of the formulary no longer apply. For the most current information about the *Plus Drug Formulary*, visit www.blueshieldca.com/pharmacy.

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

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

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Informational Section

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

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

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

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

How do I find a drug on this list?

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

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

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

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

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

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

Example

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

What are drug tiers?

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

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

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

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

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

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

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

How to read the formulary

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

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

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

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

How often will the formulary change?

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

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

utilization management requirement removed.

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

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

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

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

Why are some drugs excluded from coverage?

We review and update the formularies regularly to ensure covered drugs are safe and effective so that we can continue to maximize treatment quality while keeping your prescription drug costs low. For example, certain drugs that provide low value may be excluded from coverage when the same or similar drug (one with the same active ingredient or same therapeutic effect) is available under the prescription drug benefit at a lower cost. Talk to your doctor to explore alternative options available.

For additional information about excluded drugs, check your Blue Shield *Evidence of Coverage*.

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

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

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

What are preventive health drugs?

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

What drugs have its cost waived?

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

What is a contraceptive drug or device?

Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy. With the exceptions of brands that have a generic equivalent, these drugs and devices are covered with no member copayment.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Participating retail pharmacies

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

What are specialty drugs?

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

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

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

Home delivery pharmacy

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

Categorical List of Prescription Drugs

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANALGESICS (Drugs for Pain)		
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)		
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)
DAYPRO (<i>oxaprozin</i>) 600 MG TAB	Tier 3	
DICLOFENAC EPOLAMINE 1.3 % PATCH	Tier 2	PA, QLC (2 patches/day; max 30 patches/30 days)
<i>diclofenac potassium (migraine) packet 50 mg</i> (DICLOFENAC POTASSIUM(MIGRAINE))	Tier 3	PA, QLC (9 packets/month)
<i>diclofenac potassium cap 25 mg</i>	Tier 4	PA, QLC (4 caps/day), BE
<i>diclofenac potassium tab 25 mg</i>	Tier 4	PA, QLC (4 tabs/day), BE
<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 4	PA, QLC (1 tube/month; max 3 tubes/year)
<i>diclofenac sodium soln 1.5%</i>	Tier 1	QLC (1 bottle/month)
<i>diclofenac sodium soln 2%</i>	Tier 4	PA, QLC (1 bottle/month)
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	

AL1 - Age Limit; BE - Benefit Exclusion; 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 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 4	PA, QLC (3 tabs/day), BE
ELYXYB (<i>celecoxib (migraine)</i>) 120 MG/4.8ML SOLUTION	Tier 4	PA, QLC (4.8 ml/day)
<i>etodolac cap 200 mg</i>	Tier 1	
<i>etodolac cap 300 mg</i>	Tier 1	
<i>etodolac tab 400 mg</i>	Tier 1	
<i>etodolac tab 500 mg</i>	Tier 1	
<i>etodolac tab er 24hr 400 mg</i> (ETODOLAC ER)	Tier 1	
<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	
<i>fenoprofen calcium cap 400 mg</i>	Tier 3	PA, QLC (8 caps/day)
<i>fenoprofen calcium tab 600 mg</i>	Tier 3	PA, QLC (4 tabs/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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 3	PA, QLC (3 tabs/day)
INDOCIN (<i>indomethacin</i>) 25 MG/5ML SUSPENSION	Tier 4	PA, BE
<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 4	PA, QLC (4 suppositories/day)
indomethacin suppos 50 mg (Indocin)	Tier 4	PA, QLC (4 suppositories/day)
<i>indomethacin susp 25 mg/5ml</i>	Tier 4	PA, BE
KETOPROFEN 25 MG CAP	Tier 4	PA, QLC (4 caps/day), BE
KETOPROFEN 50 MG CAP	Tier 4	PA, QLC (6 caps/day), BE
KETOPROFEN 75 MG CAP	Tier 4	PA, QLC (4 caps/day)
KETOPROFEN ER 200 MG CAP 24H	Tier 3	PA
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	Tier 4	PA, QLC (5 bottles/month)
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	QLC (20 tabs/30 days)
KIPROFEN (<i>ketoprofen</i>) 25 MG CAP	Tier 4	PA, QLC (4 caps/day), BE
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	
MECLOFENAMATE SODIUM 50 MG CAP, 100 MG CAP	Tier 3	PA
<i>mefenamic acid cap 250 mg</i>	Tier 2	PA
<i>meloxicam cap 10 mg</i>	Tier 4	PA, QLC (1 cap/day)
<i>meloxicam cap 5 mg</i>	Tier 4	PA, QLC (1 cap/day)
<i>meloxicam tab 15 mg</i>	Tier 1	
<i>meloxicam tab 7.5 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 4	PA, QLC (1 tab/day), BE
NAPRELAN (<i>naproxen sodium</i>) 500 MG TAB ER 24H	Tier 4	PA, QLC (2 tabs/day), BE
NAPRELAN (<i>naproxen sodium</i>) 750 MG TAB ER 24H	Tier 4	PA, QLC (2 tabs/day), BE
NAPROSYN (<i>naproxen</i>) 125 MG/5ML SUSPENSION	Tier 3	PA
<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 4	PA, QLC (1 tab/day), BE
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i> (NAPROXEN SODIUM ER)	Tier 4	PA, QLC (2 tabs/day), BE
<i>naproxen sodium tab er 24hr 750 mg (base equiv)</i> (NAPROXEN SODIUM ER)	Tier 4	PA, QLC (2 tabs/day), BE
<i>naproxen susp 125 mg/5ml</i>	Tier 3	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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 4	PA, QLC (2 tabs/day), BE
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> (NAPROXEN-ESOMEPRAZOLE MG)	Tier 4	PA, QLC (2 tabs/day), BE
<i>oxaprozin tab 600 mg</i>	Tier 1	
PENNSAID (<i>diclofenac sodium (topical)</i>) 2 % SOLUTION	Tier 4	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 4	PA, QLC (2 tabs/day), BE
<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 4	PA, QLC (5 bottles/month)
<i>sulindac tab 150 mg</i>	Tier 1	
<i>sulindac tab 200 mg</i>	Tier 1	
TOLECTIN 600 (<i>tolmetin sodium</i>) MG TAB	Tier 3	PA
TOLMETIN SODIUM 400 MG CAP, 600 MG TAB	Tier 3	PA
VIMOVO (<i>naproxen-esomeprazole magnesium</i>) 375-20 MG TAB DR	Tier 4	PA, QLC (2 tabs/day), BE
VIMOVO (<i>naproxen-esomeprazole magnesium</i>) 500-20 MG TAB DR	Tier 4	PA, QLC (2 tabs/day), BE
VIVLODEX (<i>meloxicam</i>) 5 MG CAP, 10 MG CAP	Tier 4	PA, QLC (1 cap/day)
ZIPSOR (<i>diclofenac potassium</i>) 25 MG CAP	Tier 4	PA, QLC (4 caps/day), BE
ZORVOLEX (<i>diclofenac</i>) 18 MG CAP	Tier 3	PA, QLC (3 caps/day), BE
ZORVOLEX (<i>diclofenac</i>) 35 MG CAP	Tier 3	PA, QLC (3 caps/day), BE

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocodone bitartrate cap er 12hr 10 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 3	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 15 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 3	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 30 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 3	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 40 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 3	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate cap er 12hr 50 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 3	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 3	PA, QLC (2 caps/day)
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 4	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 4	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 3	PA, QLC (1 cap/day)
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 3	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 3	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 4	PA, QLC (1 tab/day)
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i> (HYDROCODONE BITARTRATE ER)	Tier 4	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	Tier 3	PA, QLC (1 tab/day)
HYSINGLA ER (<i>hydrocodone bitartrate</i>) ER 60 MG TB24 DETER, 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 4	PA, QLC (9 tabs/day)
<i>levorphanol tartrate tab 3 mg</i>	Tier 4	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 2	PA, QLC (5 tabs/day)
methadone hcl tab for oral susp 40 mg (Methadose)	Tier 2	PA, QLC (5 tabs/day)
METHADOSE (<i>methadone hcl</i>) 10 MG/ML CONC	Tier 3	PA, QLC (18 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 2	PA, QLC (2 caps/day)
<i>morphine sulfate cap er 24hr 100 mg</i> (MORPHINE SULFATE ER)	Tier 2	PA, QLC (2 caps/day)
<i>morphine sulfate cap er 24hr 20 mg</i> (MORPHINE SULFATE ER)	Tier 2	PA, QLC (4 caps/day)
<i>morphine sulfate cap er 24hr 30 mg</i> (MORPHINE SULFATE ER)	Tier 2	PA, QLC (2 caps/day)
<i>morphine sulfate cap er 24hr 50 mg</i> (MORPHINE SULFATE ER)	Tier 2	PA, QLC (2 caps/day)
<i>morphine sulfate cap er 24hr 60 mg</i> (MORPHINE SULFATE ER)	Tier 2	PA, QLC (3 caps/day)
<i>morphine sulfate cap er 24hr 80 mg</i> (MORPHINE SULFATE ER)	Tier 2	PA, QLC (3 caps/day)
MORPHINE SULFATE ER 20 MG CAP 24H	Tier 2	PA, QLC (4 caps/day)
MORPHINE SULFATE ER 40 MG CAP 24H	Tier 2	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 2	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 2	PA, QLC (2 caps/day)
MORPHINE SULFATE ER ER 60 MG CAP ER 24H, ER 80 MG CAP ER 24H	Tier 2	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
NUCYNТА ER (<i>tapentadol hcl</i>) ER 50 MG TAB ER 12H, ER 100 MG TAB ER 12H, ER 150 MG TAB ER 12H, ER 200 MG TAB ER 12H, ER 250 MG TAB ER 12H	Tier 3	PA, QLC (2 tabs/day)
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 ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H	Tier 3	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
ZOHYDRO 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 4	PA, QLC (2 tabs/day; max 28 tabs/month)
ABSTRAL (<i>fentanyl citrate</i>) 600 MCG SL TAB, 800 MCG SL TAB	Tier 4	PA, QLC (1 tab/day; max 14 tabs/month)
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> (ACETAMINOPHEN-CODEINE) O	Tier 1	QLC (90 ml/day; max 1350 ml/month)
<i>acetaminophen w/ codeine tab 300-15 mg</i> (ACETAMINOPHEN-CODEINE)	Tier 1	QLC (12 tabs/day; max 180 tabs/month)
<i>acetaminophen w/ codeine tab 300-30 mg</i> (ACETAMINOPHEN-CODEINE)	Tier 1	QLC (12 tabs/day; max 180 tabs/month)
<i>acetaminophen w/ codeine tab 300-60 mg</i> (ACETAMINOPHEN-CODEINE)	Tier 1	QLC (6 tabs/day; max 90 tabs/month)
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg (Dvorah)	Tier 3	PA, QLC (10 caps/day; max 150 caps/30 days)
ACETAMINOPHEN-CODEINE (<i>acetaminophen w/ codeine</i>) -120-12 MG/5ML SOLUTION	Tier 1	QLC (90 ml/day; max 1350 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, 6.12-325 MG TAB	Tier 3	PA, QLC (12 tabs/day; not to exceed 180 tabs/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
APADAZ (<i>benzhydrocodone hcl-acetaminophen</i>) 8.16-325 MG TAB	Tier 3	PA, QLC (9 tabs/day; not to exceed 135 tabs/30 days)
APAP-CAFF-DIHYDROCODEINE (<i>acetaminophen-caff-dihydrocod</i>) -- 320.5-30-16 MG CAP	Tier 1	PA, QLC (10 caps/day; max 140 caps/30 days)
APAP-CAFF-DIHYDROCODEINE (<i>acetaminophen-caff-dihydrocod</i>) -- 325-30-16 MG TAB	Tier 1	PA, QLC (10 caps/day; max 150 caps/30 days)
ARYMO ER (<i>morphine sulfate</i>) 60 MG TBDET	Tier 3	PA, QLC (1 tab/day)
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, -6.12-325 MG TAB	Tier 3	PA, QLC (12 tabs/day; not to exceed 180 tabs/30 days)
BENZHYDROCODONE-ACETAMINOPHEN (<i>benzhydrocodone hcl-acetaminophen</i>) -8.16-325 MG TAB	Tier 3	PA, QLC (9 tabs/day; not to exceed 135 tabs/30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> (BUTALBITAL-APAP-CAFF-COD)	Tier 3	PA, QLC (6 caps/day; max 90 caps/30 days)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> (BUTALBITAL-APAP-CAFF-COD)	Tier 1	QLC (6 caps/day; max 90 caps/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp-Codeine)	Tier 1	QLC (6 caps/day; max 90 caps/30 days)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> (BUTALBITAL-ASA-CAFF-CODEINE)	Tier 1	QLC (6 caps/day; max 90 caps/30 days)
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	QLC (4 canisters/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 360 tabs/month)
CODEINE SULFATE 30 MG TAB	Tier 1	QLC (12 tabs/day; max 180 tabs/month)
CODEINE SULFATE 60 MG TAB	Tier 1	QLC (6 tabs/day; max 90 tabs/month)

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 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>codeine sulfate tab 30 mg</i>	Tier 1	QLC (12 tabs/day; max 180 tabs/month)
DILAUDID (<i>hydromorphone hcl</i>) 1 MG/ML LIQUID	Tier 3	QLC (4 ml/day; max 60 ml/month)
DILAUDID (<i>hydromorphone hcl</i>) 2 MG TAB	Tier 3	QLC (11 tabs/day; max 165 tabs/month)
DILAUDID (<i>hydromorphone hcl</i>) 4 MG TAB	Tier 3	QLC (6 tabs/day; max 90 tabs/month)
DILAUDID (<i>hydromorphone hcl</i>) 8 MG TAB	Tier 3	QLC (3 tabs/day; max 45 tabs/month)
FENTANYL CITRATE 100 MCG TAB	Tier 4	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 4	PA, QLC (3 tabs/day; max 42 tabs/month)
FENTANYL CITRATE 400 MCG TAB	Tier 4	PA, QLC (2 tabs/day; max 28 tabs/month)
FENTANYL CITRATE 600 MCG TAB	Tier 4	PA, QLC (1 tab/day; max 14 tabs/month)
FENTANYL CITRATE 800 MCG TAB	Tier 4	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 4	PA, QLC (4 tabs/day; max 56 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FENTORA (<i>fentanyl citrate</i>) 200 MCG TAB	Tier 4	PA, QLC (3 tabs/day; max 42 tabs/month)
FENTORA (<i>fentanyl citrate</i>) 400 MCG TAB	Tier 4	PA, QLC (2 tabs/day; max 28 tabs/month)
FENTORA (<i>fentanyl citrate</i>) 600 MCG TAB	Tier 4	PA, QLC (1 tab/day; max 14 tabs/month)
FENTORA (<i>fentanyl citrate</i>) 800 MCG TAB	Tier 4	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 90 caps/30 days)
FIORINAL/CODEINE #3 (<i>butalbital-aspirin-caffeine w/cod</i>) 50-325-40-30 MG CAP	Tier 3	QLC (6 caps/day; max 90 caps/30 days)
HYDROCODONE-ACETAMINOPHEN - 10-325 MG/15ML SOLUTION	Tier 3	PA, QLC (90 ml/day; max 1350 ml/month)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	Tier 3	PA, QLC (90 ml/day; max 1350 ml/month)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	QLC (90 ml/day; max 1350 ml/30 days)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Tier 2	PA, QLC (6 tabs/day; max 90 tabs/30 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	Tier 2	PA, QLC (8 tabs/day; max 120 tabs/30 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QLC (8 tabs/day; max 120 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Tier 2	PA, QLC (6 tabs/day; max 90 tabs/30 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
HYDROCODONE-IBUPROFEN -10-200 MG TAB	Tier 1	QLC (5 tabs/day; max 75 tabs/month)
HYDROCODONE-IBUPROFEN -5-200 MG TAB	Tier 1	QLC (8 tabs/day; max 120 tabs/month)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 1	QLC (5 tabs/day; max 75 tabs/month)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	Tier 1	QLC (8 tabs/day; max 120 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 1	QLC (5 tabs/day; max 75 tabs/month)
HYDROMORPHONE HCL 3 MG SUPPOS	Tier 2	QLC (8 suppositories/day; max 120 suppositories/month)
<i>hydromorphone hcl liqd 1 mg/ml</i>	Tier 2	QLC (4 ml/day; max 60 ml/month)
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QLC (11 tabs/day; max 165 tabs/month)
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	QLC (6 tabs/day; max 90 tabs/month)
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	QLC (3 tabs/day; max 45 tabs/month)
LAZANDA (<i>fentanyl citrate</i>) 100 MCG/ACT SOLUTION, 300 MCG/ACT SOLUTION, 400 MCG/ACT SOLUTION	Tier 4	PA, QLC (14 bottles/month)
LORTAB (<i>hydrocodone-acetaminophen</i>) 10-300 MG/15ML ELIXIR	Tier 3	QLC (70 ml/day; max 1050 ml/month)
MEPERIDINE HCL 50 MG/5ML SOLUTION	Tier 1	AL1 (Up to 64 yrs old), QLC (90 ml/day; max 1350 ml/month)
<i>meperidine hcl tab 50 mg</i>	Tier 1	AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 270 tabs/month)
MORPHINE SULFATE (CONCENTRATE) 100 MG/5ML SOLUTION	Tier 1	QLC (5ml/day; max 75 ml/month)
MORPHINE SULFATE 10 MG SUPPOS	Tier 1	QLC (9 suppositories/day; max 135 suppositories/month)
MORPHINE SULFATE 10 MG/5ML SOLUTION	Tier 1	QLC (45 ml/day; max 675 ml/month)
MORPHINE SULFATE 15 MG TAB	Tier 1	QLC (6 tabs/day; max 90 tabs/month)
MORPHINE SULFATE 20 MG SUPPOS	Tier 1	QLC (5 suppositories/day; max 75 suppositories/month)
MORPHINE SULFATE 20 MG/5ML SOLUTION	Tier 1	QLC (25 ml/day; max 375 ml/month)
MORPHINE SULFATE 30 MG SUPPOS	Tier 1	QLC (3 suppositories/day; max 45 suppositories/month)
MORPHINE SULFATE 30 MG TAB	Tier 1	QLC (3 tabs/day; max 45 tabs/month)
MORPHINE SULFATE 5 MG SUPPOS	Tier 1	QLC (12 suppositories/day; max 180 suppositories/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	QLC (45 ml/day; max 675 ml/month)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> (MORPHINE SULFATE (CONCENTRATE))	Tier 1	QLC (5ml/day; max 75 ml/month)
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	QLC (25 ml/day; max 375 ml/month)
<i>morphine sulfate tab 15 mg</i>	Tier 1	QLC (6 tabs/day; max 90 tabs/month)
<i>morphine sulfate tab 30 mg</i>	Tier 1	QLC (3 tabs/day; max 45 tabs/month)
NALOCET (<i>oxycodone w/ acetaminophen</i>) 2.5-300 MG TAB	Tier 3	PA, QLC (12 tabs/day; not to exceed 180 tabs/month), BE
NORCO (<i>hydrocodone-acetaminophen</i>) 5-325 MG TAB	Tier 3	QLC (8 tabs/day; max 120 tabs/30 days)
NORCO (<i>hydrocodone-acetaminophen</i>) 7.5-325 MG TAB, 10-325 MG TAB	Tier 3	QLC (6 tabs/day; max 90 tabs/30 days)
NUCYNTA (<i>tapentadol hcl</i>) 50 MG TAB	Tier 3	PA, QLC (5 tabs/day; max 75 tabs/month)
NUCYNTA (<i>tapentadol hcl</i>) 75 MG TAB, 100 MG TAB	Tier 3	PA, QLC (4 tabs/day; max 60 tabs/month)
OXAYDO (<i>oxycodone hcl</i>) 5 MG TAB	Tier 3	PA, QLC (12 tabs/day; max 180 tabs/month)
OXAYDO (<i>oxycodone hcl</i>) 7.5 MG TAB	Tier 3	PA, QLC (8 tabs/day; max 120 tabs/month)
<i>oxycodone hcl cap 5 mg</i>	Tier 1	QLC (12 caps/day; max 180 caps/month)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Tier 1	QLC (3 ml/day; max 45 ml/month)
<i>oxycodone hcl soln 5 mg/5ml mg/ml</i>	Tier 1	QLC (60 ml/day; max 900 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 60 tabs/month)
<i>oxycodone hcl tab 20 mg</i>	Tier 1	QLC (3 tabs/day; max 45 tabs/month)
<i>oxycodone hcl tab 30 mg</i>	Tier 1	QLC (2 tabs/day; max 30 tabs/month)
<i>oxycodone hcl tab 5 mg</i>	Tier 1	QLC (12 tabs/day; max 180 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
oxycodone w/ acetaminophen tab 10-325 mg (Endocet)	Tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	Tier 1	QLC (6 tabs/day; max 90 tabs/30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)	Tier 1	QLC (12 tabs/day; not to exceed 180 tabs/month)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	Tier 1	QLC (12 tabs/day; not to exceed 180 tabs/month)
oxycodone w/ acetaminophen tab 5-325 mg (Endocet)	Tier 1	QLC (12 tabs/day; not to exceed 180 tabs/month)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	Tier 1	QLC (12 tabs/day; not to exceed 180 tabs/month)
oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)	Tier 1	QLC (8 tabs/day; max 120 tabs/30 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (OXYCODONE-ACETAMINOPHEN)	Tier 1	QLC (8 tabs/day; max 120 tabs/30 days)
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -10-300 MG TAB	Tier 4	PA, QLC (6 tabs/day; max 90 tabs/30 days), BE
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -10-300 MG/5ML SOLUTION	Tier 4	PA, QLC (30 ml/day; max 450 ml/30 days), BE
OXYCODONE-ACETAMINOPHEN (<i>oxycodone w/ acetaminophen</i>) -2.5-300 MG TAB, -5-300 MG TAB	Tier 4	PA, QLC (12 tabs/day; not to exceed 180 tabs/month), BE
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 4	PA, QLC (8 tabs/day; max 120 tabs/30 days), BE
OXYCODONE-ASPIRIN -4.8355-325 MG TAB	Tier 1	QLC (12 tabs/day; max 180 tabs/month)
<i>oxymorphone hcl tab 10 mg</i>	Tier 1	PA, QLC (4 tabs/day; max 60 tabs/month)
<i>oxymorphone hcl tab 5 mg</i>	Tier 1	PA, QLC (6 tabs/day; max 90 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pentazocine w/ naloxone tab 50-0.5 mg</i> (PENTAZOCINE-NALOXONE HCL)	Tier 1	AL1 (Up to 64 yrs old), QLC (12 tabs/day)
PERCOCET (<i>oxycodone w/ acetaminophen</i>) 10-325 MG TAB	Tier 3	QLC (6 tabs/day; max 90 tabs/30 days)
PERCOCET (<i>oxycodone w/ acetaminophen</i>) 2.5-325 MG TAB, 5-325 MG TAB	Tier 3	QLC (12 tabs/day; not to exceed 180 tabs/month)
PERCOCET (<i>oxycodone w/ acetaminophen</i>) 7.5-325 MG TAB	Tier 3	QLC (8 tabs/day; max 120 tabs/30 days)
PRIMLEV (<i>oxycodone w/ acetaminophen</i>) 10-300 MG TAB	Tier 4	PA, QLC (6 tabs/day; max 90 tabs/30 days), BE
PRIMLEV (<i>oxycodone w/ acetaminophen</i>) 5-300 MG TAB	Tier 4	PA, QLC (12 tabs/day; not to exceed 180 tabs/month), BE
PRIMLEV (<i>oxycodone w/ acetaminophen</i>) 7.5-300 MG TAB	Tier 4	PA, QLC (8 tabs/day; max 120 tabs/30 days), BE
PROLATE (<i>oxycodone w/ acetaminophen</i>) 10-300 MG TAB	Tier 4	PA, QLC (6 tabs/day; max 90 tabs/30 days), BE
PROLATE (<i>oxycodone w/ acetaminophen</i>) 10-300 MG/5ML SOLUTION	Tier 4	PA, QLC (30 ml/day; max 450 ml/30 days), BE
PROLATE (<i>oxycodone w/ acetaminophen</i>) 5-300 MG TAB	Tier 4	PA, QLC (12 tabs/day; not to exceed 180 tabs/month), BE
PROLATE (<i>oxycodone w/ acetaminophen</i>) 7.5-300 MG TAB	Tier 4	PA, QLC (8 tabs/day; max 120 tabs/30 days), BE
QDOLO (<i>tramadol hcl</i>) 5 MG/ML SOLUTION	Tier 4	PA, QLC (80 ml/day)
ROXICODONE (<i>oxycodone hcl</i>) 15 MG TAB	Tier 3	QLC (4 tabs/day; max 60 tabs/month)
ROXICODONE (<i>oxycodone hcl</i>) 30 MG TAB	Tier 3	QLC (2 tabs/day; max 30 tabs/month)
ROXICODONE (<i>oxycodone hcl</i>) 5 MG TAB	Tier 3	QLC (12 tabs/day; max 180 tabs/month)
ROXYBOND (<i>oxycodone hcl</i>) 15 MG TAB DETER	Tier 3	PA, QLC (4 tabs/day; max 60 tabs/month)
ROXYBOND (<i>oxycodone hcl</i>) 30 MG TAB DETER	Tier 3	PA, QLC (2 tabs/day; max 30 tabs/month)
ROXYBOND (<i>oxycodone hcl</i>) 5 MG TAB DETER	Tier 3	PA, QLC (12 tabs/day; max 180 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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SUBSYS (<i>fentanyl</i>) 100 MCG LIQUID, 1200 (600 X 2) MCG LIQUID, 1600 (800 X 2) MCG LIQUID	Tier 4	PA, QLC (4 doses/day; max 56 doses/month)
SUBSYS (<i>fentanyl</i>) 200 MCG LIQUID	Tier 4	PA, QLC (3 doses/day; max 42 doses/month)
SUBSYS (<i>fentanyl</i>) 400 MCG LIQUID, 600 MCG LIQUID, 800 MCG LIQUID	Tier 4	PA, QLC (1 dose/day; max 14 doses/month)
TRAMADOL HCL 25 MG TAB	Tier 2	PA, QLC (4 tabs/day)
TRAMADOL HCL 5 MG/ML SOLUTION	Tier 4	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 4	QLC (90 patches/month)
NAYZILAM (<i>midazolam (anticonvulsant)</i>) 5 MG/0.1ML SOLUTION	Tier 4	PA, QLC (2 sprayers/fill; max 5 fills/30 days)
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	
ANTABUSE (<i>disulfiram</i>) 250 MG TAB, 500 MG TAB	Tier 3	
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	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 2	PA, QLC (16 tabs/day, not to exceed 224 tabs/6 months)
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 2	QLC (2 doses/month)
<i>naloxone hcl soln prefilled syringe 2 mg/2ml mg/ml</i>	Tier 1	QLC (2 syringes/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
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)
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, LA, QLC (1 vial/day)
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	
HUMATIN (<i>paromomycin sulfate</i>) 250 MG CAP	Tier 3	PA
<i>neomycin sulfate tab 500 mg</i>	Tier 1	
<i>paromomycin sulfate cap 250 mg</i>	Tier 1	PA
ANTIBACTERIALS, OTHER		
CAYSTON (<i>aztreonam lysine</i>) 75 MG RECON SOLN	Tier 4	PA, S (Specialty Drug), 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	
CLEOCIN (<i>clindamycin phosphate vaginal</i>) 100 MG SUPPOS	Tier 2	QLC (3 suppositories/30 days)
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 3	
<i>metronidazole cream 0.75%</i>	Tier 1	
metronidazole cream 0.75% (Rosadan)	Tier 1	
<i>metronidazole gel 0.75%</i>	Tier 1	
metronidazole gel 0.75% (Rosadan)	Tier 1	
<i>metronidazole gel 1%</i>	Tier 1	
<i>metronidazole lotion 0.75%</i>	Tier 1	
<i>metronidazole tab 250 mg</i>	Tier 1	
<i>metronidazole tab 500 mg</i>	Tier 1	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	
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 4	PA, QLC (180 ml/30 days), BE
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> (NITROFURANTOIN MONOHYD MACRO)	Tier 1	
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	
NORITATE (<i>metronidazole (topical)</i>) 1 % CREAM	Tier 4	PA, BE
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 4	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	
VANCOGIN (<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 2	PA, QLC (300 ml/month)
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	Tier 2	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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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	
<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	
CEPHALEXIN 250 MG TAB, 500 MG TAB	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	
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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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>) 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	
MACROLIDES		
AZITHROMYCIN 1 GM PACKET	Tier 1	
<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	
<i>azithromycin tab 250 mg</i>	Tier 1	QLC (12 tabs/30 days)
<i>azithromycin tab 500 mg</i>	Tier 1	
<i>azithromycin tab 600 mg</i>	Tier 1	
CLARITHROMYCIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP	Tier 1	
<i>clarithromycin tab 250 mg</i>	Tier 1	QLC (42 tabs/fill)
<i>clarithromycin tab 500 mg</i>	Tier 1	QLC (42 tabs/fill)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 2	PA
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	Tier 2	PA
<i>erythromycin ethylsuccinate for susp</i> <i>200 mg/5ml</i>	Tier 2	PA
<i>erythromycin ethylsuccinate for susp</i> <i>400 mg/5ml</i>	Tier 2	PA
<i>erythromycin tab 250 mg</i> (ERYTHROMYCIN BASE)	Tier 2	
<i>erythromycin tab 500 mg</i> (ERYTHROMYCIN BASE)	Tier 2	
<i>erythromycin tab delayed release 250 mg</i>	Tier 2	
erythromycin tab delayed release 250 mg (Ery-Tab)	Tier 2	
<i>erythromycin tab delayed release 250 mg</i> (ERYTHROMYCIN BASE)	Tier 2	
<i>erythromycin tab delayed release 333 mg</i>	Tier 2	
erythromycin tab delayed release 333 mg (Ery-Tab)	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>erythromycin tab delayed release 333 mg</i> (ERYTHROMYCIN BASE)	Tier 2	
<i>erythromycin tab delayed release 500 mg</i>	Tier 2	
erythromycin tab delayed release 500 mg (Ery-Tab)	Tier 2	
<i>erythromycin tab delayed release 500 mg</i> (ERYTHROMYCIN BASE)	Tier 2	
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 4	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)
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	QLC (2 tabs/day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	QLC (2 tabs/day)
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 2	QLC (300 ml/30 days)
<i>levofloxacin tab 250 mg</i>	Tier 1	QLC (14 tabs/30 days)
<i>levofloxacin tab 500 mg</i>	Tier 1	QLC (1 tab/day)
<i>levofloxacin tab 750 mg</i>	Tier 1	QLC (14 tabs/30 days)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 1	QLC (21 tabs/30 days)
OFLOXACIN 300 MG TAB	Tier 2	
<i>ofloxacin tab 400 mg</i>	Tier 2	
SULFONAMIDES		
BACTRIM (<i>sulfamethoxazole-trimethoprim</i>) 400-80 MG TAB	Tier 3	
BACTRIM DS (<i>sulfamethoxazole-trimethoprim</i>) 800-160 MG TAB	Tier 3	
SULFADIAZINE 500 MG TAB	Tier 1	
<i>sulfadiazine tab 500 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
<i>doxycycline hyclate tab 150 mg</i>	Tier 2	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 3	PA, QLC (2 tabs/day)
doxycycline hyclate tab 50 mg (Targadox)	Tier 3	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 2	PA
<i>doxycycline hyclate tab delayed release 150 mg</i>	Tier 2	PA, QLC (1 tab/day)
<i>doxycycline hyclate tab delayed release 200 mg</i>	Tier 2	PA, QLC (1 tab/day)
<i>doxycycline hyclate tab delayed release 50 mg</i>	Tier 2	PA, QLC (2 tabs/day)
<i>doxycycline hyclate tab delayed release 75 mg</i>	Tier 2	PA
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
doxycycline monohydrate cap 100 mg (Mondoxyne NI)	Tier 1	
<i>doxycycline monohydrate cap 150 mg</i>	Tier 3	PA
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 75 mg</i>	Tier 3	PA
doxycycline monohydrate cap 75 mg (Mondoxyne NI)	Tier 3	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 115 mg</i> (MINOCYCLINE HCL ER)	Tier 3	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 135 mg (Coremino)	Tier 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 135 mg</i> (MINOCYCLINE HCL ER)	Tier 3	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 45 mg (Coremino)	Tier 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 45 mg</i> (MINOCYCLINE HCL ER)	Tier 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 55 mg</i> (MINOCYCLINE HCL ER)	Tier 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 65 mg</i> (MINOCYCLINE HCL ER)	Tier 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 80 mg</i> (MINOCYCLINE HCL ER)	Tier 3	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 90 mg (Coremino)	Tier 3	PA, QLC (1 tab/day)
<i>minocycline hcl tab er 24hr 90 mg</i> (MINOCYCLINE HCL ER)	Tier 3	PA, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NUZYRA (<i>omadacycline tosylate</i>) 150 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (30 caps/30 days)
ORACEA (<i>doxycycline (rosacea)</i>) 40 MG CAP DR	Tier 3	PA, QLC (1 cap/day), BE
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 4	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 4	ST, QLC (2 tabs/day)
BRIVIACT (<i>brivaracetam</i>) 10 MG/ML SOLUTION	Tier 4	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, LA, QLC (3 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIACOMIT (<i>stiripentol</i>) 250 MG PACKET	Tier 4	PA, LA, QLC (3 packets/day)
DIACOMIT (<i>stiripentol</i>) 500 MG CAP	Tier 4	PA, LA, QLC (6 caps/day)
DIACOMIT (<i>stiripentol</i>) 500 MG PACKET	Tier 4	PA, LA, 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	
EPIDIOLEX (<i>cannabidiol</i>) 100 MG/ML SOLUTION	Tier 4	PA, LA, S (Specialty Drug), 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, LA, QLC (12 ml/day)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
<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	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<i>topiramate cap er 24hr 100 mg</i> (TOPIRAMATE ER)	Tier 2	PA, QLC (3 caps/day)
<i>topiramate cap er 24hr 200 mg</i> (TOPIRAMATE ER)	Tier 2	PA, QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>topiramate cap er 24hr 25 mg</i> (TOPIRAMATE ER)	Tier 2	PA, QLC (3 caps/day)
<i>topiramate cap er 24hr 50 mg</i> (TOPIRAMATE ER)	Tier 2	PA, QLC (7 caps/day)
<i>topiramate cap er 24hr sprinkle 100 mg</i> (TOPIRAMATE ER)	Tier 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</i> (<i>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 4	PA, QLC (2 tabs/day)
XCOPRI (<i>cenobamate</i>) 25 MG TAB, 50 MG TAB, 100 MG TAB	Tier 4	PA, QLC (1 tab/day)
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN (<i>methsuximide</i>) 300 MG CAP	Tier 3	
<i>ethosuximide cap 250 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	
<i>methsuximide cap 300 mg</i>	Tier 2	
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 4	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	
ONFI (<i>clobazam</i>) 10 MG TAB	Tier 3	ST, QLC (4 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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, LA, S (Specialty Drug), QLC (6 packs/day)
SABRIL (<i>vigabatrin</i>) 500 MG TAB	Tier 4	PA, LA, S (Specialty Drug), 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 4	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 4	PA, QLC (2 sprays/fill; max 10 sprays/30 days)
VALTOCO 20 MG DOSE (<i>diazepam (anticonvulsant)</i>) 10 /0.1ML LIQD THPK	Tier 4	PA, QLC (2 sprays/fill; max 10 sprays/30 days)
VALTOCO 5 MG DOSE (<i>diazepam (anticonvulsant)</i>) /0.1ML LIQUID	Tier 4	PA, QLC (2 sprays/fill; max 10 sprays/30 days)
<i>vigabatrin powd pack 500 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (6 packs/day)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CARBATROL (<i>carbamazepine</i>) 100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H	Tier 3	
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 2	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 2	ST, QLC (1 tab/day)
<i>oxcarbazepine tab er 24hr 300 mg</i> (OXCARBAZEPINE ER)	Tier 2	ST, QLC (1 tab/day)
<i>oxcarbazepine tab er 24hr 600 mg</i> (OXCARBAZEPINE ER)	Tier 2	ST, QLC (4 tabs/day)
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)
PEGANONE (<i>ethotoin</i>) 250 MG TAB	Tier 3	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	
phenytoin sodium extended cap 200 mg (Phenytek)	Tier 1	
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	
phenytoin sodium extended cap 300 mg (Phenytek)	Tier 1	
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	
<i>rufinamide susp 40 mg/ml</i>	Tier 1	ST, QLC (80 ml/day)
<i>rufinamide tab 200 mg</i>	Tier 2	ST, QLC (16 tabs/day)
<i>rufinamide tab 400 mg</i>	Tier 2	ST, QLC (8 tabs/day)
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 4	PA, QLC (2 tabs/day)
XCOPRI (350 MG DAILY DOSE) (<i>cenobamate</i>) 150 & 200 TAB THPK	Tier 4	PA, QLC (2 tabs/day)
XCOPRI (<i>cenobamate</i>) COPRI 14 12.5 MG & 14 25 MG TAB THPK	Tier 3	PA, QLC (28 tabs/84 days)
XCOPRI (<i>cenobamate</i>) COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK	Tier 4	PA, QLC (28 tabs/84 days)
ZONEGRAN (<i>zonisamide</i>) 25 MG CAP, 100 MG CAP	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	

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

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB	Tier 3	
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
<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>) 4 MG TAB, 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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
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 pack (28 caps)/28 days; 2 fills/year)

ANTIDEPRESSANTS (Drugs for Depression)

ANTIDEPRESSANTS, OTHER

APLENZIN (<i>bupropion hydrobromide</i>) 174 MG TAB ER 24H, 522 MG TAB ER 24H	Tier 4	PA, QLC (1 tab/day), BE
APLENZIN (<i>bupropion hydrobromide</i>) 348 MG TAB ER 24H	Tier 4	PA, QLC (1 tab/day), BE
AUVELITY (<i>dextromethorphan hydrobromide-bupropion hydrochloride</i>) 45-105 MG TAB ER	Tier 4	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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-samidorphane l-malate</i>) 5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB	Tier 4	PA, QLC (1 tab/day)
MAPROTILINE HCL 25 MG TAB, 50 MG TAB, 75 MG TAB	Tier 1	
<i>mirtazapine orally disintegrating tab 15 mg</i>	Tier 1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	Tier 1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	Tier 1	
<i>mirtazapine tab 15 mg</i>	Tier 1	
<i>mirtazapine tab 30 mg</i>	Tier 1	
<i>mirtazapine tab 45 mg</i>	Tier 1	
<i>mirtazapine tab 7.5 mg</i>	Tier 1	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 4	PA, QLC (2 caps/day; max 28 caps/365 days)
ZURZUVAE (<i>zuranolone</i>) 30 MG CAP	Tier 4	PA, QLC (1 cap/day; max 14 caps/365 days)

MONOAMINE OXIDASE INHIBITORS

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)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 2	
<i>fluoxetine hcl tab 20 mg</i>	Tier 2	
<i>fluoxetine hcl tab 60 mg</i>	Tier 3	
<i>fluvoxamine maleate cap er 24hr 100 mg</i> (FLUVOXAMINE MALEATE ER)	Tier 2	ST, QLC (3 caps/day)
<i>fluvoxamine maleate cap er 24hr 150 mg</i> (FLUVOXAMINE MALEATE ER)	Tier 2	ST, QLC (2 caps/day)
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QLC (3 tabs/day)
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	QLC (12 tabs/day)
<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</i> (<i>base equiv</i>)	Tier 2	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 2	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 2	QLC (1 tab/day)
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i> (VENLAFAXINE HCL ER)	Tier 2	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 (30 tabs)/30 days; 2 fills/year)
<i>vilazodone hcl tab 10 mg</i>	Tier 3	ST, QLC (1 tab/day)
<i>vilazodone hcl tab 20 mg</i>	Tier 3	ST, QLC (1 tab/day)
<i>vilazodone hcl tab 40 mg</i>	Tier 3	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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 2	
<i>clomipramine hcl cap 50 mg</i>	Tier 2	
<i>clomipramine hcl cap 75 mg</i>	Tier 2	
<i>desipramine hcl tab 10 mg</i>	Tier 1	
<i>desipramine hcl tab 100 mg</i>	Tier 1	
<i>desipramine hcl tab 150 mg</i>	Tier 1	
<i>desipramine hcl tab 25 mg</i>	Tier 1	
<i>desipramine hcl tab 50 mg</i>	Tier 1	
<i>desipramine hcl tab 75 mg</i>	Tier 1	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 2	
<i>imipramine pamoate cap 125 mg</i>	Tier 2	
<i>imipramine pamoate cap 150 mg</i>	Tier 2	
<i>imipramine pamoate cap 75 mg</i>	Tier 2	
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)
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 4	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 2	QLC (1 suppository/day)
REGLAN (<i>metoclopramide hcl</i>) 5 MG TAB, 10 MG TAB	Tier 3	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 (4 caps/28 days)
ANZEMET (<i>dolasetron mesylate</i>) 100 MG TAB	Tier 2	QLC (1 tab/fill)
ANZEMET (<i>dolasetron mesylate</i>) 50 MG TAB	Tier 2	QLC (2 tabs/fill)
<i>aprepitant capsule 125 mg</i>	Tier 1	QLC (4 caps/28 days)
<i>aprepitant capsule 40 mg</i>	Tier 1	QLC (1 cap/month)
<i>aprepitant capsule 80 mg</i>	Tier 1	QLC (8 caps/28 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 1	QLC (12 caps/28 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 (12 packets/28 days)
EMEND (<i>aprepitant</i>) 40 MG CAP	Tier 3	QLC (1 cap/month)
EMEND (<i>aprepitant</i>) 80 MG CAP	Tier 3	QLC (8 caps/28 days)
EMEND TRI-PACK (<i>aprepitant</i>) -80 & 125 MG CAP	Tier 3	QLC (12 caps/28 days)
<i>granisetron hcl tab 1 mg</i>	Tier 1	QLC (12 tabs/30 days)
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 3	PA, QLC (1 tab/30 days)
ONDANSETRON HCL 24 MG TAB	Tier 1	QLC (1 tab/30 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	QLC (1 bottle (50 ml)/ 30 days)
<i>ondansetron hcl tab 4 mg</i>	Tier 1	QLC (6 tabs/day)
<i>ondansetron hcl tab 8 mg</i>	Tier 1	QLC (3 tabs/day)
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QLC (6 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QLC (3 tabs/day)
SANCUSO (<i>granisetron</i>) 3.1 MG/24HR PATCH	Tier 4	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	LA, QLC (2 tabs/14 days)
ZOFRAN (<i>ondansetron hcl</i>) 4 MG TAB	Tier 3	QLC (6 tabs/day)
ZOFRAN (<i>ondansetron hcl</i>) 8 MG TAB	Tier 3	QLC (3 tabs/day)

ANTIFUNGALS (Drugs for Fungal Infections)

ANCOBON (<i>flucytosine</i>) 250 MG CAP, 500 MG CAP	Tier 3	
<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	
ERTACZO (<i>sertaconazole nitrate</i>) 2 % CREAM	Tier 4	ST, QLC (1 tube/fill)
EXELDERM (<i>sulconazole nitrate</i>) 1 % CREAM, 1 % SOLUTION	Tier 3	
EXTINA (<i>ketconazole (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	
<i>fluconazole tab 200 mg</i>	Tier 1	
<i>fluconazole tab 50 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 4	PA, QLC (1 bottle (4ml)/month)
KERYDIN (<i>tavaborole</i>) 5 % SOLUTION	Tier 4	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 2	ST
<i>naftifine hcl cream 2%</i>	Tier 2	ST
<i>naftifine hcl gel 1%</i>	Tier 2	ST
<i>naftifine hcl gel 2%</i>	Tier 2	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	
<i>oxiconazole nitrate cream 1%</i>	Tier 1	ST
OXISTAT (<i>oxiconazole nitrate</i>) 1 % CREAM	Tier 3	ST
OXISTAT (<i>oxiconazole nitrate</i>) 1 % LOTION	Tier 4	ST
<i>posaconazole susp 40 mg/ml</i>	Tier 2	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)
<i>tavaborole soln 5%</i>	Tier 4	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>terconazole vaginal suppos 80 mg</i>	Tier 1	
TOLSURA (<i>itraconazole</i>) 65 MG CAP	Tier 4	PA, QLC (4 caps/day)
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 4	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>ketconazole (topical)</i>) 2 %	Tier 4	ST

ANTIGOUT AGENTS (Drugs for Gout)

<i>allopurinol tab 100 mg</i>	Tier 1	
<i>allopurinol tab 200 mg</i>	Tier 4	PA, QLC (4 tabs/day), BE
<i>allopurinol tab 300 mg</i>	Tier 1	
<i>colchicine cap 0.6 mg</i>	Tier 2	QLC (2 caps/day)
<i>colchicine tab 0.6 mg</i>	Tier 1	QLC (4 tabs/day)
<i>colchicine w/ probenecid tab 0.5-500 mg</i> (COLCHICINE-PROBENECID)	Tier 1	
COLCRYS (<i>colchicine</i>) 0.6 MG TAB	Tier 3	QLC (4 tabs/day)
<i>febuxostat tab 40 mg</i>	Tier 3	ST, QLC (1 tab/day)
<i>febuxostat tab 80 mg</i>	Tier 3	ST, QLC (1 tab/day)
GLOPERBA (<i>colchicine</i>) 0.6 MG/5ML SOLUTION	Tier 4	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	

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

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

AIMOVIG (<i>erenumab-aooe</i>) IMOVIG 140 MG/ML SOLN -INJ	Tier 2	PA, QLC (1 injection/28 days)
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 4	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 4	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 4	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 4	PA, QLC (24 ml/28 days)
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 4	PA, QLC (24 ml/28 days)
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	Tier 4	PA, QLC (8 vials/month)
ERGOMAR (<i>ergotamine tartrate</i>) 2 MG SL TAB	Tier 4	QLC (20 tabs/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 3	QLC (5 suppositories/week)
MIGRANAL (<i>dihydroergotamine mesylate</i>) 4 MG/ML SOLUTION	Tier 4	PA, QLC (8 vials/month)
TRUDHESA (<i>dihydroergotamine mesylate hfa</i>) 0.725 MG/ACT AERO SOLN	Tier 4	PA, QLC (12 ml/28 days)

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

<i>almotriptan malate tab 12.5 mg</i>	Tier 2	ST, QLC (24 tabs/month)
<i>almotriptan malate tab 6.25 mg</i>	Tier 2	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 2	ST, QLC (18 tabs/month)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 2	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 2	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 (8 injections/30 days)
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	Tier 3	QLC (12 injections/30 days)
IMITREX STATDOSE REFILL (<i>sumatriptan succinate</i>) 6 MG/0.5ML SOLN CART	Tier 3	QLC (8 injections/30 days)
IMITREX STATDOSE SYSTEM (<i>sumatriptan succinate</i>) STTDOSE 4 MG/0.5ML SOLN -INJ	Tier 3	QLC (12 injections/30 days)
IMITREX STATDOSE SYSTEM (<i>sumatriptan succinate</i>) STTDOSE 6 MG/0.5ML SOLN -INJ	Tier 3	QLC (8 injections/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 4	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 4	PA, QLC (8 tabs/30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Tier 1	QLC (24 tabs/month)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 1	QLC (24 tabs/month)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QLC (24 tabs/month)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QLC (24 tabs/month)
<i>sumatriptan nasal spray 20 mg/act</i>	Tier 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 (8 injections/30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 1	QLC (8 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART	Tier 1	QLC (12 injections/30 days)
SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART	Tier 1	QLC (8 injections/30 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Tier 1	QLC (12 injections/30 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Tier 1	QLC (8 injections/30 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	Tier 1	QLC (12 injections/30 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> (SUMATRIPTAN SUCCINATE REFILL)	Tier 1	QLC (8 injections/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 4	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 4	PA, QLC (9 tabs/month)
ZEMBRACE SYMTOUCH (<i>sumatriptan succinate</i>) ZEMBRCE 3 MG/0.5ML SOLN -INJ	Tier 4	ST, QLC (16 injections/30 days)
ZOLMITRIPTAN 2.5 MG SOLUTION	Tier 3	ST, QLC (18 doses/month)
<i>zolmitriptan nasal spray 5 mg/spray unit mg/</i>	Tier 3	ST, QLC (18 doses/month)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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, LA, QLC (one syringe/day)

ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)

ANTIMYCOBACTERIALS, OTHER (Other Drugs for Mycobacterial Infection)

<i>dapsone tab 100 mg</i>	Tier 1	
<i>dapsone tab 25 mg</i>	Tier 1	
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	
ISONIAZID 100 MG TAB	Tier 1	
<i>isoniazid syrup 50 mg/5ml</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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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, LA, QLC (24 tabs/28 days, max 188 tabs/168 days)
SIRTURO (<i>bedaquiline fumarate</i>) 20 MG TAB	Tier 4	PA, LA, QLC (120 tabs/28 days, max 940 tabs/168 days)
TRECTOR (<i>ethionamide</i>) 250 MG TAB	Tier 3	

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	LA, OAC
MELPHALAN 2 MG TAB	Tier 1	OAC
MYLERAN (<i>busulfan</i>) 2 MG TAB	Tier 2	OAC
TEMODAR (<i>temozolomide</i>) 5 MG CAP, 20 MG CAP, 100 MG CAP, 140 MG CAP, 180 MG CAP, 250 MG CAP	Tier 4	S (Specialty Drug), OAC
<i>temozolomide cap 100 mg</i>	Tier 4	S (Specialty Drug), OAC
<i>temozolomide cap 140 mg</i>	Tier 4	S (Specialty Drug), OAC
<i>temozolomide cap 180 mg</i>	Tier 4	S (Specialty Drug), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>temozolomide cap 20 mg</i>	Tier 4	S (Specialty Drug), OAC
<i>temozolomide cap 250 mg</i>	Tier 4	S (Specialty Drug), OAC
<i>temozolomide cap 5 mg</i>	Tier 4	S (Specialty Drug), OAC
ANTIANDROGENS		
<i>abiraterone acetate tab 250 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>abiraterone acetate tab 500 mg</i>	Tier 4	PA, LA, S (Specialty Drug), 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, LA, S (Specialty Drug), QLC (1 tab/day), OAC
ERLEADA (<i>apalutamide</i>) 60 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
EULEXIN (<i>flutamide</i>) 125 MG CAP	Tier 4	OAC
FLUTAMIDE 125 MG CAP	Tier 1	OAC
<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, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
ORSERDU (<i>elacestrant hydrochloride</i>) 345 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), SF, OAC
ORSERDU (<i>elacestrant hydrochloride</i>) 86 MG TAB	Tier 4	PA, LA, QLC (3 tabs/day), SF, OAC
XTANDI (<i>enzalutamide</i>) 40 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
XTANDI (<i>enzalutamide</i>) 40 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
XTANDI (<i>enzalutamide</i>) 80 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
YONSA (<i>abiraterone acetate</i>) 125 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
ZYTIGA (<i>abiraterone acetate</i>) 250 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZYTIGA (<i>abiraterone acetate</i>) 500 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
ANTIANGIOGENIC AGENTS		
<i>lenalidomide cap 10 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 15 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 20 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 25 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide cap 5 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
<i>lenalidomide caps 2.5 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
POMALYST (<i>pomalidomide</i>) 1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
REVLIMID (<i>lenalidomide</i>) 2.5 MG CAP, 20 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
REVLIMID (<i>lenalidomide</i>) 5 MG CAP, 10 MG CAP, 15 MG CAP, 25 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
THALOMID (<i>thalidomide</i>) 150 MG CAP, 200 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (2 caps/day), OAC
THALOMID (<i>thalidomide</i>) 50 MG CAP, 100 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC
ANTIESTROGENS/MODIFIERS		
EMCYT (<i>estramustine phosphate sodium</i>) 140 MG CAP	Tier 2	OAC
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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ANTIMETABOLITES

<i>capecitabine tab 150 mg</i>	Tier 4	S (Specialty Drug), OAC
<i>capecitabine tab 500 mg</i>	Tier 4	S (Specialty Drug), OAC
<i>mercaptopurine tab 50 mg</i>	Tier 1	OAC
ONUREG (<i>azacitidine</i>) 200 MG TAB, 300 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (14 tabs/28 days), OAC
PURIXAN (<i>mercaptopurine</i>) 2000 MG/100ML SUSPENSION	Tier 4	LA, AL1 (Up to 10 yrs old), S (Specialty Drug), 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	S (Specialty Drug), 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, LA, QLC (2 tabs/day), SF, OAC
AUGTYRO (<i>repotrectinib</i>) 40 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (8 caps/day), SF, OAC
FRUZAQLA (<i>fruquintinib</i>) 1 MG CAP	Tier 4	PA, LA, QLC (84 caps/28 days), OAC
FRUZAQLA (<i>fruquintinib</i>) 5 MG CAP	Tier 4	PA, LA, 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, LA, S (Specialty Drug), QLC (5 tabs/28 days), OAC
IWILFIN (<i>eflornithine hydrochloride</i>) 192 MG TAB	Tier 4	PA, LA, QLC (8 tabs/day), OAC
<i>leucovorin calcium tab 10 mg</i>	Tier 1	OAC
<i>leucovorin calcium tab 15 mg</i>	Tier 1	OAC
<i>leucovorin calcium tab 25 mg</i>	Tier 1	OAC
<i>leucovorin calcium tab 5 mg</i>	Tier 1	OAC
LONSURF (<i>trifluridine-tipiracil</i>) 15-6.14 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (100 tabs/28 days), OAC
LONSURF (<i>trifluridine-tipiracil</i>) 20-8.19 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (80 tabs/28 days), OAC
LYSODREN (<i>mitotane</i>) 500 MG TAB	Tier 2	SF, OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OJJAARA (<i>mometinib dihydrochloride</i>) 100 MG TAB, 150 MG TAB, 200 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
QINLOCK (<i>ripretinib</i>) 50 MG TAB	Tier 4	PA, LA, QLC (3 tabs/day), OAC
WELIREG (<i>belzutifan</i>) 40 MG TAB	Tier 4	PA, LA, QLC (3 tabs/day), SF, OAC
ZOLINZA (<i>vorinostat</i>) 100 MG CAP	Tier 4	PA, S (Specialty Drug), 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	S (Specialty Drug), OAC
LAZCLUZE (<i>lazertinib mesylate</i>) 240 MG TAB	Tier 4	PA, LA, QLC (1 tab/day)
LAZCLUZE (<i>lazertinib mesylate</i>) 80 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day)
OJEMDA (<i>torvorafenib</i>) 100 MG TAB	Tier 4	PA, LA, QLC (24 tabs/28 days), OAC
OJEMDA (<i>torvorafenib</i>) 25 MG/ML RECON SUSP	Tier 4	PA, LA, QLC (96 ml/28 days), OAC
TRUQAP (<i>capivasertib</i>) 160 MG TAB, 200 MG TAB	Tier 4	PA, LA, QLC (64 tabs/28 days), OAC
MOLECULAR TARGET INHIBITORS		
AFINITOR (<i>everolimus</i>) 2.5 MG TAB, 5 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
AFINITOR (<i>everolimus</i>) 7.5 MG TAB, 10 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
AFINITOR DISPERZ (<i>everolimus</i>) 2 MG TAB SOL	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
AFINITOR DISPERZ (<i>everolimus</i>) 3 MG TAB SOL	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AFINITOR DISPERZ (<i>everolimus</i>) 5 MG TAB SOL	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
ALECENSA (<i>alectinib hcl</i>) 150 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (8 caps/day), SF, OAC
ALUNBRIG (<i>brigatinib</i>) 30 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), SF, OAC
ALUNBRIG (<i>brigatinib</i>) 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	Tier 4	PA, LA, 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, LA, QLC (1 tab/day), SF, OAC
BALVERSA (<i>erdafitinib</i>) 3 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
BALVERSA (<i>erdafitinib</i>) 4 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
BALVERSA (<i>erdafitinib</i>) 5 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
BOSULIF (<i>bosutinib</i>) 100 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (6 caps/day), OAC
BOSULIF (<i>bosutinib</i>) 100 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
BOSULIF (<i>bosutinib</i>) 400 MG TAB, 500 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
BOSULIF (<i>bosutinib</i>) 50 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day), OAC
BRAFTOVI (<i>encorafenib</i>) 75 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day), OAC
BRUKINSA (<i>zanubrutinib</i>) 80 MG CAP	Tier 4	PA, LA, QLC (4 caps/day), SF, OAC
CABOMETYX (<i>cabozantinib s-malate</i>) 20 MG TAB, 40 MG TAB, 60 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
CALQUENCE (<i>acalabrutinib maleate</i>) 100 MG TAB	Tier 4	PA, LA, QLC (2 caps/day), SF, OAC
CALQUENCE (<i>acalabrutinib</i>) 100 MG CAP	Tier 4	PA, LA, QLC (2 caps/day), SF, OAC
CAPRELSA (<i>vandetanib</i>) 100 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC
CAPRELSA (<i>vandetanib</i>) 300 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
COMETRIQ (100 MG DAILY DOSE) (<i>cabozantinib s-malate</i>) 80 & 20 KIT	Tier 4	PA, S (Specialty Drug), QLC (56 caps/28 days), OAC

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>everolimus tab 7.5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
<i>everolimus tab for oral susp 2 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
<i>everolimus tab for oral susp 3 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>everolimus tab for oral susp 5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
EXKIVITY (<i>mobocertinib succinate</i>) 40 MG CAP	Tier 4	PA, LA, QLC (4 caps/day), SF, OAC
FARYDAK (<i>panobinostat lactate</i>) 10 MG CAP, 15 MG CAP, 20 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/21 days), OAC
FOTIVDA (<i>tivozanib hcl</i>) 0.89 MG CAP, 1.34 MG CAP	Tier 4	PA, LA, QLC (21 caps/28 days), OAC
GAVRETO (<i>pralsetinib</i>) 100 MG CAP	Tier 4	PA, LA, QLC (4 caps/day), OAC
<i>gefitinib tab 250 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
GILOTRIF (<i>afatinib dimaleate</i>) 20 MG TAB, 30 MG TAB, 40 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
GLEEVEC (<i>imatinib mesylate</i>) 100 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (8 tabs/day), SF, OAC
GLEEVEC (<i>imatinib mesylate</i>) 400 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
IBRANCE (<i>palbociclib</i>) 100 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (21 tabs/28 days), OAC
IBRANCE (<i>palbociclib</i>) 75 MG CAP, 100 MG CAP, 125 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (21 caps/28 days), OAC
IBRANCE (<i>palbociclib</i>) 75 MG TAB, 125 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (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, LA, QLC (1 tab/day), OAC
IDHIFA (<i>enasidenib mesylate</i>) 50 MG TAB, 100 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (8 tabs/day), SF, OAC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
IMBRUVICA (<i>ibrutinib</i>) 140 MG CAP	Tier 4	PA, LA, QLC (3 caps/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IMBRUVICA (<i>ibrutinib</i>) 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 70 MG CAP	Tier 4	PA, LA, QLC (1 cap/day), OAC
IMBRUVICA (<i>ibrutinib</i>) 70 MG/ML SUSPENSION	Tier 4	PA, LA, QLC (6 ml/day), OAC
INLYTA (<i>axitinib</i>) 1 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), SF, OAC
INLYTA (<i>axitinib</i>) 5 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
INREBIC (<i>fedratinib hcl</i>) 100 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
IRESSA (<i>gefitinib</i>) 250 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
JAKAFI (<i>ruxolitinib phosphate</i>) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
JAYPIRCA (<i>pirtobrutinib</i>) 100 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
JAYPIRCA (<i>pirtobrutinib</i>) 50 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
KISQALI (200 MG DOSE) (<i>ribociclib succinate</i>) (TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI (400 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI (600 MG DOSE) (<i>ribociclib succinate</i>) 200 TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (200 MG DOSE) (<i>ribociclib succinate-letrozole</i>) (& 2.5 TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (400 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KISQALI FEMARA (600 MG DOSE) (<i>ribociclib succinate-letrozole</i>) 200 & 2.5 TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 pack/28 days), OAC
KOSELUGO (<i>selumetinib sulfate</i>) 10 MG CAP	Tier 4	PA, LA, QLC (8 caps/day), OAC
KOSELUGO (<i>selumetinib sulfate</i>) 25 MG CAP	Tier 4	PA, LA, QLC (4 caps/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KRAZATI (<i>adagrasib</i>) 200 MG TAB	Tier 4	PA, LA, QLC (6 tabs/day), SF, OAC
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC
LENVIMA (10 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (30 caps/month), OAC
LENVIMA (12 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 3 X 4 CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/day), OAC
LENVIMA (14 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (110 & CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (60 caps/month), OAC
LENVIMA (18 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 10 & 2 X 4 CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (90 caps/month), OAC
LENVIMA (20 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (0 X 10 CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (60 caps/month), OAC
LENVIMA (24 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (X 10 & CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (90 caps/month), OAC
LENVIMA (4 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) (CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), OAC
LENVIMA (8 MG DAILY DOSE) (<i>lenvatinib mesylate</i>) 2 X 4 CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (60 caps/month), OAC
LORBRENA (<i>lorlatinib</i>) 100 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
LORBRENA (<i>lorlatinib</i>) 25 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
LUMAKRAS (<i>sotorasib</i>) 120 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (8 tabs/day), SF, OAC
LUMAKRAS (<i>sotorasib</i>) 320 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
LYNPARZA (<i>olaparib</i>) 100 MG TAB, 150 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
LYTGOBI (12 MG DAILY DOSE) (<i>futibatinib</i>) 4 TAB THPK	Tier 4	PA, LA, QLC (84 tabs/28 days), OAC
LYTGOBI (16 MG DAILY DOSE) (<i>futibatinib</i>) 4 TAB THPK	Tier 4	PA, LA, QLC (112 tabs/28 days), OAC
LYTGOBI (20 MG DAILY DOSE) (<i>futibatinib</i>) 4 TAB THPK	Tier 4	PA, LA, QLC (140 tabs/28 days), OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.05 MG/ML RECON SOLN	Tier 4	PA, LA, S (Specialty Drug), QLC (40 ml/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 0.5 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), OAC
MEKINIST (<i>trametinib dimethyl sulfoxide</i>) 2 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
MEKTOVI (<i>binimetinib</i>) 15 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC
NERLYNX (<i>neratinib maleate</i>) 40 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), SF, OAC
NEXAVAR (<i>sorafenib tosylate</i>) 200 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
NINLARO (<i>ixazomib citrate</i>) 2.3 MG CAP, 3 MG CAP, 4 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/21 days), OAC
ODOMZO (<i>sonidegib phosphate</i>) 200 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
OGSIVEO (<i>nirogacestat hydrobromide</i>) 100 MG TAB, 150 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC
OGSIVEO (<i>nirogacestat hydrobromide</i>) 50 MG TAB	Tier 4	PA, LA, QLC (6 tabs/day), SF, OAC
<i>pazopanib hcl tab 200 mg (base equiv)</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
PEMAZYRE (<i>pemigatinib</i>) 4.5 MG TAB, 9 MG TAB, 13.5 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
PIQRAY (200 MG DAILY DOSE) (<i>alpelisib</i>) (TAB THPK)	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), OAC
PIQRAY (250 MG DAILY DOSE) (<i>alpelisib</i>) 200 & TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
PIQRAY (300 MG DAILY DOSE) (<i>alpelisib</i>) 2 X 150 TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), OAC
RETEVMO (<i>selpercatinib</i>) 40 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (6 caps/day), SF, OAC
RETEVMO (<i>selpercatinib</i>) 40 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), SF
RETEVMO (<i>selpercatinib</i>) 80 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
RETEVMO (<i>selpercatinib</i>) 80 MG TAB, 120 MG TAB, 160 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF
REZLIDHIA (<i>olutasidenib</i>) 150 MG CAP	Tier 4	PA, LA, QLC (2 caps/day), SF, OAC
ROZLYTREK (<i>entrectinib</i>) 100 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (5 caps/day), SF, OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ROZLYTREK (<i>entrectinib</i>) 200 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (3 caps/day), SF, OAC
ROZLYTREK (<i>entrectinib</i>) 50 MG PACKET	Tier 4	PA, S (Specialty Drug), QLC (10 packs/day), OAC
RUBRACA (<i>rucaparib camsylate</i>) 200 MG TAB, 250 MG TAB, 300 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
RYDAPT (<i>midostaurin</i>) 25 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (56 caps/21 days [#56 package size] or 224 caps/28 days), OAC
SCEMBLIX (<i>asciminib hcl</i>) 100 MG TAB	Tier 4	PA, LA, QLC (4 tabs/day), OAC
SCEMBLIX (<i>asciminib hcl</i>) 20 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC
SCEMBLIX (<i>asciminib hcl</i>) 40 MG TAB	Tier 4	PA, LA, QLC (8 tabs/day), OAC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC
SPRYCEL (<i>dasatinib</i>) 100 MG TAB, 140 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
SPRYCEL (<i>dasatinib</i>) 20 MG TAB, 50 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
SPRYCEL (<i>dasatinib</i>) 70 MG TAB, 80 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day), SF, OAC
STIVARGA (<i>regorafenib</i>) 40 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), OAC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (3 caps/day), SF, OAC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
SUTENT (<i>sunitinib malate</i>) 12.5 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (3 caps/day), SF, OAC
SUTENT (<i>sunitinib malate</i>) 25 MG CAP, 37.5 MG CAP, 50 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
SYNRIBO (<i>omacetaxine mepesuccinate</i>) 3.5 MG RECON SOLN	Tier 4	PA, LA, S (Specialty Drug), QLC (2 vials/day)
TABRECTA (<i>capmatinib hcl</i>) 150 MG TAB, 200 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TAFINLAR (<i>dabrafenib mesylate</i>) 10 MG TAB SOL	Tier 4	PA, S (Specialty Drug), QLC (30 tabs/day), OAC
TAFINLAR (<i>dabrafenib mesylate</i>) 50 MG CAP, 75 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), OAC
TAGRISSO (<i>osimertinib mesylate</i>) 40 MG TAB, 80 MG TAB	Tier 4	PA, LA, S (Specialty Drug), 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, LA, S (Specialty Drug), QLC (1 cap/day), OAC
TALZENNA (<i>talazoparib tosylate</i>) 0.25 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (3 caps/day), SF, OAC
TALZENNA (<i>talazoparib tosylate</i>) 0.35 MG CAP	Tier 4	LA, S (Specialty Drug), QLC (1 cap/day), OAC
TALZENNA (<i>talazoparib tosylate</i>) 1 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day), SF, OAC
TARCEVA (<i>erlotinib hcl</i>) 100 MG TAB, 150 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
TARCEVA (<i>erlotinib hcl</i>) 25 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
TASIGNA (<i>nilotinib hcl</i>) 50 MG CAP, 150 MG CAP, 200 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
TAZVERIK (<i>tazemetostat hbr</i>) 200 MG TAB	Tier 4	PA, LA, QLC (8 tabs/day), SF, OAC
TEPMETKO (<i>tepotinib hcl</i>) 225 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC
TIBSOVO (<i>ivosidenib</i>) 250 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), SF, OAC
TRUSELTIQ (100MG DAILY DOSE) (<i>infigratinib phosphate</i>) (CAP THPK)	Tier 4	PA, LA, S (Specialty Drug), QLC (21 caps/28 days), OAC
TRUSELTIQ (125MG DAILY DOSE) (<i>infigratinib phosphate</i>) (1100 & CAP THPK)	Tier 4	PA, LA, S (Specialty Drug), QLC (42 caps/28 days), OAC
TRUSELTIQ (50MG DAILY DOSE) (<i>infigratinib phosphate</i>) 25 CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (42 caps/28 days), OAC
TRUSELTIQ (75MG DAILY DOSE) (<i>infigratinib phosphate</i>) (7525 CAP THPK)	Tier 4	PA, LA, S (Specialty Drug), QLC (63 caps/28 days), OAC
TUKYSA (<i>tucatinib</i>) 50 MG TAB, 150 MG TAB	Tier 4	PA, LA, QLC (4 tabs/day), OAC
TURALIO (<i>pexidartinib hcl</i>) 125 MG CAP, 200 MG CAP	Tier 4	PA, LA, QLC (4 caps/day), OAC
TYKERB (<i>lapatinib ditosylate</i>) 250 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (6 tabs/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
UKONIQ (<i>umbralisib tosylate</i>) 200 MG TAB	Tier 4	PA, LA, QLC (4 tabs/day), OAC
VANFLYTA (<i>quizartinib dihydrochloride</i>) 17.7 MG TAB	Tier 4	PA, LA, QLC (28 tabs/28 days), OAC
VANFLYTA (<i>quizartinib dihydrochloride</i>) 26.5 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC
VENCLEXTA (<i>venetoclax</i>) 10 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC
VENCLEXTA (<i>venetoclax</i>) 100 MG TAB	Tier 4	PA, LA, QLC (6 tabs/day), OAC
VENCLEXTA (<i>venetoclax</i>) 50 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
VENCLEXTA STARTING PACK (<i>venetoclax</i>) 10 & 50 & 100 MG TAB THPK	Tier 4	PA, LA, 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, LA, S (Specialty Drug), QLC (2 tabs/day), OAC
VIJOICE (<i>alpelisib (pros agents)</i>) 200 & 50 MG TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
VIJOICE (<i>alpelisib (pros agents)</i>) 50 MG PACKET	Tier 4	PA, S (Specialty Drug), QLC (1 packet/day)
VIJOICE (<i>alpelisib (pros agents)</i>) 50 MG TAB THPK, 125 MG TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
VITRAKVI (<i>larotrectinib sulfate</i>) 100 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day), SF, OAC
VITRAKVI (<i>larotrectinib sulfate</i>) 20 MG/ML SOLUTION	Tier 4	PA, LA, S (Specialty Drug), QLC (10 ml/day), SF, OAC
VITRAKVI (<i>larotrectinib sulfate</i>) 25 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day), SF, OAC
VIZIMPRO (<i>dacomitinib</i>) 15 MG TAB, 30 MG TAB, 45 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF, OAC
VORANIGO (<i>vorasidenib</i>) 10 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day)
VORANIGO (<i>vorasidenib</i>) 40 MG TAB	Tier 4	PA, LA, QLC (1 tab/day)
VOTRIENT (<i>pazopanib hcl</i>) 200 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day), SF, OAC
XALKORI (<i>crizotinib</i>) 150 MG CAP SPRINK	Tier 4	PA, LA, S (Specialty Drug), QLC (6 caps/day), SF, OAC
XALKORI (<i>crizotinib</i>) 20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (4 caps/day), SF, OAC
XOSPATA (<i>gilteritinib fumarate</i>) 40 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XPOVIO (100 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	Tier 4	PA, LA, QLC (5 tabs/7 days), OAC
XPOVIO (100 MG ONCE WEEKLY) (<i>selinexor</i>) 50 TAB THPK	Tier 4	PA, LA, QLC (8 tabs/28 days), OAC
XPOVIO (40 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	Tier 4	PA, LA, QLC (8 tabs/28 days), OAC
XPOVIO (40 MG ONCE WEEKLY) (<i>selinexor</i>) TAB THPK	Tier 4	PA, LA, QLC (4 tabs/28 days), OAC
XPOVIO (40 MG TWICE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	Tier 4	PA, LA, QLC (16 tabs/28 days), OAC
XPOVIO (40 MG TWICE WEEKLY) (<i>selinexor</i>) TAB THPK	Tier 4	PA, LA, QLC (8 tabs/28 days), OAC
XPOVIO (60 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	Tier 4	PA, LA, QLC (3 tabs/7 days), OAC
XPOVIO (60 MG ONCE WEEKLY) (<i>selinexor</i>) TAB THPK	Tier 4	PA, LA, QLC (4 tabs/28 days), OAC
XPOVIO (60 MG TWICE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	Tier 4	PA, LA, QLC (24 tabs/28 days), OAC
XPOVIO (80 MG ONCE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	Tier 4	PA, LA, QLC (4 tabs/7 days), OAC
XPOVIO (80 MG ONCE WEEKLY) (<i>selinexor</i>) 40 TAB THPK	Tier 4	PA, LA, QLC (8 tabs/28 days), OAC
XPOVIO (80 MG TWICE WEEKLY) (<i>selinexor</i>) 20 TAB THPK	Tier 4	PA, LA, QLC (8 tabs/7 days), OAC
ZEJULA (<i>niraparib tosylate</i>) 100 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (3 caps/day), SF, OAC
ZEJULA (<i>niraparib tosylate</i>) 100 MG TAB, 200 MG TAB, 300 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), OAC
ZELBORAF (<i>vemurafenib</i>) 240 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (8 tabs/day), OAC
ZYDELIG (<i>idelalisib</i>) 100 MG TAB, 150 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day), OAC
ZYKADIA (<i>ceritinib</i>) 150 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day), SF, OAC
MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE		
XGEVA (<i>denosumab</i>) 120 MG/1.7ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (1 vial/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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RETINOIDS

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

TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)

HEMADY (<i>dexamethasone</i>) 20 MG TAB	Tier 3	PA, QLC (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, LA, QLC (4 caps/day), OAC

ANTIPARASITICS (Drugs for Parasitic Infections)

ANTHELMINTHICS

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

ANTIPROTOZOALS (Drugs for Protozoal Infection)

<i>atovaquone susp 750 mg/5ml</i>	Tier 1	PA
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	QLC (1 tab/day)
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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/30 days)
DARAPRIM (<i>pyrimethamine</i>) 25 MG TAB	Tier 4	PA, LA
<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, LA, 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 (12 tabs/day; max 720 tabs/365 days)
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/30 days)
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	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pyrimethamine tab 25 mg</i>	Tier 4	PA, LA
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 4	PA, QLC (2 tabs/day), BE

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
TRIHENYPHENIDYL 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, S (Specialty Drug), 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 4	ST, QLC (6 tabs/day)
<i>tolcapone tab 100 mg</i>	Tier 4	ST, QLC (6 tabs/day)
DOPAMINE AGONISTS		
APOKYN (<i>apomorphine hydrochloride</i>) 30 MG/3ML SOLN CART	Tier 4	PA, LA, S (Specialty Drug), QLC (2 ml/day (20 cartridges/30 days))
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	Tier 4	PA, LA, S (Specialty Drug), 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 4	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i> (PRAMIPEXOLE DIHYDROCHLORIDE ER)	Tier 1	QLC (1 tab/day)
<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)

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

<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	QLC (8 tabs/day)
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	QLC (8 tabs/day)
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	QLC (8 tabs/day)
<i>carbidopa & levodopa tab 10-100 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	
<i>carbidopa & levodopa tab 25-100 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	
<i>carbidopa & levodopa tab 25-250 mg</i> (CARBIDOPA-LEVODOPA)	Tier 1	
<i>carbidopa & levodopa tab er 25-100 mg</i> (CARBIDOPA-LEVODOPA ER)	Tier 1	
<i>carbidopa & levodopa tab er 50-200 mg</i> (CARBIDOPA-LEVODOPA ER)	Tier 1	
<i>carbidopa tab 25 mg</i>	Tier 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, LA, 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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	

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 4	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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 3	QLC (8 tabs/day)
MOLINDONE HCL 25 MG TAB	Tier 3	QLC (9 tabs/day)
MOLINDONE HCL 5 MG TAB	Tier 3	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	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 4	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 (8 tabs/30 days; 2 fills/year)
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)
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 2	QLC (1 tab/day)
<i>lurasidone hcl tab 20 mg</i>	Tier 2	QLC (1 tab/day)
<i>lurasidone hcl tab 40 mg</i>	Tier 2	QLC (1 tab/day)
<i>lurasidone hcl tab 60 mg</i>	Tier 2	QLC (1 tab/day)
<i>lurasidone hcl tab 80 mg</i>	Tier 2	QLC (2 tabs/day)
NUPLAZID (<i>pimavanserin tartrate</i>) 10 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day), SF
NUPLAZID (<i>pimavanserin tartrate</i>) 34 MG CAP	Tier 4	PA, LA, S (Specialty Drug), 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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>olanzapine tab 2.5 mg</i>	Tier 1	
<i>olanzapine tab 20 mg</i>	Tier 1	
olanzapine tab 20 mg (Zyprexa)	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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
SECUADO (<i>asenapine</i>) 3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR	Tier 4	PA, QLC (1 patch/day)
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
TREATMENT-RESISTANT		
CLOZAPINE 12.5 MG TAB DISP, 150 MG TAB DISP	Tier 2	
<i>clozapine orally disintegrating tab 100 mg</i>	Tier 2	
<i>clozapine orally disintegrating tab 150 mg</i>	Tier 2	
<i>clozapine orally disintegrating tab 200 mg</i>	Tier 2	
<i>clozapine orally disintegrating tab 25 mg</i>	Tier 2	
<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 4	PA, QLC (40 ml/day)
BACLOFEN 5 MG/5ML SOLUTION	Tier 4	PA, QLC (80 ml/day)
<i>baclofen susp 25 mg/5ml</i>	Tier 4	PA, QLC (16 ml/day)
<i>baclofen tab 10 mg</i>	Tier 1	QLC (8 tabs/day)
<i>baclofen tab 15 mg</i>	Tier 2	QLC (4 tabs/day)
<i>baclofen tab 20 mg</i>	Tier 1	QLC (4 tabs/day)
<i>baclofen tab 5 mg</i>	Tier 1	QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 4	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 4	PA, QLC (80 ml/day)
OZOBAX DS (<i>baclofen</i>) 10 MG/5ML SOLUTION	Tier 4	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	
<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, LA, QLC (4 tabs/day)
PREVYMIS (<i>letermovir</i>) 240 MG TAB, 480 MG TAB	Tier 4	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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)

ANTI-HEPATITIS C (HCV) AGENTS (Drugs for Hepatitis C)

EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 150-37.5 MG PACKET	Tier 4	PA, S (Specialty Drug), QLC (1 packet/day)
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 200-50 MG PACKET	Tier 4	PA, S (Specialty Drug), QLC (2 packets/day)
EPCLUSA (<i>sofosbuvir-velpatasvir</i>) 200-50 MG TAB, 400-100 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 33.75-150 MG PACKET	Tier 4	PA, S (Specialty Drug), QLC (1 packet/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 45-200 MG PACKET	Tier 4	PA, S (Specialty Drug), QLC (2 packets/day)
HARVONI (<i>ledipasvir-sofosbuvir</i>) 45-200 MG TAB, 90-400 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
LEDIPASVIR-SOFOSBUVIR -90-400 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
MAVYRET (<i>glecaprevir-pibrentasvir</i>) 100-40 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day)
MAVYRET (<i>glecaprevir-pibrentasvir</i>) 50-20 MG PACKET	Tier 4	PA, S (Specialty Drug), QLC (6 packets/day)
PEGINTRON (<i>peginterferon alfa-2b</i>) 50 MCG/0.5ML KIT	Tier 4	S (Specialty Drug)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RIBAVIRIN (<i>ribavirin (hepatitis c)</i>) 200 MG CAP, 200 MG TAB	Tier 1	S (Specialty Drug)
<i>ribavirin cap 200 mg</i>	Tier 1	S (Specialty Drug)
<i>ribavirin tab 200 mg</i>	Tier 1	S (Specialty Drug)
SOFOBUVIR-VELPATASVIR -400-100 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
SOVALDI (<i>sofosbuvir</i>) 150 MG PACKET	Tier 4	PA, S (Specialty Drug), QLC (1 packet/day)
SOVALDI (<i>sofosbuvir</i>) 200 MG PACKET	Tier 4	PA, S (Specialty Drug), QLC (2 packets/day)
SOVALDI (<i>sofosbuvir</i>) 200 MG TAB, 400 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
VIEKIRA PAK (<i>ombitasvir-paritaprevir-ritonavir-dasabuvir</i>) 12.5-75-50 & 250 MG TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day)
VOSEVI (<i>sofosbuvir-velpatasvir-voxilaprevir</i>) 400-100-100 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
ZEPATIER (<i>elbasvir-grazoprevir</i>) 50-100 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

BIKTARVY (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>) 30-120-15 MG TAB, 50-200-25 MG TAB	Tier 2	QLC (1 tab/day)
DOVATO (<i>dolutegravir sodium-lamivudine</i>) 50-300 MG TAB	Tier 2	QLC (1 tab/day)
GENVOYA (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>) 150-150-200-10 MG	Tier 2	QLC (1 tab/day)
ISENTRESS (<i>raltegravir potassium</i>) 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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STRIBILD (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</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)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)

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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
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	S (Specialty Drug), 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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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, S (Specialty Drug), QLC (4 tabs/180 days)
SUNLENCA (<i>lenacapavir sodium</i>) 5 X 300 MG TAB THPK	Tier 4	PA, S (Specialty Drug), 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)
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)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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 4	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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>famciclovir tab 500 mg</i>	Tier 1	
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	
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>) MG & OMG TAB THPK	Tier 2	AL1 (At least 12 yrs old), QLC (20 tabs/30 days; COVID treatment covered at \$0), CW
PAXLOVID (300/100) (<i>nirmatrelvir-ritonavir</i>) 20 150 MG & OMG TAB THPK	Tier 2	AL1 (At least 12 yrs old), QLC (30 tabs/30 days; COVID treatment covered at \$0), CW

ANXIOLYTICS (Drugs for Anxiety)

ANXIOLYTICS, OTHER (Other Drugs for Anxiety)

<i>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 3	AL1 (Up to 64 yrs old)
<i>meprobamate tab 400 mg</i>	Tier 3	AL1 (Up to 64 yrs old)

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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	Tier 1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clonazepam orally disintegrating tab 1 mg</i>	Tier 1	
<i>clonazepam orally disintegrating tab 2 mg</i>	Tier 1	
<i>clonazepam tab 0.5 mg</i>	Tier 1	QLC (40 tabs/day)
<i>clonazepam tab 1 mg</i>	Tier 1	QLC (20 tabs/day)
<i>clonazepam tab 2 mg</i>	Tier 1	QLC (10 tabs/day)
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	QLC (6 tabs/day)
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	QLC (24 tabs/day)
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	QLC (12 tabs/day)
<i>diazepam conc 5 mg/ml</i>	Tier 1	QLC (12 bottles/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</i> (<i>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
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BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)

ANTIDIABETIC AGENTS (Drugs for High Blood Sugar)

<i>acarbose tab 100 mg</i>	Tier 1	
<i>acarbose tab 25 mg</i>	Tier 1	
<i>acarbose tab 50 mg</i>	Tier 1	
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	
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)
DAPAGLIFLOZIN PRO-METFORMIN ER (<i>dapagliflozin propanediol-metformin hcl</i>) -10-1000 MG TAB 24H	Tier 3	PA, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 4	PA, QLC (2 tabs/day), BE
<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 4	PA, BE
GLYBURIDE MICRONIZED 1.5 MG TAB, 3 MG TAB, 6 MG TAB	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>glyburide tab 1.25 mg</i>	Tier 1	
<i>glyburide tab 2.5 mg</i>	Tier 1	
<i>glyburide tab 5 mg</i>	Tier 1	
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	
GLYNASE (<i>glyburide micronized</i>) 1.5 MG TAB, 3 MG TAB, 6 MG TAB	Tier 3	
GLYSET (<i>miglitol</i>) 25 MG TAB, 50 MG TAB, 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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KOMBIGLYZE XR (<i>saxagliptin-metformin hcl</i>) 2.5-1000 MG TAB ER 24H	Tier 3	ST, QLC (2 tabs/day)
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 4	PA, QLC (4 tabs/day), BE
<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 3	PA, QLC (2 tabs/day)
<i>metformin hcl tab er 24hr modified release 500 mg</i> (METFORMIN HCL ER (MOD))	Tier 3	PA, QLC (3 tabs/day)
<i>metformin hcl tab er 24hr osmotic 1000 mg</i> (METFORMIN HCL ER (OSM))	Tier 3	PA
<i>metformin hcl tab er 24hr osmotic 500 mg</i> (METFORMIN HCL ER (OSM))	Tier 3	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
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 2	ST, QLC (1 tab/day)
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	Tier 2	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 3	ST, QLC (1 tab/day)
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	Tier 3	ST, QLC (1 tab/day)
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i> (SAXAGLIPTIN-METFORMIN ER)	Tier 3	ST, QLC (2 tabs/day)
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i> (SAXAGLIPTIN-METFORMIN ER)	Tier 3	ST, QLC (1 tab/day)
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i> (SAXAGLIPTIN-METFORMIN ER)	Tier 3	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 4	PA
SYMLINPEN 60 (<i>pramlintide acetate</i>) SYMLIN1500 MCG/1.5ML SOLN	Tier 4	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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 3	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)
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 1	QLC (2 kits/fill)
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 4	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 4	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
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 R U-500 (CONCENTRATED) (<i>insulin regular (human)</i>) HMLIN - (CONCENTATED) NIT/ML SOLTION	Tier 2	
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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
LANTUS (<i>insulin glargine</i>) 100 UNIT/ML SOLUTION	Tier 2	QLC (40 ml (4 vials)/ month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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
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-agln</i>) KWIK100 UNIT/ML SOLN	Tier 3	PA, QLC (45 ml/ 30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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 2	PA, QLC (2 caps/day)
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i> (Tier 2	PA, QLC (2 caps/day)
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i> (Tier 2	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 (74 tabs/180 days)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
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 4	PA, QLC (2 packs/day)
PRADAXA (<i>dabigatran etexilate mesylate</i>) 30 MG PACKET, 40 MG PACKET, 50 MG PACKET, 110 MG PACKET	Tier 4	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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, S (Specialty Drug), QLC (2 tabs/day)
ALVAIZ (<i>eltrombopag choline</i>) 9 MG TAB, 18 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>anagrelide hcl cap 0.5 mg</i>	Tier 1	
<i>anagrelide hcl cap 1 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ARANESP (ALBUMIN FREE) (<i>darbepoetin alfa</i>) 10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe or vial/week)
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, S (Specialty Drug)
FABHALTA (<i>iptacopan hcl</i>) 200 MG CAP	Tier 4	PA, LA, QLC (2 caps/day)
FULPHILA (<i>pegfilgrastim-jmdb</i>) 6 MG/0.6ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)
FYLNETRA (<i>pegfilgrastim-pbbk</i>) 6 MG/0.6ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)
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, S (Specialty Drug)
LEUKINE (<i>sargramostim</i>) 250 MCG RECON SOLN	Tier 4	PA, S (Specialty Drug)
MOZOBIL (<i>plerixafor</i>) 24 MG/1.2ML SOLUTION	Tier 4	PA, LA, S (Specialty Drug)
MULPLETA (<i>lusutrombopag</i>) 3 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day, not to exceed 7 tabs/120 days)
NEULASTA (<i>pegfilgrastim</i>) 6 MG/0.6ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)
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, S (Specialty Drug)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NIVESTYM (<i>filgrastim-aafi</i>) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	Tier 4	PA, S (Specialty Drug)
NYVEPRIA (<i>pegfilgrastim-apgf</i>) 6 MG/0.6ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)
<i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)</i>	Tier 4	PA, LA, S (Specialty Drug)
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, S (Specialty Drug)
PROMACTA (<i>eltrombopag olamine</i>) 12.5 MG PACKET	Tier 4	PA, LA, S (Specialty Drug), QLC (1 packet/day)
PROMACTA (<i>eltrombopag olamine</i>) 12.5 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
PROMACTA (<i>eltrombopag olamine</i>) 25 MG PACKET	Tier 4	PA, LA, S (Specialty Drug), QLC (6 packets/day)
PROMACTA (<i>eltrombopag olamine</i>) 25 MG TAB, 50 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day)
PROMACTA (<i>eltrombopag olamine</i>) 75 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
PYRUKYND TAPER PACK (<i>mitapivat sulfate</i>) 5 MG TAB THPK	Tier 4	PA, LA, 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, LA, 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, S (Specialty Drug)
RETACRIT (<i>epoetin alfa-epbx</i>) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	Tier 4	PA, S (Specialty Drug)
ROLVEDON (<i>eflapegrastim-xnst</i>) 13.2 MG/0.6ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STIMUFEND (<i>pegfilgrastim-fpgk</i>) 6 MG/0.6ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)
UDENYCA (<i>pegfilgrastim-cbqv</i>) 6 MG/0.6ML SOLN A-INJ, 6 MG/0.6ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)
ZARXIO (<i>filgrastim-sndz</i>) 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)
ZIEXTENZO (<i>pegfilgrastim-bmez</i>) 6 MG/0.6ML SOLN PRSYR	Tier 4	PA, LA

HEMOSTASIS AGENTS (Drugs to Stop Bleeding)

<i>aminocaproic acid oral soln 0.25 gm/ml</i>	Tier 4	
<i>aminocaproic acid tab 1000 mg</i>	Tier 4	
<i>aminocaproic acid tab 500 mg</i>	Tier 4	
LYSTEDA (<i>tranexamic acid</i>) 650 MG TAB	Tier 3	QLC (6 tabs/day; max 5 days of therapy/28 days)
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 5 days of therapy/28 days)

PLATELET MODIFYING AGENTS (Drugs for Heart Attack and Stroke Prevention)

AGGRENOX (<i>aspirin-dipyridamole</i>) 25-200 MG CAP ER 12H	Tier 3	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (ASPIRIN-DIPYRIDAMOLE ER)	Tier 1	
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, LA, QLC (1 kit/day)
<i>cilostazol tab 100 mg</i>	Tier 1	
<i>cilostazol tab 50 mg</i>	Tier 1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	QLC (1 tab/day)
<i>dipyridamole tab 25 mg</i>	Tier 1	
<i>dipyridamole tab 50 mg</i>	Tier 1	
<i>dipyridamole tab 75 mg</i>	Tier 1	

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

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DOPTELET (<i>avatrombopag maleate</i>) 20 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/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, LA, QLC (2 tabs/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	
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 4	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, S (Specialty Drug), QLC (18 caps/day)
<i>droxidopa cap 200 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (9 caps/day)
<i>droxidopa cap 300 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (6 caps/day)
<i>guanfacine hcl tab 1 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 4	PA, QLC (3 tabs/day)
NORTHERA (<i>droxidopa</i>) 100 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (18 caps/day)
NORTHERA (<i>droxidopa</i>) 200 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (9 caps/day)
NORTHERA (<i>droxidopa</i>) 300 MG CAP	Tier 4	PA, LA, S (Specialty Drug), 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	
DIBENZYLINE (<i>phenoxybenzamine hcl</i>) 10 MG CAP	Tier 4	PA
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	
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	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 4	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)
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>enalapril maleate oral soln 1 mg/ml</i>	Tier 2	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)
PRINIVIL (<i>lisinopril</i>) 10 MG TAB, 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	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>dronedaron 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	
QUINIDINE SULFATE 200 MG TAB, 300 MG TAB	Tier 1	
<i>quinidine sulfate tab 200 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
BYSTOLIC (<i>nebivolol hcl</i>) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	Tier 3	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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, LA, 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 4	PA
INNOPRAN XL (<i>propranolol hcl sustained-release beads</i>) 80 MG CAP ER 24H, 120 MG CAP ER 24H	Tier 4	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	
<i>labetalol hcl tab 300 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 (PROPRANOLOL HCL ER)</i>	Tier 1	
<i>propranolol hcl cap er 24hr 160 mg (PROPRANOLOL HCL ER)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>propranolol hcl cap er 24hr 60 mg</i> (PROPRANOLOL HCL ER)	Tier 1	
<i>propranolol hcl cap er 24hr 80 mg</i> (PROPRANOLOL HCL ER)	Tier 1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	
<i>propranolol hcl tab 10 mg</i>	Tier 1	
<i>propranolol hcl tab 20 mg</i>	Tier 1	
<i>propranolol hcl tab 40 mg</i>	Tier 1	
<i>propranolol hcl tab 60 mg</i>	Tier 1	
<i>propranolol hcl tab 80 mg</i>	Tier 1	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
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 2	
<i>nisoldipine tab er 24hr 17 mg</i> (NISOLDIPINE ER)	Tier 2	
<i>nisoldipine tab er 24hr 34 mg</i> (NISOLDIPINE ER)	Tier 2	
<i>nisoldipine tab er 24hr 8.5 mg</i> (NISOLDIPINE ER)	Tier 2	
NORLIQVA (<i>amlodipine besylate</i>) 1 MG/ML SOLUTION	Tier 3	PA, QLC (10 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 4	PA, QLC (60 ml/day, max of 21 days in 6 months)
NYMALIZE (<i>nimodipine</i>) 6 MG/ML SOLUTION	Tier 4	PA, QLC (60 ml/day; max 21 days therapy/180 days)
NYMALIZE (<i>nimodipine</i>) 60 MG/20ML SOLUTION	Tier 4	PA, QLC (120 ml per day, max of 21 days in 6 months)
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 2	
<i>diltiazem hcl cap er 12hr 60 mg</i> (DILTIAZEM HCL ER)	Tier 2	
<i>diltiazem hcl cap er 12hr 90 mg</i> (DILTIAZEM HCL ER)	Tier 2	
diltiazem hcl cap er 24hr 120 mg (Dilt-Xr)	Tier 1	
<i>diltiazem hcl cap er 24hr 120 mg</i> (DILTIAZEM HCL ER)	Tier 1	
diltiazem hcl cap er 24hr 180 mg (Dilt-Xr)	Tier 1	

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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	

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

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
<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, S (Specialty Drug), QLC (1 cap/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i> (CANDESARTAN CILEXETIL-HCTZ)	Tier 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	
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 4	S (Specialty Drug), 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)
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-chlorthalidone</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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 2	QLC (6 tabs/day)
<i>ivabradine hcl tab 5 mg (base equiv)</i>	Tier 2	PA, QLC (2 tabs/day)
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	Tier 2	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
<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>metyrosine cap 250 mg</i>	Tier 4	S (Specialty Drug), QLC (16 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
PROPRANOLOL-HCTZ (<i>propranolol & hydrochlorothiazide</i>) -40-25 MG TAB, -80-25 MG TAB	Tier 1	
QUINAPRIL-HYDROCHLOROTHIAZIDE -20-25 MG TAB	Tier 1	

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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>aprocitentan</i>) 12.5 MG TAB	Tier 4	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)
ZESTORETIC (<i>lisinopril & hydrochlorothiazide</i>) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 4	PA, QLC (8 tabs/day)
<i>ethacrynic acid tab 25 mg</i>	Tier 4	PA, QLC (8 tabs/day)
FUROSCIX (<i>furosemide</i>) 80 MG/10ML CART KIT	Tier 4	PA, LA, QLC (1 kit/day)
FUROSEMIDE 8 MG/ML SOLUTION	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	
SOAANZ (<i>torseamide</i>) 20 MG TAB	Tier 3	PA, QLC (1 tab/day)
SOAANZ (<i>torseamide</i>) 40 MG TAB	Tier 3	PA, QLC (5 tabs/day)
SOAANZ (<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
<i>eplerenone tab 25 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 2	ST
<i>triamterene cap 50 mg</i>	Tier 2	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)
FENOFIBRATE MICRONIZED 30 MG CAP	Tier 3	ST, QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 2	ST, QLC (1 tab/day)
<i>fenofibrate tab 145 mg</i>	Tier 1	QLC (1 tab/day)
<i>fenofibrate tab 40 mg</i>	Tier 2	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 4	PA, QLC (1 tab/day)
ATORVALIQ (<i>atorvastatin calcium</i>) 20 MG/5ML SUSPENSION	Tier 4	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 2	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 2	ST, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pitavastatin calcium tab 2 mg</i>	Tier 2	ST, QLC (1 tab/day)
<i>pitavastatin calcium tab 4 mg</i>	Tier 2	ST, QLC (1 tab/day)
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cholestyramine powder packets 4 gm</i>	Tier 1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 2	
<i>colesevelam hcl tab 625 mg</i>	Tier 2	
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, LA, QLC (2 caps/day)
JUXTAPID (<i>lomitapide mesylate</i>) 5 MG CAP, 10 MG CAP, 40 MG CAP, 60 MG CAP	Tier 4	PA, LA, 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 (ANTHYPERLIPIDEMIC) 500 MG TAB	Tier 1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i> (NIACIN ER (ANTHYPERLIPIDEMIC))	Tier 1	QLC (2 tabs/day)
<i>niacin tab er 500 mg (antihyperlipidemic)</i> (NIACIN ER (ANTHYPERLIPIDEMIC))	Tier 1	QLC (4 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>niacin tab er 750 mg (antihyperlipidemic)</i> (NIACIN ER (ANTHYPERLIPIDEMIC))	Tier 1	QLC (2 tabs/day)
NIACOR (<i>niacin (antihyperlipidemic)</i>) 500 MG TAB	Tier 1	
NIASPAN (<i>niacin (antihyperlipidemic)</i>) 500 MG TAB	Tier 3	QLC (4 tabs/day)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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 2	PA, QLC (20 ml/day)
<i>spironolactone tab 100 mg</i>	Tier 1	
<i>spironolactone tab 25 mg</i>	Tier 1	
<i>spironolactone tab 50 mg</i>	Tier 1	

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 (Drugs for Relaxing Arteries)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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VASODILATORS, DIRECT-ACTING ARTERIAL (Drugs for Relaxing Arteries)/VENOUS (Drugs for Relaxing Arteries and Veins)

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	
<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 2	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	Tier 3	
NITROLINGUAL (<i>nitroglycerin</i>) 0.4 MG/SPRAY SOLUTION	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, LA, QLC (2 films/day)
RADICAVA ORS (<i>edaravone</i>) 105 MG/5ML SUSPENSION	Tier 4	PA, LA, S (Specialty Drug), QLC (70 ml/28 days; max 2 fills per year)
RADICAVA ORS STARTER KIT (<i>edaravone</i>) 105 MG/5ML SUSPENSION	Tier 4	PA, LA, S (Specialty Drug), QLC (70 ml/28 days; max 2 fills per year)
RELYVRIO (<i>sodium phenylbutyrate-taurursodio</i>) 3-1 GM PACKET	Tier 4	PA, LA, S (Specialty Drug), 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, LA, QLC (20 ml/day)
TIGLUTIK (<i>riluzole</i>) 50 MG/10ML SUSPENSION	Tier 4	PA, LA, QLC (20 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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)
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 2	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 2	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 2	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 2	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
<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 4	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
<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 (Zenzedi)	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
<i>dextroamphetamine sulfate tab 15 mg</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
dextroamphetamine sulfate tab 15 mg (Zenzedi)	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>dextroamphetamine sulfate tab 2.5 mg</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dextroamphetamine sulfate tab 2.5 mg (Zenzedi)	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dextroamphetamine sulfate tab 20 mg</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
dextroamphetamine sulfate tab 20 mg (Zenzedi)	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
<i>dextroamphetamine sulfate tab 30 mg</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dextroamphetamine sulfate tab 30 mg (Zenzedi)	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>dextroamphetamine sulfate tab 5 mg</i>	Tier 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	Tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	Tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	Tier 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methamphetamine hcl tab 5 mg</i>	Tier 4	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)
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		
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CONCERTA (<i>methylphenidate hcl</i>) 18 MG TAB ER, 27 MG TAB ER, 54 MG TAB ER	Tier 3	AL1 (Up to 17 yrs old), QLC (1 tab/day)
CONCERTA (<i>methylphenidate hcl</i>) CONCTA 36 MG TAB	Tier 3	AL1 (Up to 17 yrs old), QLC (2 tabs/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)
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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) 4hr	Tier 1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> (GUANFACINE HCL ER)	Tier 1	QLC (1 tab/day)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> (GUANFACINE HCL ER) 2hr	Tier 1	QLC (1 tab/day)
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)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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)
<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 3	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> (METHYLPHENIDATE HCL ER (OSM))	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> (METHYLPHENIDATE HCL ER)	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER (OSM))	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> (METHYLPHENIDATE HCL ER)	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> (METHYLPHENIDATE HCL ER (OSM))	Tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> (METHYLPHENIDATE HCL ER)	Tier 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> (METHYLPHENIDATE HCL ER (OSM))	Tier 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 3	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
<i>methylphenidate td patch 15 mg/9hr</i>	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
<i>methylphenidate td patch 20 mg/9hr</i>	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
<i>methylphenidate td patch 30 mg/9hr</i>	Tier 3	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
ONYDA XR (<i>clonidine hcl (adhd)</i>) 0.1 MG/ML SUSP	Tier 4	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)
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, 45 MG TAB ER, 54 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 3	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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), BE
ADIPEX-P (<i>phentermine hcl</i>) ADIEX-37.5 MG TAB	Tier 3	PA, QLC (1 tab/day), BE
ALLZITAL (<i>butalbital-acetaminophen</i>) 25-325 MG TAB	Tier 3	PA, QLC (12 tabs/day; max 96 tabs/30 days)
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> (ASPIRIN-DIPYRIDAMOLE ER)	Tier 1	
AUSTEDO (<i>deutetrabenazine</i>) 6 MG TAB, 9 MG TAB, 12 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day)
AUSTEDO XR (<i>deutetrabenazine</i>) 24 MG TAB ER 24H	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
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, S (Specialty Drug), QLC (1 tab/day)
AUSTEDO XR PATIENT TITRATION (<i>deutetrabenazine</i>) 12 & 18 & 24 & 30 MG TBER THPK	Tier 4	PA, S (Specialty Drug), QLC (28 tabs/28 day; max 2 fills/365 days)
AUSTEDO XR PATIENT TITRATION (<i>deutetrabenazine</i>) 6 & 12 & 24 MG TBER THPK	Tier 4	PA, S (Specialty Drug), QLC (42 tabs/28 days; max 2 fills/year)
BENZPHETAMINE HCL 25 MG TAB	Tier 1	PA, QLC (3 tabs/day), BE
<i>benzphetamine hcl tab 50 mg</i>	Tier 1	PA, QLC (3 tabs/day), BE
BUTALBITAL-ACETAMINOPHEN -25-325 MG TAB	Tier 3	PA, QLC (12 tabs/day; max 96 tabs/30 days)
BUTALBITAL-ACETAMINOPHEN -50-300 MG CAP	Tier 3	PA, QLC (6 caps/day; max 48 caps/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>butalbital-acetaminophen cap 50-300 mg</i>	Tier 3	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen tab 50-300 mg</i>	Tier 3	PA, QLC (6 tabs/day; max 48 tabs/30 days)
butalbital-acetaminophen tab 50-300 mg (Bupap)	Tier 3	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 3	PA, QLC (6 caps/day; max 48 caps/30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> (BUTALBITAL-APAP-CAFFEINE)	Tier 3	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 4	PA, QLC (90 ml/day; max 720 ml/30 days)
butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml (Vanatol S)	Tier 4	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)
DIETHYLPROPION HCL ER 75 MG TAB 24H	Tier 1	PA, QLC (1 tab/day), BE
<i>diethylpropion hcl tab 25 mg</i>	Tier 1	PA, QLC (3 tabs/day), BE
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 3	PA, QLC (6 caps/day; max 48 caps/30 days)
FIRDAPSE (<i>amifampridine phosphate</i>) 10 MG TAB	Tier 4	PA, LA, QLC (10 tabs/day)
<i>gabapentin (once-daily) tab 300 mg</i>	Tier 2	PA, QLC (1 tab/day)
<i>gabapentin (once-daily) tab 600 mg</i>	Tier 2	PA, QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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, LA, S (Specialty Drug), 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, LA, S (Specialty Drug), QLC (1 cap/day)
LOMAIRA (<i>phentermine hcl</i>) 8 MG TAB	Tier 1	PA, QLC (3 tabs/day), BE
NUDEXTA (<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), BE
<i>phendimetrazine tartrate tab 35 mg</i>	Tier 1	PA, QLC (6 tabs/day), BE
<i>phentermine hcl cap 15 mg</i>	Tier 1	PA, QLC (1 cap/day), BE
<i>phentermine hcl cap 30 mg</i>	Tier 1	PA, QLC (1 cap/day), BE
<i>phentermine hcl cap 37.5 mg</i>	Tier 1	PA, QLC (1 cap/day), BE
<i>phentermine hcl tab 37.5 mg</i>	Tier 1	PA, QLC (1 tab/day), BE
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), BE
RUZURGI (<i>amifampridine</i>) 10 MG TAB	Tier 4	PA, LA, 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, S (Specialty Drug), QLC (8 tabs/day)
<i>tetrabenazine tab 25 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 4	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, LA, QLC (8 doses/30 days)
XENAZINE (<i>tetrabenazine</i>) 12.5 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (8 tabs/day)
XENAZINE (<i>tetrabenazine</i>) 25 MG TAB	Tier 4	PA, LA, S (Specialty Drug), 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)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 2	PA, QLC (3 tabs/day)
<i>pregabalin tab er 24hr 330 mg</i> (PREGABALIN ER)	Tier 2	PA, QLC (2 tabs/day)
<i>pregabalin tab er 24hr 82.5 mg</i> (PREGABALIN ER)	Tier 2	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 (55 tabs/28 days)

MULTIPLE SCLEROSIS AGENTS

AMPYRA (<i>dalfampridine</i>) 10 MG TAB ER 12H	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
AUBAGIO (<i>teriflunomide</i>) 14 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
AUBAGIO (<i>teriflunomide</i>) 7 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
AVONEX PEN (<i>interferon beta-1a</i>) 30 MCG/0.5ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (4 injections/month)
AVONEX PREFILLED (<i>interferon beta-1a</i>) ILLED 30 MCG/0.5ML SY KT	Tier 4	PA, S (Specialty Drug), QLC (4 injections/month)
BAFIERTAM (<i>monomethyl fumarate</i>) 95 MG CAP DR	Tier 4	PA, S (Specialty Drug), QLC (4 caps/day)
BETASERON (<i>interferon beta-1b</i>) 0.3 MG KIT	Tier 4	PA, S (Specialty Drug), QLC (15 injections/month)
COPAXONE (<i>glatiramer acetate</i>) 20 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COPAXONE (<i>glatiramer acetate</i>) 40 MG/ML SOLN PRSYR	Tier 4	S (Specialty Drug), QLC (12 syringes/month)
<i>dalfampridine tab er 12hr 10 mg</i> (DALFAMPRIDINE ER)	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Tier 1	LA, S (Specialty Drug), QLC (2 caps/day)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Tier 1	LA, S (Specialty Drug), QLC (2 caps/day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i> (DIMETHYL FUMARATE STARTER PACK)	Tier 1	LA, S (Specialty Drug), QLC (2 tabs/day)
EXTAVIA (<i>interferon beta-1b</i>) 0.3 MG KIT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/month)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	Tier 3	PA, S (Specialty Drug), QLC (1 cap/day)
GILENYA (<i>fingolimod hcl</i>) 0.25 MG CAP, 0.5 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	Tier 2	S (Specialty Drug), QLC (1 syringe/day)
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	Tier 2	S (Specialty Drug), QLC (1 syringe/day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 2	S (Specialty Drug), QLC (12 syringes/month)
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)	Tier 2	S (Specialty Drug), QLC (12 syringes/month)
KESIMPTA (<i>ofatumumab (ms)</i>) 20 MG/0.4ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 pen/28 days)
MAVENCLAD (10 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (4 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (5 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (6 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (7 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, S (Specialty Drug), QLC (20 tabs/year)
MAVENCLAD (8 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, S (Specialty Drug), QLC (20 tabs/year)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MAVENCLAD (9 TABS) (<i>cladribine (multiple sclerosis)</i>) S) 10 MG THPK	Tier 4	PA, S (Specialty Drug), QLC (20 tabs/year)
MAYZENT (<i>siponimod fumarate</i>) 0.25 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)
MAYZENT (<i>siponimod fumarate</i>) 1 MG TAB, 2 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
MAYZENT STARTER PACK (<i>siponimod fumarate</i>) 0.25 MG TAB THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (7 tabs/28 days; max 2 fills/year)
MAYZENT STARTER PACK (<i>siponimod fumarate</i>) 12 X 0.25 MG TAB THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (12 tabs/28 days; max 2 fills/year)
PLEGRIDY (<i>peginterferon beta-1a</i>) 125 MCG/0.5ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
PLEGRIDY (<i>peginterferon beta-1a</i>) 125 MCG/0.5ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
PLEGRIDY STARTER PACK (<i>peginterferon beta-1a</i>) PACK 63 94 MCG/0.5ML SOLN A-INJ, PACK 63 94 MCG/0.5ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 starter pack/12 months)
PONVORY (<i>ponesimod</i>) 20 MG TAB	Tier 4	PA, LA, S (Specialty Drug), 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, LA, S (Specialty Drug), QLC (14 tabs/30 days; max 2 fills/year)
REBIF (<i>interferon beta-1a</i>) 22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (12 injections/month)
REBIF REBIDOSE (<i>interferon beta-1a</i>) 22 MCG/0.5ML SOLN -INJ, 44 MCG/0.5ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (12 injections/month)
REBIF REBIDOSE TITRATION PACK (<i>interferon beta-1a</i>) TITRTION PCK 6X8.8 & 6X22 MCG SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (4.2 ml/28 days; max 2 fills/year)
REBIF TITRATION PACK (<i>interferon beta-1a</i>) 6X8.8 & 6X22 MCG SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (4.2 ml/28 days; max 2 fills/year)
TASCENSO ODT (<i>fingolimod lauryl sulfate</i>) ODT 0.25 MG TAB DISP, ODT 0.5 MG TAB DISP	Tier 4	PA, LA, QLC (1 tab/day)
TECFIDERA (<i>dimethyl fumarate</i>) 120 & 240 MG CPDR THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
TECFIDERA (<i>dimethyl fumarate</i>) 120 MG CAP DR, 240 MG CAP DR	Tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>teriflunomide tab 14 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>teriflunomide tab 7 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
VUMERITY (<i>diroximel fumarate</i>) 231 MG CAP DR	Tier 4	PA, S (Specialty Drug), QLC (4 caps/day)
ZEPOSIA (<i>ozanimod hcl</i>) 0.92 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (1 cap/day)
ZEPOSIA 7-DAY STARTER PACK (<i>ozanimod hcl</i>) -4 X 0.23MG & 3 X 0.46MG CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (7 caps/28 days; max 2 fills/year)
ZEPOSIA STARTER KIT (<i>ozanimod hcl</i>) 0.23MG & 0.46MG & 0.92MG CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (1 packet/37 days; max 2 fills/year)
ZEPOSIA STARTER KIT (<i>ozanimod hcl</i>) 0.23MG & 0.46MG 0.92MG(21) CAP THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (28 caps/28 days; max 2 fills/year)

DENTAL AND ORAL AGENTS (Drugs for the Mouth)

<i>cevimeline hcl cap 30 mg</i>	Tier 1	
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 4	
ABSORICA LD (<i>isotretinoin micronized</i>) 8 MG CAP, 16 MG CAP, 24 MG CAP, 32 MG CAP	Tier 4	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ACANYA (<i>clindamycin phosphate-benzoyl peroxide</i>) 1.2-2.5 % GEL	Tier 3	ST
<i>acitretin cap 10 mg</i>	Tier 1	QLC (4 caps/day)
<i>acitretin cap 17.5 mg</i>	Tier 1	QLC (2 caps/day)
<i>acitretin cap 25 mg</i>	Tier 1	QLC (2 caps/day)
ADAPALENE 0.1 % PAD	Tier 3	PA, BE
ADAPALENE 0.1 % SOLUTION	Tier 3	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 4	PA, QLC (50 gm/30 days), BE

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	Tier 1	
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
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i> (CLINDAMYCIN PHOS-BENZOYL PEROX)	Tier 2	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
isotretinoin cap 20 mg (Myorisan)	Tier 1	
isotretinoin cap 20 mg (Zenatane)	Tier 1	
<i>isotretinoin cap 25 mg</i>	Tier 4	
<i>isotretinoin cap 30 mg</i>	Tier 1	
isotretinoin cap 30 mg (Accutane)	Tier 1	
isotretinoin cap 30 mg (Claravis)	Tier 1	
isotretinoin cap 30 mg (Myorisan)	Tier 1	
isotretinoin cap 30 mg (Zenatane)	Tier 1	
<i>isotretinoin cap 35 mg</i>	Tier 4	
<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 4	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
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 2	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 3	ST, AL1 (Up to 39 yrs old), QLC (1 bottle/month)
<i>tretinoin microsphere gel 0.08%</i> (TRETINOIN MICROSPHERE PUMP)	Tier 3	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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DERMATITIS AND PRURITUS AGENTS (Drugs for Skin Inflammation and Itch)

ADBRY (<i>tralokinumab-ldrm</i>) 150 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
ADBRY (<i>tralokinumab-ldrm</i>) DBRY 300 MG/2ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)
ALA SCALP (<i>hydrocortisone (topical)</i>) 2 % LOTION	Tier 3	ST
<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 3	ST
<i>amcinonide oint 0.1%</i>	Tier 3	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 3	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 3	ST
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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, LA, QLC (5 caps/day)
BYLVAY (<i>odevixibat</i>) 400 MCG CAP	Tier 4	PA, LA, QLC (15 caps/day)
BYLVAY (PELLETS) (<i>odevixibat</i>) 200 MCG CAP SPRINK	Tier 4	PA, LA, QLC (30 caps/day)
BYLVAY (PELLETS) (<i>odevixibat</i>) 600 MCG CAP SPRINK	Tier 4	PA, LA, QLC (10 caps/day)
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 3	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 3	ST

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
DESONATE (<i>desonide</i>) 0.05 % GEL	Tier 3	PA
DESONIDE 0.05 % GEL	Tier 2	PA
<i>desonide cream 0.05%</i>	Tier 1	
<i>desonide gel 0.05%</i>	Tier 2	PA
desonide gel 0.05% (Desrx)	Tier 2	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 3	ST
<i>diflorasone diacetate oint 0.05%</i>	Tier 3	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 4	PA
ELIDEL (<i>pimecrolimus</i>) 1 % CREAM	Tier 3	QLC (100 gm/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
<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 3	ST
<i>fluticasone propionate cream 0.05%</i>	Tier 1	
<i>fluticasone propionate lotion 0.05%</i>	Tier 3	ST
fluticasone propionate lotion 0.05% (Beser)	Tier 3	ST
<i>fluticasone propionate oint 0.005%</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>halcinonide cream 0.1%</i>	Tier 2	PA
<i>halobetasol propionate cream 0.05%</i>	Tier 1	
<i>halobetasol propionate foam 0.05%</i>	Tier 4	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 4	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	
hydrocortisone acetate suppos 25 mg (Anucort-Hc)	Tier 1	
hydrocortisone acetate suppos 25 mg (Anusol-Hc)	Tier 4	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 3	ST
HYDROCORTISONE BUTYRATE 0.1 % CREAM	Tier 1	ST
HYDROCORTISONE BUTYRATE 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 3	ST
<i>hydrocortisone butyrate lotion 0.1%</i>	Tier 3	ST
<i>hydrocortisone butyrate oint 0.1%</i>	Tier 1	
<i>hydrocortisone butyrate soln 0.1%</i>	Tier 1	
<i>hydrocortisone cream 2.5%</i>	Tier 1	
hydrocortisone cream 2.5% (Ala-Cort)	Tier 1	
hydrocortisone lotion 2% (Ala Scalp)	Tier 3	ST
<i>hydrocortisone lotion 2.5%</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocortisone oint 2.5%</i>	Tier 1	
<i>hydrocortisone perianal cream 2.5%</i> (HYDROCORTISONE (PERIANAL))	Tier 1	
hydrocortisone perianal cream 2.5% (Procto-Med Hc)	Tier 1	
hydrocortisone perianal cream 2.5% (Proctosol Hc)	Tier 1	
hydrocortisone perianal cream 2.5% (Proctozone-Hc)	Tier 1	
<i>hydrocortisone valerate cream 0.2%</i>	Tier 1	
<i>hydrocortisone valerate oint 0.2%</i>	Tier 1	
IMPEKLO (<i>clobetasol propionate</i>) 0.15 MG/ACT (0.05%) LOTION	Tier 3	PA, QLC (272 gm (4 bottles)/28 days)
KENALOG (<i>triamcinolone acetonide</i> (<i>topical</i>)) 0.147 MG/GM AERO SOLN	Tier 3	ST
LEXETTE (<i>halobetasol propionate</i>) 0.05 % FOAM	Tier 4	PA, QLC (200 gm/28 days)
LOCOID (<i>hydrocortisone butyrate</i>) 0.1% LOTION	Tier 3	ST
LOCOID LIPOCREAM (<i>hydrocortisone</i> <i>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%</i> (<i>lotion</i>)	Tier 1	
OLUX (<i>clobetasol propionate</i>) 0.05 % FOAM	Tier 3	PA
OLUX-E (<i>clobetasol propionate</i> <i>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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 4	PA
PSORCON (<i>diflorasone diacetate</i>) 0.05 % CREAM	Tier 3	ST
<i>selenium sulfide lotion 2.5%</i>	Tier 1	QLC (1 bottle/month)
SERNIVO (<i>betamethasone dipropionate (topical)</i>) 0.05 % EMULSION	Tier 4	PA, QLC (1 bottle/month)
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.05%</i>	Tier 3	ST
<i>triamcinolone acetonide oint 0.05%</i> (TRIAMCINOLONE IN ABSORBASE)	Tier 3	ST
triamcinolone acetonide oint 0.05% (Trianex)	Tier 3	ST
triamcinolone acetonide oint 0.05% (Tritocin)	Tier 3	ST
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	
ULTRAVATE (<i>halobetasol propionate</i>) 0.05 % LOTION	Tier 4	ST, QLC (1 bottle (60ml) /month)
VANOS (<i>fluocinonide</i>) 0.1 % CREAM	Tier 3	PA
VERDESO (<i>desonide</i>) 0.05 % FOAM	Tier 4	PA
VTAMA (<i>tapinarof</i>) 1 % CREAM	Tier 4	PA, QLC (60 gm/30 days)
ZONALON (<i>doxepin hcl (antipruritic)</i>) 5 % CREAM	Tier 4	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 3	PA, QLC (400 gm/month)
CALCITRIOL (<i>calcitriol (topical)</i>) 3 MCG/GM OINTMENT	Tier 3	QLC (800 gm/month)
CARAC (<i>fluorouracil (topical)</i>) 0.5 % CREAM	Tier 4	PA, QLC (1 tube/month), BE
CIBINQO (<i>abrocitinib</i>) 50 MG TAB, 100 MG TAB, 200 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	Tier 1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> (CLOTRIMAZOLE-BETAMETHASONE)	Tier 1	
CLOTRIMAZOLE-BETAMETHASONE (<i>clotrimazole w/ betamethasone</i>) -1-0.05 % LOTION	Tier 1	
CONDYLOX (<i>podofilox</i>) 0.5 % GEL	Tier 4	ST
DOVONEX (<i>calcipotriene</i>) 0.005 % CREAM	Tier 3	
DUOBRII (<i>halobetasol propionate-tazarotene</i>) 0.01-0.045 % LOTION	Tier 4	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 4	PA, QLC (420gm/30 days)
EPIFOAM (<i>pramoxine-hc</i>) 1	Tier 2	
FLUOROPLEX (<i>fluorouracil (topical)</i>) 1 % CREAM	Tier 4	PA, QLC (1 tube/month)
FLUOROURACIL (<i>fluorouracil (topical)</i>) 0.5 % CREAM	Tier 4	PA, QLC (1 tube/month)
FLUOROURACIL (<i>fluorouracil (topical)</i>) 2 % SOLUTION	Tier 1	
<i>fluorouracil cream 5%</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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, LA, QLC (10 gm/30 days)
<i>imiquimod cream 3.75%</i>	Tier 4	ST, QLC (28 packets/month; max 56 packets/ 6 months)
<i>imiquimod cream 3.75%</i> (IMIQUIMOD PUMP)	Tier 4	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 (<i>tirbanibulin</i>) 1 % OINTMENT	Tier 4	PA, QLC (5 packets/30 days)
LITFULO (<i>ritlecitinib tosylate</i>) 50 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day)
METHOXSALEN RAPID 10 MG CAP	Tier 1	
<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 4	PA, QLC (240 gm/30 days)
OTEZLA (<i>apremilast</i>) 20 MG TAB, 30 MG TAB	Tier 4	PA, S (Specialty Drug), 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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 3	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	
PROCTOFOAM HC (<i>hydrocortisone acetate w/ pramoxine</i>) PROCTO1	Tier 2	
REGRANEX (<i>becaplermin</i>) 0.01 % GEL	Tier 4	PA, QLC (15 gm/30 days)
SALEX (<i>salicylic acid</i>) 6 % SHAMPOO	Tier 3	
SALICYLIC ACID 26 % SOLUTION	Tier 3	
SALICYLIC ACID 6 % LOTION	Tier 1	QLC (400 gm/month)
<i>salicylic acid film forming liquid 27.5%</i>	Tier 2	
<i>salicylic acid film forming liquid 27.5%</i> (SALICYLIC ACID WART REMOVER)	Tier 2	
<i>salicylic acid foam 6%</i>	Tier 3	
<i>salicylic acid shampoo 6%</i>	Tier 3	
salicylic acid shampoo 6% (Keralyt)	Tier 3	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 4	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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TACLONEX (<i>calcipotriene-betamethasone dipropionate</i>) 0.005-0.064 % OINTMENT, 0.005-0.064 % SUSPENSION	Tier 4	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, LA, QLC (1 tube/month)
VECTICAL (<i>calcitriol (topical)</i>) 3 MCG/GM OINTMENT	Tier 4	QLC (800 gm/month)
VEREGEN (<i>sinecatechins</i>) 15 % OINTMENT	Tier 4	ST, QLC (1 tube/month, not to exceed 4 tubes/6 months)
VIRASAL (<i>salicylic acid</i>) 27.5 % LIQUID	Tier 3	
XERESE (<i>acyclovir-hydrocortisone</i>) 5-1 % CREAM	Tier 4	PA, QLC (5 gm/30 days, max 30 gm/year)
ZORYVE (<i>roflumilast (antiseborrheic)</i>) 0.3 % FOAM	Tier 4	PA, QLC (60 gm/30 days)
ZORYVE (<i>roflumilast (dermatologic)</i>) 0.15 % CREAM	Tier 4	PA, QLC (60g/30 days)
ZORYVE (<i>roflumilast (topical)</i>) 0.3 % CREAM	Tier 4	PA, QLC (60 gm/30 days)
ZYCLARA (<i>imiquimod</i>) 3.75 % CREAM	Tier 4	ST, QLC (28 packets/month, max of 56 packets/6 months)
ZYCLARA PUMP (<i>imiquimod</i>) 2.5 % CREAM	Tier 4	ST, QLC (1 bottle/month, max of 2 bottles/6 months)
ZYCLARA PUMP (<i>imiquimod</i>) 3.75 % CREAM	Tier 4	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 4	PA, QLC (237 gm/30 days)
ELIMITE (<i>permethrin</i>) 5 % CREAM	Tier 3	
<i>ivermectin cream 1%</i>	Tier 2	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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/30 days, max 30gm/year)
<i>acyclovir oint 5%</i>	Tier 1	PA, QLC (30gm/30 days, max 180gm/year)
ACZONE (<i>dapsone (topical)</i>) 5 % GEL, 7.5 % GEL	Tier 3	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 2	PA, QLC (1 can/month)
clindamycin phosphate foam 1% (Clindacin)	Tier 2	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	
<i>clindamycin phosphate swab 1%</i>	Tier 1	
clindamycin phosphate swab 1% (Clindacin Etz)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 3	ST, QLC (90 gm/month)
DENAVIR (<i>penciclovir</i>) 1 % CREAM	Tier 3	PA, QLC (5gm/30 days, max 30gm/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 3	PA
<i>mupirocin oint 2%</i>	Tier 1	
<i>penciclovir cream 1%</i>	Tier 2	PA, QLC (5gm/30 days, max 30gm/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/30 days, max 30gm/year)
ZOVIRAX (<i>acyclovir topical</i>) 5 % OINTMENT	Tier 3	PA, QLC (30gm/30 days, max 180gm/year)

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

<i>*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**</i> (MULTI-VITAMIN/FLUORIDE/IRON)	Tier 1	ACA (Preventive Health)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg***</i> (MULTIVITAMINS/FLUORIDE)	Tier 1	ACA (Preventive Health), QLC (1 tab/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 4	PA, QLC (60 tabs/30 days)
AZESCO (<i>prenatal vit w/ ferrous gluconate-folic acid</i>) 13-1 MG TAB	Tier 4	PA, BE
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	
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 4	PA, QLC (1 tab/day), BE
EFFER-K (<i>potassium bicarbonate-citric acid</i>) EFFER-10 EFFER TAB, EFFER-20 EFFER TAB	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ELITE-OB (<i>prenatal vit w/ iron carbonyl-folic acid</i>) -50-1.25 MG TAB	Tier 1	
FLORAFOL PEDIATRIC (<i>pediatric multivitamins w/f</i>) 0.5 MG CHEW TAB, 1 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
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/f</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 4	PA, BE
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	
MULTI-MAC (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>) -15-0.75-1 MG TAB	Tier 4	PA, BE
MULTI-VIT-FLOR (<i>pediatric multivitamins w/f</i>) --0.25 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTI-VIT-FLOR (<i>pediatric multivitamins w/f</i>) --0.5 MG CHEW TAB, --1 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MULTI-VITAMIN/FLUORIDE (<i>pediatric multivitamins w/ft</i>) -0.25 MG/ML SOLUTION, -0.5 MG/ML SOLUTION	Tier 1	ACA (Preventive Health)
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/ft</i>) 0.25 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN W/FLUORIDE (<i>pediatric multivitamins w/ft</i>) 0.5 MG CHEW TAB, 1 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/ft</i>) 0.25 MG CHEW TAB	Tier 1	ACA (Preventive Health), QLC (1 tab/day)
MULTIVITAMIN/FLUORIDE (<i>pediatric multivitamins w/ft</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	
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	
NEONATAL PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	Tier 2	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
O-CAL PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) - TAB	Tier 3	
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 4	PA, BE
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
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
<i>potassium chloride microencapsulated crys er tab 10 meq</i> (POTASSIUM CHLORIDE CRYSTALS ER)	Tier 1	
potassium chloride microencapsulated crys er tab 15 meq (Klor-Con M15)	Tier 1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i> (POTASSIUM CHLORIDE CRYSTALS ER)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
potassium chloride microencapsulated crys er tab 20 meq (Klor-Con M20)	Tier 1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i> (POTASSIUM CHLORIDE CRYSEER)	Tier 1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 2	PA
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 2	PA
<i>potassium chloride powder packet 20 meq</i>	Tier 1	
potassium chloride powder packet 20 meq (Klor-Con)	Tier 1	
potassium chloride tab er 10 meq (Klor-Con 10)	Tier 1	
<i>potassium chloride tab er 10 meq</i> (POTASSIUM CHLORIDE ER)	Tier 1	
<i>potassium chloride tab er 20 meq (1500 mg)</i> (POTASSIUM CHLORIDE ER)	Tier 1	
potassium chloride tab er 8 meq (600 mg) (Klor-Con)	Tier 1	
<i>potassium chloride tab er 8 meq (600 mg)</i> (POTASSIUM CHLORIDE ER)	Tier 1	
<i>potassium citrate tab er 10 meq (1080 mg)</i> (POTASSIUM CITRATE ER)	Tier 1	
<i>potassium citrate tab er 15 meq (1620 mg)</i> (POTASSIUM CITRATE ER)	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg)</i> (POTASSIUM CITRATE ER) (40)	Tier 1	
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 4	PA, BE
PRENAI 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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 4	PA, QLC (1 cap/day)
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	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 4	PA, BE
PRENATRIX (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	Tier 4	PA, QLC (1 tab/day), BE
PRENATRYL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) 27-1 MG TAB	Tier 4	PA, QLC (1 tab/day), BE
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)
QUFLORA PEDIATRIC (<i>pediatric multivitamins w/fl</i>) 0.5 MG CHEW TAB, 1 MG CHEW TAB	Tier 3	ACA (Preventive Health), QLC (1 tab/day)
R-NATAL OB (<i>prenatal w/o vit a w/ fe carbonyl-folic acid-dha</i>) -20-1-320 MG CAP	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 4	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	
UROKIT-K 10 (<i>potassium citrate (alkalinizer)</i>) -MEQ (80 MG) TAB	Tier 3	
UROKIT-K 15 (<i>potassium citrate (alkalinizer)</i>) -MEQ (1620 MG) TAB	Tier 3	
UROKIT-K 5 (<i>potassium citrate (alkalinizer)</i>) -MEQ (40 MG) TAB	Tier 3	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WESNATE DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>) 28-1-200 MG CAP	Tier 1	
WESTAB PLUS (<i>prenatal vit w/ ferrous fumarate-folic acid</i>) WES27-1 MG	Tier 1	
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 4	PA, BE
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 4	PA, BE

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, S (Specialty Drug), QLC (16 caps/day)
CUVRIOR (<i>trientine tetrahydrochloride</i>) 300 MG TAB	Tier 4	PA, LA, QLC (10 tabs/day)
<i>deferasirox granules packet 180 mg</i>	Tier 4	PA, LA, S (Specialty Drug), SF
<i>deferasirox granules packet 360 mg</i>	Tier 4	PA, LA, S (Specialty Drug), SF
<i>deferasirox granules packet 90 mg</i>	Tier 4	PA, LA, S (Specialty Drug), SF
<i>deferasirox tab 180 mg</i>	Tier 4	LA, S (Specialty Drug), SF
<i>deferasirox tab 360 mg</i>	Tier 4	LA, S (Specialty Drug), SF
<i>deferasirox tab 90 mg</i>	Tier 4	LA, S (Specialty Drug), SF
<i>deferasirox tab for oral susp 125 mg</i>	Tier 4	LA, S (Specialty Drug), SF
<i>deferasirox tab for oral susp 250 mg</i>	Tier 4	LA, S (Specialty Drug), SF
<i>deferasirox tab for oral susp 500 mg</i>	Tier 4	LA, S (Specialty Drug), SF
<i>deferiprone tab 1000 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (9 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>deferiprone tab 500 mg</i>	Tier 4	PA, LA, QLC (18 tabs/day)
DEPEN TITRATABS (<i>penicillamine</i>) 250 MG	Tier 4	PA, S (Specialty Drug), QLC (16 tabs/day)
EXJADE (<i>deferasirox</i>) 125 MG TAB SOL, 250 MG TAB SOL, 500 MG TAB SOL	Tier 4	LA, S (Specialty Drug), SF
FERRIPROX (<i>deferiprone</i>) 100 MG/ML SOLUTION	Tier 4	PA, LA, QLC (90 ml/day)
FERRIPROX (<i>deferiprone</i>) 1000 MG TAB	Tier 4	PA, LA, QLC (9 tabs/day)
FERRIPROX (<i>deferiprone</i>) 500 MG TAB	Tier 4	PA, LA, QLC (18 tabs/day)
FERRIPROX TWICE-A-DAY (<i>deferiprone</i>) --DY 1000 MG TB	Tier 4	PA, LA, QLC (9 tabs/day)
JADENU (<i>deferasirox</i>) 90 MG TAB, 180 MG TAB, 360 MG TAB	Tier 4	LA, S (Specialty Drug), SF
JADENU SPRINKLE (<i>deferasirox</i>) 90 MG PACKET, 180 MG PACKET, 360 MG PACKET	Tier 4	PA, LA, S (Specialty Drug), SF
JYNARQUE (<i>tolvaptan</i>) 15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK	Tier 4	PA, LA, QLC (2 tabs/day)
JYNARQUE (<i>tolvaptan</i>) 15 MG TAB, 30 MG TAB	Tier 4	PA, LA, QLC (1 tab/day)
<i>penicillamine cap 250 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (16 caps/day)
<i>penicillamine tab 250 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (16 tabs/day)
SAMSCA (<i>tolvaptan</i>) 15 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
SAMSCA (<i>tolvaptan</i>) 30 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
SYPRINE (<i>trientine hcl</i>) 250 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (8 caps/day)
TOLVAPTAN 15 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
<i>tolvaptan tab 15 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
<i>tolvaptan tab 30 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRIENTINE HCL 500 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (4 caps/day)
<i>trientine hcl cap 250 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (8 caps/day)
trientine hcl cap 250 mg (Clovique)	Tier 4	PA, S (Specialty Drug), QLC (8 caps/day)

PHOSPHATE BINDERS (Drugs to Lower Phosphate)

AURYXIA (<i>ferric citrate</i>) 1 GM 210 MG(FE) TAB	Tier 4	PA, QLC (12 tabs/day)
<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
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Tier 2	PA
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Tier 2	PA
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Tier 2	PA
PHOSLYRA (<i>calcium acetate (phosphate binder)</i>) 667 MG/5ML SOLUTION	Tier 3	
RENAGEL (<i>sevelamer hcl</i>) 800 MG TAB	Tier 3	
RENVELA (<i>sevelamer carbonate</i>) 0.8 GM PACKET, 2.4 GM PACKET	Tier 3	PA
RENVELA (<i>sevelamer carbonate</i>) 800 MG TAB	Tier 3	
<i>sevelamer carbonate packet 0.8 gm</i>	Tier 2	PA
<i>sevelamer carbonate packet 2.4 gm</i>	Tier 2	PA
<i>sevelamer carbonate tab 800 mg</i>	Tier 1	
<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 4	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
VELTASSA (<i>patiromer sorbitex calcium</i>) 1 GM PACKET	Tier 4	PA, LA, 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, LA, 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 2	QLC (1 bottle/week)
DOJOLVI (<i>triheptanoin</i>) 100 % LIQUID	Tier 4	PA, S (Specialty Drug), QLC (105 ml/day)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 4	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)
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 4	PA, QLC (1 pack/day), BE
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
<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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 4	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	Tier 4	PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> (DIPHENOXYLATE-ATROPINE)	Tier 1	
DIPHENOXYLATE-ATROPINE (<i>diphenoxylate w/ atropine</i>) -2.5-0.025 MG/5ML LIQUID	Tier 2	
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 4	PA
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, LA, QLC (3 tabs/day)
ANTISPASMODICS, GASTROINTESTINAL (Other Drugs for Bowel and Stomach)		
ANASPAZ (<i>hyoscyamine sulfate</i>) 0.125 MG TAB DISP	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i> (CHLORDIAZEPOXIDE-CLIDINIUM)	Tier 3	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 3	PA, QLC (3 tabs/day), BE
GLYCOPYRROLATE 1.5 MG TAB	Tier 4	PA, QLC (3 tabs/day), BE
<i>glycopyrrolate oral soln 1 mg/5ml</i>	Tier 3	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	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 (Phenohtro)	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	
<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 (Phenohtro)	Tier 1	
PROPANTHELINE BROMIDE 15 MG TAB	Tier 1	
ROBINUL (<i>glycopyrrolate</i>) 1 MG TAB	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ROBINUL-FORTE (<i>glycopyrrolate</i>) -2 MG TAB	Tier 3	
SYMAX DUOTAB (<i>hyoscyamine sulfate</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 2	QLC (one 14-day course/month)
AMOXICILL-CLARITHRO-LANSOPRAZ (<i>amoxicillin-clarithromycin w/ lansoprazole</i>) --500 & 500 & 30 MG THER PACK	Tier 2	QLC (one 14-day course/month)
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i> (BIS SUBCIT-METRONID-TETRACYC)	Tier 2	QLC (120 caps/month)
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i> (BISMUTH/METRONIDAZ/TETRACYCLIN)	Tier 2	QLC (120 caps/month)
CHENODAL (<i>chenodiol</i>) 250 MG TAB	Tier 4	PA, LA, 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, LA, S (Specialty Drug), QLC (1 kit/30 days)
GAVILYTE-C (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) -240 GM REON SOLN	Tier 1	ACA (Preventive Health)
GOLYTELY (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>) 236 GM RECON SOLN	Tier 3	
HELIDAC THERAPY (<i>metronidazole-tetracycline w/ bismuth subsalicylate</i>) MISC	Tier 3	QLC (224 tabs/30 days)
HUMATROPE (<i>somatropin</i>) 6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE	Tier 4	PA, S (Specialty Drug)
IMCIVREE (<i>setmelanotide acetate</i>) 10 MG/ML SOLUTION	Tier 4	PA, LA, QLC (9 ml (9 vials)/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LIVMARLI (<i>maralixibat chloride</i>) 19 MG/ML SOLUTION	Tier 4	PA, LA, QLC (2 ml/day)
LIVMARLI (<i>maralixibat chloride</i>) 9.5 MG/ML SOLUTION	Tier 4	PA, LA, QLC (3 ml/day)
OCALIVA (<i>obeticholic acid</i>) 5 MG TAB, 10 MG TAB	Tier 4	PA, LA, S (Specialty Drug), 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, S (Specialty Drug)
OMVOH (<i>mirikizumab-mrkz</i>) 100 MG/ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 auto-injector pens/28 days)
OMVOH (<i>mirikizumab-mrkz</i>) 100 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 ml/28 days)
ORLISTAT 120 MG CAP	Tier 3	PA, QLC (3 caps/day), BE
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 4	PA, QLC (2 caps/day), BE
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 4	PA, QLC (2 caps/day), BE
<i>ursodiol cap 300 mg</i>	Tier 1	
<i>ursodiol tab 250 mg</i>	Tier 1	
<i>ursodiol tab 500 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VOQUEZNA (<i>vonoprazan fumarate</i>) 10 MG TAB	Tier 4	PA, QLC (1 tab/day; max 180 tabs/365 days)
VOQUEZNA (<i>vonoprazan fumarate</i>) 20 MG TAB	Tier 4	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 4	PA, QLC (112 tabs/30 days)
VOQUEZNA TRIPLE PAK (<i>amoxicillin (trihydrate)-clarithromycin-vonoprazan fumarate</i>) 500-500-20 MG THER PACK	Tier 4	PA, QLC (112 tabs/30 days)
XENICAL (<i>orlistat</i>) 120 MG CAP	Tier 3	PA, QLC (3 caps/day), BE

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 2	
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 2	
<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)
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 2	PA, QLC (1 cap/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dexlansoprazole cap delayed release 60 mg</i>	Tier 2	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 2	ST, QLC (1 packet/day)
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	Tier 2	ST, QLC (1 packet/day)
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	Tier 2	ST, QLC (1 packet/day)
KONVOMEF (<i>omeprazole-sodium bicarbonate</i>) 2-84 MG/ML RECON SUSP	Tier 4	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 2	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 2	PA, QLC (1 cap/day)
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	Tier 4	PA, QLC (1 packet/day), BE
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	Tier 4	PA, QLC (1 pack/day), BE
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	QLC (4 tabs/day)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	QLC (2 tabs/day)
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	Tier 2	QLC (2 packets/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 4	PA, QLC (2 packs/day)
PRILOSEC (<i>omeprazole magnesium</i>) 2.5 MG PACKET	Tier 4	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 4	PA, QLC (1 packet/day), BE
ZEGERID (<i>omeprazole-sodium bicarbonate</i>) 40-1100 MG CAP	Tier 4	PA, QLC (1 cap/day), BE
ZEGERID (<i>omeprazole-sodium bicarbonate</i>) 40-1680 MG PACKET	Tier 4	PA, QLC (1 pack/day), BE

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

<i>*betaine powder for oral solution***</i>	Tier 4	S (Specialty Drug)
AGAMREE (<i>vamorolone</i>) 40 MG/ML SUSPENSION	Tier 4	PA, LA, QLC (7.5 ml/day)
BUPHENYL (<i>sodium phenylbutyrate</i>) 3 GM/TSP POWDER	Tier 4	PA, LA, S (Specialty Drug), QLC (20 gm/day)
BUPHENYL (<i>sodium phenylbutyrate</i>) 500 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (40 tabs/day)
CARBAGLU (<i>carglumic acid</i>) 200 MG TAB SOL	Tier 4	PA, LA, QLC (35 tabs/day)
<i>carglumic acid soluble tab 200 mg</i>	Tier 4	PA, LA, QLC (35 tabs/day)
CERDELGA (<i>eliglustat tartrate</i>) 84 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CHOLBAM (<i>cholic acid</i>) 250 MG CAP	Tier 4	PA, LA, QLC (5 caps/day)
CHOLBAM (<i>cholic acid</i>) 50 MG CAP	Tier 4	PA, LA, 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	LA
CYSTADROPS (<i>cysteamine hcl</i>) 0.37 % SOLUTION	Tier 4	PA, LA, QLC (20 ml(4 bottles)/28 days)
CYSTAGON (<i>cysteamine bitartrate</i>) 150 MG CAP	Tier 3	LA, S (Specialty Drug), QLC (26 caps/day)
CYSTAGON (<i>cysteamine bitartrate</i>) 50 MG CAP	Tier 3	LA, S (Specialty Drug), QLC (4 caps/day)
CYSTARAN (<i>cysteamine hcl</i>) 0.44 % SOLUTION	Tier 4	PA, LA, QLC (4 bottles/28 days)
DAYBUE (<i>trofinetide</i>) 200 MG/ML SOLUTION	Tier 4	PA, LA, QLC (120 ml/day)
<i>dichlorphenamide tab 50 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day)
dichlorphenamide tab 50 mg (Ormalvi)	Tier 4	PA, S (Specialty Drug), 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, LA, QLC (12 ml/day)
ENDARI (<i>glutamine (sickle cell)</i>) 5 GM PACKET	Tier 4	PA, LA, S (Specialty Drug), QLC (6 packets/day)
EVRYSDI (<i>risdiplam</i>) 0.75 MG/ML RECON SOLN	Tier 4	PA, LA, QLC (6.67 ml/day)
GALAFOLD (<i>migalastat hcl</i>) 123 MG CAP	Tier 4	PA, LA, QLC (14 caps/28 days)
<i>glutamine (sickle cell) powd pack 5 gm (L-GLUTAMINE)</i>	Tier 4	PA, S (Specialty Drug), QLC (6 packets/day)
JOENJA (<i>leniolisib phosphate</i>) 70 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day), OAC
KEVEYIS (<i>dichlorphenamide</i>) 50 MG TAB	Tier 4	PA, LA, QLC (4 tabs/day)
KUVAN (<i>sapropterin dihydrochloride</i>) 100 MG PACKET	Tier 4	PA, LA, S (Specialty Drug), QLC (14 packs/day)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORFADIN (<i>nitisinone</i>) 4 MG/ML SUSPENSION	Tier 4	PA, LA, QLC (35 ml/day)
ORFADIN (<i>nitisinone</i>) 5 MG CAP	Tier 4	PA, LA, QLC (2 caps/day)
OXBRYTA (<i>voxelotor</i>) 300 MG TAB, 300 MG TAB SOL	Tier 4	PA, LA, S (Specialty Drug), QLC (5 tabs/day)
OXBRYTA (<i>voxelotor</i>) 500 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (3 tabs/day)
PALYNZIQ (<i>pegvaliase-pqpz</i>) 10 MG/0.5ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/day)
PALYNZIQ (<i>pegvaliase-pqpz</i>) 2.5 MG/0.5ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (4 syringes/28 days)
PALYNZIQ (<i>pegvaliase-pqpz</i>) 20 MG/ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), 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, S (Specialty Drug), QLC (42 gm/day)
PROCYSBI (<i>cysteamine bitartrate</i>) 25 MG CAP DR	Tier 4	PA, LA, QLC (4 caps/day)
PROCYSBI (<i>cysteamine bitartrate</i>) 300 MG PACKET	Tier 4	PA, LA, QLC (6 packets/day)
PROCYSBI (<i>cysteamine bitartrate</i>) 75 MG CAP DR	Tier 4	PA, LA, QLC (26 caps/day)
PROCYSBI (<i>cysteamine bitartrate</i>) 75 MG PACKET	Tier 4	PA, LA, QLC (4 packets/day)
PYRUKYND (<i>mitapivat sulfate</i>) 5 MG TAB, 20 MG TAB, 50 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day)
RAVICTI (<i>glycerol phenylbutyrate</i>) 1.1 GM/ML LIQUID	Tier 4	PA, LA, S (Specialty Drug), QLC (17.5 ml/day)
RIVFLOZA (<i>nedosiran sodium</i>) 128 MG/0.8ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (0.8 ml/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RIVFLOZA (<i>nedosiran sodium</i>) 160 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/30 days)
RIVFLOZA (<i>nedosiran sodium</i>) 80 MG/0.5ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (0.5 ml/30 days)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (14 packs/day)
sapropterin dihydrochloride powder packet 100 mg (Javygtor)	Tier 4	PA, LA, QLC (14 packs/day)
<i>sapropterin dihydrochloride powder packet 500 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (3 packs/day)
sapropterin dihydrochloride powder packet 500 mg (Javygtor)	Tier 4	PA, LA, QLC (3 packs/day)
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (14 tabs/day)
sapropterin dihydrochloride tab 100 mg (Javygtor)	Tier 4	PA, LA, 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, LA, QLC (3 caps/day)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	Tier 4	PA, S (Specialty Drug), QLC (20 gm/day)
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (40 tabs/day)
SOHONOS (<i>palovarotene</i>) 1 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (6 caps/day)
SOHONOS (<i>palovarotene</i>) 1.5 MG CAP, 10 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (2 caps/day)
SOHONOS (<i>palovarotene</i>) 2.5 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (5 caps/day)
SOHONOS (<i>palovarotene</i>) 5 MG CAP	Tier 4	PA, S (Specialty Drug), 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, LA, QLC (24 vials/28 days)
SUCRAID (<i>sacrosidase</i>) 8500 UNIT/ML SOLUTION	Tier 4	PA, LA, QLC (12 ml/day)
TEGSEDI (<i>inotersen sodium</i>) 284 MG/1.5ML SOLN PRSYR	Tier 4	PA, LA, QLC (1 syringe/week)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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, LA, S (Specialty Drug), QLC (1 vial/day)
VYNDAMAX (<i>tafamidis</i>) 61 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (1 cap/day)
VYNDAQEL (<i>tafamidis meglumine (cardiac)</i>) 20 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (4 caps/day)
XOLREMDI (<i>mavoxifafor</i>) 100 MG CAP	Tier 4	PA, LA, QLC (4 caps/day)
XURIDEN (<i>uridine triacetate</i>) 2 GM PACKET	Tier 4	PA, LA, QLC (4 packets/day)
ZAVESCA (<i>miglustat</i>) 100 MG CAP	Tier 4	PA, LA, 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, LA, S (Specialty Drug), 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)

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 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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</i> (FESOTERODINE FUMARATE ER) <i>2hr</i>	Tier 1	QLC (1 tab/day)
<i>fesoterodine fumarate tab er 24hr 8 mg</i> (FESOTERODINE FUMARATE ER)	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)
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 3	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) <i>4hr</i>	Tier 1	ST, QLC (1 tab/day)
<i>tolterodine tartrate cap er 24hr 4 mg</i> (TOLTERODINE TARTRATE ER) <i>2hr</i>	Tier 1	ST, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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>trospium chloride cap er 24hr 60 mg</i> (TROSPIUM CHLORIDE ER)	Tier 1	QLC (1 cap/day)
<i>trospium 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)

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 2	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 2	PA, RO (Retail Only), QLC (8 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tadalafil tab 2.5 mg</i>	Tier 2	PA, RO (Retail Only), QLC (8 tabs/month)
<i>tadalafil tab 20 mg</i>	Tier 2	PA, RO (Retail Only), QLC (8 tabs/month)
<i>tadalafil tab 5 mg</i>	Tier 2	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)

<i>bethanechol chloride tab 10 mg</i>	Tier 1	
<i>bethanechol chloride tab 25 mg</i>	Tier 1	
<i>bethanechol chloride tab 5 mg</i>	Tier 1	
<i>bethanechol chloride tab 50 mg</i>	Tier 1	
CYTRA K CRYSTALS (<i>potassium citrate-citric acid</i>) 3300-1002 MG PACET	Tier 1	
ELMIRON (<i>pentosan polysulfate sodium</i>) 100 MG CAP	Tier 2	
FILSPARI (<i>sparsentan</i>) 200 MG TAB, 400 MG TAB	Tier 4	PA, LA, S (Specialty Drug), 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>varденаfil 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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i> (SOD CITRATE-CITRIC ACID)	Tier 1	
STAXYN (<i>varденаfil hcl</i>) 10 MG TAB DISP	Tier 3	PA, RO (Retail Only), QLC (8 tabs/month)
THIOLA (<i>tiopronin</i>) 100 MG TAB	Tier 4	PA, LA
THIOLA EC (<i>tiopronin</i>) EC 100 MG TAB DR, EC 300 MG TAB DR	Tier 4	PA, LA
<i>tiopronin tab 100 mg</i>	Tier 4	PA, S (Specialty Drug)
<i>tiopronin tab delayed release 100 mg</i>	Tier 4	PA, LA
<i>tiopronin tab delayed release 300 mg</i>	Tier 4	PA, LA
<i>varденаfil hcl orally disintegrating tab 10 mg</i>	Tier 2	PA, RO (Retail Only), QLC (8 tabs/month)
<i>varденаfil hcl tab 10 mg</i>	Tier 2	PA, RO (Retail Only), QLC (8 tabs/month)
<i>varденаfil hcl tab 2.5 mg</i>	Tier 2	PA, RO (Retail Only), QLC (8 tabs/month)
<i>varденаfil hcl tab 20 mg</i>	Tier 2	PA, RO (Retail Only), QLC (8 tabs/month)
<i>varденаfil hcl tab 5 mg</i>	Tier 2	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)

ACTHAR (<i>corticotropin</i>) 80 UNIT/ML GEL	Tier 4	PA, LA, S (Specialty Drug)
ACTHAR GEL (<i>corticotropin</i>) CTHR 40 UNIT/0.5ML -INJ	Tier 4	PA, S (Specialty Drug), QLC (0.5 ml/day)
ACTHAR GEL (<i>corticotropin</i>) CTHR 80 UNIT/ML -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 ml/day)
CORTISONE ACETATE 25 MG TAB	Tier 1	
CORTROPHIN (<i>corticotropin</i>) 80 UNIT/ML GEL	Tier 4	PA, LA, S (Specialty Drug)
<i>deflazacort susp 22.75 mg/ml</i>	Tier 4	PA, LA, QLC (6 bottles/month)
<i>deflazacort tab 18 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>deflazacort tab 30 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>deflazacort tab 36 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>deflazacort tab 6 mg</i>	Tier 4	PA, S (Specialty Drug), 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	
DEXAMETHASONE 1.5 MG (35) TAB THPK, 1.5 MG (51) TAB THPK	Tier 3	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 3	PA
dexamethasone tab therapy pack 1.5 mg (21) (Hidex 6-Day)	Tier 3	PA
dexamethasone tab therapy pack 1.5 mg (21) (Taperdex 6-Day)	Tier 3	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, LA, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EMFLAZA (<i>deflazacort</i>) 22.75 MG/ML SUSPENSION	Tier 4	PA, LA, QLC (6 bottles/month)
EMFLAZA (<i>deflazacort</i>) 6 MG TAB, 30 MG TAB, 36 MG TAB	Tier 4	PA, LA, 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	
<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 2	PA
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i> (PREDNISOLONE SODIUM PHOSPHATE)	Tier 2	PA
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i> (PREDNISOLONE SODIUM PHOSPHATE)	Tier 2	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 2	PA
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 3	PA
prednisolone tab 5 mg (Millipred)	Tier 3	PA
PREDNISON 5 MG/5ML SOLUTION	Tier 1	
PREDNISON INTENSOL 5 MG/ML CONC	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RAYOS (<i>prednisone</i>) 1 MG TAB DR	Tier 4	PA, QLC (1 tab/day)
RAYOS (<i>prednisone</i>) 2 MG TAB DR	Tier 4	PA, QLC (2 tabs/day)
RAYOS (<i>prednisone</i>) 5 MG TAB DR	Tier 4	PA, QLC (12 tabs/day)
TAPERDEX 12-DAY (<i>dexamethasone</i>) -1.5 MG (49) TAB THPK	Tier 3	PA
TAPERDEX 7-DAY (<i>dexamethasone</i>) -1.5 MG (2) TAB THPK	Tier 3	PA
TARPEYO (<i>budesonide</i>) 4 MG CAP DR	Tier 4	PA, LA, 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)

CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	Tier 4	PA, S (Specialty Drug)
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	S (Specialty Drug), 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, LA, S (Specialty Drug), 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, S (Specialty Drug)

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 SP - Specialty Pharmacy; ST - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GENOTROPIN (<i>somatropin</i>) 5 MG CARTRIDGE, 12 MG CARTRIDGE	Tier 4	PA, S (Specialty Drug)
GENOTROPIN MINIQUICK (<i>somatropin</i>) 0.2 MG PRSYR, 0.4 MG PRSYR, 0.6 MG PRSYR, 0.8 MG PRSYR, 1 MG PRSYR, 1.2 MG PRSYR, 1.4 MG PRSYR, 1.6 MG PRSYR, 1.8 MG PRSYR, 2 MG PRSYR	Tier 4	PA, S (Specialty Drug)
GONAL-F (<i>follitropin alfa</i>) -F 450 RECON SOLN, -F 1050 RECON SOLN	Tier 4	PA, S (Specialty Drug)
GONAL-F RFF (<i>follitropin alfa</i>) -75 UNIT RECON SOLN	Tier 4	PA, S (Specialty Drug)
GONAL-F RFF REDIJECT (<i>follitropin alfa</i>) -F 300 UNIT/0.5ML SOLN PEN, -F 450 UNT/0.75ML SOLN PEN, -F 900 UNIT/1.5ML SOLN PEN	Tier 4	PA, S (Specialty Drug)
HUMATROPE (<i>somatropin</i>) 5 MG RECON SOLN	Tier 4	PA, S (Specialty Drug)
INCRELEX (<i>mecasermin</i>) 40 MG/4ML SOLUTION	Tier 4	PA, LA, S (Specialty Drug)
ISTURISA (<i>osilodrostat phosphate</i>) 1 MG TAB	Tier 4	PA, LA, QLC (8 tabs/day)
ISTURISA (<i>osilodrostat phosphate</i>) 10 MG TAB	Tier 4	PA, LA, QLC (6 tabs/day)
ISTURISA (<i>osilodrostat phosphate</i>) 5 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day)
MENOPUR (<i>menotropins</i>) 75 UNIT RECON SOLN	Tier 4	PA, S (Specialty Drug)
MYFEMBREE (<i>relugolix-estradiol-norethindrone acetate</i>) 40-1-0.5 MG TAB	Tier 4	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, S (Specialty Drug)
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)
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, S (Specialty Drug)

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PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill;
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOVAREL (<i>chorionic gonadotropin</i>) 5000 RECON SOLN, 10000 RECON SOLN	Tier 4	PA, S (Specialty Drug)
NUTROPIN AQ NUSPIN 10 (<i>somatropin</i>) MG/2ML SOLN PEN	Tier 4	PA, S (Specialty Drug)
NUTROPIN AQ NUSPIN 20 (<i>somatropin</i>) MG/2ML SOLN PEN	Tier 4	PA, S (Specialty Drug)
NUTROPIN AQ NUSPIN 5 (<i>somatropin</i>) MG/2ML SOLN PEN	Tier 4	PA, S (Specialty Drug)
OMNITROPE (<i>somatropin</i>) 5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN	Tier 4	PA, S (Specialty Drug)
OVIDREL (<i>choriogonadotropin alfa</i>) 250 MCG/0.5ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/28 days)
PREGNYL (<i>chorionic gonadotropin</i>) 10000 UNIT RECON SOLN	Tier 4	PA, S (Specialty Drug)
SAIZEN (<i>somatropin (non-refrigerated)</i>) 5 MG RECON SOLN, 8.8 MG RECON SOLN	Tier 4	PA, S (Specialty Drug)
SAIZENPREP (<i>somatropin (non- refrigerated)</i>) 8.8 MG RECON SOLN	Tier 4	PA, S (Specialty Drug)
SEROSTIM (<i>somatropin (non- refrigerated)</i>) 4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN	Tier 4	PA, LA, S (Specialty Drug)
SKYTROFA (<i>lonapegsomatropin-tcga</i>) 3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE	Tier 4	PA, S (Specialty Drug)
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, S (Specialty Drug)
STIMATE (<i>desmopressin acetate</i>) 1.5 MG/ML SOLUTION	Tier 4	S (Specialty Drug), QLC (2.5 ml/month)
ZOMACTON (FOR ZOMA-JET 10) (<i>somatropin</i>) CTON -MG RECON SOLN	Tier 4	PA, S (Specialty Drug)
ZOMACTON (<i>somatropin</i>) 5 MG RECON SOLN, 10 MG RECON SOLN	Tier 4	PA, S (Specialty Drug)
ZORBTIVE (<i>somatropin (non- refrigerated)</i>) 8.8 MG RECON SOLN	Tier 4	PA, S (Specialty Drug)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS) (Drugs for Replacing/Stimulating Prostaglandin)

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)

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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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>) 200 MG CAP	Tier 3	PA, QLC (4 caps/day)
METHITEST (<i>methyltestosterone</i>) 10 MG TAB	Tier 2	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)

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

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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (DESOGESTREL-ETHINYL ESTRADIOL)	Tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	Tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtrea)	Tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya)	Tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	Tier 1	ACA (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea)	Tier 1	ACA (Preventive Health)
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Caziant) 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)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i> (DESOGESTREL-ETHINYL ESTRADIOL)	Tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Emoquette)	Tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)	Tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom)	Tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber)	Tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga)	Tier 1	ACA (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)	Tier 1	ACA (Preventive Health)
DIVIGEL (<i>estradiol</i>) 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 (<i>estradiol</i>) 0.75 MG/0.75GM	Tier 3	QLC (1 pack/day)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> (DROSPIREN-ETH ESTRAD-LEVOMEFOL)	Tier 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (DROSPIREN-ETH ESTRAD-LEVOMEFOL) ---0.0-	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy) ---0.0-	Tier 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Gianvi)	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Jasmiel)	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Lo-Zumandimine)	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna)	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Nikki)	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (Vestura)	Tier 1	ACA (Preventive Health)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Ocella)	Tier 1	ACA (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (Syeda)	Tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 1.25-2.5 mg (Covaryx)	Tier 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Eemt)	Tier 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (EST ESTROGENS-METHYLTEST DS)	Tier 1	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i> (EST ESTROGENS-METHYLTEST)	Tier 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.s.)	Tier 1	
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 2	QLC (1 bottle/month)
<i>estradiol tab 0.5 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>estradiol tab 1 mg</i>	Tier 1	
<i>estradiol tab 2 mg</i>	Tier 1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	Tier 2	QLC (1 pack/day)
<i>estradiol td gel 0.5 mg/0.5gm (0.1%) mg/gm</i>	Tier 2	QLC (1 pack/day)
<i>estradiol td gel 0.75 mg/0.75gm (0.1%) mg/gm</i>	Tier 2	QLC (1 pack/day)
<i>estradiol td gel 1 mg/gm (0.1%) (0.%)</i>	Tier 2	QLC (1 pack/day)
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	Tier 2	QLC (1 pack/day)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.025 mg/24hr (Dotti)	Tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.025 mg/24hr (Lyllana)	Tier 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	Tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.0375 mg/24hr (Dotti)	Tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.0375 mg/24hr (Lyllana)	Tier 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	Tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.05 mg/24hr (Dotti)	Tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.05 mg/24hr (Lyllana)	Tier 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	Tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.075 mg/24hr (Dotti)	Tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.075 mg/24hr (Lyllana)	Tier 1	QLC (16 patches/28 days)
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	Tier 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.1 mg/24hr (Dotti)	Tier 1	QLC (16 patches/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 (Yuvafem)	Tier 1	
<i>estradiol valerate im in oil 10 mg/ml</i>	Tier 1	
<i>estradiol valerate im in oil 20 mg/ml</i>	Tier 1	
<i>estradiol valerate im in oil 40 mg/ml</i>	Tier 1	
ESTRING (<i>estradiol vaginal</i>) 2 MG RING, 7.5 MCG/24HR RING	Tier 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	
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring)	Tier 1	ACA (Preventive Health), QLC (1 ring/28 days)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette)	Tier 1	ACA (Preventive Health), QLC (1 ring/28 days)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 1	ACA (Preventive Health), QLC (1 ring/28 days)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Eluryng)	Tier 1	ACA (Preventive Health), QLC (1 ring/28 days)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring)	Tier 1	ACA (Preventive Health), QLC (1 ring/28 days)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Haloette)	Tier 1	ACA (Preventive Health), QLC (1 ring/28 days)
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)
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)
IMVEXXY STARTER PACK (<i>estradiol vaginal</i>) 10 MCG INSERT	Tier 3	PA, QLC (18 inserts/28 days; 2 fills/year)
IMVEXXY STARTER PACK (<i>estradiol vaginal</i>) 4 MCG INSERT	Tier 3	PA, QLC (18 inserts/28 days; 2 fills/year)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Fayosim)	Tier 1	ACA (Preventive Health)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (LEVONORGEST-ETH EST & ETH EST)</i>	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)

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

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic)) ESTRIN 1 MG-10 MCG 10 MCG TAB	Tier 2	ACA (Preventive Health)
LOSEASONIQUE (levonorgestrel-ethinyl estradiol (91-day)) 0.1-0.02 & 0.01 MG TAB	Tier 3	
MENEST (esterified estrogens) 0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB	Tier 3	
MENOSTAR (estradiol) 14 MCG/24HR PATCH WK	Tier 3	QLC (4 patches/28 days)
MINASTRIN 24 FE (norethin acet & estrad-fe) 1-20 MG-MCG() CHEW TAB	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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/28 days)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	Tier 1	ACA (Preventive Health), QLC (3 patches/28 days)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Zafemy)	Tier 1	ACA (Preventive Health), QLC (3 patches/28 days)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva)	Tier 1	ACA (Preventive Health)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (BRIELLYN)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35 (28))	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Cyclafem 1/35)	Tier 1	ACA (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)	Tier 1	ACA (Preventive Health)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nylia 7/7/7) -- -/1--	Tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Pirmella 7/7/7) ---/1--	Tier 1	ACA (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 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 (NORGESTIMATE-ETH ESTRADIOL)</i>	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 (NORGESTIM-ETH ESTRAD TRIPHASIC) --/0.215-/0.--</i>	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Mili) --/0.215-/0.--	Tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Lo-Sprintec) --/0.215-/0.--	Tier 1	ACA (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Tri-Vylibra Lo) --/0.215-/0.--	Tier 1	ACA (Preventive Health)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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/28 days)
PREMARIN (<i>estrogens, conjugated vaginal</i>) 0.625 MG/GM CREAM	Tier 2	
PREMARIN (<i>estrogens, conjugated</i>) 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	Tier 3	
PREMPHASE (<i>conjugated estrogens-medroxyprogesterone acetate</i>) 0.625-5 MG TAB	Tier 2	QLC (28 tabs/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	
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	

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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), 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)
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, S (Specialty Drug), QLC (5 ml/month)
MAKENA (<i>hydroxyprogesterone caproate</i>) 250 MG/ML OIL	Tier 4	PA, LA, S (Specialty Drug), QLC (5 ml/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MAKENA (<i>hydroxyprogesterone caproate</i>) MKEN275 MG/1.1ML SOLN - INJ	Tier 4	PA, LA, S (Specialty Drug), 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 2	
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	
<i>megestrol acetate susp 625 mg/5ml</i>	Tier 2	
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

CLOMID (<i>clomiphene citrate</i>) 50 MG TAB	Tier 1	QLC (10 tabs/28 days)
CLOMIPHENE CITRATE 50 MG TAB	Tier 1	QLC (10 tabs/28 days)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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, S (Specialty Drug), 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, LA, QLC (1.12 ml/28 days)
YORVIPATH (<i>palopegteriparatide</i>) 294 MCG/0.98ML SOLN PEN	Tier 4	PA, LA, QLC (1.96 ml/28 days)
YORVIPATH (<i>palopegteriparatide</i>) 420 MCG/1.4ML SOLN PEN	Tier 4	PA, LA, QLC (2.8 ml/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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, S (Specialty Drug)
<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, S (Specialty Drug)
CETROTIDE (<i>cetorelix acetate</i>) 0.25 MG KIT	Tier 4	PA, S (Specialty Drug)
GANIRELIX ACETATE 250 MCG/0.5ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	Tier 4	PA, S (Specialty Drug)
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml (Fyremadel)	Tier 4	PA, S (Specialty Drug)
KORLYM (<i>mifepristone (hyperglycemia)</i>) 300 MG TAB	Tier 4	PA, LA, QLC (4 tabs/day)
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 4	PA, S (Specialty Drug)
<i>mifepristone tab 300 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (4 tabs/day)
MYCAPSSA (<i>octreotide acetate</i>) MYSSA 20 MG DR	Tier 4	PA, LA, QLC (4 caps/day)
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 4	PA, S (Specialty Drug)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORGOVYX (<i>relugolix</i>) 120 MG TAB	Tier 4	PA, LA, QLC (1 tab/day), OAC
ORIAHNN (<i>elagolix sodium-estradiol-norethindrone acetate</i>) 300-1-0.5 & 300 MG CAP THPK	Tier 4	PA, QLC (2 caps/day)
ORLISSA (<i>elagolix sodium</i>) 150 MG TAB	Tier 3	PA, QLC (1 tab/day)
ORLISSA (<i>elagolix sodium</i>) 200 MG TAB	Tier 3	PA, QLC (2 tabs/day)
RECORLEV (<i>levoketoconazole</i>) 150 MG TAB	Tier 4	PA, LA, QLC (8 tabs/day), BE
SANDOSTATIN (<i>octreotide acetate</i>) 50 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 500 MCG/ML SOLUTION	Tier 4	PA, S (Specialty Drug)
SIGNIFOR (<i>pasireotide diaspertate</i>) 0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION	Tier 4	PA, LA, 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, S (Specialty Drug), 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, LA, S (Specialty Drug), QLC (3 syringes/month)
HAEGARDA (<i>c1 esterase inhibitor (human)</i>) 2000 RECON SOLN, 3000 RECON SOLN	Tier 4	PA, LA, S (Specialty Drug)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	Tier 4	PA, S (Specialty Drug), QLC (3 syringes/month)
icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir)	Tier 4	PA, LA, QLC (3 syringes/month)
ORLADEYO (<i>berotralstat hcl</i>) 110 MG CAP, 150 MG CAP	Tier 4	PA, LA, QLC (1 cap/day)
TAKHZYRO (<i>lanadelumab-flyo</i>) 150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
TAKHZYRO (<i>lanadelumab-flyo</i>) 300 MG/2ML SOLUTION	Tier 4	PA, LA, S (Specialty Drug), QLC (2 vials/28 days)

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

ACTEMRA (<i>tocilizumab</i>) 162 MG/0.9ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/week), BE
ACTEMRA ACTPEN (<i>tocilizumab</i>) CTPEN 162 MG/0.9ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (1 pen injector/week), BE
ARCALYST (<i>rilonacept</i>) 220 MG RECON SOLN	Tier 4	PA, LA, S (Specialty Drug)
BENLYSTA (<i>belimumab</i>) 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/week)
BIMZELX (<i>bimekizumab-bkzx</i>) 160 MG/ML SOLN A-INJ, 160 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
COSENTYX (300 MG DOSE) (<i>secukinumab</i>) 150 /ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
COSENTYX (<i>secukinumab</i>) 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)
COSENTYX SENSOREADY (300 MG) (<i>secukinumab</i>) SENSOREDY 150 MG/ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (2 pens/28 days)
COSENTYX SENSOREADY PEN (<i>secukinumab</i>) SENSOREDY 150 MG/ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
COSENTYX UNOREADY (<i>secukinumab</i>) 300 MG/2ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (1 auto-injector/28 days)
DUPIXENT (<i>dupilumab</i>) 100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DUPIXENT (<i>dupilumab</i>) 200 MG/1.14ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
DUPIXENT (<i>dupilumab</i>) 300 MG/2ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 pens (4 ml)/ 28 days)
EMPAVELI (<i>pegcetacoplan</i>) 1080 MG/20ML SOLUTION	Tier 4	PA, LA, QLC (40 ml/7 days)
ENSPRYNG (<i>satralizumab-mwge</i>) 120 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/28 days)
ENTYVIO (<i>vedolizumab</i>) 108 MG/0.68ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 pen injectors/28 days)
GRASTEK (<i>timothy grass pollen allergen extract</i>) 2800 BAU SL TAB	Tier 3	PA, QLC (1 tab/day)
KEVZARA (<i>sarilumab</i>) 150 MG/1.14ML SOLN PRSYR, 200 MG/1.14ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (2 syringes/28 days)
KEVZARA (<i>sarilumab</i>) KEVZR150 MG/1.14ML SOLN -INJ, KEVZR200 MG/1.14ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/14 days)
KINERET (<i>anakinra</i>) 100 MG/0.67ML SOLN PRSYR	Tier 4	PA, LA, QLC (28 syringes/28 days)
NEMLUVIO (<i>nemolizumab-ilto</i>) 30 MG - INJ	Tier 4	PA, S (Specialty Drug), 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, S (Specialty Drug), QLC (1 tab/day)
OLUMIANT (<i>baricitinib</i>) 2 MG TAB, 4 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORALAIR (<i>grass mixed pollens allergen extract</i>) ORALA300 SL TAB	Tier 3	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORALAIR ADULT SAMPLE KIT (<i>grass mixed pollens allergen extract</i>) ORALA300 SL TAB	Tier 3	PA, LA, S (Specialty Drug), QLC (3 tabs/30 days; 2 fills/year)
ORALAIR ADULT STARTER PACK (<i>grass mixed pollens allergen extract</i>) ORALA300 SL TAB	Tier 3	PA, LA, S (Specialty Drug), QLC (1 tab/day)
ORENCIA (<i>abatacept</i>) 50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/week)
ORENCIA CLICKJECT (<i>abatacept</i>) ORENCI125 MG/ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/week)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OTEZLA (<i>apremilast</i>) 10 & 20 & 30 MG TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (1 pack/month)
OTEZLA (<i>apremilast</i>) 4 X 10 & 51 X20 MG TAB THPK	Tier 4	PA, S (Specialty Drug), QLC (55 tabs/28 days, max 2 fills/year)
PALFORZIA (12 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (X & 0 CSPK	Tier 4	PA, LA, QLC (45 caps/14 days)
PALFORZIA (120 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) & 100 CSPK	Tier 4	PA, LA, 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, LA, QLC (60 caps/14 days)
PALFORZIA (20 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) CSPK	Tier 4	PA, LA, 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, LA, 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, LA, QLC (60 caps/14 days)
PALFORZIA (3 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (X 1 CSPK	Tier 4	PA, LA, QLC (45 caps/14 days)
PALFORZIA (300 MG MAINTENANCE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (PACKET	Tier 4	PA, LA, QLC (1 packet/day)
PALFORZIA (300 MG TITRATION) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (PACKET	Tier 4	PA, LA, QLC (1 packet/day)
PALFORZIA (40 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) 2 X 20 CSPK	Tier 4	PA, LA, QLC (30 caps/14 days)
PALFORZIA (6 MG DAILY DOSE) (<i>peanut (arachis hypogaea) allergen powder-dnfp</i>) (X 1 CSPK	Tier 4	PA, LA, 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, LA, 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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REZUROCK (<i>belumosudil mesylate</i>) 200 MG TAB	Tier 4	PA, LA, 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, S (Specialty Drug), QLC (1 tab/day)
RINVOQ (<i>upadacitinib</i>) 45 MG TAB ER 24H	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day; max 84 tabs/365 days)
RINVOQ LQ (<i>upadacitinib</i>) 1 MG/ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (12 ml/day)
SILIQ (<i>brodalumab</i>) 210 MG/1.5ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
SKYRIZI (150 MG DOSE) (<i>risankizumab-rzaa</i>) 75 /0.83ML PEF SY KT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/84 days)
SKYRIZI (<i>risankizumab-rzaa (crohn's)</i>) 180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/56 days)
SKYRIZI (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
SKYRIZI PEN (<i>risankizumab-rzaa</i>) 150 MG/ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 auto-injector/ 84 days)
SOTYKTU (<i>deucravacitinib</i>) 6 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/84 days)
STELARA (<i>ustekinumab</i>) 45 MG/0.5ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (1 vial/84 days)
TALTZ (<i>ixekizumab</i>) 20 MG/0.25ML SOLN PRSYR, 40 MG/0.5ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/28 days)
TALTZ (<i>ixekizumab</i>) 80 MG/ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)
TALTZ (<i>ixekizumab</i>) TLTZ 80 MG/ML SOLN -INJ	Tier 4	PA, LA, S (Specialty Drug), QLC (1 pen/28 days)
TAVNEOS (<i>avacopan</i>) 10 MG CAP	Tier 4	PA, LA, QLC (6 caps/day)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 injection/8 weeks)
TREMFYA (<i>guselkumab</i>) 100 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 syringe/8 weeks)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TYENNE (<i>tocilizumab-aazg</i>) 162 MG/0.9ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (4 pens/28 days)
TYENNE (<i>tocilizumab-aazg</i>) 162 MG/0.9ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (4 syringes/28 days)
VELSIPITY (<i>etrasimod arginine</i>) 2 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
VOYDEYA (<i>danicopan</i>) 50 & 100 MG TAB THPK, 100 MG TAB	Tier 4	PA, LA, QLC (6 tabs/day)
XELJANZ (<i>tofacitinib citrate</i>) 1 MG/ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (10 ml/day)
XELJANZ (<i>tofacitinib citrate</i>) 5 MG TAB, 10 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
XELJANZ XR (<i>tofacitinib citrate</i>) 11 MG TAB ER 24H, 22 MG TAB ER 24H	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
XOLAIR (<i>omalizumab</i>) 300 MG/2ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (4 syringes/28 days)
XOLAIR (<i>omalizumab</i>) 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days)
XOLAIR (<i>omalizumab</i>) XOLIR 300 MG/2ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (4 pens/28 days)
XOLAIR (<i>omalizumab</i>) XOLIR 75 MG/0.5ML SOLN -INJ, XOLIR 150 MG/ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days)

IMMUNOSTIMULANTS (Drugs that Stimulate the Immune System)

ACTIMMUNE (<i>interferon gamma-1b</i>) 2000000 UNIT/0.5ML SOLUTION	Tier 4	PA, LA, S (Specialty Drug)
BESREMI (<i>ropeginterferon alfa-2b-njft</i>) 500 MCG/ML SOLN PRSYR	Tier 4	PA, LA, 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	LA, S (Specialty Drug)
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/0.5ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 pen/week)
PEGASYS (<i>peginterferon alfa-2a</i>) 180 MCG/ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (1 vial/week)
PEGASYS PROCLICK (<i>peginterferon alfa-2a</i>) PEGSYS 180 MCG/0.5ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 pen/week)

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

ABRILADA (1 PEN) (<i>adalimumab-afzb</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, LA, QLC (2 pens/28 days), BE
ABRILADA (2 PEN) (<i>adalimumab-afzb</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, LA, QLC (2 pens/28 days), BE
ABRILADA (2 SYRINGE) (<i>adalimumab-afzb</i>) 20 MG/0.4ML PEF SY KT, 40 MG/0.8ML PEF SY KT	Tier 4	PA, LA, QLC (2 syringes/28 days), BE
ADALIMUMAB-AACF (2 PEN) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens (1 carton)/28 days)
ADALIMUMAB-AACF (2 SYRINGE) - RINGE) 40 MG/0.8ML PEF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syr (1 box)/28 days)
ADALIMUMAB-AACF(CD/UC/HS STRT) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug)
ADALIMUMAB-AACF(PS/UV STARTER) - 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug)
ADALIMUMAB-AATY (1 PEN) -40 MG/0.4ML -KIT, -80 MG/0.8ML -KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days), BE
ADALIMUMAB-AATY (2 PEN) -40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days), BE
ADALIMUMAB-AATY (2 SYRINGE) - RINGE) 20 MG/0.2ML PEF KT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/28 days), BE
ADALIMUMAB-AATY (2 SYRINGE) - RINGE) 40 MG/0.4ML PEF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days), BE
ADALIMUMAB-ADAZ -40 MG/0.4ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days), BE
ADALIMUMAB-ADAZ DLIMUMB-DZ 40 MG/0.4ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days), BE
ADALIMUMAB-ADBM (2 PEN) -40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, LA, QLC (2 pens/28 days), BE
ADALIMUMAB-ADBM (2 PEN) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days)), BE
ADALIMUMAB-ADBM (2 SYRINGE) -10 MG/0.2ML PEF SY KT, -20 MG/0.4ML PEF SY KT, -40 MG/0.4ML PEF SY KT, -40 MG/0.8ML PEF SY KT	Tier 4	PA, LA, QLC (2 syringes/28 days), BE
ADALIMUMAB-ADBM(CD/UC/HS STRT) -40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, LA, QLC (6 pens/year), BE

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADALIMUMAB-ADB(M/UC/HS STRT) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days)), BE
ADALIMUMAB-ADB(M/UV STARTER) -40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, LA, QLC (4 pens/year), BE
ADALIMUMAB-ADB(M/UV STARTER) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days)), BE
ADALIMUMAB-FKJP (2 PEN) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 inj/28 days), BE
ADALIMUMAB-FKJP (2 SYRINGE) -20 MG/0.4ML PREF SY KT, -40 MG/0.8ML PREF SY KT	Tier 4	PA, S (Specialty Drug), QLC (2 syr/28 days), BE
ADALIMUMAB-RYVK (2 PEN) -40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days), BE
ADALIMUMAB-RYVK (2 SYRINGE) - RINGE) 40 MG/0.4ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days), BE
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, S (Specialty Drug), QLC (2 syringes/28 days), BE
AMJEVITA (<i>adalimumab-atto</i>) 20 MG/0.4ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes (0.8 ml)/28 days), BE
AMJEVITA (<i>adalimumab-atto</i>) 40 MG/0.4ML SOLN -INJ, 80 MG/0.8ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days), BE
AMJEVITA (<i>adalimumab-atto</i>) 40 MG/0.8ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 auto injector pens (1.6 ml)/28 days), BE
AMJEVITA (<i>adalimumab-atto</i>) 40 MG/0.8ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 syringes (1.6 ml)/28 days), BE
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 3	
azathioprine tab 100 mg (Azasan)	Tier 3	
<i>azathioprine tab 50 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>azathioprine tab 75 mg</i>	Tier 3	
azathioprine tab 75 mg (Azasan)	Tier 3	
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, S (Specialty Drug), QLC (1 kit/28 days)
CIMZIA-STARTER (<i>certolizumab pegol</i>) - 200 MG/ML PREF SY KT	Tier 4	PA, S (Specialty Drug), QLC (3 set (1 kit = 3 sets of 2 syringes)/180 days)
<i>cyclosporine cap 100 mg</i>	Tier 1	
<i>cyclosporine cap 25 mg</i>	Tier 1	
<i>cyclosporine modified cap 100 mg</i>	Tier 1	
cyclosporine modified cap 100 mg (Gengraf)	Tier 1	
<i>cyclosporine modified cap 25 mg</i>	Tier 1	
cyclosporine modified cap 25 mg (Gengraf)	Tier 1	
<i>cyclosporine modified cap 50 mg</i>	Tier 1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	
cyclosporine modified oral soln 100 mg/ml (Gengraf)	Tier 1	
CYLTEZO (2 PEN) (<i>adalimumab-adbm</i>) 40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, LA, QLC (2 pens/28 days), BE
CYLTEZO (2 SYRINGE) (<i>adalimumab-adbm</i>) RINGE) 40 MG/0.4ML PREF KT	Tier 4	PA, LA, QLC (2 syringes/28 days), BE
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, LA, QLC (2 syringes/28 days), BE
CYLTEZO (<i>adalimumab-adbm</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days)), BE
CYLTEZO-CD/UC/HS STARTER (<i>adalimumab-adbm</i>) -40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, LA, QLC (6 pens/year), BE
CYLTEZO-CD/UC/HS STARTER (<i>adalimumab-adbm</i>) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days)), BE

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CYLTEZO-PSORIASIS STARTER (<i>adalimumab-adbm</i>) -40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, LA, QLC (Crohns Starter Pack (6 pens/ year); Psoriasis Starter Pack (4 pens/year); maintenance (2 pens/28 days)), BE
CYLTEZO-PSORIASIS/UV STARTER (<i>adalimumab-adbm</i>) -40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, LA, QLC (4 pens/year), BE
ENBREL (<i>etanercept</i>) 25 MG RECON SOLN	Tier 4	PA, S (Specialty Drug), QLC (8 vials/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (4 ml/28 days)
ENBREL (<i>etanercept</i>) 25 MG/0.5ML SOLUTION	Tier 4	PA, S (Specialty Drug), QLC (4 ml/ 28 days)
ENBREL MINI (<i>etanercept</i>) 50 MG/ML SOLN CART	Tier 4	PA, S (Specialty Drug), QLC (4 ml/ 28 days)
ENBREL SURECLICK (<i>etanercept</i>) 50 MG/ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), 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)
<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, S (Specialty Drug), QLC (2 syringes/28 days), BE
HADLIMA PUSHTOUCH (<i>adalimumab-bwwd</i>) 40 MG/0.4ML SOLN -INJ, 40 MG/0.8ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days), BE
HULIO (2 PEN) (<i>adalimumab-fkjp</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 inj/28 days), BE
HULIO (2 SYRINGE) (<i>adalimumab-fkjp</i>) 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT	Tier 4	PA, S (Specialty Drug), QLC (2 syr/28 days), BE
HULIO (<i>adalimumab-fkjp</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 inj/28 days), BE

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

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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, S (Specialty Drug), QLC (2 syringes/28 days), BE
HYRIMOZ (<i>adalimumab-adaz</i>) 40 MG/0.4ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days), BE
HYRIMOZ (<i>adalimumab-adaz</i>) 40 MG/0.8ML SOLN A-INJ, 40 MG/0.8ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (2 injections/28 days), BE
HYRIMOZ (<i>adalimumab-adaz</i>) 80 MG/0.8ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (Starter Pack (3 pens/year); maintenance (2 pens/28 days)), BE
HYRIMOZ-CROHNS/UC STARTER (<i>adalimumab-adaz</i>) -STRTER 80 MG/0.8ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (Starter Pack (3 pens/year); maintenance (2 pens/28 days)), BE
HYRIMOZ-CROHNS/UC STARTER PACK (<i>adalimumab-adaz</i>) -STRTER PCK 80 MG/0.8ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (Starter Pack (3 pens/year); maintenance (2 pens/28 days)), BE
HYRIMOZ-PED CROHNS STARTER (<i>adalimumab-adaz</i>) -80 MG/0.8ML & 40MG/0.4ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (1 kit year), BE
HYRIMOZ-PED CROHNS STARTER (<i>adalimumab-adaz</i>) -80 MG/0.8ML SOLN PRSYR	Tier 4	PA, S (Specialty Drug), QLC (3 syringes/year), BE
HYRIMOZ-PLAQ PSOR/UEVIT START (<i>adalimumab-adaz</i>) -PLQ STRT 80 MG/0.8ML & 40MG/0.4ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 kit/year), BE
HYRIMOZ-PLAQUE PSORIASIS START (<i>adalimumab-adaz</i>) -PLQUE PSORISIS STRT 80 MG/0.8ML & 40MG/0.4ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), QLC (1 kit/year), BE
IDACIO (<i>adalimumab-aacf</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 inj (1 box)/28 days), BE
IDACIO (<i>adalimumab-aacf</i>) 40 MG/0.8ML PREF SY KT	Tier 4	PA, S (Specialty Drug), QLC (2 syr (1 box)/28 days), BE
IDACIO FOR CROHNS DISEASE/UC (<i>adalimumab-aacf</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (6 inj (3 kits)/365 days), BE
IDACIO FOR PLAQUE PSORIASIS (<i>adalimumab-aacf</i>) 40 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (4 inj (2 kits)/365 days), BE
IMURAN (<i>azathioprine</i>) 50 MG TAB	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JYLAMVO (<i>methotrexate</i>) 2 MG/ML SOLUTION	Tier 4	PA, QLC (120 ml/30 days), BE, 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, LA, QLC (6 caps/day)
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	Tier 1	QLC (8 ml/month)
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Tier 1	QLC (8 ml/month)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> (METHOTREXATE SODIUM (PF))	Tier 1	QLC (8 ml/month)
<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</i> (<i>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, S (Specialty Drug), 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</i> (<i>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, S (Specialty Drug), QLC (1 syringe/week)
REDITREX (<i>methotrexate</i> (<i>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, LA, S (Specialty Drug), 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, S (Specialty Drug), QLC (2 pens/28 days), BE
SIMLANDI (2 PEN) (<i>adalimumab-ryvk</i>) 40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days), BE
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, S (Specialty Drug), 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, LA, 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, S (Specialty Drug), QLC (2 pens/28 days), BE
YUFLYMA (2 PEN) (<i>adalimumab-aaty</i>) 40 MG/0.4ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (2 pens/28 days), BE
YUFLYMA (2 SYRINGE) (<i>adalimumab-aaty</i>) RINGE) 20 MG/0.2ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/28 days), BE
YUFLYMA 2-SYRINGE KIT (<i>adalimumab-aaty</i>) -40 MG/0.4ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (2 syringes/28 days), BE
YUFLYMA-CD/UC/HS STARTER (<i>adalimumab-aaty</i>) -80 MG/0.8ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (3 pens/year), BE
YUSIMRY (<i>adalimumab-aqvh</i>) 40 MG/0.8ML SOLN -INJ	Tier 4	PA, LA, QLC (2 pens/28 days), BE
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, S (Specialty Drug), QLC (2 kits/28 days)
ZYMFENTRA (2 PEN) (<i>infliximab-dyyb</i>) 120 MG/ML AUT-IJ KIT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/28 days)
ZYMFENTRA (2 SYRINGE) (<i>infliximab-dyyb</i>) RINGE) 120 MG/ML PREF KT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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 2	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sulfasalazine tab 500 mg</i>	Tier 1	
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE (<i>hydrocortisone</i>) 0.5 MG CAP SPRINK, 1 MG CAP SPRINK	Tier 4	PA, QLC (100 caps/30 days)
ALKINDI SPRINKLE (<i>hydrocortisone</i>) 2 MG CAP SPRINK, 5 MG CAP SPRINK	Tier 4	PA, QLC (200 caps/30 days)
<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 2	QLC (4 cans/6 weeks; not to exceed 6 weeks therapy/6 months)
<i>budesonide tab er 24hr 9 mg</i> (BUDESONIDE ER)	Tier 3	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 4	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 4	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)

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

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)
ALENDRONATE SODIUM 5 MG TAB	Tier 1	
<i>alendronate sodium oral soln 70 mg/75ml</i>	Tier 2	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)
ATELVIA (<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 4	
<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 4	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 4	PA
<i>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) (VITAMIN D (ERGOCALCIFEROL))</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FORTEO (<i>teriparatide (recombinant)</i>) 600 MCG/2.4ML SOLN PEN	Tier 4	PA, S (Specialty Drug), 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	
NATPARA (<i>parathyroid hormone (recombinant)</i>) 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE	Tier 4	PA, LA, S (Specialty Drug), 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 4	PA
<i>risedronate sodium tab 150 mg</i>	Tier 2	QLC (1 tab/month)
<i>risedronate sodium tab 30 mg</i>	Tier 1	PA
<i>risedronate sodium tab 35 mg</i>	Tier 2	QLC (4 tabs/month)
<i>risedronate sodium tab 5 mg</i>	Tier 2	QLC (1 tab/day)
<i>risedronate sodium tab delayed release 35 mg</i>	Tier 2	QLC (4 tabs/month)
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 4	PA
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	Tier 4	PA, S (Specialty Drug), QLC (1 pen/month)
<i>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</i>	Tier 4	PA, S (Specialty Drug), QLC (1 pen/month)
<i>teriparatide soln pen-inj 600 mcg/2.4ml</i>	Tier 4	PA, S (Specialty Drug), QLC (1 pen/month)
TYMLOS (<i>abaloparatide</i>) 3120 MCG/1.56ML SOLN PEN	Tier 4	PA, S (Specialty Drug), QLC (1 pen/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ZEMPLAR (<i>paricalcitol</i>) 1 MCG CAP, 2 MCG CAP	Tier 3	
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MISCELLANEOUS THERAPEUTIC AGENTS

AEROCHAMBER HOLDING CHAMBER DEVICE	Tier 2	
AEROCHAMBER MINI CHAMBER DEVICE	Tier 2	
AEROCHAMBER MV MISC	Tier 2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	Tier 2	
AEROCHAMBER PLUS FLO-VU - MISC	Tier 2	
AEROCHAMBER PLUS FLO-VU INTERM - DEVICE	Tier 2	
AEROCHAMBER PLUS FLO-VU LARGE - DEVICE, - MISC	Tier 2	
AEROCHAMBER PLUS FLO-VU MEDIUM - DEVICE, - MISC	Tier 2	
AEROCHAMBER PLUS FLO-VU SMALL - DEVICE, - MISC	Tier 2	
AEROCHAMBER PLUS FLO-VU W/MASK - MISC	Tier 2	
AEROCHAMBER PLUS FLOW VU MISC	Tier 2	
AEROCHAMBER W/FLOWSIGNAL MISC	Tier 2	
AEROCHAMBER Z-STAT PLUS - MISC	Tier 2	
AEROCHAMBER Z-STAT PLUS CHAMBR - MISC	Tier 2	
AEROCHAMBER Z-STAT PLUS/LARGE - MISC	Tier 2	
AEROCHAMBER Z-STAT PLUS/MEDIUM - MISC	Tier 2	
AEROCHAMBER Z-STAT PLUS/SMALL - MISC	Tier 2	
AEROVENT PLUS DEVICE	Tier 2	
AQ INSULIN SYRINGE 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AQINJECT PEN NEEDLE PEN 31G 5 MISC, PEN 32G 4 MISC	Tier 2	
ASSURE ID INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	Tier 2	
BD INSULIN SYRINGE U-500 -31G X 6MM 0.5 ML MISC	Tier 2	
BD MICROTAINER LANCETS MISC	Tier 2	QLC (200 lancets/month)
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	Tier 2	
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	Tier 2	
BD SYRINGE LUER-LOK -3 ML MISC	Tier 3	QLC (100 syringes/30 days)
BREATHE EASE LARGE DEVICE	Tier 2	
BREATHE EASE MEDIUM DEVICE	Tier 2	
BREATHE EASE SMALL DEVICE	Tier 2	
BREATHERITE COLL SPACER ADULT MISC	Tier 2	
BREATHERITE COLL SPACER CHILD MISC	Tier 2	
BREATHERITE COLL SPACER INFANT MISC	Tier 2	
BREATHERITE MISC	Tier 2	
BREATHERITE RIGID SPACER/MASK MISC	Tier 2	
BREATHERITE SPACER NEONATE MISC	Tier 2	
BREATHERITE SPACER SMALL CHILD MISC	Tier 2	
BREATHERITE VALVED MDI CHAMBER DEVICE	Tier 2	
BREATHERITE/LARGE MASK MISC	Tier 2	
BREATHERITE/MEDIUM MASK MISC	Tier 2	
BREATHERITE/SMALL MASK MISC	Tier 2	
CAYA (<i>diaphragm arc-spring</i>)	Tier 2	ACA (Preventive Health)
CEQUR SIMPLICITY 2U DEVICE	Tier 3	PA, QLC (10 patches/30 days)
CLEVER CHOICE HOLDING CHAMBER DEVICE	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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)
DEXCOM G7 SENSOR MISC	Tier 2	PA, QLC (3 sensors/month)
DROPSAFE SAFETY SYRINGE/NEEDLE 29G 1/2" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	Tier 2	
EASIVENT MASK LARGE MISC	Tier 2	
EASIVENT MASK MEDIUM MISC	Tier 2	
EASIVENT MASK SMALL MISC	Tier 2	
EASIVENT MISC	Tier 2	
EQ SPACE CHAMBER ANTI-STATIC - DEVICE	Tier 2	
EQ SPACE CHAMBER ANTI-STATIC L - DEVICE	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EQ SPACE CHAMBER ANTI-STATIC M - DEVICE	Tier 2	
EQ SPACE CHAMBER ANTI-STATIC S - TATIC DEVICE	Tier 2	
FEMCAP (<i>cervical caps</i>) 22 DEVICE, 26 DEVICE, 30 DEVICE	Tier 2	ACA (Preventive Health)
FILSUVEZ (<i>birch triterpenes</i>) 10 % GEL	Tier 4	PA, LA, QLC (23.4gm/day)
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	
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 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)
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)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GUARDIAN SENSOR 3 MISC	Tier 3	PA, QLC (5 sensors/month)
INPEN 100-BLUE-LILLY-HUMALOG --- DEVICE	Tier 4	PA, QLC (1 pen/year)
INPEN 100-BLUE-NOVOLOG-FIASP --- DEVICE	Tier 4	PA, QLC (1 pen/year)
INPEN 100-GREY-LILLY-HUMALOG --- DEVICE	Tier 4	PA, QLC (1 pen/year)
INPEN 100-GREY-NOVOLOG-FIASP --- DEVICE	Tier 4	PA, QLC (1 pen/year)
INPEN 100-PINK-LILLY-HUMALOG --- DEVICE	Tier 4	PA, QLC (1 pen/year)
INPEN 100-PINK-NOVOLOG-FIASP --- DEVICE	Tier 4	PA, QLC (1 pen/year)
INSPIRACHAMBER/LARGE DEVICE	Tier 2	
INSPIRACHAMBER/MEDIUM DEVICE	Tier 2	
INSPIRACHAMBER/MOUTHPIECE DEVICE	Tier 2	
INSPIRACHAMBER/SMALL DEVICE	Tier 2	
INSPIREASE MISC	Tier 2	
INSULIN SYRINGE-NEEDLE U-100 -- 100 27G 1/2" 0.5 ML MISC, --100 27G 1/2" 1 ML MISC, --100 28G 1/2" 0.5 ML MISC, - -100 28G 1/2" 1 ML MISC, --100 29G 1/2" 0.5 ML MISC, --100 29G 1/2" 1 ML MISC, - -100 30G 1/2" 1 ML MISC, --100 30G 5/16" 0.5 ML MISC, --100 31G 5/16" 0.5 ML MISC, --100 31G 5/16" 1 ML MISC	Tier 2	
IQIRVO (<i>elafibranor</i>) 80 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
LITEAIRE DEVICE	Tier 2	
LIVDELZI (<i>seladelpar lysine</i>) 10 MG CAP	Tier 4	PA, LA, QLC (1 cap/day)
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 1	QLC (28 tabs/30 days)
methylergonovine maleate tab 0.2 mg (Methergine)	Tier 1	QLC (28 tabs/30 days)
MICROCHAMBER DEVICE, MISC	Tier 2	
MICROSPACER MISC	Tier 2	
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, U-100 1 ML MISC	Tier 2	
MONOJECT ULTRA COMFORT SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC	Tier 2	
NOVOPEN ECHO DEVICE	Tier 3	PA, QLC (1 pen/year)
OMNIFLEX DIAPHRAGM (<i>diaphragms</i>)	Tier 2	ACA (Preventive Health)
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)
OPTICHAMBER ADVANTAGE-LG MASK - MISC	Tier 2	
OPTICHAMBER ADVANTAGE-MED MASK - MISC	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
OPTIHALER DEVICE, MISC	Tier 2	
OPVEE (<i>nalmefene hcl (antidote)</i>) 2.7 MG/0.1ML SOLUTION	Tier 3	QLC (2 sprayers/30 days)
PEN NEEDLES PEN 30G 5 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	Tier 2	
PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	Tier 2	
POCKET CHAMBER DEVICE	Tier 2	
POCKET SPACER DEVICE	Tier 2	
PRIMEAIRE HOLDING CHAMBER DEVICE	Tier 2	
PRO COMFORT PEN NEEDLES PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC	Tier 2	
PROCHAMBER VHC DEVICE	Tier 2	
QBREXZA (<i>glycopyrronium tosylate</i>) 2.4 % PAD	Tier 3	PA, QLC (1 towelette/day)
RITEFLO DEVICE	Tier 2	
SOFDRA (<i>sofpironium bromide</i>) 12.45 % GEL	Tier 4	PA, QLC (1 bottle (40.2 ml)/30 days)
SURE COMFORT PEN NEEDLES PEN 31G 6 MISC, PEN 32G 4 MISC	Tier 2	
ULTICARE INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	Tier 2	
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML MISC	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
VISTOGARD (<i>uridine triacetate (emergency treatment)</i>) 10 GM PACKET	Tier 4	LA, QLC (20 packets/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, LA, QLC (12 caps/30 days)
WAINUA (<i>eplontersen sodium</i>) 45 MG/0.8ML SOLN -INJ	Tier 4	PA, LA, QLC (1 pen/28 days)
WATCHHALER DEVICE	Tier 2	
WIDE-SEAL DIAPHRAGM 60 (<i>diaphragm wide seal</i>)	Tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 65 (<i>diaphragm wide seal</i>)	Tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 70 (<i>diaphragm wide seal</i>)	Tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 75 (<i>diaphragm wide seal</i>)	Tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 80 (<i>diaphragm wide seal</i>)	Tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 85 (<i>diaphragm wide seal</i>)	Tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 90 (<i>diaphragm wide seal</i>)	Tier 2	ACA (Preventive Health)
WIDE-SEAL DIAPHRAGM 95 (<i>diaphragm wide seal</i>)	Tier 2	ACA (Preventive Health)
XPHOZAH (<i>tenapanor hcl (ckd)</i>) 20 MG TAB, 30 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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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	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Tier 2	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cyclopentolate hcl ophth soln 0.5%</i>	Tier 1	
<i>cyclopentolate hcl ophth soln 1%</i>	Tier 1	
<i>cyclopentolate hcl ophth soln 2%</i>	Tier 1	
<i>cyclosporine (ophth) emulsion 0.05%</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 sulfate (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 4	PA, QLC (1 bottle (3 ml)/ 30 days)
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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, LA, 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	
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 4	PA, S (Specialty Drug), QLC (4 vials/day)
VEVYE (<i>cyclosporine (ophth)</i>) 0.1 % SOLUTION	Tier 4	PA, QLC (2 ml/30 days), BE
XDEMVIY (<i>lotilaner</i>) 0.25 % SOLUTION	Tier 4	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 2	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)

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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 2	
<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	
TOBREX (<i>tobramycin (ophth)</i>) 0.3 % SOLUTION	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 2	PA, QLC (1 bottle/month)
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	Tier 2	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)
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 2	
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)
FLAREX (<i>fluorometholone acetate</i>) 0.1 % SUSPENSION	Tier 3	
<i>fluorometholone ophth susp 0.1%</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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 2	
<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	
PREDNISOLONE ACETATE (<i>prednisolone acetate (ophth)</i>) 1 % SUSPENSION	Tier 1	
PREDNISOLONE ACETATE P-F (<i>prednisolone acetate (ophth)</i>) REDNISOLONE -1 % SUSPENSION	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREDNISOLONE SODIUM PHOSPHATE (<i>prednisolone sodium phosphate (ophth)</i>) 1 % SOLUTION	Tier 1	
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 2	
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 2	
<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 2	ST
<i>timolol maleate preservative free ophth soln 0.5%</i> (TIMOLOL MALEATE OCUDOSE)	Tier 2	ST
<i>timolol maleate preservative free ophth soln 0.5%</i> (TIMOLOL MALEATE PF)	Tier 2	ST
TIMOPTIC (<i>timolol maleate (ophth)</i>) 0.25 % SOLUTION, 0.5 % SOLUTION	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TIMOPTIC OCUDOSE (<i>timolol maleate (ophth)</i>) 0.25 % SOLUTION, 0.5 % SOLUTION	Tier 3	ST
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 2	
<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 2	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	PA, QLC (5 ml/30 days)
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1	
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
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 2	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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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	
CIPROFLOXACIN HCL (<i>ciprofloxacin hcl (otic)</i>) 0.2 % SOLUTION	Tier 1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 1	
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 3	
fluocinolone acetonide (otic) oil 0.01% (Flac)	Tier 3	
<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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
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)
ANTIHISTAMINES (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 4	PA, QLC (4 tabs/day), BE
<i>carbinoxamine maleate tab 4 mg</i>	Tier 1	
CLARINEX (<i>desloratadine</i>) 5 MG TAB	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CLEMASTINE FUMARATE 0.67 MG/5ML SYRUP	Tier 4	PA, QLC (60 ml/day)
CLEMASTINE FUMARATE 2.68 MG TAB	Tier 2	
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	Tier 4	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 4	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	
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	
HYDROXYZINE PAMOATE 100 MG CAP	Tier 1	
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	
<i>olopatadine hcl nasal soln 0.6%</i>	Tier 1	QLC (1 bottle/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 4	PA, AL1 (Up to 64 yrs old), QLC (30 ml/day)
RYVENT (<i>carbinoxamine maleate</i>) 6 MG TAB	Tier 3	PA, QLC (4 tabs/day), BE
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 4	PA
ZYFLO (<i>zileuton</i>) 600 MG TAB	Tier 4	PA

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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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	
<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/30 days; max 6 fills per year)
BROVANA (<i>arformoterol tartrate</i>) 15 MCG/2ML NEBU SOLN	Tier 3	QLC (120 ml/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EPINEPHRINE (<i>epinephrine (anaphylaxis)</i>) 0.15 MG/0.15ML SOLN - INJ, 0.3 MG/0.3ML SOLN -INJ	Tier 1	QLC (4 injections/30 days; max 6 fills per year)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	Tier 1	QLC (4 injections/30 days; max 6 fills per year)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Tier 1	QLC (4 injections/30 days; max 6 fills per year)
EPIPEN 2-PAK (<i>epinephrine (anaphylaxis)</i>) -PK 0.3 MG/0.3ML SOLN -INJ	Tier 2	QLC (4 injections/30 days; max 6 fills per year)
EPIPEN JR 2-PAK (<i>epinephrine (anaphylaxis)</i>) -PK 0.15 MG/0.3ML SOLN -INJ	Tier 2	QLC (4 injections/30 days; max 6 fills per year)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	Tier 2	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)
<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 4	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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/30 days; max 6 fills per year)
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 2	
<i>terbutaline sulfate tab 5 mg</i>	Tier 2	
VENTOLIN HFA (<i>albuterol sulfate</i>) 108 (90 BASE) MCG/ACT AERO SOLN	Tier 3	QLC (2 inhalers/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, LA, S (Specialty Drug), QLC (1 box (224 ml)/2 months)
BRONCHITOL (<i>mannitol (cystic fibrosis)</i>) 40 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (20 caps/day)
BRONCHITOL TOLERANCE TEST (<i>mannitol (cystic fibrosis)</i>) 40 MG CAP	Tier 4	PA, S (Specialty Drug), QLC (20 caps/day)
KALYDECO (<i>ivacaftor</i>) 150 MG TAB	Tier 4	PA, LA, QLC (2 tabs/day)
KALYDECO (<i>ivacaftor</i>) 5.8 MG PACKET, 13.4 MG PACKET, 25 MG PACKET	Tier 4	PA, LA, QLC (2 packets/day)
KALYDECO (<i>ivacaftor</i>) 50 MG PACKET, 75 MG PACKET	Tier 4	PA, LA, QLC (2 packs/day)
KITABIS PAK (<i>tobramycin</i>) 300 MG/5ML NEBU SOLN	Tier 4	PA, LA, S (Specialty Drug), QLC (1 box/2 months), BE
ORKAMBI (<i>lumacaftor-ivacaftor</i>) 100-125 MG PACKET, 150-188 MG PACKET	Tier 4	PA, LA, QLC (2 packs/day)
ORKAMBI (<i>lumacaftor-ivacaftor</i>) 100-125 MG TAB, 200-125 MG TAB	Tier 4	PA, LA, QLC (4 tabs/day)
ORKAMBI (<i>lumacaftor-ivacaftor</i>) 75-94 MG PACKET	Tier 4	PA, LA, QLC (2 packets/day)
PULMOZYME (<i>dornase alfa</i>) 2.5 MG/2.5ML SOLUTION	Tier 4	S (Specialty Drug), QLC (5 ml/day)
SYMDEKO (<i>tezacaftor-ivacaftor</i>) 50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK	Tier 4	PA, LA, QLC (2 tabs/day)
TOBI (<i>tobramycin</i>) 300 MG/5ML NEBU SOLN	Tier 4	PA, LA, S (Specialty Drug), QLC (1 box/2 months)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TOBI PODHALER (<i>tobramycin</i>) 28 MG CAP	Tier 4	PA, LA, S (Specialty Drug), QLC (224 caps/2 months)
<i>tobramycin nebu soln 300 mg/4ml</i>	Tier 4	PA, LA, S (Specialty Drug), QLC (1 box (224 ml)/2 months)
<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 4	PA, S (Specialty Drug), 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, LA, 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, LA, QLC (2 packs/day)
MAST CELL STABILIZERS (Drugs to Block Mast Cells)		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 2	QLC (2 boxes/month)
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)		
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	
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, S (Specialty Drug), QLC (2 ampules (5 ml)/day)
<i>roflumilast tab 250 mcg</i>	Tier 2	PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months)
<i>roflumilast tab 500 mcg</i>	Tier 2	PA, QLC (1 tab/day)
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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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, S (Specialty Drug), 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, LA, S (Specialty Drug), QLC (3 tabs/day)
<i>ambrisentan tab 10 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>ambrisentan tab 5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
<i>bosentan tab 125 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>bosentan tab 62.5 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
LETAIRIS (<i>ambrisentan</i>) 5 MG TAB, 10 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
LIQREV (<i>sildenafil citrate (pulmonary hypertension)</i>) 10 MG/ML SUSPENSION	Tier 4	PA, S (Specialty Drug), QLC (6 ml/day)
OPSUMIT (<i>macitentan</i>) 10 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (1 tab/day)
OPSYNVI (<i>macitentan-tadalafil</i>) 10-20 MG TAB, 10-40 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (1 tab/day)
ORENITRAM (<i>treprostinil diolamine</i>) 0.125 MG TAB ER, 0.25 MG TAB ER	Tier 4	PA, LA, S (Specialty Drug), QLC (9 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 1 MG TAB ER	Tier 4	PA, LA, S (Specialty Drug), QLC (42 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 2.5 MG TAB ER	Tier 4	PA, LA, S (Specialty Drug), QLC (16 tabs/day)
ORENITRAM (<i>treprostinil diolamine</i>) 5 MG TAB ER	Tier 4	PA, LA, S (Specialty Drug), QLC (8 tabs/day)
ORENITRAM MONTH 1 (<i>treprostinil diolamine</i>) 0.25 & 0.25 MG TBER THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (168 tabs/28 days)
ORENITRAM MONTH 2 (<i>treprostinil diolamine</i>) 0.15 & 0.5 MG TBER THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (336 tabs/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORENITRAM MONTH 3 (<i>treprostinil diolamine</i>) 0.125 & 0.25 & 1 MG TBER THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (252 tabs/28 days)
REVATIO (<i>sildenafil citrate (pulmonary hypertension)</i>) 10 MG/ML RECON SUSP	Tier 4	PA, S (Specialty Drug), QLC (6 ml/day)
REVATIO (<i>sildenafil citrate (pulmonary hypertension)</i>) 20 MG TAB	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day)
<i>sildenafil citrate for suspension 10 mg/ml</i>	Tier 4	PA, S (Specialty Drug), QLC (6 ml/day)
<i>sildenafil citrate tab 20 mg</i>	Tier 4	PA, S (Specialty Drug), QLC (3 tabs/day)
tadalafil tab 20 mg (pah) (Alyq)	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
<i>tadalafil tab 20 mg (pah)</i> (TADALAFIL (PAH))	Tier 4	PA, S (Specialty Drug), QLC (2 tabs/day)
TADLIQ (<i>tadalafil (pulmonary hypertension)</i>) 20 MG/5ML SUSPENSION	Tier 4	PA, S (Specialty Drug), QLC (10 ml/day)
TRACLEER (<i>bosentan</i>) 32 MG TAB SOL	Tier 4	PA, LA, S (Specialty Drug), QLC (4 tabs/day)
TRACLEER (<i>bosentan</i>) 62.5 MG TAB, 125 MG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)
TYVASO DPI MAINTENANCE KIT (<i>treprostinil</i>) 112 X 32MCG & 112 X 48MCG POWDER	Tier 4	PA, LA, S (Specialty Drug), QLC (8 cartridges/day)
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, LA, S (Specialty Drug), QLC (4 cartridges/day)
TYVASO DPI TITRATION KIT (<i>treprostinil</i>) 112 X 16MCG & 84 X 32MCG POWDER	Tier 4	PA, LA, S (Specialty Drug), QLC (1 kit/6 months)
TYVASO DPI TITRATION KIT (<i>treprostinil</i>) 16 & 32 & 48 MCG POWDER	Tier 4	PA, LA, S (Specialty Drug), QLC (1 kit (252 units)/6 months)
UPTRAVI (<i>selexipag</i>) 200 & 800 MCG TAB THPK	Tier 4	PA, LA, S (Specialty Drug), QLC (200 tabs/6 months)
UPTRAVI (<i>selexipag</i>) 200 MCG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (pckg size #60= 2 tabs/day; pckg size #140= 140 tabs/6 months)
UPTRAVI (<i>selexipag</i>) 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	Tier 4	PA, LA, S (Specialty Drug), QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WINREVAIR (<i>sotatercept-csrk</i>) 2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT	Tier 4	PA, S (Specialty Drug), QLC (1 kit/21 days)

PULMONARY FIBROSIS AGENTS

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

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

<i>acetylcysteine inhal soln 10%</i>	Tier 2	
<i>acetylcysteine inhal soln 20%</i>	Tier 2	
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)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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</i> 137-50 mcg/act (AZELASTINE-FLUTICASONE)	Tier 2	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</i> 160-4.5 mcg/act	Tier 2	QLC (1 inhaler/month)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Breynd)	Tier 2	QLC (1 inhaler/month)
<i>budesonide-formoterol fumarate dihyd aerosol</i> 80-4.5 mcg/act	Tier 2	QLC (1 inhaler/month)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Breynd)	Tier 2	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DUAKLIR PRESSAIR (<i>aclidinium bromide-formoterol fumarate</i>) 400-12 MCG/ACT AER POW BA	Tier 4	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, S (Specialty Drug), 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)
fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)	Tier 1	QLC (1 inhaler/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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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) --1.mg/ml	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)
<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, S (Specialty Drug), QLC (3 syringes/28 days)
NUCALA (<i>mepolizumab</i>) 40 MG/0.4ML SOLN PRSYR	Tier 4	PA, LA, S (Specialty Drug), QLC (1 syringe/28 days)
NUCALA (<i>mepolizumab</i>) NUCL100 MG/ML SOLN -INJ	Tier 4	PA, S (Specialty Drug), 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	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROMETHAZINE VC/CODEINE (<i>promethazine-phenylephrine-codeine</i>) 6.25-5-10 MG/5ML SYRUP	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	
<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, LA, S (Specialty Drug), QLC (1 pen/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
<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 4	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 375 mg</i>	Tier 4	PA, QLC (4 tabs/day)
chlorzoxazone tab 375 mg (Lorzone)	Tier 4	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 500 mg</i>	Tier 4	PA, QLC (4 tabs/day)
<i>chlorzoxazone tab 750 mg</i>	Tier 4	PA, QLC (4 tabs/day)
chlorzoxazone tab 750 mg (Lorzone)	Tier 4	PA, QLC (4 tabs/day)
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i> (CYCLOBENZAPRINE HCL ER)	Tier 2	ST, AL1 (Up to 64 yrs old), QLC (1 cap/day)
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i> (CYCLOBENZAPRINE HCL ER)	Tier 2	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<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 2	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
<i>metaxalone tab 800 mg</i>	Tier 2	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
METHOCARBAMOL 1000 MG TAB	Tier 4	PA, BE
<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 4	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 4	PA, QLC (8 tabs/day)
<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i> (ORPHENADRINE-ASPIRIN-CAFFEINE)	Tier 4	PA, QLC (8 tabs/day)
<i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg</i> (ORPHENADRINE-ASA-CAFFEINE)	Tier 4	PA, QLC (4 tabs/day)
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (Orphengesic Forte)	Tier 4	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)

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)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 2	ST, QLC (1 tab/day)
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 2	ST, QLC (1 tab/day)
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)
<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, LA, QLC (1 cap/day)
HETLIOZ LQ (<i>tasimelteon</i>) 4 MG/ML SUSPENSION	Tier 4	PA, LA, 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)
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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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)
SECONAL (<i>secobarbital sodium</i>) 100 MG CAP	Tier 3	QLC (1 cap/day, not to exceed 14 caps/30 days)
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, LA, S (Specialty Drug), 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)
<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 3	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 3	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
<i>zolpidem tartrate sl tab 3.5 mg</i>	Tier 3	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)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ZOLPIMIST (<i>zolpidem tartrate</i>) 5 MG/ACT SOLUTION	Tier 3	PA, AL1 (Up to 64 yrs old), QLC (1 bottle/month)
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WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)

<i>armodafinil tab 150 mg</i>	Tier 3	PA, QLC (1 tab/day)
<i>armodafinil tab 200 mg</i>	Tier 3	PA, QLC (1 tab/day)
<i>armodafinil tab 250 mg</i>	Tier 3	PA, QLC (1 tab/day)
<i>armodafinil tab 50 mg</i>	Tier 3	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, S (Specialty Drug), QLC (1 packet/day)
<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)
PROVIGIL (<i>modafinil</i>) 200 MG TAB	Tier 3	QLC (2 tabs/day)
SODIUM OXYBATE 500 MG/ML SOLUTION	Tier 4	PA, LA, 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, S (Specialty Drug), QLC (2 tabs/day)
XYREM (<i>sodium oxybate</i>) 500 MG/ML SOLUTION	Tier 4	PA, LA, QLC (3 bottles/month)
XYWAV (<i>calcium, magnesium, potassium, & sodium oxybates</i>) 500 MG/ML SOLUTION	Tier 4	PA, LA, 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), BE
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), BE

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WEGOVY (<i>semaglutide (weight management)</i>) 1 MG/0.5ML SOLN -INJ	Tier 3	PA, QLC (4 pens/28 days), BE
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), BE

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amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Amlodipine-Olmesartan)	147	amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Amoxicillin-Pot Clavulanate)	28
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (amLODIPine-Olmesartan)	147	amoxicillin & k clavulanate tab 250-125 mg (Amoxicillin-Pot Clavulanate)	28
amlodipine besylate-valsartan tab 10-160 mg	147	amoxicillin & k clavulanate tab 500-125 mg (Amoxicillin-Pot Clavulanate)	28
amlodipine besylate-valsartan tab 10-320 mg	147	amoxicillin & k clavulanate tab 875-125 mg (Amoxicillin-Pot Clavulanate)	28
amlodipine besylate-valsartan tab 5-160 mg	147	amoxicillin (trihydrate) cap 250 mg	28
amlodipine besylate-valsartan tab 5-320 mg	147	amoxicillin (trihydrate) cap 500 mg	28
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Amlodipine-Valsartan-HCTZ)	147	amoxicillin (trihydrate) for susp 125 mg/5ml	28
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (amLODIPine-Valsartan-HCTZ)	147	amoxicillin (trihydrate) for susp 200 mg/5ml	28
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Amlodipine-Valsartan-HCTZ)	147	amoxicillin (trihydrate) for susp 250 mg/5ml	28
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (amLODIPine-Valsartan-HCTZ)	147	amoxicillin (trihydrate) for susp 400 mg/5ml	28
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Amlodipine-Valsartan-HCTZ)	147	amoxicillin (trihydrate) tab 500 mg	28
amoxapine tab 100 mg	55	amoxicillin (trihydrate) tab 875 mg	28
amoxapine tab 150 mg	55	Amoxicillin-Pot Clavulanate (amoxicillin & pot clavulanate)	29
amoxapine tab 25 mg	55	Amoxicillin-Pot Clavulanate ER (amoxicillin & pot clavulanate)	29
amoxapine tab 50 mg	55	Amphetamine ER	165
amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg (Amoxicill-Clarithro-Lansopraz)	224	amphetamine sulfate tab 10 mg	165
		amphetamine sulfate tab 5 mg	165
		amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg (Amphet-Dextroamphet 3-Bead ER)	165
		amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg (Amphet-Dextroamphet 3-Bead ER)	165
		amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg (Amphet-Dextroamphet 3-Bead ER)	165

amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg (Amphet-Dextroamphet 3-Bead ER).....	165	Ancobon (flucytosine).....	59
amphetamine-dextroamphetamine cap er 24hr 10 mg (Amphetamine-Dextroamphet ER)...	166	Androderm (testosterone).....	245
amphetamine-dextroamphetamine cap er 24hr 15 mg (Amphetamine-Dextroamphet ER)...	166	AndroGel (testosterone).....	245
amphetamine-dextroamphetamine cap er 24hr 20 mg (Amphetamine-Dextroamphet ER)...	166	AndroGel Pump (testosterone).....	246
amphetamine-dextroamphetamine cap er 24hr 25 mg (Amphetamine-Dextroamphet ER)...	166	Angeliq (drospirenone-estradiol).....	247
amphetamine-dextroamphetamine cap er 24hr 30 mg (Amphetamine-Dextroamphet ER)...	166	Annovera (segesterone acetate-ethinyl estradiol).....	247
amphetamine-dextroamphetamine cap er 24hr 5 mg (Amphetamine-Dextroamphet ER)...	166	Anoro Ellipta (umeclidinium-vilanterol).....	322
amphetamine-dextroamphetamine tab 10 mg.....	166	Antabuse (disulfiram).....	21
amphetamine-dextroamphetamine tab 12.5 mg.....	166	Antara (fenofibrate micronized).....	156
amphetamine-dextroamphetamine tab 15 mg.....	166	Anusol-HC (hydrocortisone (rectal)).....	187
amphetamine-dextroamphetamine tab 20 mg.....	166	Anzemet (dolasetron mesylate).....	58
amphetamine-dextroamphetamine tab 30 mg.....	166	Apadaz (benzhydrocodone hcl-acetaminophen).....	12,13
amphetamine-dextroamphetamine tab 5 mg.....	166	APAP-Caff-Dihydrocodeine (acetaminophen-caff-dihydrocod).....	13
amphetamine-dextroamphetamine tab 7.5 mg.....	166	ApexiCon E (diflorasone diacetate emollient base).....	187
ampicillin cap 500 mg.....	29	Apidra (insulin glulisine).....	118
Ampyra (dalfampridine).....	179	Apidra SoloStar (insulin glulisine).....	118
Amrix (cyclobenzaprine hcl).....	326	Aplenzin (bupropion hydrobromide).....	48
Amzeeq (minocycline hcl micronized (acne))..	183	APO-Varenicline (varenicline tartrate).....	23
Anadrol-50 (oxymetholone).....	245	Apokyn (apomorphine hydrochloride).....	86
Anafranil (clomipramine hcl).....	55	apomorphine hcl soln cartridge 30 mg/3ml..	86
anagrelide hcl cap 0.5 mg.....	125	Apraclonidine HCl.....	308
anagrelide hcl cap 1 mg.....	125	apraclonidine hcl opth soln 0.5% (base equivalent).....	308
Analpram-HC (hydrocortisone acetate w/ pramoxine).....	194	aprepitant capsule 125 mg.....	58
Anaspaz (hyoscyamine sulfate).....	221	aprepitant capsule 40 mg.....	58
anastrozole tab 1 mg.....	72	aprepitant capsule 80 mg.....	58
		aprepitant capsule therapy pack 80 & 125 mg	58
		Apriso (mesalamine).....	288
		Aptensio XR (methylphenidate hcl).....	169
		Aptiom (eslicarbazepine acetate).....	43
		Aptivus (tipranavir).....	104
		AQ Insulin Syringe.....	292
		AQInject Pen Needle.....	293
		Aranesp (Albumin Free) (darbepoetin alfa)...	126
		Arava (leflunomide).....	280
		Arazlo (tazarotene (acne)).....	183
		Arcalyst (rilonacept).....	274

arformoterol tartrate soln nebu 15 mcg/2ml (base equiv).....	315	Asmanex HFA (mometasone furoate (inhalation)).....	311
Aricept (donepezil hydrochloride).....	46	aspirin-dipyridamole cap er 12hr 25-200 mg (Aspirin-Dipyridamole ER).....	128,175
Arikayce (amikacin sulfate liposome).....	23	Aspruzyo Sprinkle (ranolazine).....	147
Arimidex (anastrozole).....	72	Assure ID Insulin Safety Syr.....	293
aripiprazole oral solution 1 mg/ml.....	92	Astagraf XL (tacrolimus).....	280
aripiprazole orally disintegrating tab 10 mg..	92	Atabex EC (prenatal vit w/ docusate-iron carbonyl-folic acid).....	203
aripiprazole orally disintegrating tab 15 mg..	92	Atabex OB (prenatal vit w/ fe bisglycinate chelate-folic acid).....	203
aripiprazole tab 10 mg.....	92	Atacand (candesartan cilexetil).....	131
aripiprazole tab 15 mg.....	92	Atacand HCT (candesartan cilexetil- hydrochlorothiazide).....	147
aripiprazole tab 2 mg.....	92	atazanavir sulfate cap 150 mg (base equiv) ..	104
aripiprazole tab 20 mg.....	92	atazanavir sulfate cap 200 mg (base equiv) .	104
aripiprazole tab 30 mg.....	92	atazanavir sulfate cap 300 mg (base equiv) .	104
aripiprazole tab 5 mg.....	92	Atelvia (risedronate sodium).....	290
Arixtra (fondaparinux sodium).....	122	atenolol & chlorthalidone tab 100-25 mg (Atenolol-Chlorthalidone).....	147
armodafinil tab 150 mg.....	330	atenolol & chlorthalidone tab 50-25 mg (Atenolol-Chlorthalidone).....	147
armodafinil tab 200 mg.....	330	atenolol tab 100 mg.....	136
armodafinil tab 250 mg.....	330	atenolol tab 25 mg.....	136
armodafinil tab 50 mg.....	330	atenolol tab 50 mg.....	136
ArmonAir Digihaler (fluticasone propionate with sensor (inhalation)).....	311	Ativan (lorazepam).....	108
Armour Thyroid.....	267	atomoxetine hcl cap 10 mg (base equiv).....	169
Arnuity Ellipta (fluticasone furoate (inhalation)).....	311	atomoxetine hcl cap 100 mg (base equiv)....	169
Aromasin (exemestane).....	72	atomoxetine hcl cap 18 mg (base equiv).....	169
Arthrotec (diclofenac w/ misoprostol).....	2	atomoxetine hcl cap 25 mg (base equiv).....	169
Arymo ER (morphine sulfate).....	13	atomoxetine hcl cap 40 mg (base equiv).....	169
Asacol HD (mesalamine).....	288	atomoxetine hcl cap 60 mg (base equiv).....	169
asenapine maleate sl tab 10 mg (base equiv) .	92	atomoxetine hcl cap 80 mg (base equiv).....	169
asenapine maleate sl tab 2.5 mg (base equiv) .	92	Atorvaliq (atorvastatin calcium).....	157
asenapine maleate sl tab 5 mg (base equiv) ..	93	atorvastatin calcium tab 10 mg (base equivalent).....	158
Asmanex (120 Metered Doses) (mometasone furoate (inhalation)).....	311	atorvastatin calcium tab 20 mg (base equivalent).....	158
Asmanex (14 Metered Doses) (mometasone furoate (inhalation)).....	311	atorvastatin calcium tab 40 mg (base equivalent).....	158
Asmanex (30 Metered Doses) (mometasone furoate (inhalation)).....	311		
Asmanex (60 Metered Doses) (mometasone furoate (inhalation)).....	311		
Asmanex (7 Metered Doses) (mometasone furoate (inhalation)).....	311		

atorvastatin calcium tab 80 mg (base equivalent)	158	azelaic acid gel 15%	183
atovaquone susp 750 mg/5ml	83	azelastine hcl nasal spray 0.1% (137 mcg/spray)	312
atovaquone-proguanil hcl tab 250-100 mg	83	azelastine hcl ophth soln 0.05%	303
atovaquone-proguanil hcl tab 62.5-25 mg	83	azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (Azelastine-Fluticasone)	322
Atralin (tretinoin)	183	Azelex (azelaic acid (acne))	183
Atripla (efavirenz-emtricitabine-tenofovir disoproxil fumarate)	100	AzesChew Prenatal/Postnatal (prenatal without a vit w/ fe fumarate-folic acid)	203
Atropine Sulfate (atropine sulfate (ophthalmic))	300	Azesco (prenatal vit w/ ferrous gluconate-folic acid)	203
atropine sulfate ophth soln 1%	300	Azilect (rasagiline mesylate)	90
Atrovent HFA (ipratropium bromide hfa)	314	Azithromycin	29
Aubagio (teriflunomide)	179	azithromycin for susp 100 mg/5ml	29
Augmentin (amoxicillin & pot clavulanate)	29	azithromycin for susp 200 mg/5ml	29
Augmentin ES-600 (amoxicillin & pot clavulanate)	29	azithromycin tab 250 mg	29
Augtyro (repotrectinib)	71	azithromycin tab 500 mg	29
Auryxia (ferric citrate)	216	azithromycin tab 600 mg	29
Austedo (deutetrabenazine)	175	Azopt (brinzolamide)	308
Austedo XR (deutetrabenazine)	175	Azor (amlodipine besylate-olmesartan medoxomil)	148
Austedo XR Patient Titration (deutetrabenazine)	175	Azstarys (serdexmethylphenidate chloride-dexamethylphenidate hcl)	166
Auvelity (dextromethorphan hydrobromide-bupropion hydrochloride)	48	Azulfidine (sulfasalazine)	288
Auvi-Q (epinephrine (anaphylaxis))	315	Azulfidine EN-tabs (sulfasalazine)	288
Avalide (irbesartan-hydrochlorothiazide)	148		
Avapro (irbesartan)	131	B	
Avar LS Cleanser (sulfacetamide sodium w/ sulfur)	194	Bacitracin (bacitracin (ophthalmic))	303
Avar-e LS (sulfacetamide sodium w/ sulfur)	194	bacitracin-polymyxin b ophth oint	300
Avodart (dutasteride)	235	bacitracin-polymyxin b ophth oint (Ak-Poly-Bac)	300
Avonex Pen (interferon beta-1a)	179	bacitracin-polymyxin b ophth oint (Polycin)	300
Avonex Prefilled (interferon beta-1a)	179	bacitracin-polymyxin-neomycin-hc ophth oint 1% (Bacitra-Neomycin-Polymyxin-HC)	300
Aygestin (norethindrone acetate)	265	bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-Polycin Hc)	300
Ayvakit (avapritinib)	73	Baclofen	96
AzaSite (azithromycin (ophth))	303	baclofen susp 25 mg/5ml	96
azathioprine tab 100 mg	280	baclofen tab 10 mg	96
azathioprine tab 100 mg (Azasan)	280	baclofen tab 15 mg	96
azathioprine tab 50 mg	280	baclofen tab 20 mg	96
azathioprine tab 75 mg	281		
azathioprine tab 75 mg (Azasan)	281		

baclofen tab 5 mg	96	BenzaClin (clindamycin phosphate-benzoyl peroxide)	183
Bactrim (sulfamethoxazole-trimethoprim)	32	BenzaClin with Pump (clindamycin phosphate-benzoyl peroxide)	183
Bactrim DS (sulfamethoxazole-trimethoprim)	32	Benzamycin (benzoyl peroxide-erythromycin)	183
Bafiertam (monomethyl fumarate)	179	Benzhydrocodone-Acetaminophen (benzhydrocodone hcl-acetaminophen)	13
Balcoltra (levonorgestrel-ethinyl estradiol-ferrous bisglycinate)	247	Benznidazole	84
balsalazide disodium cap 750 mg	288	benzonatate cap 100 mg	322
Balversa (erdafitinib)	73	benzonatate cap 150 mg	322
Banzel (rufinamide)	43	benzonatate cap 200 mg	322
Baqsimi One Pack (glucagon)	117	benzoyl peroxide-erythromycin gel 5-3%	183
Baqsimi Two Pack (glucagon)	117	Benzphetamine HCl	175
Baraclude (entecavir)	98	benzphetamine hcl tab 50 mg	175
Basaglar KwikPen (insulin glargine)	118	benztropine mesylate tab 0.5 mg	85
Basaglar Tempo Pen (insulin glargine)	118	benztropine mesylate tab 1 mg	85
Baxdela (delafloxacin meglumine)	31	benztropine mesylate tab 2 mg	85
BD Insulin Syringe U-500	293	bepotastine besilate ophth soln 1.5%	303
BD Microtainer Lancets	293	Bepreve (bepotastine besilate)	303
BD Pen Needle Nano U/F	293	Besivance (besifloxacin hcl)	31
BD SafetyGlide Insulin Syringe	293	Besremi (ropeginterferon alfa-2b-njft)	278
BD Syringe Luer-Lok	293	Betamethasone Dipropionate Aug (betamethasone dipropionate augmented)	187
Beconase AQ (beclomethasone diprop monohyd)	311	betamethasone dipropionate augmented cream 0.05%	187
Belbuca (buprenorphine hcl)	21	betamethasone dipropionate augmented lotion 0.05%	187
Belsomra (suvorexant)	328	betamethasone dipropionate augmented oint 0.05%	187
benazepril & hydrochlorothiazide tab 10-12.5 mg (Benazepril-hydroCHLOROthiazide)	148	betamethasone dipropionate cream 0.05%	187
benazepril & hydrochlorothiazide tab 20-12.5 mg (Benazepril-Hydrochlorothiazide)	148	betamethasone dipropionate lotion 0.05%	187
benazepril & hydrochlorothiazide tab 20-25 mg (Benazepril-hydroCHLOROthiazide)	148	betamethasone dipropionate oint 0.05%	187
benazepril & hydrochlorothiazide tab 5-6.25 mg (Benazepril-Hydrochlorothiazide)	148	betamethasone valerate aerosol foam 0.12%	187
benazepril hcl tab 10 mg	132	betamethasone valerate cream 0.1% (base equivalent)	187
benazepril hcl tab 20 mg	132	betamethasone valerate lotion 0.1% (base equivalent)	187
benazepril hcl tab 40 mg	132	betamethasone valerate oint 0.1% (base equivalent)	188
benazepril hcl tab 5 mg	132	Betapace (sotalol hcl)	134
Benicar (olmesartan medoxomil)	131		
Benicar HCT (olmesartan medoxomil-hydrochlorothiazide)	148		
Benlysta (belimumab)	274		

Betapace AF (sotalol hcl (afib/af))	134	bisoprolol fumarate tab 10 mg	136
Betaseron (interferon beta-1b)	179	bisoprolol fumarate tab 5 mg	136
Betaxolol HCl (betaxolol hcl (ophth))	307	Bleph-10 (sulfacetamide sodium (ophth))	304
betaxolol hcl ophth soln 0.5%	307	Blephamide (sulfacetamide sod- prednisolone)	300
betaxolol hcl tab 10 mg	136	Blephamide S.O.P. (sulfacetamide sod- prednisolone)	300
betaxolol hcl tab 20 mg	136	Boniva (ibandronate sodium)	290
bethanechol chloride tab 10 mg	236	Bonjesta (doxylamine-pyridoxine)	56
bethanechol chloride tab 25 mg	236	bosentan tab 125 mg	319
bethanechol chloride tab 5 mg	236	bosentan tab 62.5 mg	319
bethanechol chloride tab 50 mg	236	Bosulif (bosutinib)	73
Bethkis (tobramycin)	317	Braftovi (encorafenib)	73
Betimol (timolol)	307	Breathe Ease Large	293
Betoptic-S (betaxolol hcl (ophth))	307	Breathe Ease Medium	293
Bevespi Aerosphere (glycopyrrolate-formoterol fumarate)	322	Breathe Ease Small	293
Bevyxxa (betrixaban maleate)	122	BreatheRite	293
bexarotene cap 75 mg	83	BreatheRite Coll Spacer Adult	293
bexarotene gel 1%	83	BreatheRite Coll Spacer Child	293
Beyaz (drospirenone-ethinyl estradiol- levomefolate calcium)	247	BreatheRite Coll Spacer Infant	293
bicalutamide tab 50 mg	69	BreatheRite Rigid Spacer/Mask	293
BiDil (isosorbide dinitrate-hydralazine hcl)	148	BreatheRite Spacer Neonate	293
Bijuva (estradiol-progesterone)	247,265	BreatheRite Spacer Small Child	293
Biktarvy (bictegravir-emtricitabine-tenofovir alafenamide fumarate)	99	BreatheRite Valved MDI Chamber	293
Biltricide (praziquantel)	83	BreatheRite/Large Mask	293
bimatoprost ophth soln 0.03%	309	BreatheRite/Medium Mask	293
Bimzelx (bimekizumab-bkzx)	274	BreatheRite/Small Mask	293
Binosto (alendronate sodium)	290	Breo Ellipta (fluticasone furoate-vilanterol)	322
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (Bis Subcit-Metronid- Tetracyc)	224	Breztri Aerosphere (budesonide-glycopyrrolate- formoterol fumarate)	322
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg (Bismuth/Metronidaz/Tetracyclin)	224	Brilinta (ticagrelor)	128
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Bisoprolol-hydroCHLOROthiazide)	148	brimonidine tartrate gel 0.33% (base equivalent)	183
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Bisoprolol-Hydrochlorothiazide)	148	brimonidine tartrate ophth soln 0.1%	308
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Bisoprolol-hydroCHLOROthiazide)	148	brimonidine tartrate ophth soln 0.15%	308
		brimonidine tartrate ophth soln 0.2%	308
		brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	300
		brinzolamide ophth susp 1%	308
		Brisdelle (paroxetine mesylate (vasomotor))	50
		Briviact (brivaracetam)	35

bromfenac sodium ophth soln 0.07% (base equivalent)	305	buprenorphine hcl sl tab 2 mg (base equiv)	21
bromfenac sodium ophth soln 0.075% (base equivalent)	305	buprenorphine hcl sl tab 8 mg (base equiv)	21
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) (Bromfenac Sodium (Once-Daily))	305	buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	21
bromocriptine mesylate cap 5 mg (base equivalent)	86	buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	22
bromocriptine mesylate tab 2.5 mg (base equivalent)	87	buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	22
BromSite (bromfenac sodium (ophth))	305	buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	22
Bronchitol (mannitol (cystic fibrosis))	317	buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	22
Bronchitol Tolerance Test (mannitol (cystic fibrosis))	317	buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	22
Brovana (arformoterol tartrate)	315	buprenorphine td patch weekly 10 mcg/hr	7
Brukinsa (zanubrutinib)	73	buprenorphine td patch weekly 15 mcg/hr	7
Bryhali (halobetasol propionate)	188	buprenorphine td patch weekly 20 mcg/hr	7
budesonide delayed release particles cap 3 mg	289	buprenorphine td patch weekly 5 mcg/hr	7
budesonide inhalation susp 0.25 mg/2ml	311	buprenorphine td patch weekly 7.5 mcg/hr	7
budesonide inhalation susp 0.5 mg/2ml	311	bupropion hcl (smoking deterrent) tab er 12hr 150 mg (buPROPion HCl ER (Smoking Det))	23
budesonide inhalation susp 1 mg/2ml	311	buPROPion HCl ER (XL)	48
budesonide rectal foam 2 mg/act	289	bupropion hcl tab 100 mg	48
budesonide tab er 24hr 9 mg (Budesonide ER)	289	bupropion hcl tab 75 mg	48
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	322	bupropion hcl tab er 12hr 100 mg (BuPROPion HCl ER (SR))	48
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act (Brey-na)	322	bupropion hcl tab er 12hr 150 mg (buPROPion HCl ER (SR))	48
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	322	bupropion hcl tab er 12hr 200 mg (BuPROPion HCl ER (SR))	48
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act (Brey-na)	322	bupropion hcl tab er 24hr 150 mg (buPROPion HCl ER (XL))	49
bumetanide tab 0.5 mg	155	bupropion hcl tab er 24hr 300 mg (BuPROPion HCl ER (XL))	49
bumetanide tab 1 mg	155	bupirone hcl tab 10 mg	107
bumetanide tab 2 mg	155	bupirone hcl tab 15 mg	107
Bumex (bumetanide)	155	bupirone hcl tab 30 mg	107
Bunavail (buprenorphine hcl-naloxone hcl dihydrate)	21	bupirone hcl tab 5 mg	107
Buphenyl (sodium phenylbutyrate)	228	bupirone hcl tab 7.5 mg	107
		Butalbital-Acetaminophen	175
		butalbital-acetaminophen cap 50-300 mg	176

butalbital-acetaminophen tab 50-300 mg . . .	176
butalbital-acetaminophen tab 50-300 mg (Bupap)	176
butalbital-acetaminophen tab 50-325 mg . . .	176
butalbital-acetaminophen-caff w/ cod cap 50- 300-40-30 mg (Butalbital-APAP-Caff-Cod) . .	13
butalbital-acetaminophen-caff w/ cod cap 50- 325-40-30 mg (Butalbital-APAP-Caff-Cod) . .	13
butalbital-acetaminophen-caffeine cap 50- 300-40 mg (Butalbital-APAP-Caffeine)	176
butalbital-acetaminophen-caffeine cap 50- 325-40 mg (Butalbital-APAP-Caffeine)	176
butalbital-acetaminophen-caffeine cap 50- 325-40 mg (Esgic)	176
butalbital-acetaminophen-caffeine cap 50- 325-40 mg (Zebutal)	176
butalbital-acetaminophen-caffeine soln 50- 325-40 mg/15ml (Vanatol Lq)	176
butalbital-acetaminophen-caffeine soln 50- 325-40 mg/15ml (Vanatol S)	176
butalbital-acetaminophen-caffeine tab 50- 325-40 mg (Bac)	176
butalbital-acetaminophen-caffeine tab 50- 325-40 mg (Butalbital-APAP-Caffeine)	176
butalbital-aspirin-caff w/ codeine cap 50-325- 40-30 mg (Ascomp-Codeine)	13
butalbital-aspirin-caff w/ codeine cap 50-325- 40-30 mg (Butalbital-ASA-Caff-Codeine)	13
Butalbital-Aspirin-Caffeine	2
butalbital-aspirin-caffeine cap 50-325-40 mg .	2
butorphanol tartrate nasal soln 10 mg/ml . . .	13
Butrans (buprenorphine)	7
Bydureon (exenatide)	111
Bydureon BCise (exenatide)	111
Byetta 10 MCG Pen (exenatide)	111
Byetta 5 MCG Pen (exenatide)	111
Bylvay (odevixibat)	188
Bylvay (Pellets) (odevixibat)	188
Bynfezia Pen (octreotide acetate)	272
Bystolic (nebivolol hcl)	136,137

C

C-Nate DHA (prenatal vit w/ ferrous fumarate- fa-omega 3 fatty acids)	203
cabergoline tab 0.5 mg	272
Cablivi (caplacizumab-yhdp)	128
Cabometyx (cabozantinib s-malate)	73
Cabtreo (adapalene-benzoyl peroxide- clindamycin phosphate)	183
Caduet (amlodipine besylate-atorvastatin calcium)	148
Cafergot (ergotamine w/ caffeine)	63
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	217,318
Calan SR (verapamil hcl)	141
Calcipotriene	194
calcipotriene cream 0.005%	194
calcipotriene oint 0.005%	194
calcipotriene oint 0.005% (Calcitrene)	194
calcipotriene soln 0.005% (50 mcg/ml)	194
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (Calcipotriene-Betameth Diprop)	195
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (Calcipotriene-Betameth Diprop)	195
calcitonin (salmon) inj 200 unit/ml	290
calcitonin (salmon) nasal soln 200 unit/act .	290
Calcitriol (calcitriol (topical))	195
calcitriol cap 0.25 mcg	290
calcitriol cap 0.5 mcg	290
calcitriol oral soln 1 mcg/ml	290
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (Calcium Acetate (Phos Binder)) .	216
Calquence (acalabrutinib maleate)	73
Calquence (acalabrutinib)	73
Cambia (diclofenac potassium (migraine))	2
Camzyos (mavacamten)	148
Canasa (mesalamine)	288
candesartan cilexetil tab 16 mg	131
candesartan cilexetil tab 32 mg	131

candesartan cilexetil tab 4 mg	131	carbidopa & levodopa orally disintegrating tab 25-100 mg (Carbidopa-Levodopa)	89
candesartan cilexetil tab 8 mg	131	carbidopa & levodopa orally disintegrating tab 25-250 mg (Carbidopa-Levodopa)	89
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Candesartan Cilexetil-HCTZ)	149	carbidopa & levodopa tab 10-100 mg (Carbidopa-Levodopa)	89
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Candesartan Cilexetil-HCTZ)	149	carbidopa & levodopa tab 25-100 mg (Carbidopa-Levodopa)	89
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Candesartan Cilexetil-HCTZ)	149	carbidopa & levodopa tab 25-250 mg (Carbidopa-Levodopa)	89
capecitabine tab 150 mg	71	carbidopa & levodopa tab er 25-100 mg (Carbidopa-Levodopa ER)	89
capecitabine tab 500 mg	71	carbidopa & levodopa tab er 50-200 mg (Carbidopa-Levodopa ER)	89
Capex (fluocinolone acetonide)	188	carbidopa tab 25 mg	89
Caplyta (lumateperone tosylate)	93	Carbidopa-Levodopa	89
Caprelsa (vandetanib)	73	Carbidopa-Levodopa-Entacapone	85
captopril tab 100 mg	132	carbidopa-levodopa-entacapone tabs 12.5-50- 200 mg	85
captopril tab 12.5 mg	132	carbidopa-levodopa-entacapone tabs 18.75- 75-200 mg	85
captopril tab 25 mg	132	carbidopa-levodopa-entacapone tabs 25-100- 200 mg	85
captopril tab 50 mg	132	carbidopa-levodopa-entacapone tabs 31.25- 125-200 mg	85
Captopril-Hydrochlorothiazide (captopril & hydrochlorothiazide)	149	carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg	85
Carac (fluorouracil (topical))	195	carbidopa-levodopa-entacapone tabs 50-200- 200 mg	86
Carafate (sucralfate)	226	Carbinoxamine Maleate	312
Carbaglu (carglumic acid)	228	carbinoxamine maleate tab 4 mg	312
carbamazepine cap er 12hr 100 mg (CarBAMazepine ER)	43	Cardizem (diltiazem hcl)	141
carbamazepine cap er 12hr 200 mg (CarBAMazepine ER)	43	Cardizem CD (diltiazem hcl coated beads)	141
carbamazepine cap er 12hr 300 mg (CarBAMazepine ER)	43	Cardizem LA (diltiazem hcl)	141
carbamazepine chew tab 100 mg	43	Cardura (doxazosin mesylate)	130
carbamazepine susp 100 mg/5ml	43	Cardura XL (doxazosin mesylate (bph))	235
carbamazepine tab 200 mg	43	carglumic acid soluble tab 200 mg	228
carbamazepine tab 200 mg (Eitol)	43	carisoprodol tab 250 mg	326
carbamazepine tab er 12hr 100 mg (CarBAMazepine ER)	43	carisoprodol tab 350 mg	326
carbamazepine tab er 12hr 200 mg (carBAMazepine ER)	43	carisoprodol tab 350 mg (Vanadom)	326
carbamazepine tab er 12hr 400 mg (CarBAMazepine ER)	43		
Carbatrol (carbamazepine)	44		
carbidopa & levodopa orally disintegrating tab 10-100 mg (Carbidopa-Levodopa)	89		

Carisoprodol-Aspirin-Codeine (carisoprodol w/ aspirin & codeine).....	13	cefpodoxime proxetil for susp 50 mg/5ml.....	27
Carnitor (levocarnitine (metabolic modifiers))	217	cefpodoxime proxetil tab 100 mg.....	27
Carnitor SF (levocarnitine (metabolic modifiers)).....	217	cefpodoxime proxetil tab 200 mg.....	27
CaroSpir (spironolactone).....	162	cefprozil for susp 125 mg/5ml.....	27
Carteolol HCl (carteolol hcl (ophth)).....	307	cefprozil for susp 250 mg/5ml.....	27
carvedilol phosphate cap er 24hr 10 mg (Carvedilol Phosphate ER).....	137	cefprozil tab 250 mg.....	27
carvedilol phosphate cap er 24hr 20 mg (Carvedilol Phosphate ER).....	137	cefprozil tab 500 mg.....	27
carvedilol phosphate cap er 24hr 40 mg (Carvedilol Phosphate ER).....	137	cefuroxime axetil tab 250 mg.....	27
carvedilol phosphate cap er 24hr 80 mg (Carvedilol Phosphate ER).....	137	cefuroxime axetil tab 500 mg.....	27
carvedilol tab 12.5 mg.....	137	CeleBREX (celecoxib).....	2
carvedilol tab 25 mg.....	137	celecoxib cap 100 mg.....	2
carvedilol tab 3.125 mg.....	137	celecoxib cap 200 mg.....	2
carvedilol tab 6.25 mg.....	137	celecoxib cap 400 mg.....	2
Casodex (bicalutamide).....	69	celecoxib cap 50 mg.....	2
Catapres (clonidine hcl).....	129	CeleXA (citalopram hydrobromide).....	50,51
Catapres-TTS-1 (clonidine).....	129	CellCept (mycophenolate mofetil).....	281
Catapres-TTS-2 (clonidine).....	129	Celontin (methsuximide).....	40
Catapres-TTS-3 (clonidine).....	129	Centany (mupirocin).....	201
Caverject (alprostadil (vasodilator)).....	245	Cephalexin.....	27
Caverject Impulse (alprostadil (vasodilator))	245	cephalexin cap 250 mg.....	27
Caya (diaphragm arc-spring).....	293	cephalexin cap 500 mg.....	27
Cayston (aztreonam lysine).....	24	cephalexin cap 750 mg.....	27
Cefaclor.....	27	cephalexin for susp 125 mg/5ml.....	28
Cefaclor ER (cefaclor monohydrate).....	27	cephalexin for susp 250 mg/5ml.....	28
Cefadroxil.....	27	Cequa (cyclosporine (ophth)).....	300
cefadroxil cap 500 mg.....	27	CeQur Simplicity 2U.....	293
cefadroxil for susp 250 mg/5ml.....	27	Cerdelga (eliglustat tartrate).....	228
cefadroxil for susp 500 mg/5ml.....	27	Cetraxal (ciprofloxacin hcl (otic)).....	309
cefdinir cap 300 mg.....	27	cetorelix acetate for inj kit 0.25 mg.....	272
cefdinir for susp 125 mg/5ml.....	27	Cetrotide (cetorelix acetate).....	272
cefdinir for susp 250 mg/5ml.....	27	cevimeline hcl cap 30 mg.....	182
cefixime cap 400 mg.....	27	Chantix (varenicline tartrate).....	23
cefixime for susp 100 mg/5ml.....	27	Chantix Continuing Month Pak (varenicline tartrate).....	23
cefixime for susp 200 mg/5ml.....	27	Chantix Starting Month Pak (varenicline tartrate).....	23
cefpodoxime proxetil for susp 100 mg/5ml....	27	Chemet (succimer).....	214
		Chenodal (chenodiol).....	224
		chlordiazepoxide hcl cap 10 mg.....	108
		chlordiazepoxide hcl cap 25 mg.....	108
		chlordiazepoxide hcl cap 5 mg.....	108

chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg (Chlordiazepoxide-Clidinium).....	222	cilostazol tab 100 mg.....	128
Chlordiazepoxide-Amitriptyline.....	49	cilostazol tab 50 mg.....	128
chloroquine phosphate tab 250 mg.....	84	Ciloxan (ciprofloxacin hcl (ophth)).....	31
chloroquine phosphate tab 500 mg.....	84	Cimduo (lamivudine-tenofovir disoproxil fumarate).....	101
chlorproMAZINE HCl.....	90	Cimetidine HCl.....	226
chlorpromazine hcl tab 10 mg.....	90	cimetidine hcl soln 300 mg/5ml.....	226
chlorpromazine hcl tab 100 mg.....	90	cimetidine tab 300 mg.....	226
chlorpromazine hcl tab 200 mg.....	90	cimetidine tab 400 mg.....	226
chlorpromazine hcl tab 25 mg.....	90	cimetidine tab 800 mg.....	226
chlorpromazine hcl tab 50 mg.....	90	Cimzia (2 Syringe) (certolizumab pegol).....	281
chlorthalidone tab 25 mg.....	156	Cimzia-Starter (certolizumab pegol).....	281
chlorthalidone tab 50 mg.....	156	cinacalcet hcl tab 30 mg (base equiv).....	290
chlorzoxazone tab 250 mg.....	326	cinacalcet hcl tab 60 mg (base equiv).....	290
chlorzoxazone tab 375 mg.....	326	cinacalcet hcl tab 90 mg (base equiv).....	290
chlorzoxazone tab 375 mg (Lorzone).....	326	Cipro (ciprofloxacin hcl).....	31
chlorzoxazone tab 500 mg.....	326	Cipro (ciprofloxacin).....	31
chlorzoxazone tab 750 mg.....	326	Cipro HC (ciprofloxacin-hydrocortisone).....	310
chlorzoxazone tab 750 mg (Lorzone).....	326	Ciprodex (ciprofloxacin-dexamethasone).....	310
Cholbam (cholic acid).....	229	ciprofloxacin for oral susp 250 mg/5ml (5% (5 gm/100ml)).....	31
cholestyramine light powder 4 gm/dose.....	159	ciprofloxacin for oral susp 500 mg/5ml (10% (10 gm/100ml)).....	31
cholestyramine light powder 4 gm/dose (Prevalite).....	159	Ciprofloxacin HCl.....	31
cholestyramine light powder packets 4 gm.....	159	Ciprofloxacin HCl (ciprofloxacin hcl (otic)).....	310
cholestyramine light powder packets 4 gm (Prevalite).....	159	ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	31
cholestyramine powder 4 gm/dose.....	159	ciprofloxacin hcl tab 250 mg (base equiv).....	32
cholestyramine powder packets 4 gm.....	160	ciprofloxacin hcl tab 500 mg (base equiv).....	32
choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....	156	ciprofloxacin hcl tab 750 mg (base equiv).....	32
choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....	156	ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	310
Chorionic Gonadotropin.....	242	Ciprofloxacin-Fluocinolone PF (ciprofloxacin-fluocinolone acetonide).....	310
Cialis (tadalafil).....	235	Citalopram Hydrobromide.....	51
Cibinqo (abrocitinib).....	195	citalopram hydrobromide oral soln 10 mg/5ml.....	51
ciclopirox gel 0.77%.....	201	citalopram hydrobromide tab 10 mg (base equiv).....	51
ciclopirox olamine cream 0.77% (base equiv).....	201	citalopram hydrobromide tab 20 mg (base equiv).....	51
ciclopirox olamine susp 0.77% (base equiv).....	201		
ciclopirox shampoo 1%.....	201		
ciclopirox solution 8%.....	201		
ciclopirox solution 8% (Ciclodan).....	201		

citalopram hydrobromide tab 40 mg (base equiv).....	51	clindamycin phosphate gel 1%.....	201
CitraNatal Harmony (prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha).....	203	clindamycin phosphate lotion 1%.....	201
CitraNatal Medley (prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha).....	203	clindamycin phosphate soln 1%.....	201
CitraNatal Rx (prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa).....	203	clindamycin phosphate swab 1%.....	201
Clarinex (desloratadine).....	312	clindamycin phosphate swab 1% (Clindacin Etz).....	201
Clarinex-D 12 Hour (desloratadine-pseudoephedrine).....	322	clindamycin phosphate swab 1% (Clindacin-P).....	202
Clarithromycin.....	29	clindamycin phosphate vaginal cream 2%.....	24
clarithromycin tab 250 mg.....	29	clindamycin phosphate-benzoyl peroxide gel 1-5% (Clindamycin Phos-Benzoyl Perox).....	184
clarithromycin tab 500 mg.....	29	clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (Clindamycin Phos-Benzoyl Perox).....	184
clarithromycin tab er 24hr 500 mg (Clarithromycin ER).....	30	clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% (Clindamycin Phos-Benzoyl Perox).....	184
Clemastine Fumarate.....	313	clindamycin phosphate-tretinoin gel 1.2-0.025% (Clindamycin-Tretinoin).....	184
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq).....	313	Clindesse (clindamycin phosphate (one dose))	24
Clenpiq (sodium picosulfate-magnesium oxide-anhydrous citric acid).....	219	clobazam suspension 2.5 mg/ml.....	41
Cleocin (clindamycin hcl).....	24	clobazam tab 10 mg.....	41
Cleocin (clindamycin palmitate hydrochloride)	24	clobazam tab 20 mg.....	41
Cleocin (clindamycin phosphate vaginal).....	24	clobetasol propionate cream 0.05%.....	188
Cleocin-T (clindamycin phosphate (topical)).....	201	clobetasol propionate emollient base cream 0.05%.....	188
Clever Choice Holding Chamber.....	293	clobetasol propionate emollient base cream 0.05% (Clobetasol Prop Emollient Base).....	188
Climara (estradiol).....	247	clobetasol propionate emulsion foam 0.05%.....	188
Climara Pro (estradiol-levonorgestrel).....	247	clobetasol propionate emulsion foam 0.05% (Tovet).....	188
Clindagel (clindamycin phosphate (topical)).....	201	clobetasol propionate foam 0.05%.....	188
clindamycin hcl cap 150 mg.....	24	clobetasol propionate gel 0.05%.....	188
clindamycin hcl cap 300 mg.....	24	clobetasol propionate lotion 0.05%.....	188
clindamycin hcl cap 75 mg.....	24	clobetasol propionate oint 0.05%.....	188
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv).....	24	clobetasol propionate shampoo 0.05%.....	188
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Clindamycin Phos-Benzoyl Perox).....	184	clobetasol propionate shampoo 0.05% (Clodan).....	188
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Neuac).....	184	clobetasol propionate soln 0.05%.....	188
clindamycin phosphate foam 1%.....	201	clobetasol propionate spray 0.05%.....	188
clindamycin phosphate foam 1% (Clindacin).....	201	Clobex (clobetasol propionate).....	188
		Clobex Spray (clobetasol propionate).....	188
		clocortolone pivalate cream 0.1%.....	188

Clomid (clomiphene citrate)	267	clozapine tab 200 mg	96
ClomiPHENE Citrate	267	clozapine tab 25 mg	96
clomipramine hcl cap 25 mg	55	clozapine tab 50 mg	96
clomipramine hcl cap 50 mg	55	Clozaril (clozapine)	96
clomipramine hcl cap 75 mg	55	Co-Natal FA (prenatal vit w/ ferrous fumarate- folic acid)	203
clonazepam orally disintegrating tab 0.125 mg	108	Coartem (artemether-lumefantrine)	84
clonazepam orally disintegrating tab 0.25 mg	108	Codeine Sulfate	13
clonazepam orally disintegrating tab 0.5 mg	108	codeine sulfate tab 30 mg	14
clonazepam orally disintegrating tab 1 mg . .	109	Colazal (balsalazide disodium)	288
clonazepam orally disintegrating tab 2 mg . .	109	colchicine cap 0.6 mg	62
clonazepam tab 0.5 mg	109	colchicine tab 0.6 mg	62
clonazepam tab 1 mg	109	colchicine w/ probenecid tab 0.5-500 mg (Colchicine-Probenecid)	62
clonazepam tab 2 mg	109	Colcrys (colchicine)	62
cloNIDine ER	129	colesevelam hcl packet for susp 3.75 gm	160
clonidine hcl tab 0.1 mg	129	colesevelam hcl tab 625 mg	160
clonidine hcl tab 0.2 mg	129	Colestid (colestipol hcl)	160
clonidine hcl tab 0.3 mg	129	Colestid Flavored (colestipol hcl)	160
clonidine hcl tab er 12hr 0.1 mg (CloNIDine HCl ER)	169	colestipol hcl granule packets 5 gm	160
clonidine td patch weekly 0.1 mg/24hr	129	colestipol hcl granules 5 gm	160
clonidine td patch weekly 0.2 mg/24hr	129	colestipol hcl tab 1 gm	160
clonidine td patch weekly 0.3 mg/24hr	129	Combigan (brimonidine tartrate-timolol maleate)	300
clopidogrel bisulfate tab 75 mg (base equiv) .	128	CombiPatch (estradiol & norethindrone acetate)	265
clorazepate dipotassium tab 15 mg	109	Combivent Respimat (ipratropium- albuterol)	322
clorazepate dipotassium tab 3.75 mg	109	Combivir (lamivudine-zidovudine)	101
clorazepate dipotassium tab 7.5 mg	109	Cometriq (100 mg Daily Dose) (cabozantinib s- malate)	73
clotrimazole troche 10 mg	59	Cometriq (140 mg Daily Dose) (cabozantinib s- malate)	74
clotrimazole w/ betamethasone cream 1-0.05% (Clotrimazole-Betamethasone)	195	Cometriq (60 mg Daily Dose) (cabozantinib s- malate)	74
clotrimazole w/ betamethasone lotion 1-0.05% (Clotrimazole-Betamethasone)	195	Compact Space Chamber	294
Clotrimazole-Betamethasone (clotrimazole w/ betamethasone)	195	Compact Space Chamber/Lg Mask	294
CloZAPine	96	Compact Space Chamber/Med Mask	294
clozapine orally disintegrating tab 100 mg . . .	96	Compact Space Chamber/Sm Mask	294
clozapine orally disintegrating tab 150 mg . . .	96	Complera (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	100
clozapine orally disintegrating tab 200 mg . . .	96		
clozapine orally disintegrating tab 25 mg	96		
clozapine tab 100 mg	96		

CompleteNate (prenatal vit w/ ferrous fumarate-folic acid).....	203	Cresemba (isavuconazonium sulfate).....	59
Comtan (entacapone).....	86	Crestor (rosuvastatin calcium).....	158
Concept DHA (prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3).....	203	Crexont (carbidopa-levodopa).....	89
Concept OB (prenatal without a vit w/ fe fum-iron polysacch complex -fa).....	203	Crinone (progesterone (vaginal)).....	265
Concerta (methylphenidate hcl).....	170	Crixivan (indinavir sulfate).....	104
Condylox (podofilox).....	195	Cromolyn Sodium (cromolyn sodium (ophth)).....	303
Conjupri (levamlodipine maleate).....	139	cromolyn sodium ophth soln 4%.....	303
ConZip (tramadol hcl).....	7	cromolyn sodium oral conc 100 mg/5ml.....	224
Copaxone (glatiramer acetate).....	179,180	cromolyn sodium soln nebu 20 mg/2ml.....	318
Copiktra (duvelisib).....	74	Crotan (crotamiton).....	200
Cordran (flurandrenolide).....	189	Cuprimine (penicillamine).....	214
Coreg (carvedilol).....	137	Cutivate (fluticasone propionate).....	189
Coreg CR (carvedilol phosphate).....	137	Cuvposa (glycopyrrolate).....	222
Corgard (nadolol).....	137	Cuvrior (trientine tetrahydrochloride).....	214
Corlanor (ivabradine hcl).....	149	cyanocobalamin inj 1000 mcg/ml.....	217
Cortef (hydrocortisone).....	289	cyanocobalamin inj 1000 mcg/ml (Dodex)...	217
Cortenema (hydrocortisone (intrarectal))....	289	cyanocobalamin nasal spray 500 mcg/0.1ml	217
Cortifoam (hydrocortisone acetate (intrarectal)).....	289	cyclobenzaprine hcl cap er 24hr 15 mg (Cyclobenzaprine HCl ER).....	326
Cortisone Acetate.....	238	cyclobenzaprine hcl cap er 24hr 30 mg (Cyclobenzaprine HCl ER).....	326
Cortisporin-TC (neomycin-colistin-hc-thonzonium).....	310	cyclobenzaprine hcl tab 10 mg.....	326
Cortrophin (corticotropin).....	238	cyclobenzaprine hcl tab 5 mg.....	327
Cosentyx (300 MG Dose) (secukinumab).....	274	cyclobenzaprine hcl tab 7.5 mg.....	327
Cosentyx (secukinumab).....	274	cyclobenzaprine hcl tab 7.5 mg (Fexmid)....	327
Cosentyx Sensoready (300 MG) (secukinumab).....	274	Cyclogyl (cyclopentolate hcl).....	300
Cosentyx Sensoready Pen (secukinumab)....	274	Cyclomydril (cyclopentolate w/ phenylephrine).....	300
Cosentyx UnoReady (secukinumab).....	274	cyclopentolate hcl ophth soln 0.5%.....	301
Cosopt (dorzolamide hcl-timolol maleate)...	300	cyclopentolate hcl ophth soln 1%.....	301
Cosopt PF (dorzolamide hcl-timolol maleate).....	300	cyclopentolate hcl ophth soln 2%.....	301
Cotellic (cobimetinib fumarate).....	74	Cyclophosphamide.....	68
Cotempla XR-ODT (methylphenidate).....	170	cyclophosphamide cap 25 mg.....	68
Coumadin (warfarin sodium).....	122	cyclophosphamide cap 50 mg.....	68
Cozaar (losartan potassium).....	131	cycloserine cap 250 mg.....	67
Creon (pancrelipase (lipase-protease-amylase)).....	229	Cycloset (bromocriptine mesylate (diabetes)).	111
		cyclosporine (ophth) emulsion 0.05%.....	301
		cyclosporine cap 100 mg.....	281
		cyclosporine cap 25 mg.....	281
		cyclosporine modified cap 100 mg.....	281

cyclosporine modified cap 100 mg (Gengraf)	281	danazol cap 200 mg	246
cyclosporine modified cap 25 mg	281	danazol cap 50 mg	246
cyclosporine modified cap 25 mg (Gengraf)	281	Dantrium (dantrolene sodium)	97
cyclosporine modified cap 50 mg	281	dantrolene sodium cap 100 mg	97
cyclosporine modified oral soln 100 mg/ml	281	dantrolene sodium cap 25 mg	97
cyclosporine modified oral soln 100 mg/ml (Gengraf)	281	dantrolene sodium cap 50 mg	97
Cyltezo (2 Pen) (adalimumab-adbm)	281	Dapagliflozin Pro-metFORMIN ER (dapagliflozin propanediol-metformin hcl)	111,112
Cyltezo (2 Syringe) (adalimumab-adbm)	281	Dapagliflozin Propanediol	162
Cyltezo (adalimumab-adbm)	281	dapsone gel 5%	202
Cyltezo-CD/UC/HS Starter (adalimumab- adbm)	281	dapsone gel 7.5%	202
Cyltezo-Psoriasis Starter (adalimumab- adbm)	282	dapsone tab 100 mg	67
Cyltezo-Psoriasis/UV Starter (adalimumab- adbm)	282	dapsone tab 25 mg	67
Cymbalta (duloxetine hcl)	178	Daraprim (pyrimethamine)	84
cyproheptadine hcl syrup 2 mg/5ml	313	darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (Darifenacin Hydrobromide ER)	233
cyproheptadine hcl tab 4 mg	313	darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (Darifenacin Hydrobromide ER)	233
Cystadane (betaine)	229	Dartisla ODT (glycopyrrolate)	222
Cystadrops (cysteamine hcl)	229	darunavir tab 600 mg	104
Cystagon (cysteamine bitartrate)	229	darunavir tab 800 mg	104
Cystaran (cysteamine hcl)	229	dasatinib tab 100 mg	74
Cytomel (liothyronine sodium)	267	dasatinib tab 140 mg	74
Cytotec (misoprostol)	245	dasatinib tab 20 mg	74
Cytra K Crystals (potassium citrate-citric acid)	236	dasatinib tab 50 mg	74
		dasatinib tab 70 mg	74
		dasatinib tab 80 mg	74
		Daurismo (glasdegib maleate)	74
		Daybue (trofinetide)	229
		Daypro (oxaprozin)	2
		Daytrana (methylphenidate)	170
		DayVigo (lemborexant)	328
		DDAVP (desmopressin acetate spray)	242
		DDAVP (desmopressin acetate)	242
		DDAVP Rhinal Tube (desmopressin acetate refrigerated)	242
		deferasirox granules packet 180 mg	214
		deferasirox granules packet 360 mg	214
		deferasirox granules packet 90 mg	214
		deferasirox tab 180 mg	214
		deferasirox tab 360 mg	214

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D-Care Blood Glucose (glucose blood)	294
D.H.E. 45 (dihydroergotamine mesylate)	63
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deflazacort tab 36 mg	239	desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5) (Pimtree)	248
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Demser (metyrosine)	149	desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred)	248
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Dexamethasone Intensol	239	dexmethylphenidate hcl cap er 24 hr 25 mg (Dexmethylphenidate HCl ER)	170
Dexamethasone Sodium Phosphate (dexamethasone sodium phosphate (ophth))	305	dexmethylphenidate hcl cap er 24 hr 30 mg (Dexmethylphenidate HCl ER)	170
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dexmethylphenidate hcl tab 10 mg	170	diazepam conc 5 mg/ml (DiazePAM Intensol)	109
dexmethylphenidate hcl tab 2.5 mg	170	diazepam oral soln 1 mg/ml	109
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dextroamphetamine sulfate tab 10 mg (Zenzedi)	167	dichlorphenamide tab 50 mg	229
dextroamphetamine sulfate tab 15 mg	167	dichlorphenamide tab 50 mg (Ormalvi)	229
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dextroamphetamine sulfate tab 2.5 mg (Zenzedi)	167	diclofenac potassium (migraine) packet 50 mg (Diclofenac Potassium(Migraine))	2
dextroamphetamine sulfate tab 20 mg	167	diclofenac potassium cap 25 mg	2
dextroamphetamine sulfate tab 20 mg (Zenzedi)	167	diclofenac potassium tab 25 mg	2
dextroamphetamine sulfate tab 30 mg	167	diclofenac potassium tab 50 mg	2
dextroamphetamine sulfate tab 30 mg (Zenzedi)	167	diclofenac potassium tab 50 mg (Cataflam) . . .	2
dextroamphetamine sulfate tab 5 mg	167	diclofenac sodium (actinic keratoses) gel 3% . . .	2
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dextroamphetamine sulfate tab 7.5 mg	168	diclofenac sodium soln 1.5%	2
dextroamphetamine sulfate tab 7.5 mg (Zenzedi)	168	diclofenac sodium soln 2%	2
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Diastat AcuDial (diazepam (anticonvulsant)) . .	41	diclofenac sodium tab delayed release 75 mg .	3
Diastat Pediatric (diazepam (anticonvulsant)) .	41	diclofenac sodium tab er 24hr 100 mg (Diclofenac Sodium ER)	3
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		diclofenac w/ misoprostol tab delayed release 75-0.2 mg (Diclofenac-miSOPROStol)	3
		dicloxacillin sodium cap 250 mg	29
		dicloxacillin sodium cap 500 mg	29
		dicyclomine hcl cap 10 mg	222
		dicyclomine hcl oral soln 10 mg/5ml	222
		dicyclomine hcl tab 20 mg	222
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Differin (adapalene)	184	diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt)	142
Difucid (fidaxomicin)	30	diltiazem hcl coated beads cap er 24hr 180 mg (DiTIAZem HCl ER Coated Beads)	142
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diflorasone diacetate oint 0.05%	189	diltiazem hcl coated beads cap er 24hr 240 mg (diTIAZem HCl ER Coated Beads)	142
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digoxin oral soln 0.05 mg/ml	134	diltiazem hcl extended release beads cap er 24hr 120 mg (Taztia Xt)	142
digoxin tab 125 mcg (0.125 mg)	134	diltiazem hcl extended release beads cap er 24hr 120 mg (Tiadylt Er)	142
digoxin tab 125 mcg (0.125 mg) (Digitek)	134	diltiazem hcl extended release beads cap er 24hr 180 mg (DiTIAZem HCl ER Beads)	142
digoxin tab 250 mcg (0.25 mg)	134	diltiazem hcl extended release beads cap er 24hr 180 mg (Taztia Xt)	142
digoxin tab 250 mcg (0.25 mg) (Digitek)	134	diltiazem hcl extended release beads cap er 24hr 180 mg (Tiadylt Er)	143
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diltiazem hcl cap er 24hr 180 mg (diTIAZem HCl ER)	142		
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diltiazem hcl extended release beads cap er 24hr 360 mg (Taztia Xt)	143	Diphenoxylate-Atropine (diphenoxylate w/ atropine)	221
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diltiazem hcl tab 120 mg	143	dipyridamole tab 50 mg	128
diltiazem hcl tab 30 mg	143	dipyridamole tab 75 mg	128
diltiazem hcl tab 60 mg	143	disopyramide phosphate cap 100 mg	135
diltiazem hcl tab 90 mg	143	disopyramide phosphate cap 150 mg	135
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diltiazem hcl tab er 24hr 360 mg (Matzim La)	144	divalproex sodium tab er 24 hr 250 mg (Divalproex Sodium ER)	36
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efavirenz-lamivudine-tenofovir df tab 600- 300-300 mg.....	100	Enablex (darifenacin hydrobromide).....	234
Effer-K (potassium bicarbonate-citric acid).	203	enalapril maleate & hydrochlorothiazide tab 10- 25 mg (Enalapril-Hydrochlorothiazide).....	149
Effexor XR (venlafaxine hcl).....	51	enalapril maleate & hydrochlorothiazide tab 5- 12.5 mg (Enalapril-Hydrochlorothiazide).....	149
Effient (prasugrel hcl).....	129	enalapril maleate oral soln 1 mg/ml.....	133
Efudex (fluorouracil (topical)).....	195	enalapril maleate tab 10 mg.....	133
Egrifta SV (tesamorelin acetate).....	242	enalapril maleate tab 2.5 mg.....	133
Elestrin (estradiol).....	250	enalapril maleate tab 20 mg.....	133
eletriptan hydrobromide tab 20 mg (base equivalent).....	64	enalapril maleate tab 5 mg.....	133
eletriptan hydrobromide tab 40 mg (base equivalent).....	64	EnBrace HR (prenatal vit w/ fe glycine cysteinate-fa-omega 3 fatty acids).....	218
Elidel (pimecrolimus).....	189	Enbrel (etanercept).....	282
Elimite (permethrin).....	200	Enbrel Mini (etanercept).....	282
Eliquis (apixaban).....	122	Enbrel SureClick (etanercept).....	282
Eliquis DVT/PE Starter Pack (apixaban).....	122	Endari (glutamine (sickle cell)).....	229
Elite-OB (prenatal vit w/ iron carbonyl-folic acid).....	204	Endometrin (progesterone (vaginal)).....	265
Ella (ulipristal acetate).....	265	enoxaparin sodium inj 300 mg/3ml.....	123
Elmiron (pentosan polysulfate sodium).....	236	enoxaparin sodium inj soln pref syr 100 mg/ml.....	123
Elyxyb (celecoxib (migraine)).....	3	enoxaparin sodium inj soln pref syr 120 mg/0.8ml.....	123
Emcyt (estramustine phosphate sodium).....	70	enoxaparin sodium inj soln pref syr 150 mg/ml.....	123
Emend (aprepitant).....	58	enoxaparin sodium inj soln pref syr 30 mg/0.3ml.....	123
Emend Tri-Pack (aprepitant).....	58		
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Emgality (300 MG Dose) (galcanezumab- gnlm).....	63		

enoxaparin sodium inj soln pref syr 40 mg/0.4ml.....	123	EQ Space Chamber Anti-Static.....	294
enoxaparin sodium inj soln pref syr 60 mg/0.6ml.....	123	EQ Space Chamber Anti-Static L.....	294
enoxaparin sodium inj soln pref syr 80 mg/0.8ml.....	123	EQ Space Chamber Anti-Static M.....	295
Enspryng (satralizumab-mwge).....	275	EQ Space Chamber Anti-Static S.....	295
Enstilar (calcipotriene-betamethasone dipropionate).....	195	Equetro (carbamazepine (antipsychotic)).....	110
entacapone tab 200 mg.....	86	ergocalciferol cap 1.25 mg (50000 unit).....	290
Entadfi (finasteride-tadalafil).....	235	ergocalciferol cap 1.25 mg (50000 unit) (Vitamin D (Ergocalciferol)).....	290
entecavir tab 0.5 mg.....	98	Ergoloid Mesylates.....	46
entecavir tab 1 mg.....	98	Ergomar (ergotamine tartrate).....	63
Entocort EC (budesonide).....	289	Ergotamine-Caffeine (ergotamine w/ caffeine).....	64
Entresto (sacubitril-valsartan).....	150	Erivedge (vismodegib).....	74
Entyvio (vedolizumab).....	275	Erleada (apalutamide).....	69
Envarsus XR (tacrolimus).....	282	erlotinib hcl tab 100 mg (base equivalent).....	74
Eohilia (budesonide).....	289	erlotinib hcl tab 150 mg (base equivalent).....	74
Epaned (enalapril maleate).....	133	erlotinib hcl tab 25 mg (base equivalent).....	74
Epclusa (sofosbuvir-velpatasvir).....	98	Ermeza (levothyroxine sodium).....	267
Epidiolex (cannabidiol).....	36	Ertaczo (sertaconazole nitrate).....	59
Epiduo (adapalene-benzoyl peroxide).....	184	Ery (erythromycin (acne aid)).....	202
Epiduo Forte (adapalene-benzoyl peroxide).....	184	Erygel (erythromycin (acne aid)).....	202
Epifoam (pramoxine-hc).....	195	EryPed 200 (erythromycin ethylsuccinate).....	30
epinastine hcl ophth soln 0.05%.....	303	EryPed 400 (erythromycin ethylsuccinate).....	30
EPINEPHrine (epinephrine (anaphylaxis)).....	316	Erythrocin Stearate (erythromycin stearate).....	30
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	316	Erythromycin (erythromycin (ophth)).....	304
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....	316	Erythromycin Base.....	30
EpiPen 2-Pak (epinephrine (anaphylaxis)).....	316	Erythromycin Ethylsuccinate.....	30
EpiPen Jr 2-Pak (epinephrine (anaphylaxis)).....	316	erythromycin ethylsuccinate for susp 200 mg/5ml.....	30
Epivir (lamivudine).....	102	erythromycin ethylsuccinate for susp 400 mg/5ml.....	30
Epivir HBV (lamivudine (hbv)).....	98	erythromycin gel 2%.....	202
eplerenone tab 25 mg.....	155	erythromycin ophth oint 5 mg/gm.....	304
eplerenone tab 50 mg.....	156	erythromycin soln 2%.....	202
Epogen (epoetin alfa).....	126	erythromycin tab 250 mg (Erythromycin Base).....	30
Eprontia (topiramate).....	36	erythromycin tab 500 mg (Erythromycin Base).....	30
Eprosartan Mesylate.....	131	erythromycin tab delayed release 250 mg.....	30
Epsolay (benzoyl peroxide).....	184	erythromycin tab delayed release 250 mg (Ery-Tab).....	30
Epzicom (abacavir sulfate-lamivudine).....	102		

erythromycin tab delayed release 250 mg (Erythromycin Base)	30	esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Est Estrogens-Methyltest DS) . . .	250
erythromycin tab delayed release 333 mg	30	esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Est Estrogens-Methyltest)	250
erythromycin tab delayed release 333 mg (Ery-Tab)	30	esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Estratest F.s.)	250
erythromycin tab delayed release 333 mg (Erythromycin Base)	31	Estrace (estradiol vaginal)	250
erythromycin tab delayed release 500 mg	31	Estrace (estradiol)	250
erythromycin tab delayed release 500 mg (Ery-Tab)	31	estradiol & norethindrone acetate tab 0.5-0.1 mg (Amabelz)	265
erythromycin tab delayed release 500 mg (Erythromycin Base)	31	estradiol & norethindrone acetate tab 0.5-0.1 mg (Estradiol-Norethindrone Acet)	265
Esbriet (pirfenidone)	321	estradiol & norethindrone acetate tab 1-0.5 mg (Amabelz)	265
escitalopram oxalate soln 5 mg/5ml (base equiv)	51	estradiol & norethindrone acetate tab 1-0.5 mg (Estradiol-Norethindrone Acet)	265
escitalopram oxalate tab 10 mg (base equiv)	51	estradiol & norethindrone acetate tab 1-0.5 mg (Lopreeza)	265
escitalopram oxalate tab 20 mg (base equiv)	51	estradiol & norethindrone acetate tab 1-0.5 mg (Mimvey)	265
escitalopram oxalate tab 5 mg (base equiv)	51	estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	250
Esgic (butalbital-acetaminophen-caffeine)	176	estradiol tab 0.5 mg	250
esomeprazole magnesium cap delayed release 40 mg (base eq)	227	estradiol tab 1 mg	251
esomeprazole magnesium for delayed release susp packet 10 mg	227	estradiol tab 2 mg	251
esomeprazole magnesium for delayed release susp packet 20 mg	227	estradiol td gel 0.25 mg/0.25gm (0.1%)	251
esomeprazole magnesium for delayed release susp packet 40 mg	227	estradiol td gel 0.5 mg/0.5gm (0.1%)	251
estazolam tab 1 mg	328	estradiol td gel 0.75 mg/0.75gm (0.1%)	251
estazolam tab 2 mg	328	estradiol td gel 1 mg/gm (0.1%)	251
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Covaryx Hs)	250	estradiol td gel 1.25 mg/1.25gm (0.1%)	251
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Eemt Hs)	250	estradiol td patch twice weekly 0.025 mg/24hr	251
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Est Estrogens-Methyltest HS)	250	estradiol td patch twice weekly 0.025 mg/24hr (Dotti)	251
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (Est Estrogens-Methyltest)	250	estradiol td patch twice weekly 0.025 mg/24hr (Lyllana)	251
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Covaryx)	250	estradiol td patch twice weekly 0.0375 mg/24hr	251
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (Eemt)	250	estradiol td patch twice weekly 0.0375 mg/24hr (Dotti)	251

estradiol td patch twice weekly 0.0375 mg/24hr (Lyllana).....	251	ethambutol hcl tab 400 mg.....	67
estradiol td patch twice weekly 0.05 mg/24hr.....	251	ethosuximide cap 250 mg.....	40
estradiol td patch twice weekly 0.05 mg/24hr (Dotti).....	251	ethosuximide soln 250 mg/5ml.....	41
estradiol td patch twice weekly 0.05 mg/24hr (Lyllana).....	251	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Ethinodiol Diac-Eth Estradiol).....	252
estradiol td patch twice weekly 0.075 mg/24hr.....	251	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Kelnor 1/35).....	252
estradiol td patch twice weekly 0.075 mg/24hr (Dotti).....	251	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35 (28)).....	252
estradiol td patch twice weekly 0.075 mg/24hr (Lyllana).....	251	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (Zovia 1/35e (28)).....	252
estradiol td patch twice weekly 0.1 mg/24hr.....	251	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Ethinodiol Diac-Eth Estradiol).....	252
estradiol td patch twice weekly 0.1 mg/24hr (Dotti).....	251	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50).....	252
estradiol td patch twice weekly 0.1 mg/24hr (Lyllana).....	252	etodolac cap 200 mg.....	3
estradiol td patch weekly 0.025 mg/24hr.....	252	etodolac cap 300 mg.....	3
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr).....	252	etodolac tab 400 mg.....	3
estradiol td patch weekly 0.05 mg/24hr.....	252	etodolac tab 500 mg.....	3
estradiol td patch weekly 0.06 mg/24hr.....	252	etodolac tab er 24hr 400 mg (Etodolac ER).....	3
estradiol td patch weekly 0.075 mg/24hr.....	252	etodolac tab er 24hr 500 mg (Etodolac ER).....	3
estradiol td patch weekly 0.1 mg/24hr.....	252	etodolac tab er 24hr 600 mg (Etodolac ER).....	3
estradiol vaginal cream 0.1 mg/gm.....	252	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Enilloring).....	253
estradiol vaginal tab 10 mcg.....	252	etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (Haloette).....	253
estradiol vaginal tab 10 mcg (Yuvafem).....	252	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr.....	253
estradiol valerate im in oil 10 mg/ml.....	252	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Eluryng).....	253
estradiol valerate im in oil 20 mg/ml.....	252	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Enilloring).....	253
estradiol valerate im in oil 40 mg/ml.....	252	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Haloette).....	253
Estring (estradiol vaginal).....	252	Etoposide.....	72
Estrogel (estradiol).....	252	etravirine tab 100 mg.....	100
Estrostep Fe (norethindrone acetate-ethinyl estradiol-fe).....	252	etravirine tab 200 mg.....	100
eszopiclone tab 1 mg.....	328	Eucrisa (crisaborole).....	190
eszopiclone tab 2 mg.....	328	Eulexin (flutamide).....	69
eszopiclone tab 3 mg.....	328	Evamist (estradiol).....	253
ethacrynic acid tab 25 mg.....	155	Evekeo (amphetamine sulfate).....	168
ethambutol hcl tab 100 mg.....	67		

Evekeo ODT (amphetamine sulfate)	168	famciclovir tab 125 mg	106
everolimus tab 0.25 mg	282	famciclovir tab 250 mg	106
everolimus tab 0.5 mg	282	famciclovir tab 500 mg	107
everolimus tab 0.75 mg	282	famotidine for susp 40 mg/5ml	226
everolimus tab 1 mg	282	famotidine tab 40 mg	226
everolimus tab 10 mg	74	Fanapt (iloperidone)	93
everolimus tab 2.5 mg	74	Fanapt Titration Pack (iloperidone)	93
everolimus tab 5 mg	74	Fareston (toremifene citrate)	70
everolimus tab 7.5 mg	75	Farxiga (dapagliflozin propanediol)	162
everolimus tab for oral susp 2 mg	75	Farydak (panobinostat lactate)	75
everolimus tab for oral susp 3 mg	75	Fasenra Pen (benralizumab)	323
everolimus tab for oral susp 5 mg	75	febuxostat tab 40 mg	62
Evista (raloxifene hcl)	267	febuxostat tab 80 mg	62
Evoclin (clindamycin phosphate (topical))	202	felbamate susp 600 mg/5ml	36
Evotaz (atazanavir sulfate-cobicistat)	104	felbamate tab 400 mg	36
Evoxac (cevimeline hcl)	182	felbamate tab 600 mg	36
Evrysdi (risdiplam)	229	Felbatol (felbamate)	36
Exelderm (sulconazole nitrate)	59	Feldene (piroxicam)	3
Exelon (rivastigmine)	46	felodipine tab er 24hr 10 mg (Felodipine ER)	139
exemestane tab 25 mg	72	felodipine tab er 24hr 2.5 mg (Felodipine ER)	139
Exforge (amlodipine besylate-valsartan)	150	felodipine tab er 24hr 5 mg (Felodipine ER)	139
Exforge HCT (amlodipine-valsartan- hydrochlorothiazide)	150	Femara (letrozole)	72
Exjade (deferasirox)	215	FemCap (cervical caps)	295
Exkivity (mobocertinib succinate)	75	Femhrt (norethindrone acetate-ethinyl estradiol)	253
Exservan (riluzole)	164	Femring (estradiol acetate vaginal)	253
Extavia (interferon beta-1b)	180	Fenofibrate	156
Extina (ketoconazole (topical))	59	Fenofibrate Micronized	156,157
Eysuvis (loteprednol etabonate)	305	fenofibrate micronized cap 130 mg	157
Ezallor Sprinkle (rosuvastatin calcium)	158	fenofibrate micronized cap 134 mg	157
ezetimibe tab 10 mg	160	fenofibrate micronized cap 200 mg	157
Ezetimibe-Rosuvastatin (ezetimibe- rosuvastatin calcium)	160	fenofibrate micronized cap 43 mg	157
ezetimibe-simvastatin tab 10-10 mg	160	fenofibrate micronized cap 67 mg	157
ezetimibe-simvastatin tab 10-20 mg	160	fenofibrate tab 120 mg	157
ezetimibe-simvastatin tab 10-40 mg	160	fenofibrate tab 145 mg	157
ezetimibe-simvastatin tab 10-80 mg	160	fenofibrate tab 40 mg	157
		fenofibrate tab 48 mg	157
		fenofibrate tab 54 mg	157
		Fenofibric Acid	157
		Fenoglide (fenofibrate)	157
		fenoprofen calcium cap 400 mg	3
F			
Fabhalta (iptacopan hcl)	126		
Fabior (tazarotene (acne))	184		

fenoprofen calcium tab 600 mg	3	Fintepla (fenfluramine hcl (anticonvulsant))	36
fentaNYL Citrate	14	Fioricet (butalbital-acetaminophen-caffeine)	176
FentaNYL Citrate	14	Fioricet/Codeine (butalbital-acetaminophen- caffeine w/ codeine)	15
fentanyl citrate lozenge on a handle 1200 mcg/14 mcg	14	Fiorinal (butalbital-aspirin-caffeine)	3
fentanyl citrate lozenge on a handle 200 mcg	14	Fiorinal/Codeine #3 (butalbital-aspirin-caffeine w/cod)	15
fentanyl citrate lozenge on a handle 400 mcg	14	Firazyr (icatibant acetate)	273
fentanyl citrate lozenge on a handle 600 mcg	14	Firdapse (amifampridine phosphate)	176
fentanyl citrate lozenge on a handle 800 mcg	14	Firvanq (vancomycin hcl)	24
fentanyl td patch 72hr 100 mcg/hr	7	Flagyl (metronidazole)	24
fentanyl td patch 72hr 12 mcg/hr	7	Flarex (fluorometholone acetate)	305
fentanyl td patch 72hr 25 mcg/hr	7	flavoxate hcl tab 100 mg	234
fentanyl td patch 72hr 37.5 mcg/hr	7	flecainide acetate tab 100 mg	135
fentanyl td patch 72hr 50 mcg/hr	7	flecainide acetate tab 150 mg	135
fentanyl td patch 72hr 62.5 mcg/hr	7	flecainide acetate tab 50 mg	135
fentanyl td patch 72hr 75 mcg/hr	7	Flector (diclofenac epolamine)	3
fentanyl td patch 72hr 87.5 mcg/hr	7	Fleqsuvy (baclofen)	97
Fentora (fentanyl citrate)	14,15	Flexichamber	295
FENTORA (fentanyl citrate)	15	Flexichamber Adult Mask/Small	295
Ferriprox (deferiprone)	215	Flexichamber Child Mask/Large	295
Ferriprox Twice-A-Day (deferiprone)	215	Flexichamber Child Mask/Small	295
fesoterodine fumarate tab er 24hr 4 mg (Fesoterodine Fumarate ER)	234	FloLipid (simvastatin)	158
fesoterodine fumarate tab er 24hr 8 mg (Fesoterodine Fumarate ER)	234	Flomax (tamsulosin hcl)	235
Fetzima (levomilnacipran hcl)	51	FloraFol Pediatric (pediatric multivitamins w/fl)	204
Fetzima Titration (levomilnacipran hcl)	51	Floriva (pediatric multiple vitamins & minerals w/ fluoride)	204
Fiasp (insulin aspart (with niacinamide))	119	Floriva (sodium fluoride-vitamin d)	204
Fiasp FlexTouch (insulin aspart (with niacinamide))	119	Floriva Plus (pediatric multivitamins w/fl)	204
Fiasp PenFill (insulin aspart (with niacinamide))	119	Flovent Diskus (fluticasone propionate (inhalation))	311
Fiasp PumpCart (insulin aspart (with niacinamide))	119	Flovent HFA (fluticasone propionate hfa)	312
Fibricor (fenofibric acid)	157	fluconazole for susp 10 mg/ml	59
Filspari (sparsentan)	236	fluconazole for susp 40 mg/ml	59
Filsuvez (birch triterpenes)	295	fluconazole tab 100 mg	59
Finacea (azelaic acid)	184	fluconazole tab 150 mg	59
finasteride tab 5 mg	235	fluconazole tab 200 mg	59
fingolimod hcl cap 0.5 mg (base equiv)	180	fluconazole tab 50 mg	59
		flucytosine cap 250 mg	60
		flucytosine cap 500 mg	60

fludrocortisone acetate tab 0.1 mg	240	flurandrenolide lotion 0.05%	190
flunisolide nasal soln 25 mcg/act (0.025%)	323	flurandrenolide lotion 0.05% (Nolix)	190
fluocinolone acetonide (otic) oil 0.01%	310	flurandrenolide oint 0.05%	190
fluocinolone acetonide (otic) oil 0.01% (Flac)	310	Flurazepam HCl	328
fluocinolone acetonide cream 0.01%	190	Flurbiprofen	3
fluocinolone acetonide cream 0.025%	190	Flurbiprofen Sodium	306
fluocinolone acetonide oil 0.01% (body oil) (Fluocinolone Acetonide Body)	190	flurbiprofen tab 100 mg	4
fluocinolone acetonide oil 0.01% (scalp oil) (Fluocinolone Acetonide Scalp)	190	Flutamide	69
fluocinolone acetonide oint 0.025%	190	flutamide cap 125 mg	69
fluocinolone acetonide soln 0.01%	190	Fluticasone Furoate-Vilanterol	323
Fluocinonide	190	Fluticasone Propionate	190
fluocinonide cream 0.05%	190	fluticasone propionate cream 0.05%	190
fluocinonide cream 0.1%	190	Fluticasone Propionate Diskus (fluticasone propionate (inhalation))	312
fluocinonide emulsified base cream 0.05%	190	Fluticasone Propionate HFA	312
fluocinonide gel 0.05%	190	fluticasone propionate lotion 0.05%	190
fluocinonide oint 0.05%	190	fluticasone propionate lotion 0.05% (Beser)	190
fluocinonide soln 0.05%	190	fluticasone propionate nasal susp 50 mcg/act	323
fluorometholone ophth susp 0.1%	305	fluticasone propionate oint 0.005%	190
Fluoroplex (fluorouracil (topical))	195	Fluticasone-Salmeterol	323
Fluorouracil (fluorouracil (topical))	195	fluticasone-salmeterol aer powder ba 100-50 mcg/act	323
fluorouracil cream 5%	195	fluticasone-salmeterol aer powder ba 100-50 mcg/act (Wixela Inhub)	323
fluorouracil soln 5%	196	fluticasone-salmeterol aer powder ba 250-50 mcg/act	323
FLUoxetine HCl	52	fluticasone-salmeterol aer powder ba 250-50 mcg/act (Wixela Inhub)	323
FLUoxetine HCl (PMDD)	52	fluticasone-salmeterol aer powder ba 500-50 mcg/act	323
fluoxetine hcl cap 10 mg	52	fluticasone-salmeterol aer powder ba 500-50 mcg/act (Wixela Inhub)	323
fluoxetine hcl cap 20 mg	52	fluvastatin sodium cap 20 mg (base equivalent)	158
fluoxetine hcl cap 40 mg	52	fluvastatin sodium cap 40 mg (base equivalent)	158
fluoxetine hcl solution 20 mg/5ml	52	fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Fluvastatin Sodium ER)	158
fluoxetine hcl tab 10 mg	52	flvoxamine maleate cap er 24hr 100 mg (Fluvoxamine Maleate ER)	52
fluoxetine hcl tab 20 mg	52		
fluoxetine hcl tab 60 mg	52		
FluPHENAZine HCl	90		
fluphenazine hcl tab 1 mg	90		
fluphenazine hcl tab 10 mg	91		
fluphenazine hcl tab 2.5 mg	91		
fluphenazine hcl tab 5 mg	91		
Flurandrenolide	190		
flurandrenolide cream 0.05%	190		
flurandrenolide cream 0.05% (Nolix)	190		

fluvoxamine maleate cap er 24hr 150 mg (fluvoxamine Maleate ER).....	52	Fosrenol (lanthanum carbonate).....	216
fluvoxamine maleate tab 100 mg.....	52	Fotivda (tivozanib hcl).....	75
fluvoxamine maleate tab 25 mg.....	52	Fragmin (dalteparin sodium).....	123
fluvoxamine maleate tab 50 mg.....	52	FreeStyle Libre 14 Day Reader.....	295
FML (fluorometholone (ophth)).....	306	FreeStyle Libre 14 Day Sensor.....	295
FML Forte (fluorometholone (ophth)).....	306	FreeStyle Libre 2 Reader.....	295
FML Liquifilm (fluorometholone (ophth))....	306	FreeStyle Libre 2 Sensor.....	295
Focalin (dexamethylphenidate hcl).....	170	FreeStyle Libre 3 Plus Sensor.....	295
Focalin XR (dexamethylphenidate hcl).....	171	FreeStyle Libre 3 Reader.....	295
folic acid tab 1 mg.....	218	FreeStyle Libre 3 Sensor.....	295
Folivane-OB (prenatal without a vit w/ fe fum- iron polysacch complex -fa).....	204	FreeStyle Libre Reader.....	295
Follistim AQ (follitropin beta).....	242	FreeStyle Libre Sensor System.....	295
fondaparinux sodium subcutaneous inj 10 mg/0.8ml.....	123	Frova (frovatriptan succinate).....	64
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml.....	123	frovatriptan succinate tab 2.5 mg (base equivalent).....	64
fondaparinux sodium subcutaneous inj 5 mg/0.4ml.....	123	Fruzaqla (fruquintinib).....	71
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml.....	123	Fulphila (pegfilgrastim-jmdb).....	126
Forfivo XL (bupropion hcl).....	49	Furoscix (furosemide).....	155
formoterol fumarate soln nebu 20 mcg/2ml.	316	Furosemide.....	155
Fortamet (metformin hcl).....	112	furosemide oral soln 10 mg/ml.....	155
Forteo (teriparatide (recombinant)).....	291	furosemide tab 20 mg.....	155
Fortesta (testosterone).....	246	furosemide tab 40 mg.....	155
Fosamax (alendronate sodium).....	291	furosemide tab 80 mg.....	155
Fosamax Plus D (alendronate sodium- cholecalciferol).....	291	Fuzeon (enfuvirtide).....	103
fosamprenavir calcium tab 700 mg (base equiv).....	104	Fycompa (perampanel).....	36
fosfomycin tromethamine powd pack 3 gm (base equivalent).....	24	Fynetra (pegfilgrastim-pbbk).....	126
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Jornay PM (methylphenidate hcl)	171
Jublia (efinaconazole)	60
Juluca (dolutegravir sodium-rilpivirine hcl)	99
Juxtapid (lomitapide mesylate)	160
Jylamvo (methotrexate)	285
Jynarque (tolvaptan)	215

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K-Phos No 2 (potassium & sodium acid phosphates)	236
K-Phos-Neutral (pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	236
K-Tab (potassium chloride)	204
Kadian (morphine sulfate)	9
Kaletra (lopinavir-ritonavir)	104
Kalydeco (ivacaftor)	317
Kapspargo Sprinkle (metoprolol succinate)	137
Kapvay (clonidine hcl (adhd))	171
Katerzia (amlodipine benzoate)	140
Kazano (alogliptin-metformin hcl)	113
Kenalog (triamcinolone acetonide (topical))	192
Keppra (levetiracetam)	36
Keppra XR (levetiracetam)	36,37
Kerendia (finerenone)	162
Kerydin (tavaborole)	60
Kesimpta (ofatumumab (ms))	180
ketoconazole cream 2%	60
ketoconazole foam 2%	60
ketoconazole foam 2% (Ketodan)	60

ketoconazole shampoo 2%	60
ketoconazole tab 200 mg	60
Ketoprofen	4
Ketoprofen ER	4
Ketorolac Tromethamine	4
ketorolac tromethamine ophth soln 0.4%	306
ketorolac tromethamine ophth soln 0.5%	306
ketorolac tromethamine tab 10 mg	4
Keveyis (dichlorphenamide)	229
Kevzara (sarilumab)	275
Kineret (anakinra)	275
Kiprofen (ketoprofen)	4
Kisqali (200 MG Dose) (ribociclib succinate)	76
Kisqali (400 MG Dose) (ribociclib succinate)	76
Kisqali (600 MG Dose) (ribociclib succinate)	76
Kisqali Femara (200 MG Dose) (ribociclib succinate-letrozole)	76
Kisqali Femara (400 MG Dose) (ribociclib succinate-letrozole)	76
Kisqali Femara (600 MG Dose) (ribociclib succinate-letrozole)	76
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Klaron (sulfacetamide sodium (acne))	185
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Konvomep (omeprazole-sodium bicarbonate)	227
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Koselugo (selumetinib sulfate)	76
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Krintafel (tafenoquine succinate)	84
Kristalose (lactulose)	219
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L

labetalol hcl tab 100 mg	137	lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (LamoTRlgine Starter Kit-Orange)	38
labetalol hcl tab 200 mg	137	lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Subvenite Starter Kit-Orange)	38
labetalol hcl tab 300 mg	137	lamotrigine tab 25 mg (Subvenite)	38
lacosamide oral solution 10 mg/ml	44	lamotrigine tab 35 x 25 mg starter kit (LamoTRlgine Starter Kit-Blue)	38
lacosamide tab 100 mg	44	lamotrigine tab 35 x 25 mg starter kit (Subvenite Starter Kit-Blue)	38
lacosamide tab 150 mg	44	lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (LamoTRlgine Starter Kit-Green)	38
lacosamide tab 200 mg	44	lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Subvenite Starter Kit-Green)	38
lacosamide tab 50 mg	44	lamotrigine tab chewable dispersible 25 mg	38
Lacrisert (artificial tear insert)	301	lamotrigine tab chewable dispersible 5 mg	38
Lactulose	219	lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	38
lactulose (encephalopathy) solution 10 gm/15ml (Enulose)	219	lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	38
lactulose (encephalopathy) solution 10 gm/15ml (Generlac)	219	lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	38
lactulose (encephalopathy) solution 10 gm/15ml (Lactulose Encephalopathy)	219	lamotrigine tab er 24hr 100 mg (LamoTRlgine ER)	38
lactulose solution 10 gm/15ml	219	lamotrigine tab er 24hr 200 mg (lamoTRlgine ER)	38
lactulose solution 10 gm/15ml (Constulose)	219	lamotrigine tab er 24hr 25 mg (LamoTRlgine ER)	38
Lagevrio (molnupiravir)	107	lamotrigine tab er 24hr 250 mg (lamoTRlgine ER)	38
LaMICtal (lamotrigine)	37	lamotrigine tab er 24hr 300 mg (LamoTRlgine ER)	38
LaMICtal ODT (lamotrigine)	37	lamotrigine tab er 24hr 50 mg (lamoTRlgine ER)	38
LaMICtal Starter (lamotrigine)	37	Lampit (nifurtimox)	84
LaMICtal XR (lamotrigine)	37	Lanoxin (digoxin)	135
lamivudine oral soln 10 mg/ml	102	lansoprazole cap delayed release 30 mg	227
lamivudine tab 100 mg (hbv)	98	lansoprazole tab delayed release orally disintegrating 30 mg	227
lamivudine tab 150 mg	102	lanthanum carbonate chew tab 1000 mg (elemental)	216
lamivudine tab 300 mg	102		
lamivudine-zidovudine tab 150-300 mg	102		
lamotrigine orally disintegrating tab 100 mg	37		
lamotrigine orally disintegrating tab 200 mg	37		
lamotrigine orally disintegrating tab 25 mg	37		
lamotrigine orally disintegrating tab 50 mg	37		
lamotrigine tab 100 mg	37		
lamotrigine tab 100 mg (Subvenite)	37		
lamotrigine tab 150 mg	37		
lamotrigine tab 150 mg (Subvenite)	37		
lamotrigine tab 200 mg	37		
lamotrigine tab 200 mg (Subvenite)	37		
lamotrigine tab 25 mg	38		

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lanthanum carbonate chew tab 750 mg (elemental).....	216	leucovorin calcium tab 15 mg.....	71
Lantus (insulin glargine).....	120	leucovorin calcium tab 25 mg.....	71
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Latuda (lurasidone hcl).....	93	levالبuterol hcl soln nebu 0.31 mg/3ml (base equiv).....	316
Lazanda (fentanyl citrate).....	16	levالبuterol hcl soln nebu 0.63 mg/3ml (base equiv).....	316
Lazcluze (lazertinib mesylate).....	72	levالبuterol hcl soln nebu 1.25 mg/3ml (base equiv).....	316
Ledipasvir-Sofosbuvir.....	98	levالبuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....	316
leflunomide tab 10 mg.....	285	Levalbuterol Tartrate.....	316
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lenalidomide cap 25 mg.....	70	Levemir FlexTouch (insulin detemir).....	121
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lenalidomide caps 2.5 mg.....	70	levetiracetam tab 1000 mg.....	39
Lenvima (10 MG Daily Dose) (lenvatinib mesylate).....	77	levetiracetam tab 1000 mg (Roweepra).....	39
Lenvima (12 MG Daily Dose) (lenvatinib mesylate).....	77	levetiracetam tab 250 mg.....	39
Lenvima (14 MG Daily Dose) (lenvatinib mesylate).....	77	levetiracetam tab 500 mg.....	39
Lenvima (18 MG Daily Dose) (lenvatinib mesylate).....	77	levetiracetam tab 500 mg (Roweepra).....	39
Lenvima (20 MG Daily Dose) (lenvatinib mesylate).....	77	levetiracetam tab 750 mg.....	39
Lenvima (24 MG Daily Dose) (lenvatinib mesylate).....	77	levetiracetam tab 750 mg (Roweepra).....	39
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Lenvima (8 MG Daily Dose) (lenvatinib mesylate).....	77	levetiracetam tab er 24hr 500 mg (Roweepra Xr).....	39
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levocarnitine oral soln 1 gm/10ml (10%)	218	levonorgestrel & ethinyl estradiol (91-day) tab	
levocarnitine oral soln 1 gm/10ml (10%)		0.15-0.03 mg (Iclevia)	254
(levOCARNitine SF)	218	levonorgestrel & ethinyl estradiol (91-day) tab	
levocarnitine tab 330 mg	218	0.15-0.03 mg (Introvale)	254
levoFLOXacin (levofloxacin (ophth))	304	levonorgestrel & ethinyl estradiol (91-day) tab	
levofloxacin ophth soln 0.5%	304	0.15-0.03 mg (Jolessa)	254
levofloxacin oral soln 25 mg/ml	32	levonorgestrel & ethinyl estradiol (91-day) tab	
levofloxacin tab 250 mg	32	0.15-0.03 mg (Levonorgest-Eth Estrad 91-	
levofloxacin tab 500 mg	32	Day)	254
levofloxacin tab 750 mg	32	levonorgestrel & ethinyl estradiol (91-day) tab	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg		0.15-0.03 mg (Setlakin)	254
ð est 0.01 mg (Fayosim)	253	levonorgestrel & ethinyl estradiol tab 0.1 mg-20	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg		mcg (Afirmelle)	254
ð est 0.01 mg (Levonorgest-Eth Est & Eth		levonorgestrel & ethinyl estradiol tab 0.1 mg-20	
Est)	253	mcg (Aubra Eq)	254
levonor-eth est tab 0.15-0.02/0.025/0.03 mg		levonorgestrel & ethinyl estradiol tab 0.1 mg-20	
ð est 0.01 mg (Rivelsa)	253	mcg (Aubra)	254
levonorg-eth est tab 0.1-0.02mg(84) & eth est		levonorgestrel & ethinyl estradiol tab 0.1 mg-20	
tab 0.01mg(7) (Amethia Lo)	253	mcg (Aviane)	255
levonorg-eth est tab 0.1-0.02mg(84) & eth est		levonorgestrel & ethinyl estradiol tab 0.1 mg-20	
tab 0.01mg(7) (Camrese Lo)	254	mcg (Delyla)	255
levonorg-eth est tab 0.1-0.02mg(84) & eth est		levonorgestrel & ethinyl estradiol tab 0.1 mg-20	
tab 0.01mg(7) (Levonorgest-Eth Estrad 91-		mcg (Falmina)	255
Day)	254	levonorgestrel & ethinyl estradiol tab 0.1 mg-20	
levonorg-eth est tab 0.1-0.02mg(84) & eth est		mcg (Larissia)	255
tab 0.01mg(7) (Lojaimiess)	254	levonorgestrel & ethinyl estradiol tab 0.1 mg-20	
levonorg-eth est tab 0.15-0.03mg(84) & eth est		mcg (Lessina)	255
tab 0.01mg(7) (Amethia)	254	levonorgestrel & ethinyl estradiol tab 0.1 mg-20	
levonorg-eth est tab 0.15-0.03mg(84) & eth est		mcg (Levonorgestrel-Ethinyl Estrad)	255
tab 0.01mg(7) (Ashlyna)	254	levonorgestrel & ethinyl estradiol tab 0.1 mg-20	
levonorg-eth est tab 0.15-0.03mg(84) & eth est		mcg (Lutera)	255
tab 0.01mg(7) (Camrese)	254	levonorgestrel & ethinyl estradiol tab 0.1 mg-20	
levonorg-eth est tab 0.15-0.03mg(84) & eth est		mcg (Orsythia)	255
tab 0.01mg(7) (Daysee)	254	levonorgestrel & ethinyl estradiol tab 0.1 mg-20	
levonorg-eth est tab 0.15-0.03mg(84) & eth est		mcg (Sronyx)	255
tab 0.01mg(7) (Jaimiess)	254	levonorgestrel & ethinyl estradiol tab 0.1 mg-20	
levonorg-eth est tab 0.15-0.03mg(84) & eth est		mcg (Vienna)	255
tab 0.01mg(7) (Levonorgest-Eth Estrad 91-		levonorgestrel & ethinyl estradiol tab 0.15 mg-	
Day)	254	30 mcg (Altavera)	255
levonorg-eth est tab 0.15-0.03mg(84) & eth est		levonorgestrel & ethinyl estradiol tab 0.15 mg-	
tab 0.01mg(7) (Simpesse)	254	30 mcg (Ayuna)	255

levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq).....	255	levothyroxine sodium tab 100 mcg (Levo-T) .	268
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal).....	255	levothyroxine sodium tab 100 mcg (Levoxyl) .	268
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo).....	255	levothyroxine sodium tab 100 mcg (Unithroid).....	268
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levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30 (28)).....	255	levothyroxine sodium tab 112 mcg (Euthyrox) .	268
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levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa).....	255	levothyroxine sodium tab 112 mcg (Levoxyl) .	268
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28).....	256	levothyroxine sodium tab 112 mcg (Unithroid).....	268
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28).....	256	levothyroxine sodium tab 125 mcg.....	268
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest).....	256	levothyroxine sodium tab 125 mcg (Euthyrox)268	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonorg-Eth Estrad Triphasic).....	256	levothyroxine sodium tab 125 mcg (Levo-T) .	268
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora (28)).....	256	levothyroxine sodium tab 125 mcg (Levoxyl) .	268
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....	256	levothyroxine sodium tab 125 mcg (Unithroid).....	268
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst).....	256	levothyroxine sodium tab 137 mcg.....	268
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale).....	256	levothyroxine sodium tab 137 mcg (Euthyrox)268	
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levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Levonorgest-Eth Estradiol-Iron) .	256	levothyroxine sodium tab 137 mcg (Levoxyl) .	268
levorphanol tartrate tab 2 mg.....	9	levothyroxine sodium tab 137 mcg (Unithroid).....	269
levorphanol tartrate tab 3 mg.....	9	levothyroxine sodium tab 150 mcg.....	269
Levothyroxine Sodium.....	268	levothyroxine sodium tab 150 mcg (Euthyrox).....	269
levothyroxine sodium tab 100 mcg.....	268	levothyroxine sodium tab 150 mcg (Levo-T) .	269
levothyroxine sodium tab 100 mcg (Euthyrox).....	268	levothyroxine sodium tab 150 mcg (Levoxyl) .	269
		levothyroxine sodium tab 150 mcg (Unithroid).....	269
		levothyroxine sodium tab 175 mcg.....	269
		levothyroxine sodium tab 175 mcg (Euthyrox)269	
		levothyroxine sodium tab 175 mcg (Levo-T) ..	269
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		levothyroxine sodium tab 200 mcg.....	269
		levothyroxine sodium tab 200 mcg (Euthyrox).....	269
		levothyroxine sodium tab 200 mcg (Levo-T) .	269
		levothyroxine sodium tab 200 mcg (Levoxyl) .	269

levothyroxine sodium tab 200 mcg (Unithroid).....	269	lidocaine hcl urethral/mucosal gel prefilled syringe 2% (Glydo).....	20
levothyroxine sodium tab 25 mcg.....	269	lidocaine hcl viscous soln 2% (Lidocaine Viscous HCl).....	20
levothyroxine sodium tab 25 mcg (Euthyrox).....	269	lidocaine oint 5%.....	20
levothyroxine sodium tab 25 mcg (Levo-T) ..	269	lidocaine oint 5% (Premium Lidocaine).....	20
levothyroxine sodium tab 25 mcg (Levoxyl) ..	269	lidocaine patch 5%.....	20
levothyroxine sodium tab 25 mcg (Unithroid).....	269	lidocaine patch 5% (Lidocan).....	20,21
levothyroxine sodium tab 300 mcg.....	270	lidocaine patch 5% (Tridacaine li).....	21
levothyroxine sodium tab 300 mcg (Levo-T).....	270	lidocaine patch 5% (Tridacaine lii).....	21
levothyroxine sodium tab 300 mcg (Unithroid).....	270	lidocaine-prilocaine cream 2.5-2.5%.....	21
levothyroxine sodium tab 50 mcg.....	270	Lidoderm (lidocaine).....	21
levothyroxine sodium tab 50 mcg (Euthyrox).....	270	Lindane.....	200
levothyroxine sodium tab 50 mcg (Levo-T) ..	270	linezolid for susp 100 mg/5ml.....	25
levothyroxine sodium tab 50 mcg (Levoxyl) ..	270	linezolid tab 600 mg.....	25
levothyroxine sodium tab 50 mcg (Unithroid).....	270	Linzess (linaclotide).....	219
levothyroxine sodium tab 75 mcg.....	270	liothyronine sodium tab 25 mcg.....	270
levothyroxine sodium tab 75 mcg (Euthyrox).....	270	liothyronine sodium tab 5 mcg.....	270
levothyroxine sodium tab 75 mcg (Levo-T) ..	270	liothyronine sodium tab 50 mcg.....	270
levothyroxine sodium tab 75 mcg (Levoxyl) ..	270	Lipitor (atorvastatin calcium).....	158
levothyroxine sodium tab 75 mcg (Unithroid).....	270	Lipofen (fenofibrate).....	157
levothyroxine sodium tab 88 mcg.....	270	Liqrev (sildenafil citrate (pulmonary hypertension)).....	319
levothyroxine sodium tab 88 mcg (Euthyrox).....	270	Liraglutide.....	114
levothyroxine sodium tab 88 mcg (Levo-T) ..	270	lisdexamphetamine dimesylate cap 10 mg....	168
levothyroxine sodium tab 88 mcg (Levoxyl) ..	270	lisdexamphetamine dimesylate cap 20 mg....	168
levothyroxine sodium tab 88 mcg (Unithroid).....	270	lisdexamphetamine dimesylate cap 30 mg....	168
Levsin (hyoscyamine sulfate).....	223	lisdexamphetamine dimesylate cap 40 mg....	168
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Lexapro (escitalopram oxalate).....	52	lisdexamphetamine dimesylate cap 60 mg....	168
Lexette (halobetasol propionate).....	192	lisdexamphetamine dimesylate cap 70 mg....	168
Lexiva (fosamprenavir calcium).....	105	lisdexamphetamine dimesylate chew tab 10 mg.....	168
Lialda (mesalamine).....	288	lisdexamphetamine dimesylate chew tab 20 mg.....	168
Libervant (diazepam (anticonvulsant)).....	41	lisdexamphetamine dimesylate chew tab 30 mg.....	168
Librax (chlordiazepoxide hcl-clidinium bromide).....	223	lisdexamphetamine dimesylate chew tab 40 mg.....	169
Licart (diclofenac epolamine).....	4	lisdexamphetamine dimesylate chew tab 50 mg.....	169
lidocaine hcl soln 4%.....	20		
Lidocaine HCl Urethral/Mucosal.....	20		
lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....	20		

lisdexamfetamine dimesylate chew tab 60 mg	169	Lokelma (sodium zirconium cyclosilicate)	217
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Lisinopril-hydroCHLOROthiazide)	150	Lomaira (phentermine hcl)	177
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Lisinopril-Hydrochlorothiazide)	150	Lomotil (diphenoxylate w/ atropine)	221
lisinopril & hydrochlorothiazide tab 20-25 mg (Lisinopril-hydroCHLOROthiazide)	150	Lonhala Magnair Refill Kit (glycopyrrolate (inhalation))	314
lisinopril tab 10 mg	133	Lonhala Magnair Starter Kit (glycopyrrolate (inhalation))	314
lisinopril tab 2.5 mg	133	Lonsurf (trifluridine-tipiracil)	71
lisinopril tab 20 mg	133	Lopid (gemfibrozil)	157
lisinopril tab 30 mg	133	lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	105
lisinopril tab 40 mg	133	lopinavir-ritonavir tab 100-25 mg	105
lisinopril tab 5 mg	133	lopinavir-ritonavir tab 200-50 mg	105
LiteAire	296	Lopressor (metoprolol tartrate)	138
Litfulo (ritlecitinib tosylate)	196	Lopressor HCT (metoprolol & hydrochlorothiazide)	151
Lithium Carbonate	110	Loprox (ciclopirox olamine)	202
lithium carbonate cap 150 mg	110	Loprox (ciclopirox)	202
lithium carbonate cap 300 mg	110	lorazepam conc 2 mg/ml	109
lithium carbonate cap 600 mg	110	lorazepam conc 2 mg/ml (Lorazepam Intensol)	109
lithium carbonate tab 300 mg	110	lorazepam tab 0.5 mg	109
lithium carbonate tab er 300 mg (Lithium Carbonate ER)	110	lorazepam tab 1 mg	109
lithium carbonate tab er 450 mg (Lithium Carbonate ER)	110	lorazepam tab 2 mg	109
lithium oral solution 8 meq/5ml	110	Lorbrena (lorlatinib)	77
Lithobid (lithium carbonate)	110	Loreev XR (lorazepam)	109
Lithostat (acetohydroxamic acid)	236	Lortab (hydrocodone-acetaminophen)	16
Livalo (pitavastatin calcium)	158	losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Losartan Potassium-HCTZ)	151
Livdelzi (seladelpar lysine)	296	losartan potassium & hydrochlorothiazide tab 100-25 mg (Losartan Potassium-HCTZ)	151
Livmarli (maralixibat chloride)	225	losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Losartan Potassium-HCTZ)	151
Livtencity (maribavir)	97	losartan potassium tab 100 mg	132
Lo Loestrin Fe (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	256	losartan potassium tab 25 mg	132
Locoid (hydrocortisone butyrate)	192	losartan potassium tab 50 mg	132
Locoid Lipocream (hydrocortisone butyrate hydrophilic lipo base)	192	LoSeasonique (levonorgestrel-ethinyl estradiol (91-day))	256
Lodine (etodolac)	4	Lotemax (loteprednol etabonate)	306
Lodoco (colchicine (cardiovascular))	151	Lotemax SM (loteprednol etabonate)	306
Lodosyn (carbidopa)	89	Lotensin (benazepril hcl)	133
lofexidine hcl tab 0.18 mg (base equivalent)	22		

Lotensin HCT (benazepril & hydrochlorothiazide)	151
loteprednol etabonate ophth gel 0.5%	306
loteprednol etabonate ophth susp 0.2%	306
loteprednol etabonate ophth susp 0.5%	306
Lotrel (amlodipine besylate-benazepril hcl)	151
Lotronex (alosetron hcl)	221
lovastatin tab 10 mg	158
lovastatin tab 20 mg	158
lovastatin tab 40 mg	158
Lovaza (omega-3-acid ethyl esters)	160
Lovenox (enoxaparin sodium)	124
loxapine succinate cap 10 mg	91
loxapine succinate cap 25 mg	91
loxapine succinate cap 5 mg	91
loxapine succinate cap 50 mg	91
lubiprostone cap 24 mcg	219
lubiprostone cap 8 mcg	219
Lucemyra (lofexidine hcl)	22
Luliconazole	60
Lumakras (sotorasib)	77
Lumigan (bimatoprost)	309
Lumryz (sodium oxybate)	330
Lunesta (eszopiclone)	328
Lupkynis (voclosporin)	285
lurasidone hcl tab 120 mg	93
lurasidone hcl tab 20 mg	93
lurasidone hcl tab 40 mg	93
lurasidone hcl tab 60 mg	93
lurasidone hcl tab 80 mg	93
Luxiq (betamethasone valerate)	192
Luzu (luliconazole)	60
Lybalvi (olanzapine-samidorpham l-malate)	49
Lynparza (olaparib)	77
Lyrica (pregabalin)	178
Lyrica CR (pregabalin (once-daily))	178
Lysodren (mitotane)	71
Lysteda (tranexamic acid)	128
Lytgobi (12 MG Daily Dose) (futibatinib)	77
Lytgobi (16 MG Daily Dose) (futibatinib)	77
Lytgobi (20 MG Daily Dose) (futibatinib)	77

Lyumjev (insulin lispro-aabc)	121
Lyumjev KwikPen (insulin lispro-aabc)	121
Lyumjev Tempo Pen (insulin lispro-aabc)	121
Lyvispah (baclofen)	97

M

M-Natal Plus (prenatal vit w/ ferrous fumarate-folic acid)	204
Macrobid (nitrofurantoin monohyd macro)	25
Macrodantin (nitrofurantoin macrocrystal)	25
Mafenide Acetate	202
mafenide acetate packet for topical soln 5% (50 gm)	202
Magellan Insulin Safety Syr	296
Makena (hydroxyprogesterone caproate)	265,266
Malarone (atovaquone-proguanil hcl)	84
malathion lotion 0.5%	200
Maprotiline HCl	49
Marathon Medical Pentips	296
maraviroc tab 150 mg	103
maraviroc tab 300 mg	103
Marinol (dronabinol)	58
Marplan (isocarboxazid)	50
Matulane (procarbazine hcl)	68
Mavenclad (10 Tabs) (cladribine (multiple sclerosis))	180
Mavenclad (4 Tabs) (cladribine (multiple sclerosis))	180
Mavenclad (5 Tabs) (cladribine (multiple sclerosis))	180
Mavenclad (6 Tabs) (cladribine (multiple sclerosis))	180
Mavenclad (7 Tabs) (cladribine (multiple sclerosis))	180
Mavenclad (8 Tabs) (cladribine (multiple sclerosis))	180
Mavenclad (9 Tabs) (cladribine (multiple sclerosis))	181
Mavyret (glecaprevir-pibrentasvir)	98
Maxalt (rizatriptan benzoate)	65

Maxalt-MLT (rizatriptan benzoate)	65	Menest (esterified estrogens)	256
Maxidex (dexamethasone (ophth))	306	Menopur (menotropins)	243
Maxitrol (neomycin-polymy-dexameth)	301	Menostar (estradiol)	256
Maxzide (triamterene & hydrochlorothiazide) .	151	Meperidine HCl	16
Maxzide-25 (triamterene & hydrochlorothiazide)	151	meperidine hcl tab 50 mg	16
Mayzent (siponimod fumarate)	181	Mephyton (phytonadione)	128
Mayzent Starter Pack (siponimod fumarate) .	181	meprobamate tab 200 mg	107
Meclofenamate Sodium	4	meprobamate tab 400 mg	107
Medrol (methylprednisolone)	240	Mepron (atovaquone)	84
medroxyprogesterone acetate tab 10 mg . . .	266	mercaptapurine tab 50 mg	71
medroxyprogesterone acetate tab 2.5 mg . .	266	mesalamine cap dr 400 mg	288
medroxyprogesterone acetate tab 5 mg . . .	266	mesalamine cap er 24hr 0.375 gm (Mesalamine ER)	288
mefenamic acid cap 250 mg	4	mesalamine cap er 500 mg (Mesalamine ER)	288
mefloquine hcl tab 250 mg	84	mesalamine enema 4 gm	288
Megestrol Acetate (megestrol acetate (appetite))	266	mesalamine suppos 1000 mg	288
megestrol acetate susp 40 mg/ml	266	mesalamine tab delayed release 1.2 gm	288
megestrol acetate susp 625 mg/5ml	266	mesalamine tab delayed release 800 mg . . .	288
megestrol acetate tab 20 mg	266	Mesnex (mesna)	83
megestrol acetate tab 40 mg	266	Mestinon (pyridostigmine bromide)	66,67
Mekinist (trametinib dimethyl sulfoxide) . .	77,78	Metadate CD (methylphenidate hcl)	171
Mektovi (binimetinib)	78	metaxalone tab 400 mg	327
meloxicam cap 10 mg	4	metaxalone tab 800 mg	327
meloxicam cap 5 mg	4	metFORMIN HCl	114
meloxicam tab 15 mg	4	metformin hcl oral soln 500 mg/5ml	114
meloxicam tab 7.5 mg	4	metformin hcl tab 1000 mg	114
Melphalan	68	metformin hcl tab 500 mg	114
memantine hcl cap er 24hr 14 mg (Memantine HCl ER)	47	metformin hcl tab 850 mg	114
memantine hcl cap er 24hr 21 mg (Memantine HCl ER)	47	metformin hcl tab er 24hr 500 mg (metFORMIN HCl ER)	114
memantine hcl cap er 24hr 28 mg (Memantine HCl ER)	47	metformin hcl tab er 24hr 750 mg (MetFORMIN HCl ER)	114
memantine hcl cap er 24hr 7 mg (Memantine HCl ER)	48	metformin hcl tab er 24hr modified release 1000 mg (MetFORMIN HCl ER (MOD))	114
memantine hcl oral solution 2 mg/ml	48	metformin hcl tab er 24hr modified release 500 mg (metFORMIN HCl ER (MOD))	114
memantine hcl tab 10 mg	48	metformin hcl tab er 24hr osmotic 1000 mg (MetFORMIN HCl ER (OSM))	114
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	48	metformin hcl tab er 24hr osmotic 500 mg (metFORMIN HCl ER (OSM))	114
memantine hcl tab 5 mg	48		

Methadone HCl	9	Methyldopa	130
methadone hcl conc 10 mg/ml	9	methyldopa tab 250 mg	130
methadone hcl conc 10 mg/ml (Methadone Hcl Intensol)	9	methyldopa tab 500 mg	130
methadone hcl soln 10 mg/5ml	9	Methyldopa-Hydrochlorothiazide (methyldopa & hydrochlorothiazide)	151
methadone hcl soln 5 mg/5ml	9	methylergonovine maleate tab 0.2 mg	297
methadone hcl tab 10 mg	9	methylergonovine maleate tab 0.2 mg (Methergine)	297
methadone hcl tab 5 mg	9	Methylin (methylphenidate hcl)	171
methadone hcl tab for oral susp 40 mg	9	methylphenidate hcl cap er 10 mg (cd) (Methylphenidate HCl ER (CD))	171
methadone hcl tab for oral susp 40 mg (Methadose)	9	methylphenidate hcl cap er 20 mg (cd) (Methylphenidate HCl ER (CD))	171
Methadose (methadone hcl)	9	methylphenidate hcl cap er 24hr 10 mg (la) (Methylphenidate HCl ER (LA))	171
Methadose Sugar-Free (methadone hcl)	10	methylphenidate hcl cap er 24hr 10 mg (xr) (Methylphenidate HCl ER (XR))	171
methamphetamine hcl tab 5 mg	169	methylphenidate hcl cap er 24hr 15 mg (xr) (Methylphenidate HCl ER (XR))	172
methazolamide tab 25 mg	308	methylphenidate hcl cap er 24hr 20 mg (la) (Methylphenidate HCl ER (LA))	172
methazolamide tab 50 mg	308	methylphenidate hcl cap er 24hr 20 mg (xr) (Methylphenidate HCl ER (XR))	172
methenamine hippurate tab 1 gm	25	methylphenidate hcl cap er 24hr 30 mg (la) (Methylphenidate HCl ER (LA))	172
methimazole tab 10 mg	273	methylphenidate hcl cap er 24hr 30 mg (xr) (Methylphenidate HCl ER (XR))	172
methimazole tab 5 mg	273	methylphenidate hcl cap er 24hr 40 mg (la) (Methylphenidate HCl ER (LA))	172
Methitest (methyltestosterone)	246	methylphenidate hcl cap er 24hr 40 mg (xr) (Methylphenidate HCl ER (XR))	172
Methocarbamol	327	methylphenidate hcl cap er 24hr 50 mg (xr) (Methylphenidate HCl ER (XR))	172
methocarbamol tab 500 mg	327	methylphenidate hcl cap er 24hr 60 mg (la) (Methylphenidate HCl ER (LA))	172
methocarbamol tab 750 mg	327	methylphenidate hcl cap er 24hr 60 mg (xr) (Methylphenidate HCl ER (XR))	172
Methotrexate Sodium	285	methylphenidate hcl cap er 30 mg (cd) (Methylphenidate HCl ER (CD))	172
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	285	methylphenidate hcl cap er 40 mg (cd) (Methylphenidate HCl ER (CD))	172
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	285		
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) (Methotrexate Sodium (PF))	285		
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) (Methotrexate Sodium (PF))	285		
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) (Methotrexate Sodium (PF))	285		
methotrexate sodium tab 2.5 mg (base equiv)	285		
Methoxsalen Rapid	196		
methoxsalen rapid cap 10 mg	196		
methscopolamine bromide tab 2.5 mg	223		
methscopolamine bromide tab 5 mg	223		
methsuximide cap 300 mg	41		

methylphenidate hcl cap er 50 mg (cd) (Methylphenidate HCl ER (CD))	172	methylprednisolone tab 4 mg	240
methylphenidate hcl cap er 60 mg (cd) (Methylphenidate HCl ER (CD))	172	methylprednisolone tab 8 mg	240
methylphenidate hcl chew tab 10 mg	172	methylprednisolone tab therapy pack 4 mg (21)	240
methylphenidate hcl chew tab 2.5 mg	172	methyltestosterone cap 10 mg	246
methylphenidate hcl chew tab 5 mg	172	Metoclopramide HCl	56
Methylphenidate HCl ER	173	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	57
Methylphenidate HCl ER (OSM)	172	metoclopramide hcl tab 10 mg (base equivalent)	57
methylphenidate hcl soln 10 mg/5ml	173	metoclopramide hcl tab 5 mg (base equivalent)	57
methylphenidate hcl soln 5 mg/5ml	173	metolazone tab 10 mg	156
methylphenidate hcl tab 10 mg	173	metolazone tab 2.5 mg	156
methylphenidate hcl tab 20 mg	173	metolazone tab 5 mg	156
methylphenidate hcl tab 5 mg	173	metoprolol & hydrochlorothiazide tab 100-25 mg (Metoprolol-Hydrochlorothiazide)	151
methylphenidate hcl tab er 10 mg (Methylphenidate HCl ER)	173	metoprolol & hydrochlorothiazide tab 100-50 mg (Metoprolol-Hydrochlorothiazide)	151
methylphenidate hcl tab er 20 mg (Methylphenidate HCl ER)	173	metoprolol & hydrochlorothiazide tab 50-25 mg (Metoprolol-Hydrochlorothiazide)	151
methylphenidate hcl tab er osmotic release (osm) 18 mg (Methylphenidate HCl ER (OSM))	173	metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Metoprolol Succinate ER)	138
methylphenidate hcl tab er osmotic release (osm) 18 mg (Methylphenidate HCl ER)	173	metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Metoprolol Succinate ER)	138
methylphenidate hcl tab er osmotic release (osm) 27 mg (Methylphenidate HCl ER (OSM))	173	metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Metoprolol Succinate ER)	138
methylphenidate hcl tab er osmotic release (osm) 27 mg (Methylphenidate HCl ER)	173	metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Metoprolol Succinate ER)	138
methylphenidate hcl tab er osmotic release (osm) 36 mg (Methylphenidate HCl ER (OSM))	173	metoprolol tartrate tab 100 mg	138
methylphenidate hcl tab er osmotic release (osm) 36 mg (Methylphenidate HCl ER)	173	metoprolol tartrate tab 25 mg	138
methylphenidate hcl tab er osmotic release (osm) 54 mg (Methylphenidate HCl ER (OSM))	173	metoprolol tartrate tab 37.5 mg	138
methylphenidate hcl tab er osmotic release (osm) 54 mg (Methylphenidate HCl ER)	174	metoprolol tartrate tab 50 mg	138
methylphenidate td patch 10 mg/9hr	174	metoprolol tartrate tab 75 mg	138
methylphenidate td patch 15 mg/9hr	174	MetroCream (metronidazole (topical))	25
methylphenidate td patch 20 mg/9hr	174	Metrogel (metronidazole (topical))	25
methylphenidate td patch 30 mg/9hr	174	MetroLotion (metronidazole (topical))	25
methylprednisolone tab 16 mg	240	metronidazole cap 375 mg	25
methylprednisolone tab 32 mg	240	metronidazole cream 0.75%	25
		metronidazole cream 0.75% (Rosadan)	25
		metronidazole gel 0.75%	25

metronidazole gel 0.75% (Rosadan).....	25	minocycline hcl cap 50 mg.....	34
metronidazole gel 1%.....	25	minocycline hcl cap 75 mg.....	34
metronidazole lotion 0.75%.....	25	minocycline hcl tab 100 mg.....	34
metronidazole tab 250 mg.....	25	minocycline hcl tab 50 mg.....	34
metronidazole tab 500 mg.....	25	minocycline hcl tab 75 mg.....	34
metronidazole vaginal gel 0.75%.....	25	minocycline hcl tab er 24hr 105 mg (Minocycline HCl ER).....	34
metyrosine cap 250 mg.....	151	minocycline hcl tab er 24hr 115 mg (Minocycline HCl ER).....	34
mexiletine hcl cap 150 mg.....	135	minocycline hcl tab er 24hr 135 mg (Coremino).....	34
mexiletine hcl cap 200 mg.....	135	minocycline hcl tab er 24hr 135 mg (Minocycline HCl ER).....	34
mexiletine hcl cap 250 mg.....	135	minocycline hcl tab er 24hr 45 mg (Coremino).....	34
Miacalcin (calcitonin (salmon)).....	291	minocycline hcl tab er 24hr 45 mg (Minocycline HCl ER).....	34
Micardis (telmisartan).....	132	minocycline hcl tab er 24hr 55 mg (Minocycline HCl ER).....	34
Micardis HCT (telmisartan- hydrochlorothiazide).....	152	minocycline hcl tab er 24hr 65 mg (Minocycline HCl ER).....	34
Miconazole 3 (miconazole nitrate vaginal).....	60	minocycline hcl tab er 24hr 80 mg (Minocycline HCl ER).....	34
Miconazole-Zinc Oxide-Petrolat (miconazole- zinc oxide-white petrolatum).....	60	minocycline hcl tab er 24hr 90 mg (Coremino).....	34
Microchamber.....	297	minocycline hcl tab er 24hr 90 mg (Minocycline HCl ER).....	34
Microspacer.....	297	minoxidil tab 10 mg.....	162
midodrine hcl tab 10 mg.....	130	minoxidil tab 2.5 mg.....	162
midodrine hcl tab 2.5 mg.....	130	mirabegron tab er 24 hr 25 mg (Mirabegron ER).....	234
midodrine hcl tab 5 mg.....	130	mirabegron tab er 24 hr 50 mg (Mirabegron ER).....	234
Miebo (perfluorohexyloctane).....	301	Mirapex (pramipexole dihydrochloride).....	87
Mifeprex (mifepristone).....	240	Mirapex ER (pramipexole dihydrochloride).....	87
mifepristone tab 200 mg.....	240	Mircette (desogestrel-ethinyl estradiol (biphasic)).....	257
mifepristone tab 300 mg.....	272	mirtazapine orally disintegrating tab 15 mg.....	49
Migergot (ergotamine w/ caffeine).....	64	mirtazapine orally disintegrating tab 30 mg.....	49
Miglitol.....	114	mirtazapine orally disintegrating tab 45 mg.....	49
miglitol tab 100 mg.....	114	mirtazapine tab 15 mg.....	49
miglitol tab 25 mg.....	114	mirtazapine tab 30 mg.....	49
miglitol tab 50 mg.....	114	mirtazapine tab 45 mg.....	49
miglustat cap 100 mg.....	230	mirtazapine tab 7.5 mg.....	49
miglustat cap 100 mg (Yargesa).....	230		
Migranal (dihydroergotamine mesylate).....	64		
Millipred (prednisolone).....	240		
Millipred DP (prednisolone).....	240		
Millipred DP 12-Day (prednisolone).....	240		
Minastrin 24 Fe (norethin acet & estrad-fe).....	256		
Minipress (prazosin hcl).....	130		
Minivelle (estradiol).....	257		
minocycline hcl cap 100 mg.....	34		

Mirvaso (brimonidine tartrate (topical))	185	Morphine Sulfate ER Beads (morphine sulfate beads)	10
misoprostol tab 100 mcg	245	morphine sulfate oral soln 10 mg/5ml	17
misoprostol tab 200 mcg	245	morphine sulfate oral soln 100 mg/5ml (20 mg/ml) (Morphine Sulfate (Concentrate))	17
Mitigare (colchicine)	62	morphine sulfate oral soln 20 mg/5ml	17
Mobic (meloxicam)	5	morphine sulfate tab 15 mg	17
modafinil tab 100 mg	330	morphine sulfate tab 30 mg	17
modafinil tab 200 mg	330	morphine sulfate tab er 100 mg (Morphine Sulfate ER)	10
moexipril hcl tab 15 mg	133	morphine sulfate tab er 15 mg (Morphine Sulfate ER)	10
moexipril hcl tab 7.5 mg	133	morphine sulfate tab er 200 mg (Morphine Sulfate ER)	10
Molindone HCl	91	morphine sulfate tab er 30 mg (Morphine Sulfate ER)	10
mometasone furoate cream 0.1%	192	morphine sulfate tab er 60 mg (Morphine Sulfate ER)	11
mometasone furoate oint 0.1%	192	Motegrity (prucalopride succinate)	219
mometasone furoate solution 0.1% (lotion)	192	Motofen (difenoxin w/ atropine)	221
Monoject Insulin Syringe	297	Motpoly XR (lacosamide)	39
Monoject Ultra Comfort Syringe	297	Mounjaro (tirzepatide)	114
montelukast sodium chew tab 4 mg (base equiv)	313	Movantik (naloxegol oxalate)	220
montelukast sodium chew tab 5 mg (base equiv)	314	MoviPrep (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	220
montelukast sodium oral granules packet 4 mg (base equiv)	314	Moxeza (moxifloxacin hcl (ophth))	304
montelukast sodium tab 10 mg (base equiv)	314	Moxifloxacin HCl (2X Day) (moxifloxacin hcl (ophth))	304
Monurol (fosfomycin tromethamine)	25	moxifloxacin hcl ophth soln 0.5% (base equiv)	304
Morphine Sulfate	16	moxifloxacin hcl tab 400 mg (base equiv)	32
Morphine Sulfate (Concentrate)	16	Mozobil (plerixafor)	126
morphine sulfate cap er 24hr 10 mg (Morphine Sulfate ER)	10	MS Contin (morphine sulfate)	11
morphine sulfate cap er 24hr 100 mg (Morphine Sulfate ER)	10	Mulpleta (lusutrombopag)	126
morphine sulfate cap er 24hr 20 mg (Morphine Sulfate ER)	10	Multaq (dronedarone hcl)	135
morphine sulfate cap er 24hr 30 mg (Morphine Sulfate ER)	10	Multi-Mac (prenatal vit w/ ferrous fumarate-l methylfolate-folic acid)	204
morphine sulfate cap er 24hr 50 mg (Morphine Sulfate ER)	10	Multi-Vit-Flor (pediatric multivitamins w/fl)	204
morphine sulfate cap er 24hr 60 mg (Morphine Sulfate ER)	10	Multi-Vitamin/Fluoride (pediatric multivitamins w/fl)	205
morphine sulfate cap er 24hr 80 mg (Morphine Sulfate ER)	10		
Morphine Sulfate ER	10		

Multivitamin w/Fluoride (pediatric multivitamins w/fl)	205
Multivitamin/Fluoride (pediatric multivitamins w/fl)	205
mupirocin calcium cream 2%	202
mupirocin oint 2%	202
Muse (alprostadil (vasodilator))	245
Myalept (metreleptin)	230
Myambutol (ethambutol hcl)	67
Mycapssa (octreotide acetate)	272
Mycobutin (rifabutin)	67
mycophenolate mofetil cap 250 mg	285
mycophenolate mofetil for oral susp 200 mg/ml	285
mycophenolate mofetil tab 500 mg	285
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	285
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	285
Mydayis (amphetamine-dextroamphetamine)	169
Mydracil (tropicamide)	301
Myfembree (relugolix-estradiol-norethindrone acetate)	243
Myfortic (mycophenolate sodium)	285
Myhibbin (mycophenolate mofetil)	285
Myleran (busulfan)	68
Myrbetriq (mirabegron)	234
Mysoline (primidone)	41
Mytesi (crofelemer)	221

N

nabumetone tab 500 mg	5
nabumetone tab 500 mg (Relafen)	5
nabumetone tab 750 mg	5
nabumetone tab 750 mg (Relafen)	5
nadolol tab 20 mg	138
nadolol tab 40 mg	138
nadolol tab 80 mg	138
NaFrinse Drops (sodium fluoride)	205
Naftifine HCl	60

naftifine hcl cream 2%	60
naftifine hcl gel 1%	60
naftifine hcl gel 2%	60
Naftin (naftifine hcl)	60
Nalfon (fenoprofen calcium)	5
Nalocet (oxycodone w/ acetaminophen)	17
Naloxone HCl	22
naloxone hcl inj 0.4 mg/ml	22
naloxone hcl inj 4 mg/10ml	22
naloxone hcl nasal spray 4 mg/0.1ml	22
naloxone hcl soln prefilled syringe 2 mg/2ml	22
naltrexone hcl tab 50 mg	23
Namenda (memantine hcl)	48
Namenda Titration Pak (memantine hcl)	48
Namenda XR (memantine hcl)	48
Namenda XR Titration Pack (memantine hcl)	48
Namzaric (memantine hcl-donepezil hcl)	46
Naprelan (naproxen sodium)	5
Naprosyn (naproxen)	5
naproxen sodium tab 275 mg	5
naproxen sodium tab 550 mg	5
naproxen sodium tab er 24hr 375 mg (base equiv) (Naproxen Sodium ER)	5
naproxen sodium tab er 24hr 500 mg (base equiv) (Naproxen Sodium ER)	5
naproxen sodium tab er 24hr 750 mg (base equiv) (Naproxen Sodium ER)	5
naproxen susp 125 mg/5ml	5
naproxen tab 250 mg	5
naproxen tab 375 mg	5
naproxen tab 500 mg	5
naproxen tab ec 375 mg	5
naproxen tab ec 375 mg (EC-Naproxen)	5
naproxen tab ec 500 mg	5
naproxen tab ec 500 mg (EC-Naproxen)	5
naproxen tab ec 500 mg (Naproxen DR)	6
naproxen-esomeprazole magnesium tab dr 375-20 mg (Naproxen-Esomeprazole Mg)	6
naproxen-esomeprazole magnesium tab dr 500-20 mg (Naproxen-Esomeprazole Mg)	6
naratriptan hcl tab 1 mg (base equiv)	65

naratriptan hcl tab 2.5 mg (base equiv).....	65	neomycin-polymyxin-dexamethasone ophth susp 0.1%.....	301
Narcan (naloxone hcl).....	23	Neomycin-Polymyxin-Gramicidin.....	302
Nardil (phenelzine sulfate).....	50	Neomycin-Polymyxin-HC (neomycin- polymyxin-hc (ophth)).....	302
Nascobal (cyanocobalamin).....	218	neomycin-polymyxin-hc otic soln 1%.....	310
NataChew (prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid).....	205	neomycin-polymyxin-hc otic susp 3.5 mg/ml- 10000 unit/ml-1%.....	310
Natacyn (natamycin).....	304	Neonatal 19 (prenatal vitamin-folic acid)....	218
Natal PNV (prenatal vit w/ ferrous gluconate- folic acid).....	205	Neonatal Complete (prenatal vit w/ ferrous fumarate-folic acid).....	205
Natalvit (prenatal vit w/ ferrous fumarate-folic acid).....	205	Neonatal FE (prenatal multivitamins w/ iron- folic acid).....	205
Natazia (estradiol valerate-dienogest).....	257	NeoNatal Plus (prenatal vit w/ ferrous fumarate-folic acid).....	205
nateglinide tab 120 mg.....	114	Neoral (cyclosporine modified (for microemulsion)).....	285
nateglinide tab 60 mg.....	115	Nerlynx (neratinib maleate).....	78
Natesto (testosterone).....	246	Nesina (alogliptin benzoate).....	115
Natpara (parathyroid hormone (recombinant)).....	291	Nestabs (prenatal vit without vit a w/ fe bisglycinate-folic acid).....	205
Natroba (spinosad).....	200	Nestabs One (prenatal w/o a w/fe carbonyl-fe bisglyc-I methylfol-dha).....	205
Nayzilam (midazolam (anticonvulsant)).....	21	Neulasta (pegfilgrastim).....	126
nebivolol hcl tab 10 mg (base equivalent)....	138	Neupogen (filgrastim).....	126
nebivolol hcl tab 2.5 mg (base equivalent)....	138	Neupro (rotigotine).....	87
nebivolol hcl tab 20 mg (base equivalent)....	138	Neurontin (gabapentin).....	41
nebivolol hcl tab 5 mg (base equivalent)....	138	Nevanac (nepafenac).....	306
Nebusal (sodium chloride (inhalant)).....	324	Nevirapine.....	100
Neevo DHA (prenatal without vit a w/ fe fumarate-I methylfolate-omegas).....	205	Nevirapine ER.....	100
Nefazodone HCl.....	52	nevirapine tab 200 mg.....	101
Neffy (epinephrine (anaphylaxis)).....	316	nevirapine tab er 24hr 400 mg (Nevirapine ER).....	101
Nemluvio (nemolizumab-ilto).....	275	NexAVAR (sorafenib tosylate).....	78
Neo-Synalar (neomycin sulfate-fluocinolone acetone).....	196	Nexiclon XR (clonidine hcl).....	130
neomycin sulfate tab 500 mg.....	24	NexlUM (esomeprazole magnesium).....	227
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ziprasidone hcl cap 40 mg	95
ziprasidone hcl cap 60 mg	95
ziprasidone hcl cap 80 mg	96

Zipsor (diclofenac potassium).....	6	Zorbtive (somatropin (non-refrigerated))....	244
Zirgan (ganciclovir ophthalmic).....	305	Zortress (everolimus (immunosuppressant))..	287
Zithromax (azithromycin).....	31	Zorvolex (diclofenac).....	6
Zithromax Tri-Pak (azithromycin).....	31	Zoryve (roflumilast (antiseborrheic)).....	200
Zithromax Z-Pak (azithromycin).....	31	Zoryve (roflumilast (dermatologic)).....	200
Zituvio (sitagliptin).....	117	Zoryve (roflumilast (topical)).....	200
Zocor (simvastatin).....	159	Zovirax (acyclovir topical).....	202
Zofran (ondansetron hcl).....	59	Zovirax (acyclovir).....	107
Zohydro ER (hydrocodone bitartrate).....	12	Ztalmy (ganaxolone).....	43
Zokinvy (lonafarnib).....	233	ZTlido (lidocaine).....	21
Zolinza (vorinostat).....	72	Zubsolv (buprenorphine hcl-naloxone hcl dihydrate).....	22
ZOLMitriptan.....	66	Zurzuvae (zuranolone).....	50
zolmitriptan nasal spray 5 mg/spray unit....	66	Zyclara (imiquimod).....	200
zolmitriptan orally disintegrating tab 2.5 mg..	66	Zyclara Pump (imiquimod).....	200
zolmitriptan orally disintegrating tab 5 mg...	66	Zydelig (idelalisib).....	82
zolmitriptan tab 2.5 mg.....	66	Zyflo (zileuton).....	314
zolmitriptan tab 2.5 mg (Zomig).....	66	Zykadia (ceritinib).....	82
zolmitriptan tab 5 mg.....	66	Zylet (loteprednol etabonate-tobramycin)..	303
zolmitriptan tab 5 mg (Zomig).....	66	Zyloprim (allopurinol).....	62
Zoloft (sertraline hcl).....	54	Zymaxid (gatifloxacin (ophth)).....	305
Zolpidem Tartrate.....	329	Zymfentra (1 Pen) (infliximab-dyyb).....	287
zolpidem tartrate sl tab 1.75 mg.....	329	Zymfentra (2 Pen) (infliximab-dyyb).....	287
zolpidem tartrate sl tab 3.5 mg.....	329	Zymfentra (2 Syringe) (infliximab-dyyb)....	287
zolpidem tartrate tab 10 mg.....	329	Zypitamag (pitavastatin magnesium).....	159
zolpidem tartrate tab 5 mg.....	329	ZyPREXA (olanzapine).....	96
zolpidem tartrate tab er 12.5 mg (Zolpidem Tartrate ER).....	329	ZyPREXA Zydis (olanzapine).....	96
zolpidem tartrate tab er 6.25 mg (Zolpidem Tartrate ER).....	329	Zytiga (abiraterone acetate).....	69,70
Zolpimist (zolpidem tartrate).....	330	Zyvox (linezolid).....	26
Zomacton (for Zoma-Jet 10) (somatropin)....	244		
Zomacton (somatropin).....	244		
Zomig (zolmitriptan).....	66		
Zomig ZMT (zolmitriptan).....	66		
Zonalon (doxepin hcl (antipruritic)).....	194		
Zonegran (zonisamide).....	45		
Zonisade (zonisamide).....	46		
zonisamide cap 100 mg.....	46		
zonisamide cap 25 mg.....	46		
zonisamide cap 50 mg.....	46		
Zontivity (vorapaxar sulfate).....	125		

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